A Toolkit for Communities

END THE SYNDEMIC

Community Coalitions Confronting Opioids as a Co-Occuring Disorder

CADCA®

END THE SYNDEMIC

END THE SYNDEMIC TOOLKIT

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ABOUT THE TOOLKIT

WHO IS THIS TOOLKIT FOR?

The toolkit is primarily for Community Coalitions. It will however be useful for a range of partners participating in Community Planning including Local Authorities, Elected Representatives, Service Providers, and Private Sector Interests.

COLLABORATING PARTNERS

Opioid Response Network

CADCA®

We invite you to peruse the entire resource, or go directly to sections that may provide valuable resources based on your coalition's level of development. As is always true in coalition work, your coalition is encouraged to translate this information in the most culturally relevant manner that will be meaningful to apply in your community. For further assistance on how to apply this toolkit in your community, please contact CADCA's Coalition Development Support team at 1-800-54-CADCAx240 or training@CADCA.org.

AGENCIES WORKING TOGETHER

This toolkit was created to assist coalitions in specifically addressing complications of the syndemic effect of the epidemic of opioid use disorder and the emerging importance in addressing other behavioral health diagnoses that are identified as co-occuring disorders The mental health crisis resulting from social isolation and shelter-in-place mandates has forced community-based coalitions to modify the way we reach our target populations. Coalitions can use this toolkit to build upon existing products and coalition processes to maximize effectiveness as our nation enters a new normal. By embracing new technology and addressing the community's rising awareness of behavioral health disorders, coalitions can remain on the forefront of addressing emerging threats to prevent negative consequences.

ORN OVERVIEW

Opioid Response Network

The Substance Abuse and Mental Health Services Administration (SAMHSA) funded the State Opioid Response – Technical Assistance grant to the American Academy of Addiction Psychiatry in collaboration with the Addiction Technology Transfer Center (ATTC), Columbia University Division on Substance Use Disorders and a large national coalition. In response, this coalition, representing over 2 million stakeholders, created the Opioid Response Network (ORN) to provide training and address the opioid crisis.

The Opioid Response Network has local consultants in all 50 states and nine territories to respond to local needs by providing free educational resources and training to states, communities and individuals in the prevention, treatment and recovery of opioid use disorders and stimulant use. Every organization, individual, community, state and region has unique strengths and challenges, which is why it is imperative for the Opioid Response Network to have local consultants and technology transfer specialists to work with you to meet your needs at the local level.

The Opioid Response Network's local consultants and partner organizations are providing:

- Community trainings on the prevention, treatment and recovery of opioid use disorder.
- Education and training in evidence-based clinical practices for all health professionals in how to create treatment models that work for your specific healthcare system and patients.
- Training for justice/corrections/law enforcement on evidence-based practices for the prevention, treatment and recovery of substance use disorders with a focus on opioid use disorder and stimulant use.
- Resources communities and organizations can use, such as promising care models, trainings, educational materials.
- Educational materials to help your community address the stigma surrounding this disease.
- Training on primary components needed in creating local coalitions to address opioid use disorders and stimulant use in your community.
- Guidance on implementation of treatment modalities.

Individuals make a request by completing a TA request form or by visiting at OpioidResponseNetwork.org. Within 24 business hours, the designated technology transfer specialist for your state will respond to obtain more information from you about your request.

Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

CADCA OVERVIEW

CADCA is a nonprofit organization that is committed to creating safe, healthy and drug-free communities globally. CADCA has built nearly 300 coalitions in over 30 countries worldwide and provides training in 7 languages.

Since 1992, CADCA has demonstrated that when all sectors of a community come together, social change happens. CADCA represents over 5,000 community coalitions that involve individuals from key sectors including schools, law enforcement, youth, parents, healthcare, media and others. We have members in every U.S. state and territory and more than 30 countries around the world. The CADCA coalition model emphasizes the power of community coalitions to prevent substance misuse through collaborative community efforts. We believe that prevention of substance use and misuse before it starts is the most effective and cost-efficient way to reduce substance use and its associated costs.

In addition to supporting our member coalitions by providing resources and materials designed to help our coalitions be effective and sustainable, CADCA also offers customized trainings for coalitions across the world. Through our International Programs, Youth Leadership and Training teams, we are able to reach and empower thousands of change advocates per year. CADCA also offer signature events each year, including the National Leadership Forum, Mid-Year Training Institute and Drug-Free Kids Campaign Awards Dinner, which help our members network, share ideas and learn from some of the most influential substance misuse professionals in the world. Through these efforts, we stand by our slogan of "Everyday CADCA Trains." We believe our ongoing training efforts help address the current substance misuse epidemic, and those outcomes will change the world.

Facts and Data

END THE SYNDEMIC

An Opioid Crisis Meets A Global Pandemic

OVERDOSE DEATHS SOAR DURING COVID-19 PANDEMIC

More than 104,000 people died as a result of overdose in the US between September 2020 and September 2021. That's the equivalent of the number of people who would die if there were 640 fatal Boeing 737 plane crashes.

Source: CDC, Drug Overdose Data

COVID-19 PANDEMIC INCREASED DRUG USE

96.5%

Fentanyl and synthetic opioid overdose deaths nearly doubled in the 12 months leading up to Sept. 2021, compared with the same period ending in 2019. Source: CDC, Drug Overdose Data

123%

Emergency Department visits for nonfatal opioid overdoses more than doubled during the COVID-19 pandemic. Source: JAMA, 2020

A SYNDEMIC

A syndemic involves the clustering of 2 or more diseases within a population that create a synergistic effect. As with other public health phenomena, syndemics have a unique impact across different segments of the population, and are often exacerbated by the root causes of structural inequalities and differences in access to health care.

10.1 Million people age 12+ misused opioids in 2019. Approximately 93% of those that reported opioid misuse were prescription pain reliever users only. Hydrocodone and oxycodone were the most commonly used prescription pain relievers. Approximately 4% of those that reported opioid misuse were using a combination of prescription pain relievers and heroin. A little over 3% were using heroin only. There was a very modest decline overall for each category with the exception of prescribed fentanyl which showed no change.

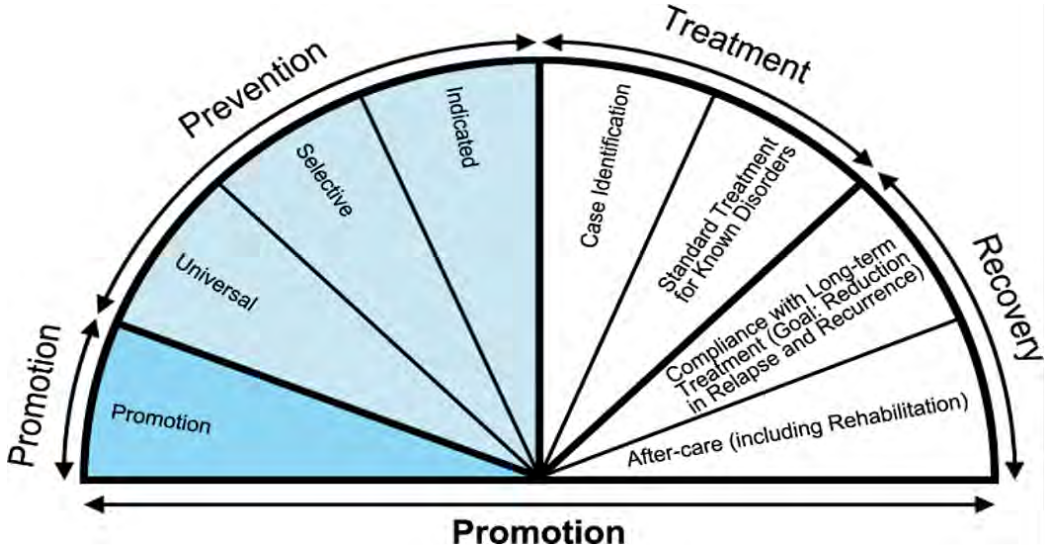
Before 2020 we also had a growing mental health crisis with approximately 12 million people age 18 and over having serious thoughts of committing suicide in 2019 and 3.5 million of those people had actually made a suicide plan. A little more than a million individuals attempted suicide with or without a plan.

Then came COVID. In March, the WHO declared the outbreak a pandemic. Last April, 95% of Americans were under lockdown with 1 million cases worldwide by the first of April. The CDC told us to wear masks, social distance and limit gatherings. There was a time of fear of catching the virus, fear of the future, fear of the unknown, and fear of not knowing how to cope with their feelings. COVID-19 is presenting new and unique major challenges. We are navigating uncharted waters with this virus, making it important to find new ways make positive impacts. Many individuals are teleworking full-time for the first time, isolated from co-workers, friends and family. Our daily living routines are re-ordered, causing added anxiety, stress and strain physically, mentally, and financially. It is completely natural for this disruption and uncertainty to lead to anxiety and stress.

The fear, stress, isolation and hopelessness that many Americans have experienced during the pandemic are likely causes of drug overdose deaths. Nationwide, overdose deaths have been climbing over the past year, putting 2020 on track to be the deadliest yet for drug overdoses. According to a Kaiser Family Foundation poll in April 2020, more than 4 out of 10 Americans reported that pandemic-related stress had a negative impact on their mental health (Kaiser Family Foundation, 2020).

ROLE OF COALITIONS ACROSS THE CONTINUUM OF CARE

The Continuum of Care, as identified by the Institute of Medicine, is a graded framework that distinguishes between promotion, prevention, treatment, and maintenance while also showing the interrelation among each stage. It distinguishes between three distinct levels of prevention, based on the risk levels of the target populations.



In the traditional sense, prevention, on the Continuum of Care, is divided into three distinct categories: **universal, selective, and indicated.**

Universal Prevention Interventions

- Address the **ENTIRE** population (like in a county, city, neighborhood, or school)

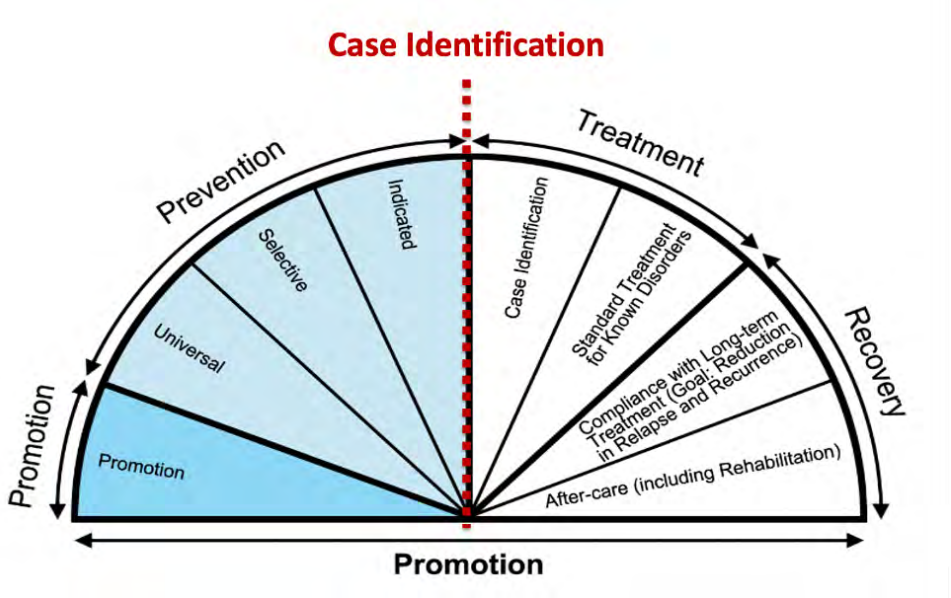
Selective Prevention Interventions

- Target subsets of the population considered **AT RISK** of engaging in substance misuse by their exposure to specific risk factors

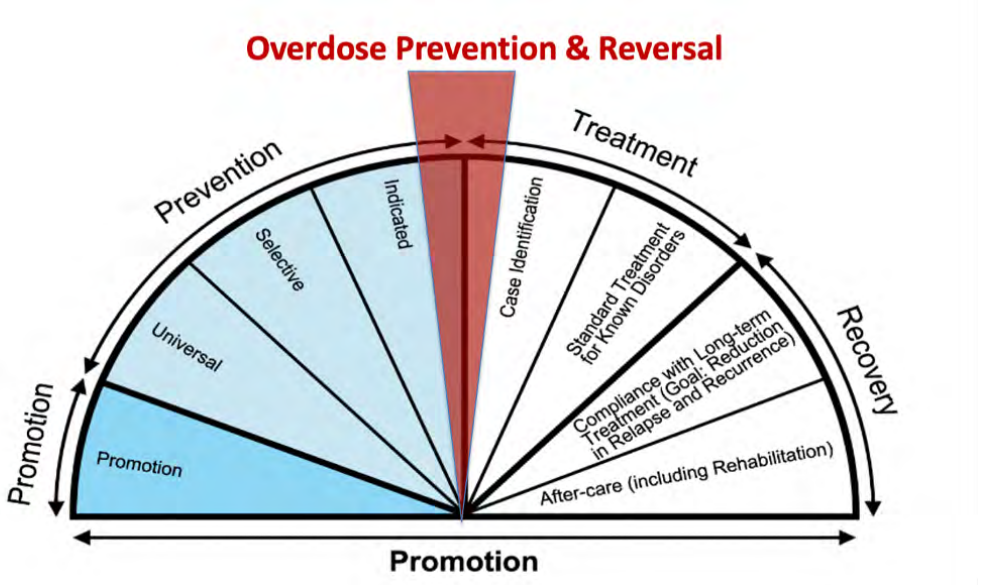
Indicated prevention interventions

Target **HIGH RISK** individuals who are exhibiting early signs or consequences of substance use (Source: National Research Council-Institute of Medicine mental health intervention framework)

As we consider the Continuum of Care in opioid prevention, we have the ability to be very specific with respect to strategies and we can add an important distinction. CADCA Trainers commonly refer to the 90-degree line as the point of case identification, where the individual moves from prevention to treatment at the point that substance use disorder is recognized.

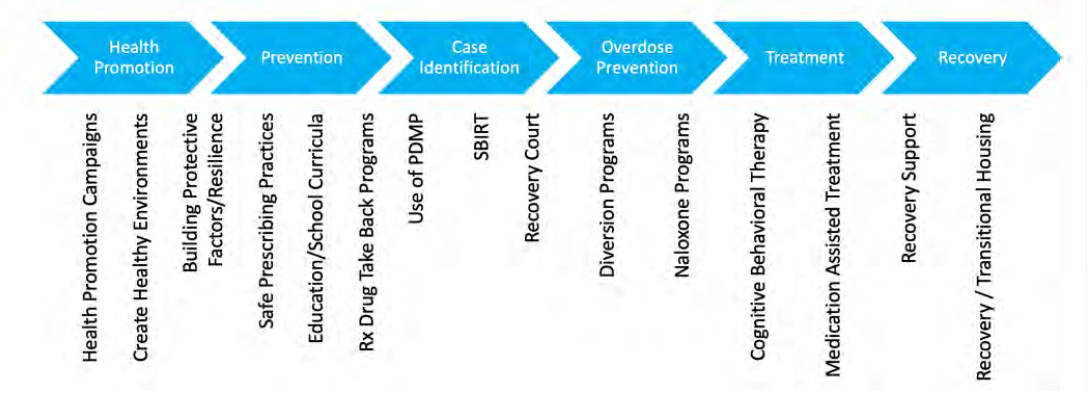


With respect to opioid use disorder, specifically, because there is an opioid antagonist available which can reverse an overdose, it is important to recognize the opportunity for overdose prevention and reversal, which we can add to the Continuum of Care at the point of case identification. However, as we make this conceptual turn, it is vital to note that OUD and other substance use disorders have no direct causal relationship to drug overdose. Individuals with no pre-existing conditions can experience overdose, however substance misuse and SUD are the leading risk factor for drug overdose.



OPPORTUNITIES FOR COALITIONS ACROSS THE CONTINUUM

As we follow the Continuum of Care from the lens of opioid prevention and opioid use disorder, the goal is to prevent and limit the impact of opioid use and misuse. As one finds themselves progressing across the Continuum of Care, their overdose prevention and reversal and/or their treatment and recovery becomes part of the reduction of drug prevalence in the community, contributing to universal prevention.



Health Promotion

Strategies designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

Examples include:

- Health promotion campaigns
- Build policies that support public health objectives
- Create healthy environments

Universal Prevention

Strategies and programs that are provided to all within a population, for example: the whole community or a population of 7th graders. The point is that all within the group are subject to the strategies. A change in a law affects everybody in the community.

Examples include:

- Building protective factors / resilience
- Safe Prescribing Practices
- Use of PDMP's
- Education / School curricula
- Rx Drug Takeback events

Selective Prevention

Strategies and programs provided to a subset of the population that is exposed to a known root cause / risk factor.

Examples include strategies targeting individuals with:

- Family history of drug misuse
- History of criminal activity or legal problems, including DUIs
- Severe depression/anxiety or experiencing stressful circumstances
- Prior drug or alcohol rehabilitation
- Risk-taking or thrill-seeking behavior / Heavy tobacco use

Indicated Prevention

Strategies and programs provided to youth (and adults) who are initiating or engaged in low levels of misuse - and who have not been diagnosed with a substance use disorder.

Examples include:

- Diversion Programs
- Recovery Court
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Motivational Interviewing and connection to peer support programs

Overdose Prevention & Reversal

Overdose prevention and reversal seeks to:

- Prevent people from overdosing by identifying individuals and populations at risk for overdose before an overdose occurs.
- To reverse an overdose, everyday community members, though especially people who interact with individuals who use opioids medically or illicitly, are being trained in the use of the opioid antagonist, naloxone/and other medicines to save lives.

Overdose Prevention

Overdose Prevention Strategies include:

- Overdose Education / Naloxone Distribution
- Syringe Services Programs
- Proper Drug Disposal Programs
- Recovery Courts
- Safe Injection Sites
- Real-time Overdose Reporting to Identify Localized Spikes

Treatment & Recovery

Dependence means feeling withdrawal symptoms when not taking the drug. Substance Use Disorder is a chronic brain disease that causes a person to compulsively seek out drugs, even though they cause harm.

- Multiple treatment modalities are available including cognitive behavioral therapy and medications for opioid use disorder (MOUD)
- Recovery support involves ensuring systems and support services are in place for the individuals

DATA ACROSS THE CONTINUUM

There are a number of opportunities to collect data across the Continuum of Care. One important consideration coalitions should make within each phase is related to readiness. Both the coalition AND the community must, at the minimum, have vague awareness of the problem. If awareness does not exist, the Community Readiness Handbook, published by the Tri-Ethnic Center at Colorado State University, is a helpful guide for your work. The Community Readiness Handbook can help coalitions design strategies to move their coalition or community from tolerance to denial to vague awareness to preplanning and on along the readiness scale.

Health Promotion

Data related to health promotion include:

- Utilization and reach of existing health promotion campaigns
- Outcomes and impact of previous health promotion campaigns
- Lifestyle and habits of population within the target area
- Media influence on target population
- Media habits of target population

Universal Prevention

Data related to universal prevention include:

- Prevalence of 30-day use of opioids
- Communications campaigns on the perception of harm of opioid misuse
- Perception of parent disapproval of opioid misuse
- Perception of peer disapproval of opioid misuse
- Perception of peer use of opioids
- Universal protective factors that exist within the target area
- Perception of wellness
- Utilization of coping strategies

Selective Prevention

Data related to the prevalence of elevated risk factors, including:

- Severe depression or anxiety or experiencing stressful circumstances
- Adverse Childhood Experiences
- Exposure to specific risk factors (bullying, impulsivity, lack of self-control, mental health disorder, delinquent behavior)
- Exposure to specific protective factors (community engagement, participation in extra-curricular activities)

Indicated Prevention

Data related to indicated prevention include:

- Family history of drug misuse
- History of absenteeism or behavioral trouble at school
- Prior drug or alcohol rehabilitation
- Access and utilization of proper drug disposal programs
- Developmentally inappropriate behavior
- Heavy tobacco use
- Current substance misuse

Overdose Prevention & Reversal

Data related to overdose prevention strategies include:

- Access to naloxone
- Access and utilization of Prescription Drug Monitoring Programs
- Availability of syringe services programs
- Availability of recovery courts
- Existence of safe injection sites
- Prevalence of opioid overdose deaths
- Prevalence of non-fatal opioid overdose hospitalizations
- Location of overdose
- Prevalence of stigma related to opioid overdose/naloxone/substance use disorder

Treatment & Recovery

Data related to treatment and recovery include:

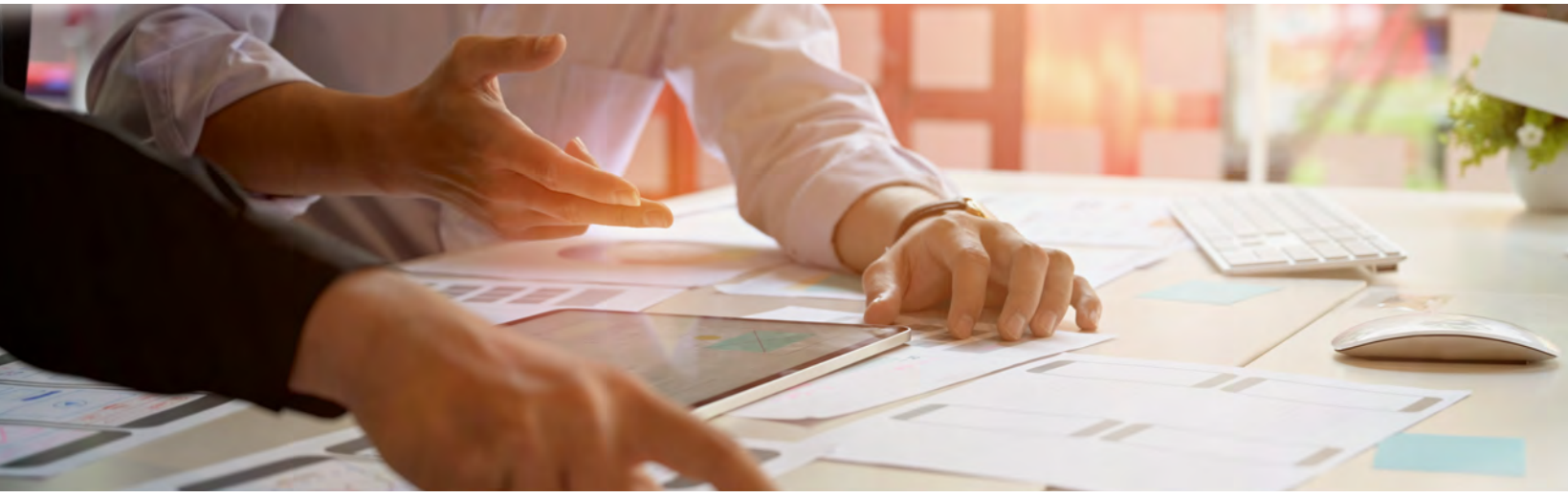
- Availability of treatment providers
- Availability of several forms of recovery supports, including Medication-Assisted Recovery Services
- Prevalence of stigma related to substance use disorder
- Affordability of services
- Health insurance coverage for substance use disorder
- Data related to recurrence of SUD symptoms, including resumed substance misuse
- Availability of treatment during incarceration

Opioid-Specific Considerations Throughout the Strategic Prevention Framework

ADDRESSING PREVENTION USING THE STRATEGIC PREVENTION FRAMEWORK (SPF)

SPF Overview

Prevention planners are pressed to put in place solutions to urgent substance misuse problems facing their communities, but research and experience have shown that prevention must begin with an understanding of these complex behavioral health problems within their complex environmental contexts. Only then can communities establish and implement effective plans to address substance misuse.



To facilitate this understanding, SAMHSA developed the Strategic Prevention Framework (SPF). The five steps and two guiding principles of the SPF offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities. The SPF includes these five steps:

1. Assessment: Identify local prevention needs based on data (i.e., What is the problem?)
2. Capacity: Build local resources and readiness to address prevention needs (i.e., What do you have to work with?)
3. Planning: Find out what works to address prevention needs and how to do it well (i.e., What should you do and how should you do it?)
4. Implementation: Deliver evidence-based programs and practices as intended (i.e., How can you put your plan into action?)
5. Evaluation: Examine the process and outcomes of programs and practices (i.e., Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

- Cultural competence. The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
- Sustainability. The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Source: SAMHSA: A Guide to SAMHSA's Strategic Prevention Framework (2019)

To be successful, coalitions and prevention providers need to implement each of these SPF elements in their community. Fortunately, all the skills and knowledge do not need to reside in any one individual, but in a community's collective repertoire of skills and knowledge. The following figure displays the key skills and processes that CADCA has identified as essential for successful prevention work in a community.

CADCA's Coalition Skills and Processes for SAMHSA's Prevention Framework

Sustainability
1. Engage Volunteers and Partners
2. Build a Credible Process
3. Ensure Relevancy
4. Create a Sustainability Plan

Cultural Competence
1. Commit to Cultural Competence
2. Identify Culture & Diversity in the Community
3. Build Cultural Competence Throughout the SPF
4. Recruit members to represent the culture and diversity in the community

Community Assessment
1. Define & Describe the Community
2. Collect Needs & Resource Data
3. Conduct a Problem Analysis for each substance
4. Create a Logic Model for each substance
5. Update community assessment as needed

Build Coalition Capacity
1. Build Coalition Membership
2. Develop Coalition Structure
3. Cultivate Leadership
4. Identify training opportunities

Strategic & Action Planning
1. Create a Vision & Mission
2. Write "SMART" Objectives
3. Plan Comprehensive Strategies for prioritized local conditions(s)
4. Develop Action Plans for each substance's prioritized local conditions and strategies

Implementation
1. Prioritize Strategies and Action Plans
2. Obtain Resources
3. Implement Action Plans
4. Ensure Implementation Fidelity

Evaluation
1. Confirm Data on the Logic Model
2. Document Your Coalitions' Work
3. Tell Your Coalition's Story
4. Develop data collection plan (e.g., every 2 years)

ASSESSMENT

A community assessment is a comprehensive description of your target community (however your coalition defines community). The assessment process is a systematic gathering and analysis of information about the community for the purpose of identifying and addressing local substance use problems. Undertaking a community assessment can provide many opportunities for the coalition and the community.

Normally community assessments are conducted at the beginning of a coalition's development. But they can, and should, occur as an ongoing process—like a regular check-up. Communities and coalitions are not static; they change and develop over time. Understanding how community strengths, needs, resources, and structure change and evolve is critical to coalition effectiveness. This can occur through regular (annual or biannual) assessments, so that your coalition can be responsive to the community in a proactive and effective manner. It is encouraged that your coalition develops a data collection plan and schedule to ensure that you are committed to maintaining a pulse on your community. As described in the CADCA Assessment Primer, a community assessment involves the following steps:

1.Define and Describe the Community

- Define the coalition's community and boundaries (neighborhood, county, city, etc.)
- Identify features of the community environment that impact substance misuse
- Describe the “communities within the community” which include communities of place, interest, and experience
- Identify and build on the relevant local history of substance misuse, community mobilization, and prevention work in the community

2.Collect Needs and Resource Data

- Identify the relevant data to collect including information about: consequences, problems, root causes, local conditions, and community demographics
- Use quantitative data collection methods such as conducting surveys and collecting “archival” or “secondary” data from partners and outside sources
- Use qualitative data collection methods such as community forums, focus groups, listening sessions, key informant interviews, and surveys
- Identify specific resources and gaps in resources that can be addressed by the community

3.Conduct a Problem Analysis for Each Substance

- Facilitate group problem analysis techniques including the “but why, but why here,” or another root cause analysis technique
- Include and incorporate the experience and expertise of coalition members to thoroughly name and frame problems and goals
- Select objective criteria to facilitate the prioritization of problems, root causes, and local conditions

4.Create a Logic Model for Each Substance

- Move from problem analysis to a logic model based on established criteria including community data, prevention science, and input from community members
- Create a logic model or road map to guide the development of comprehensive strategies to achieve community-level change
- Critique your logic model to ensure the coalition will achieve its desired changes to the community

5.Update the Community Assessment as Needed

- Identify additional data that needs to be collected.
- Determine how new data and conditions in the environment can be used to make adjustments to the coalition's logic model
- Create an ongoing community surveillance mechanism to ensure the coalition and community can identify and proactively respond to new trends in substance misuse

Opioid-Specific Considerations - Assessment

Outreach – Ensure populations that are involved and impacted by the opioid crisis are engaged in the community assessment including:

- People in recovery / overdose survivors
- Clinicians (e.g., doctors, dentists, veterinarians, psychiatrists)
- Family members of people in recovery, overdose survivors
- Drug treatment centers, counselors, support groups, faith community, community leaders and social service providers
- First responders (e.g., EMT, law enforcement, emergency room staff)

Continuum of Care – Partner with community organizations to collect data across the continuum of care:

- **Prevention** – sources that have access to young people such as: schools, recreation and youth activity providers, faith community, employers
- **Intervention** – sources where youth and adults who are misusing opioids may first become involved in specific "systems" such as: school (violation of school policy), justice system (arrest or citation), health care (assessment), first responders (overdose)
- **Treatment and Recovery** – sources that have access to people who can diagnose or treat substance use disorders, and a robust representation of different stakeholders in the recovery community, such as: drug treatment centers, counselors, support groups, faith community

Needs and Resource Data Collection – When collecting data about opioid use be sure to consider:

- **Which specific drugs are being misused** – many surveys and archival data ask about "misuse of Rx drugs" and do not ask about specific drugs (e.g., pain killers, stimulants, depressants or other drugs). Additionally, the data may address the "use of opioids" and not differentiate between the different types of opioids (e.g., heroin, fentanyl, oxycodone). There may be different uses, sources, perceptions of harm, parental attitudes, etc. for each type of drug. This detailed information can best be obtained through qualitative methods such as listening sessions and focus groups.
- **Information dissemination on storage, monitoring and disposing of Rx drugs** – as part of the resource assessment, determine where parents / care givers receive (or do not receive) information about the storage, monitoring and disposing of Rx drugs… what information is received from the prescriber, pharmacy, school nurse or others?
- **Create a separate logic model for each specific type of opioid** – for planning purposes it may be helpful to create a separate logic model for each type of opioid – as the root causes and local conditions will most likely be different for prescribed opioids vs. illegal opioids.

CAPACITY

The definition of Capacity Building is “increasing the ability and skills of individuals, groups and organizations to plan, undertake and manage initiatives.” Coalitions’ capacity building enhances the ability of coalition members, individuals, groups and organizations to respond to curren and future issues and substance use problems in the community. It is important to understand that a coalition is a living entity - its membership organization and leadership (FORM) will evolve and change ove time based on the work, the strategies and activities (FUNCTION) in which the coalition is currently engaged and the current time and plans to do in the near future.

This is the concept called “form follows function.” How the coalition operates is based on the work it is doing. Therefore, as the work of a coalition changes over time, it is not unusual for a coalition to change as it develops and responds to local conditions or external circumstances. As described in the CADCA Capacity Primer there are four key areas of coalition capacity building

Membership - The work of the coalition includes a variety of different functions including: involvement in assessment and planning efforts; participation in implementing coalition strategies; and leading efforts to build coalition capacity. Each of these aspects of coalition work provides an opportunity for involvement, and as such, different ways to be a coalition member. The task of building coalition membership therefore, becomes one of finding the right match between an individual or organization’s interests, skills, and resources with the work or activities of the coalition. This notion requires the coalition to:

- Clearly articulate what work the coalition is doing
- Recruit the right mix of stakeholders to engage in doing that work
- Engage and support members in doing the work
- Recognize and reward members for their involvement

Organizational structure - As coalitions grow and expand their outreach and impact in the community, the coalition organization and infrastructure must also evolve to ensure the organization can maintain their involvement over the long-term. Specifically, addressing coalition organization and infrastructure can include the following elements:

- Clear roles for coalition members and staff
- Organizational tools: organizational chart, timeline and by-laws
- "Action-oriented" coalition
- Coalition communication
- Legal and fiscal structures and practices

Leadership – Coalitions need many kinds of leadership and a wide variety of skills to perform leadership functions. While some coalitions are blessed with one or more dynamic leaders who manage to embody many of these skills, more commonly people bring different leadership strengths and prefer serving in some leadership functions over others. In essence, coalitions require a distributed or "transformational" leadership model which emphasizes that coalition leadership must be shared among members and partners- no one person assumes sole leadership and authority of the coalition.

Identify training opportunities - the final element of building coalition capacity is to identify training opportunities to build the knowledge and skill base of coalition members and staff through:

- Assessing their capacity across the SPF
- Ensuring cultural competence within your coalition processes
- Troubleshooting coalition capacity
- Providing appropriate training

Opioid-Specific Considerations - Capacity

Create an Opioid-Specific Committee - An Opioid Committee can operate as an "ad hoc" work group of a coalition. Members of the Opioid Committee can work to develop and implement comprehensive plans to address the opioid problem in the community. A typical Opioid Committee can be composed of 5 - 10 individuals from the community interested in addressing opioids and Rx drug issue. Specific sectors will be recruited to the Opioid Commitee including: youth, parents, law enforcement, health care providers education, treatment providers, government, faith community, recovery community, and others. Responsibilities of committee members can include

- Attend Opioid Committee meetings
- Identify and recruit partner organizations to participate in opioid prevention strategies
- Participate in the planning process including assessment, planning implementing and evaluation of prevention strategies
- Represent their organization and sector in the Opioid Committee activities.
- Provide access to specific resources needed to implement the Opioid Committee's strategies
- Engage and recruit community members to participate in the Work Group's efforts

Empower individuals as experts - engaging individuals and partner organizations as experts in the opioid issues will serve to build their ownership and involvement in prevention efforts as well as broaden the appeal and outreach of the efforts throughout the community. Strategies to engage individuals as experts include:

Provide training - identify and support community members to receive training in specific aspects of the opioid crisis. Those receiving the training can then share the new information with the communities. Examples include sending members to CADCA Conferences and Trainings, paying for continuing education for teachers, pharmacists, doctors etc. in opioid-related topics.

Provide opportunities for sharing - many individuals possess vital opioid-related knowledge and skills but lack the means to share the information in a public setting. Examples of ways to promote this expertise can include:

- Asking a pharmacist to write an editorial in a local newspaper
- Hosting town hall meetings where school-based or health educators employed by the local government can share prevention information with the general public
- Promoting youth-led social media campaigns that seek to provide appropriate information to their peers

PLANNING

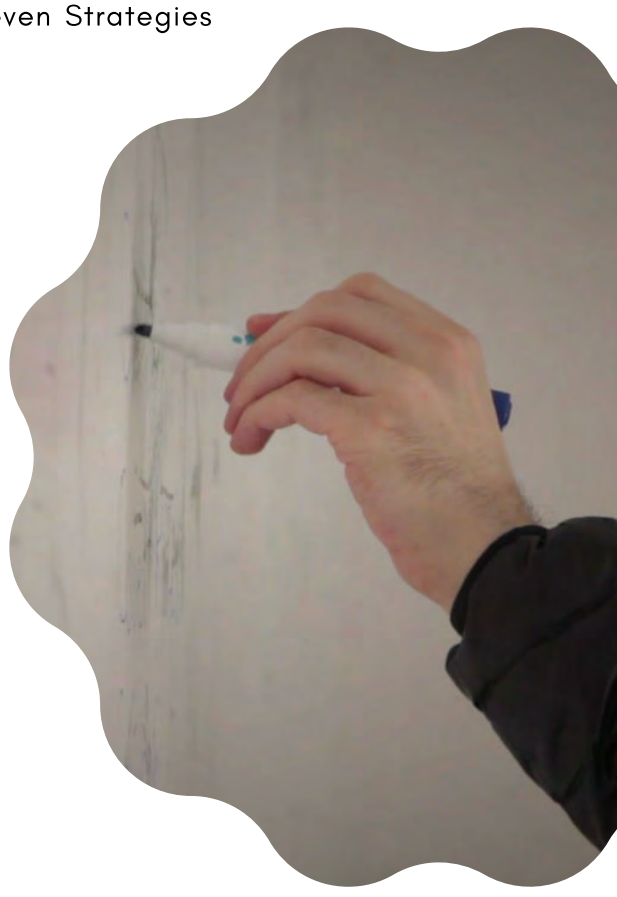
Planning is the process of developing a logical sequence of strategies and steps that can lead to community-level alcohol and other substance use reduction outcomes. These outcomes move coalitions closer to achieving their vision for healthier communities.

The Strategic Planning Process - As described in the CADCA Planning Primer, the strategic planning process that coalitions use to implement the **strategic and action planning** element of the SPF. The development of the coalition's strategic and action plans are based on the coalition's **logic model** (discussed in detail in the Community Assessment Primer) which identifies the problem statement, root causes, and local conditions. The logic model facilitates concise and clear communication about the conditions in the community which the coalition seeks to change. The strategic and action plans describe how the coalition will achieve change.

Comprehensive Strategies - Coalitions and communities can be more successful in achieving community-level change related to preventing prescription drug abuse when their strategies are part of a comprehensive plan that targets individual youth and adults and also impacts the shared community environment in which we live. There are seven strategies typically used by coalitions to change individual behaviors and community conditions. These are commonly referred to as CADCA's Seven Strategies for Effective Community Change. These strategies include:

1. Provide Information
2. Enhance Skills
3. Provide Support
4. Change Access / Barriers
5. Change Consequences, Incentives/Disincentives
6. Change Physical Design
7. Modify & Change Policies

Opioid-Specific Considerations Throughout the Strategic Prevention Framework



Prevention strategies to prevent opioid misuse recommended by the U.S. Department of Health and Human Services include:

- Implement **science-based education campaigns** to improve the public's understanding of substance use disorders as well as evidence-based treatments and prevention strategies, and to eliminate stigma associated with the disease
- Increase the use of **digital and social media technologies** to amplify public health messages regarding prevention
- Increase and support the use of **school- and community-based prevention programs** that are evidence-based to prevent misuse of opioids and other substances
- Engage community and **faith-based** organizations to use evidence-based messages on prevention, treatment, and recovery
- Identify **individuals who are at risk** of opioid use disorder and make available prevention and early intervention services and other supportive services to minimize the potential for the development of opioid use disorder (OUD)
- Facilitate **proper disposal** of unused opioid prescription medications and other prescription drugs such as benzodiazepines and gabapentin

Opioid-Specific Considerations - Planning

Targeted engagement - For each prioritized local condition ensure populations that are involved and impacted by the specific behavior or condition are engaged in the planning. For example, if the local condition is that student athletes are sharing their Rx painkillers at school, ensure the following individuals / organizations are engaged in the planning:

- Prescribers - doctors, team physicians, express clinic staff, pharmacists
- Parents - PTA, Booster Club
- School Staff - coaches, nurses, Principal, school board members
- Youth - student athletes, cheer teams, "influencers"

Address youth access in homes - When addressing local conditions related to youth access to Rx drugs in homes, consider the following:

Parental and caregiver perceptions - if parents do not perceive the harmfulness or risk related to sharing of Rx drugs in the home - then information about storage, monitoring and disposal will have less impact on youth access to the drugs in the home.

Storage - are caregivers aware of resources for safe storage of Rx drugs (e.g., lock boxes)

Monitoring - do parents have the information, skills and time to monitor the use of Rx drugs both prescribed to youth and other family members.

Disposal - are parents aware of and do they have access to safe ways to dispose of unused Rx drugs including drop box locations, disposal bags (e.g., Deterra)

Adopt a developmental perspective - The MD State Department of Education identified specific objectives for youth prevention efforts - focused on specific developmental stages:

By the end of **Elementary School**, students should be able to identify appropriate and safe practices for using prescription and over the counter drugs.

By the end of **Middle School**, students should be able to understand appropriate safe practices for using medicines safely and the consequences of the use and misuse of opioids

By the end of **High School**, students should be able to understand the physical, psychological, social, and legal consequences of opioids, including fentanyl and the factors that influence a person's use of opioids.

IMPLEMENTATION & EVALUATION

IMPLEMENTATION

During the planning process the coalition identified multiple strategies and activities to address the problem(s), root causes, and local conditions your coalition seeks to change. As described in the CADCA Implementation Primer, once the plans are in place, Implementation involves:

Prioritize Strategies and Action Plans - specific questions a coalition should ask BEFORE starting implementation include:

- Which local conditions can be addressed first - based on importance (how big a problem is the condition in the community?) and changeability (how easy will it be to change the condition?)
- Which strategies need to be implemented before others? For example, information must be shared with the community and policy makers and the enforcement agency must be on board before a policy can be put in place in a community.
- Which partners are at the table and have resources to get started working on specific strategies?

Obtain Resources - Implementing each of the strategies and activities identified in the coalition's strategic and action plans requires resources. The role of the coalition is to work with partner organizations to ensure the appropriate resources are available at the right time. While there are several ways to establish the resources needed, the simplest way is to determine the:

- Cash resources - the money needed to purchase materials, supplies, and contracting with individuals and organizations that provide necessary expertise; and
- In-kind resources include the skills, technology, office and meeting space, communication, transportation, and other items that are provided by individual volunteers and partner organizations.

Implement Action Plans - this step entails making sure the work is done according to plan and making adjustments as needed. The coalition can accomplish this by:

- Developing timelines and schedules for the work
- Organizing members to achieve maximum effect (i.e., work groups, task forces, committees)
- Identifying how the work will be supervised and monitored
- Discussing the action plans and providing status updates at the coalition meetings. The coalition should be kept up-to-speed on any additional resources needed to complete the tasks. It is also important to recognize coalition members for their contributions to the efforts.

Ensure Implementation Fidelity – implementation fidelity describes the degree to which a program or practice is implemented as intended. Adaptation describes how much, and in what ways, a program or practice is changed to meet local circumstances. Customizing a program to better reflect the attitudes, beliefs, experiences, and values of your focus population can increase its cultural relevance. However, it is important to keep in mind that such adaptations may compromise program effectiveness.

Retain core components: Evidence-based programs are more likely to be effective when their core components. General guidelines for maintaining core components of a curriculum includes: preserving the setting as well as the number, length and content of sessions.

If adapting, consult experts first: Experts can include the program developer, an environmental strategies specialist, or your evaluator. They may be able to tell you how the intervention has been adapted in the past and how well (or not) those adaptations worked. For cultural adaptations, you will also want to consult with cultural leaders and members of your focus population.

COALITION EVALUATION

Coalition evaluation is defined as the flow of information between the partners of a community problem-solving effort and members of the community impacted by the substance use prevention efforts. Coalition evaluation describes a coalition's plan to gather and carefully use information to report data accurately and appropriately to stakeholders and partners. The powerful ways people can use the results, not merely the process of collecting statistics, make coalition evaluation essential. As described in the CADCA Evaluation Primer, coalition evaluation involves:

Confirm data on your logic model — Through the community assessment and logic modeling processes, the coalition has already collected the necessary data that can provide a baseline of community-level changes that the coalition seeks to achieve in the community. This data, recorded on the logic model, is used to measure changes in the problem statement, root causes, and local conditions.

Document your coalition's work — The coalition must capture all the efforts conducted by the coalition and its partners that contribute to the changes identified on the coalition logic model. The coalition's efforts, which we call coalition outputs, capture all the new or changed processes, programs, services, community resources, and media exposure that have resulted from the coalition's efforts.

Tell your coalition's story — To build and sustain the on-going support and involvement of the community, the coalition must be able to describe how it (and its partner organizations) have contributed to changes in substance use that have occurred in the community. The coalition can use the community-level data and coalition outputs to tell this story.

Organize to collect and share coalition evaluation data on a regular basis — Coalitions can create a coalition evaluation work group that will work together to conduct the coalition evaluation. Members of the team can include individuals from multiple sectors who are knowledgeable about the work of the coalition. The evaluation work group can function as an "ad hoc" work group that meets throughout the year to collect and organize coalition data and tell the coalition story.

For more evaluation guidance and planning, reach out to CADCA's Evaluation & Research team about Coalition Evaluation Services (CES). CES provides coalitions with expert evaluation through a collaborative, community-focused approach. Coalitions gain a better understanding of the evaluation process and learn how to use community data to drive progress. For more information on CES, email evaluation@cadca.org.

USING NATIONAL DATA

Utilizing and participating in national data sets is imperative for prevention-based coalitions. Monitoring the Future and other national survey efforts help coalitions tell their story against a national context. Trends and developments that come from national data gathering efforts can complement the data coalitions are pulling together locally.

Participation in these national surveys is equally important. CADCA's Annual Survey of Coalitions is the leading source of information on community-level substance misuse prevention. Data gathered from the Annual Survey allows CADCA to advocate for funding on behalf of coalitions, communicate trends within the prevention movement, and created tailored trainings and resources. To contribute to coalition data gathering efforts across the nation, email **survey@cadca.org** to receive your coalition's personal survey link.

Opioid-Specific Considerations - Implementation & Evaluation

(Source: CDC)

Just as in Assessment and Planning, it is critical to obtain (or retain) participation of key individuals and organizations who are impacted by the opioid problem involved in the evaluation.

"Meeting people where they are requires understanding their lives and circumstances, what objectives are important to them personally, and what changes they can realistically make to achieve those objectives. [...] The guiding principle of "meeting people where they are" means more than showing compassion or tolerance to people in crisis. This principle asks us to acknowledge that people we meet are at different stages of behavior change. Recognition of these stages helps us set reasonable expectations.

For example, a person who has experienced an overdose who is precontemplative and has not yet recognized that their drug use is a problem may be unlikely to accept treatment, but may benefit from clear, objective information about problems caused by their drug use and steps they can take to mitigate them. Unrealistic expectations cause frustration and disappointment for patients, providers, family, caregivers, and others touched by the event. Someone who is already preparing for action, however, may be ready for treatment, support, or other positive change. A positive, judgement-free encounter with first responders may provide the impetus and encouragement needed to get started. When we "meet people where they are," we support them in their progress towards healthy behavior change. Recognizing progress made as a person moves forward through stages of change can help avoid frustration that arises from expectation they will achieve everything at once."

SUSTAINABILITY

Broadly stated, ***Sustainability*** is the ability of your coalition to maintain the human, social and material resources needed to achieve long-term goals for community change. This guarantees that your coalition can have ongoing vitality in its internal structure and process and ensures viability of its strategies in the community over the long-term. However, achieving significant change in your community takes time. The conditions that foster substance misuse did not develop overnight, and coalitions will not change them quickly. Coalitions that are serious about affecting the problem in a meaningful way must acknowledge that they are in it for the long haul. It may take several years to enact the desired changes and realize the long-term effects.

Smart coalitions not only get things done now; they also prepare for changes that can affect coalition work in the foreseeable future. As described in the CADCA Sustainability Primer, sustainability involves:

- **Engaging volunteers** and partners involvement in the coalition over the long-term.
- **Building a credible process** requires a coalition to sustain, over the long-term, the processes included in the Strategic Prevention Framework (SPF).
- **Ensuring relevance** encourages the coalition to reach out beyond existing partners to a broad range of individuals and organizations to emphasize how the work of the coalition supports their visions, issues and concerns.
- **Creating a Sustainability Plan** includes ensuring that both financial and in-kind resources are sustained long enough to achieve the coalitions long-term objectives.

Opioid-Specific Considerations - Sustainability & Cultural Competence

Culture is shared traditions, experiences, beliefs, customs, history and folklore of groups of people. Culture can be shared by people of the same race, ethnicity, sexuality, physical and cognitive abilities, language, generation, profession, religion, nationality, etc. It is a system that influences how we behave and express ourselves individually and in groups.

The U.S. Department of Health and Human Services defines cultural competence as:

"A set of behaviors, attitudes and policies that come together in a system, agency, or program, or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among, and between groups."

To put it simply, cultural competence is a person's and/or coalition's capability to understand, communicate with, and effectively interact with people across cultures. For instance, if a prevention specialist moves from an urban community to a rural one, they will learn from national statistics that youth in their new community are more likely to have used opioids than in their previous community. It would be their responsibility to learn how the culture of the rural community may contribute to the use/misuse of opioids. Hopefully, in the coalition's community assessment they may observe that rural and suburban youth (statistically speaking) experience less peer pressure as a risk factor to use/misuse of opioids compared to youth in urban areas. The prevention specialist and the coalition could potentially enhance this finding by creating a youth coalition.

Once coalitions become aware of the cultures that exist in the community, they can build awareness and understanding. Working along this cultural continuum helps coalitions ensure they reach their entire target population in culturally appropriate ways. Instructed by the Strategic Prevention Framework (SPF) cultural competence affects all aspects of coalition building. As described in the CADCA Cultural Competence Primer, coalitions can act comprehensively about cultural competence by:

- Committing to Cultural Competence
- Identifying Culture and Diversity in the Community
- Building Cultural Competence Throughout the SPF
- Recruiting Members to Represent the Diversity and Culture in Your Community

Opioid-Specific Considerations - Sustainability & Cultural Competence

Additional competencies favorable to embracing cultural competence include:
·Being aware of one's implicit biases and world view
·Educating oneself about different cultures
·Developing soft skills for communication and interaction across cultures
·Fostering secure, reciprocal partnerships

Coalition responses:

Create a permanent Opioid Task Force – Similar to the ad-hoc Opioid Committee discussed above (Capacity), a permanent Opioid Task Force would focus efforts on expanding and sustaining strategies to address the opioid crisis across the continuum of care. Communities where permanent task forces have been established have relied on key community-based organizations that a) have a stake in addressing the opioid issues and b) have relatively stable sources of funding over the long term. These organizations include: law enforcement, hospitals, public health departments and schools.

Institutionalize cultural competence — Where someone is born, the educational and income level of their family, their race and/or ethnicity, their abilities and sexuality will determine their overall health outcomes and life expectancy. Compared to whites, People of Color (POC) are less likely to be prescribed opioids for pain management because many medical professionals have the false belief that POC have higher pain tolerance and/or hold the stereotype that POC are drug seeking to sell or misuse. This leads to further health complications for POC. Institutionalizing cultural competence in your coalition is putting policies and procedures in place that always investigate health disparities and implement strategies addressing the inequities.

A coalition that has institutionalized cultural competence would have an Opioid Task Force that is inclusive of the communities within the broader community or what is referred to as "communities within the community" The task force would educate itself on the risk and protective factors of different communities. Mental health issues or disorders are major risk factors that contribute to use/misuse of substances. However, mental health issues show up differently in different communities and have been exacerbated by the COVID-19 Pandemic.

Opioid-Specific Considerations - Sustainability & Cultural Competence

It has been found that addressing mental issues like depression and suicidal ideation has decreased opioid misuse of people that identify as part of the LGBTQ community. Addressing racial and ethnic discrimination in the broader community and placing value on cultural heritage reduces mental distress for Asian, Black, Native American and Latino youth. Finally, the CDC found that the majority of adults with disabilities have experienced adverse mental health symptoms or substance use since the pandemic. Public services that assist adults with disabilities have either been suspended or inconsistent, which has caused social isolation.

Cultural Competence is critical to achieve population level change. Coalitions should consider social determinants of health that have positioned POC and other marginalized populations to experience a higher rate of consequences related to both the Covid-19 pandemic and the opioid epidemic. By collecting and incorporating data measures related to social determinants of health into the Community Assessment, coalitions can identify gaps that exist in the community and identify strategies to fill those gaps. Organizations and the "nontraditional" groups the coalition should consider collaborating with are:

- Recovery groups
- Family support groups
- Persons in recovery with lived experience
- Mental health centers and professionals
- Substance Use and Mental Health Treatment facilities
- Housing agencies
- Persons experiencing unstable housing
- Homeless citizens
- Veterans
- Affinity Organizations


DIRECTION
What is..
NEXT
DESIGN
WEB.
APP/URL
Q1
Q2
Q3
Q4
2 YEAR
PLAN
PLAN
SEO
TIME

NAVIGATING OPIOID MISUSE PREVENTION PRIORITIES DURING NATIONAL CRISIS

While the attention of many key coalition partners, such as public health, law enforcement, education and government concentrate on addressing the pandemic - coalitions must address the opioid crisis during a pandemic by maintaining a community-wide focus on substance use and related consequences. Unfortunately, the U.S. has seen overdose deaths accelerating during COVID-19. The CDC reports:

Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from the Centers for Disease Control and Prevention (CDC).

While overdose deaths were already increasing in the months preceding the 2019 novel coronavirus disease (COVID-19) pandemic, the latest numbers suggest an acceleration of overdose deaths during the pandemic.

"The disruption to daily life due to the COVID-19 pandemic has hit those with substance use disorder hard," said CDC Director Robert Redfield, M.D. "As we continue the fight to end this pandemic, it's important to not lose sight of different groups being affected in other ways. We need to take care of people suffering from unintended consequences"

(Source: https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html).

Coalitions are in a unique position to be able to address opioid and other drug-related issues in a pandemic. Specific actions coalitions can take during the pandemic include:

1. Continued Implementation the SPF
2. Enhancing Protective Factors and Resilience
3. Engagement and Outreach among Community Resources
4. Coalition Building

STEP 1: CONTINUED IMPLEMENTATION THE SPF

It is important to recognize that local conditions can shift dramatically. Coalitions should be ready to reassess the behaviors in their communities and identify how they have changed or are changing as a result of the physical distancing mandates initiated through local governments. Coalitions can use the Strategic Prevention Framework (SPF) to guide their actions to assess and address opioids during the pandemic in the following ways:

Assessment: Collect and share drug-related data about emerging trends with appropriate agencies and organizations. Examples of ways coalitions can promote data collection and reporting during the pandemic include:

- Supporting schools to continue administration of student surveys - a vital tool in understanding the incidence and prevalence of drug use among youth
- Collecting qualitative data about drug use and availability through conducting interviews and listening sessions via phone or virtual platform (e.g., Zoom, Teams)
- Conduct and opioid-specific resource assessment that can identify specific programs and services addressing opioid use along the entire continuum of care.
- Collecting and sharing data about drug overdoses. The CDC reports that synthetic opioids (primarily illicitly manufactured fentanyl), cocaine contaminated with fentanyl or heroin, and methamphetamine appear to be the primary drivers of the increases in overdose deaths

Planning and Implementation: Based on local conditions coalitions can coordinate and support (as needed) specific strategies to address opioid use, misuse and overdose across the continuum of care. Examples of strategies can include:

- Provide information about emerging - and dangerous trends in drugs available in the community
- Intervene early with individuals at highest risk for overdose
- Improve detection of overdose outbreaks to facilitate more effective response
- Expand distribution and use of naloxone and overdose prevention education
- Expand awareness about and access to and availability of treatment for substance use disorders

One way a coalition can coordinate these efforts is to create an Opioid-Specific Committee. Members of the Opioid Committee can work to develop and implement comprehensive plans to address the opioid problem in the community. A typical Opioid Committee can be composed of 5 - 10 individuals from the community interested in addressing the opioids and Rx drug issue. Specific sectors will be recruited to the Opioid Committee including: youth, parents, law enforcement, health care providers, education, treatment providers, government, faith community, recovery community, and others. Responsibilities of committee members can include portions of the sample job description outlined below.

Opioid Committee Job Description - Sample

The Opioid Committee operates as an "ad hoc" work group of the ABC Coalition. Members of the Opioid Committee will work together to develop and implement comprehensive plans to address the opioid misuse problem in ABC County. The Opioid Committee is composed of 5 - 10 individuals from the community interested in addressing opioid misuse issue. Specific sectors will be recruited to the Opioid Committee including: youth, parents, law enforcement, health care providers, education, treatment providers, government, faith community, recovery community, and others.

Time Commitment
Members of the Opioid Committee are asked to work together from April - September, 2022. The Opioid Committee will schedule meetings on an "as needed" basis depending on the specific tasks to be accomplished. It is anticipated that the Opioid Committee will meet at least once per month, or six times over the six-month period.

Specific Responsibilities
- Attend Opioid Committee meetings.
- Participate in the planning process including assessment, planning, implementation and evaluation of prevention strategies.
- If appropriate, represent their organization and sector in the Opioid Committee's activities.
- As appropriate, provide specific resources to support the Opioid Committee's efforts.
- Engage and recruit community members to participate in the Work Group's efforts

Personal Qualities
- Commitment to improving the health of ABC County residents
- Knowledge of the ABC County area and its people
- Broad perspective in identifying and planning programs
- Enthusiasm and resourcefulness

Serving as a member of the coalition will provide you with the opportunities to:
- Broaden your knowledge of opioid misuse prevention strategies
- Gain new experiences and skills
- Increase communication skills while conducting outreach with coalition & community members
- Network with "like-minded" individuals in the community
- Participate in creating a "safe and healthy" community in ABC County

For more information, please contact Name at email@email.com.

Adapted from: http://www.health.state.mn.us/divs/hpcd/chp/hpkit/pdf/build_samp1.PDF

STEP 2: PLANNING TO ENHANCE PROTECTIVE FACTORS AND BUILD RESILIENCE

During these challenging times, coalitions can play a key role in ensuring families and communities implement strategies that build resiliency and strengthen attachment and connectedness among youth. Resilience is the ability to thrive, adapt and cope despite tough and stressful times. The presence of caring adults and stable environments are a necessary component for a child's healthy development and for building resilience and protection. Specifically, safe, stable, nurturing relationships between children and their parents or caregivers can act as a buffer against the effects the stresses experienced during this coronavirus pandemic.

STEP 3: ENGAGEMENT AND OUTREACH

Coalitions can drive engagement by communicating about opioid and other substance use and misuse issues, what the community is doing to address the issues and conduct outreach to provide opportunities for community organizations and key community stakeholders to work together. These efforts can include:

Expanding Networking Opportunities – bring together and promote communication among grassroot, agency and organizational stakeholders that address and/or are impacted by the opioid crisis.

Raising Public Awareness of Opioid and Substance Use and Misuse Issues – Provide information to coalition and community members about the substance use and misuse problem. This includes information about the consequences, incidence and prevalence of individual drugs. This information builds community readiness to address the problem.

Providing Education and Training – Provide training and promote others' efforts to educate the community about the opioid issue.

Specific examples of outreach and engagement strategies include:

- Facilitate a community discussion (e.g., virtual or live Town Hall) about how to address the entire continuum of care
- Distribute Press releases reporting significant community data and research findings
- Respond to specific incidents in the community (e.g., reports of overdose deaths)
- Provide flyers or pamphlets identifying specific issues and recommending community responses (e.g., proper storage and disposal of Rx Medications)
- Maintain a website with information and resources for the public
- Create a "one pager" pamphlet/brochure that provides info about strategies to address opioids
- Conduct or engage community members in various types of training events
- Participate in health fairs, back to school nights, county fairs, etc. by hosting a booth
- Engage other sectors, organizations and individuals who would be a natural fit to engage in leading the work for a given element of the continuum of care

STEP 4: COALITION BUILDING

Building a coalition during a pandemic presents both challenges and opportunities. Coalition members participate in community work because they love their community; they want to feel connected. We know the strain of a pandemic brings mental fatigue. We also know mental health disorder increases our likelihood of engaging in risk behavior like coping by misusing drugs.

TIPS FOR BUILDING YOUR COALITION OR INCREASING YOUR CAPACITY DURING A PANDEMIC:

- Ensure you're offering your coalition supporters a way to support your coalition! Find a way to engage your participants by offering a constructive opportunity for them to help **DO** something. Plan, collect data, or otherwise find a way to allow people to do the work of the coalition. That is what they showed up for.
- Tie your mission to what people in the community care about now. Likely, they are concerned for public health, mental health, and positive activities for youth and families. Recruit people now that may have been "too busy" or "unattainable" before, by describing exactly how their input can benefit the community they care about.

Tools and Resources

OTHER HELPFUL TOOLKITS

CADCA's Prevent Med Abuse Toolkit
http://www.preventmedabuse.org/

SAMHSA: Opioid Overdose Prevention Toolkit
https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742?print=true

OTHER RESOURCES

Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic
https://drugfree.org/wp-content/uploads/2020/11/TheOpioidEbatement-v3.pdf

CADCA Primer Series
https://www.cadca.org/resource-types/primer

CADCA: Practical Theorist 10 - Addressing the Opioid Crisis through Community Prevention
https://www.cadca.org/resources/pt10

SAMHSA: A Guide to SAMHSA's Strategic Prevention Framework (2019)
https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

SAMHSA: Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners (2018)
https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf

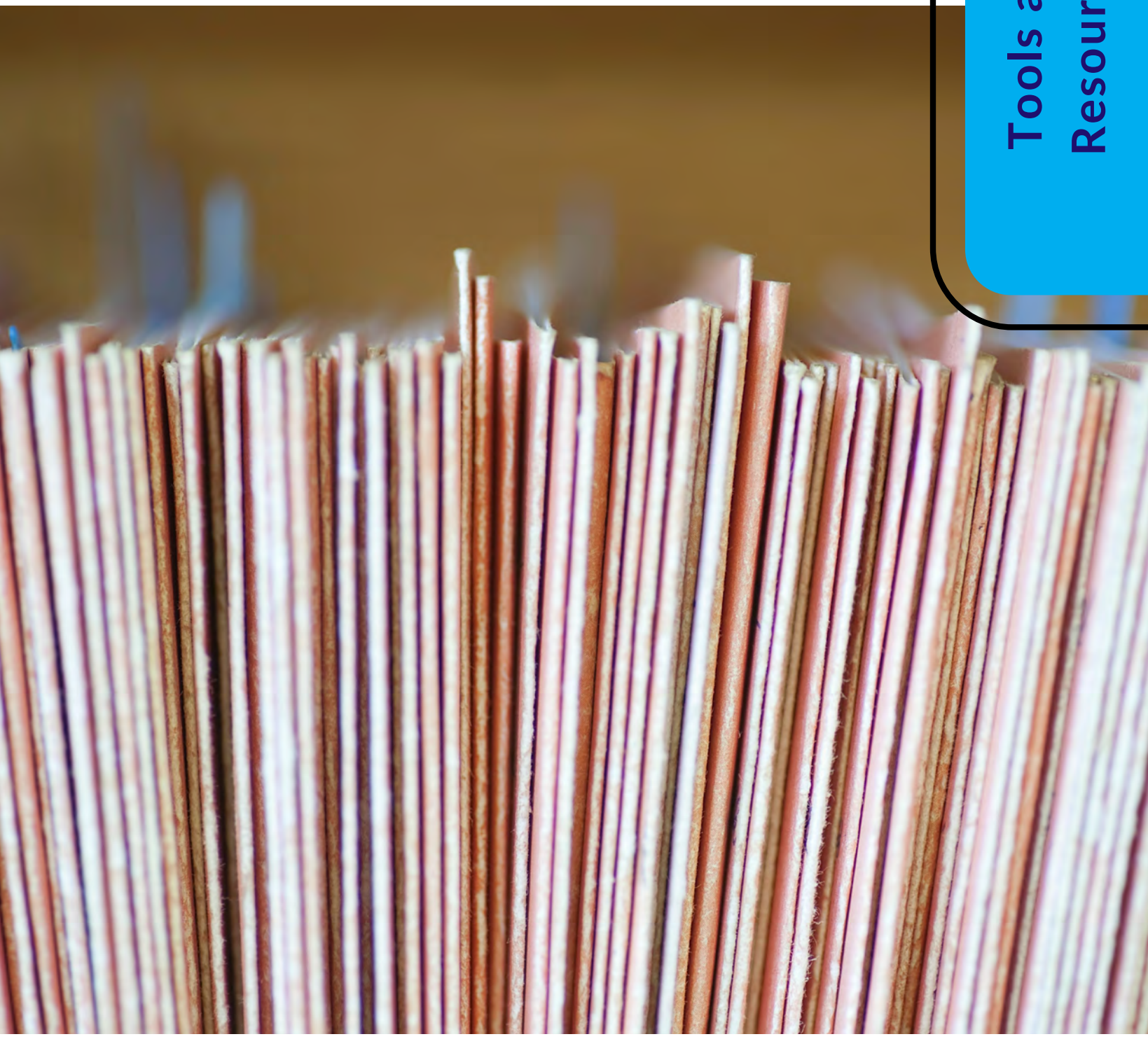
CDC: Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States (2018)
https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

US DHHS Strategy to Combat Opioid Abuse, Misuse, and Overdose (2018)
https://www.hhs.gov/opioids/sites/default/files/2018-09/opioid-fivepoint-strategy-20180917-508compliant.pdf

MD State Department of Education: Heroin and Opioid Awareness and Prevention Toolkit (2017)
http://marylandpublicschools.org/Documents/heroinprevention/HeroinOpioidToolkit.pdf

SAMHSA: The Opioid Crisis and the Black/African American Population: An Urgent Issue
http://store.samhsa.gov/product/The-Opioid-Crisis-and-the-Black-African-American-Population-An-Urgent-Issue/PEP20-05-02-001

DHHS: Data Sources and Data-Linking Strategies to Support Research to Address the Opioid Crisis (2018)
https://aspe.hhs.gov/system/files/pdf/259641/OpioidDataLinkage.pdf



Sample Logic Model and Comprehensive Strategies

Youth Opioid Use

Data #1: 8% of ABC County students report non-medical use of Rx opioids within the last year (ABC Youth Drug Survey, 2019)

Data #2: ABC County youth age 17 and under make up 9.2% of the total overdose emergency department visits, totaling 170 visits in 2018 (Public Health - ABC County Data Unit 2019 Annual Report)

Social Access

Data #1: Rx opioids are rated '10 out of 10' for easy access among county residents (ABC County Prescription Medication Survey, 2019)

Data #2: 13.7% of 12th graders think it would be very easy for them to get a prescription drug without a doctor's prescription (ABC Youth Drug Survey, 2019)

Favorable Youth Attitudes

Data #1: 23% of ABC County students do not perceive Rx drugs to be a moderate or great risk (ABC Youth Drug Survey, 2019)

Data #2: 25.7% of ABC County students do not perceive that their peers would disapprove of non-medical use of opioids (ABC Youth Drug Survey, 2019)

Local Condition #1

Students sell opioids leftover from their prescription for acute pain from dental procedures and athletic injuries

Data #1: Youth Focus Group reports (7/22) they were prescribed more medication than needed for their dental procedures (40 pills for 3 times/day x 3 days) (2020 Youth Focus Groups)

Data #2: 1 in 8 student athletes (football, soccer and wrestling) were prescribed opioids for sports injuries in 2019 School Year (School Nurse Report 2020)

Local Condition #2

Youth obtain Rx drugs from homes without parental permissions

Data #1: 39% of adults living in ABC County feel that it is acceptable to keep unused Rx medications that they no longer need (ABC County Rx Medication Survey, 2019)

Data #2: 80% of students who report misusing Rx drugs access Rx medication from their own or friends' homes (ABC Youth Drug Survey, 2019)

Local Condition #3

Student athletes share Rx opioids not prescribed to them to teammates for sports-related injuries

Data #1: The majority of students reported student athletes are prescribed high amounts of opioids to treat athletic injuries (Key Informant Interview data from local athletic trainers working in public schools (2018)

Data #2: 28.6 % of high school students who used Rx drugs non-medically in the last year reported getting them from friends. (ABC Youth Drug Survey, 2019)

Local Condition #4

Parents are sharing prescription opioids with their children

Data #1: 80% of students who report misusing Rx drugs, report accesses from their parents (ABC Youth Drug Survey, 2019)

Data #2: Youth Focus Groups report (7/22) parents providing Rx drugs not prescribed to them to youth (2020 Youth Focus Groups)

SAMPLE COMPREHENSIVE STRATEGIES

LOCAL CONDITION #1

Problem: Youth Opioid Misuse
Root Cause: Social Access to Opioid Drugs
Local Condition: Rx medications are overprescribed for pain management

Potential target audiences: Health care professionals—including doctors, dentists and pharmacists; local colleges and universities; medical/dental boards; medical offices; counselors; parents and parent organizations

CATEGORY	STRATEGIES
Provide Information	• Place articles and opinion editorials into community bulletins, local newspapers and other publications (paper and virtual) • Provide prescribers and pharmacists with training on CDC guidelines for prescribing Opioids
Build Skills	• Conduct training with local medical, dental and pharmacy schools and medical associations • Supply training to parents and caregivers on how to talk to teens about proper medicine use, and the dangers of taking medications that are not prescribed to you
Provide Support	• Supply patient-friendly materials that can be branded by doctors' offices, hospitals and clinics that stress the importance of taking medications as prescribed and properly discarding medications after they are no longer needed • Promote use of screening, brief intervention and referral to treatment (SBIRT) for teens and also support increased access to treatment
Change Access / Barriers	• Host a dialogue that addresses the intersection between western and complementary medicine, helping to provide patients with a wider variety of treatment options • Collaborate with law enforcement personnel and health care professionals on creating community-specific drug disposal programs
Change Consequences	• Officially recognize healthcare partners that follow prescribing practices that prevent Rx misuse • Promote the use of disincentives (prescriber losing his/her license) for doctors and other health care professionals who carry out improper prescribing practices • Incentivize families for properly disposing unused medications (offer free medicine lock boxes, gift cards, movie tickets)
Physical Design	• Collaborate with local businesses and healthcare partners to supply medicine lock boxes to patients • Provide co-branded materials to your healthcare partners about the importance of proper medicine use, storage and disposal
Modify Policy	• Prescription monitoring programs (PMP) and model state drug laws • Drug take-back and disposal legislation • Statutes to increase penalties against doctors who practice unscrupulous prescribing practices • Laws that increase prosecution of those involved in doctor shopping

SAMPLE COMPREHENSIVE STRATEGIES

LOCAL CONDITION #2

Problem: Youth Opioid Misuse
Root Cause: Social Access to Opioid Drugs
Local Condition: Youth obtain Rx drugs from home without parental permissions

Potential target audiences: Health care professionals—including doctors, dentists and pharmacists; local colleges and universities; medical/dental boards; medical offices; counselors; parents and parent organizations

CATEGORY	STRATEGIES
Provide Information	• Develop and implement an education campaign that focuses on the importance of not sharing medicines and practicing appropriate storage and disposal strategies • Create a social media campaign that focuses on safe medicine use • Support pharmacies and prescribers by providing them with tools to assist in proper medication disposaland information on when and where to obtain lock boxes
Build Skills	• Collaborate with healthcare partners to provide Rx misuse prevention • Offer training at community health fairs, senior center events, hospital open houses, brown bag lunch presentations, community forums, formal training events and webinars • Develop and/or integrate existing Rx misuse prevention modules for school-aged students
Provide Support	• Support Rx misuse hotline, speakers' bureau and resource library • Support and promote the initiation of drug-free activities • Create and help sustain mentoring peer group initiatives and activities, including Rx misuse recovery programs • Establish relationships and patient referral strategies with treatment programs that address teen medicine misuse
Change Access / Barriers	• Make drug take-back programs even more accessible than they currently are • Regularly promote their use at doctors' offices, hospitals, clinics and retail stores • Make sure homeowners prevent access to their prescription and OTC medications when strangers are in and around their homes
Change Consequences	• Incentivize health care professionals who educate their patients about the dangers associated with sharing medications • Publicly recognize organizations and individuals for being active partners in preventing Rx and OTC misuse – specifically those involved in safe storage and disposal of medications
Physical Design	• Collaborate with local builders on creating Rx safe boxes in new homes • Encourage parents and adult caregivers to prohibit access to online pharmacies through the use of parental blocks • Monitor young people's activities to make the environment less conducive to sharing medications
Modify Policy	• Support formalized reporting policies and practices among health care providers, pharmacists and law enforcement officers • Collaborate with school administrators to ensure that Rx misuse prevention policies are strictly enforced • Help ensure that SBIRT is accessible to students • City Policies to establish 24/7 drug disposal boxes at Police and Pharmacies

SAMPLE COMPREHENSIVE STRATEGIES

LOCAL CONDITION #3

Problem: Youth Opioid Misuse
Root Cause: Social Access to Opioid Drugs
Local Condition: Student athletes are using Rx opioids that are not prescribed to them for sports-related injuries

Potential target audiences: Health care professionals—including doctors, dentists and pharmacists; school staff including teachers, coaches, nurses, counselors; parents and parent organizations; local sports leagues; youth.

CATEGORY	STRATEGIES
Provide Information	• Letters to physicians explaining the problem and need to speak with parents about proper monitoring of Rx • Provide information to parents on the need to work with coaches, school nurses and league officials in monitoring the use and disposal of Rx drugs provided for sports injuries • Provide information to coaches and officials for both High School and community-based sport leagues about the need to monitor treatment of sports injuries
Build Skills	• In-service training for school staff – targeted training to coaches and school nurses on the proper monitoring of Rx drugs provided to student athletes • Train Youth Coalition members on how to speak to peers about prescription drug misuse • Train parents to educate their children about their medication, the laws that govern its use
Provide Support	• Support school efforts to implement SBIRT within all Middle and High Schools in the community • Establish a prescription medication fact sheet to incorporate into seasonal parent/student athletic night, in addition to a policy to ensure safe guidelines for injured student athletes
Change Access / Barriers	• Provide parents with contact information for coaches, school nurses and other school personnel involved in addressing sports injuries • Provide resources for student athletes on ways to address pain and when to seek professional medical treatment
Change Consequences	• Provide incentives to coaches for following up with parents on sports injuries and associated treatment practices • Recognize schools working to reduce the use of prescription pain killers among student athletes • Provide continuing credits for coaches and medical personnel following participation in in-service training on Rx drug monitoring and control
Physical Design	• Place signs in locker rooms about a) effective ways of dealing with sports injuries, b) the dangers of misusing Rx drugs and c) school policy around Rx drug use • Distribute prescription medication lock boxes or lock bags, which can be used in the athletic departments or while the team is traveling in the case student athletes must bring their medications
Modify Policy	• Examine, strengthen and promote school policy indicating that school nurses monitor/administer all medications during the school day • Examine, strengthen and promote sport leagues' policies surrounding sport injuries, parental notification and medicine management • Investigate and, if appropriate, establish drug-testing policies and practices in school settings for student athletes

SAMPLE COMPREHENSIVE STRATEGIES

LOCAL CONDITION #4

Problem: Youth Opioid Misuse
Root Cause: Social Access to Opioid Drugs
Local Condition: Parents are sharing prescription opioids with their children

Potential target audiences: Health care professionals—including doctors, dentists and pharmacists; youth; parents and parent organizations; local businesses; school staff and administration.

CATEGORY	STRATEGIES
Provide Information	• Share information with parents (E-Newsletter distribution, website, letters) • Share PowerPoint slides in lobby of middle and high schools explaining school policy during open house events • Letters to local physicians explaining problem – encourage them to talk with parents about the dangers of sharing Rx drugs and establish policy on prescribing education
Build Skills	• Provide tips to parents about how to engage their children in discussions about safe Rx drug use, monitoring and disposal practices • Seminars for parents to identify prescription drug misuse, how to talk to their kids, and how to safeguard and prevent prescription drug misuse at home
Provide Support	• Support local pharmacies to use the pharmacy bags advertising the need to monitor Rx drugs and about drop box locations for all meds • Launch activities during national commemorative months (e.g., National Medicine Awareness Month, National Recovery Month, National Take-Back Days)
Change Access / Barriers	• Distribute free prescription medication lock boxes for use in homes, in addition to medication logs for adults to monitor their prescription medication use • Pharmacies distribute home lockboxes to people obtaining prescriptions for narcotic pain medicine. Installation of at least 2 permanent prescription drug disposal drop-boxes
Change Consequences	• Recognize prescribers and pharmacies who participate in Rx drug education programs • Incentivize local businesses to participate in prescription drug misuse prevention programs by advertising business participation
Physical Design	• Provide infographics at doctors' offices and pharmacies with information for parents on the medical and legal consequences of sharing Rx drugs • Encourage home-builders, architects and designers to install locking medicine cabinets into new buildings
Modify Policy	• Prescribers and pharmacies adopt internal policies to educate patients about proper monitoring, disposal of unused/expired medication, and on the consequences of sharing Rx drugs – prior to issuing prescription • Policy within School System to require each student to take a drug awareness safety course with an emphasis on Rx medications prior to receiving a parking pass

Coalition Success Stories

BONNEVILLE
Communities That Care
OGDEN, UTAH

MEDIA CAMPAIGN PROFILE

COMMUNITY

Bonneville Communities That Care Coalition serves serves an urban residential area covering four cities: Washington Terrace, South Ogden, Uintah, and Riverdale. The mountain atmosphere in Northern Utah is home to beautiful sunsets, rivers, and recreation activities. Serving a young population (29% under 18), in addition to the semi-permanent residents of Weber State University.

PROJECT DESCRIPTION

The purpose of this project was to educate the public on the effective alternatives to opioids used to treat pain to address the extremely high rate of overdose in Weber County. The coalition quickly adapted to the changing climate of the COVID-19 pandemic by planning a community-wide media campaign to meet people where they were, utilizing installations in parks to effectively reach their target population amidst the pandemic.

PROJECT OUTCOMES

MEDIA IMPRESSIONS
Through their traditional media campaign, the coalition super-saturated local media and generated over 801,000 media impressions and 9,599 Facebook reach.

GENERATED IN-KIND REVENUE
The Bonneville Communities That Care Coalition generated in-kind support from the local newspaper to support ads and local media to host a press conference, totaling nearly $2,000.

INCREASE IN KNOWLEDGE
The coalition's campaign contributed to an increase in knowledge of the availability of non-opioid alternatives by 20%.

INCREASE IN PROVIDER CONVERSATIONS
People who said their healthcare provider talked to them about non-opioid alternatives improved by 14%.

community water tower

The Bonneville Communities That Care Coalition graduated from the National Coalition Academy, San Antonio Cohort in 2019.

BONNEVILLE
Communities That Care
OGDEN, UTAH

LOGIC MODEL

Problem: High rate of opioid use for acute pain

Data: Riverdale has the 6th highest opioid overdose death rate in Utah (UDOH, 2018)
Data: 2.3% of youth report lifetime misuse of prescription narcotics (SHARP Survey, 2017)

Low Perception of Harm

Data: 43% of adults reported prescription meds are viewed as safe because a doctor prescribed them (Focus Groups, 2019)
Data: 48% of youth reported low perception of harm (SHARP Survey, 2017)

Retail Availability

Data: In 2018, Utah providers wrote 57.1 opioid prescriptions for every 100 persons (higher than national average of 51.4) (CDC 2018)
Data: 955 Unique patients filling prescriptions from 5 + prescribers and 5 + pharmacies in a 6 month period (CSMD Analysis, 2017)

- Patients ask doctors for opioids by name to treat their pain
  - Data: 30% of adults reported asking doctors for narcotic pain medication instead of other non-opioid pain treatments
  - Data: Doctors report patients asked for Percocet 7.5 (Key Informant Interviews)
- Healthcare providers almost exclusively prescribe opioids to treat acute pain
  - Data: Doctors report an average of seven hours of pain management training (Key Informant Interviews, 2017)
  - Data: Doctors report little knowledge on alternatives to opioids to treat pain (Key Informant Interviews, 2017)
- People store unused pain medications
  - Data: 65% of adults report having leftover pain medication in their home (Adult Focus Group, 2017)
  - Data: 35% of parents do not dispose unused medications in a dropbox (Adult Focus Group, 2017)
  - Data: 74% of Utahns who report SUD get pills from a friend or family member (Use Only As Directed Survey, 2017)
- Patients are doctor-shopping for opioids from prescribers known to freely prescribe
  - Data: Physicians fail to identify patients who misuse opioids 86% of the time (Opademic Survey, 2018)
  - Data: Providers underutilize the controlled substance database (Key Informant Interview, 2019)

BONNEVILLE
Communities That Care
OGDEN, UTAH

CADCA'S 7 STRATEGIES
FOR COMMUNITY CHANGE

Provide Information

Encourage community members to discuss effective alternatives to opioids with their doctors to recognize safe alternatives to opioids such as physical therapy, cognitive behavioral therapy, ice and exercise for their pain.

Physical Design

Installations were placed in each city to serve as a visual representation and educate residents on effective opioid alternatives:

- The first installation was a picnic table that is inadequate for dining with the messaging: "This probably isn't your best option. Neither are opioids."
- Over the following weeks, the communities saw inoperable garbage cans, benches, basketball hoops and outhouses installed at the parks with the same message.

Modify Policy

Cities supported installations on public property

* The coalition implemented these strategies for multiple local conditions

Critical Sector Involvement

Leann PoVey, Bonneville Communities That Care Coalition Director; Bonneville Communities That Care Coalition; Business Sector; Local Government Sector; Parent Sector

DART Prevention Coalition

Taking Aim at Substance Use in Ocean County

OCEAN COUNTY, NJ

SYSTEM COLLABORATION PROFILE

COMMUNITY

The DART Prevention Coalition serves 33 municipalities covering the 936 square miles of Ocean County, New Jersey. This summer tourist destination on the Jersey Shore is home to more than 597,000 people. With the second highest senior adult population in the state, the community is predominantly white but has a growing Hispanic population, with nearly 6% being Spanish-speaking.

PROJECT DESCRIPTION

The DART Prevention Coalition partnered with RWJBarnabas Health to increase engagement of the healthcare sector and conduct data collection for clinical staff and community members. Additionally, DART utilized the Strategic Prevention Framework and CADCA's 7 Strategies for Community Level Change to enhance education and change protocols and procedures within the hospital system surrounding the use of opioids.

PROJECT OUTCOMES

MEMBERS COLLABORATED TO CHANGE HOSPITAL PROTOCOL
Coalition members and sector representatives collaborated with hospital staff to create order sets that change protocol on opioid prescribing available through the RWJBH EHR system.

MEMBERS AND PARTNERS ENACTED CHANGES TO MONITOR PRESCRIBING
The DART Prevention Coalition collaborated to establish systems to monitor and recognize prescribers in the hospital system who show the largest reductions in opioid prescribing.

INSTITUTED SIGNAGE THROUGHOUT HOSPITAL TO PROMOTE BEST PRACTICES
The DART Prevention Coalition posted signage throughout the hospital targeting patients to notify them that the hospital will look for alternative treatments when appropriate before prescribing an opioid.

MEMBERS FORMALLY ADOPTED PROTOCOL TO REDUCE OPIOID PRESCRIBING
The DART Prevention Coalition collaborated to formally adopt systemic protocol to reduce opioid prescriptions and to advocate for the development of a network of alternative pain treatment options, including non-pharmacological approaches.

DART Prevention Coalition graduated from the National Coalition Academy, Tucson Cohort in 2016 and the Graduate Coalition Academy in Alexandria in 2019. In 2020, DART Prevention Coalition was named CADCA's Coalition of the Year in 2019.

DART Prevention Coalition

Taking Aim at Substance Use in Ocean County

OCEAN COUNTY, NJ

LOGIC MODEL

Problem: High rate of opioid use for acute pain

Data: 23.2% of surveyed adults reported they had been prescribed a pain medication in the last 12 months (Community Survey, 2018)
Data: 312,252 opioid prescriptions dispensed in Ocean County in 2019; 52.8 MME/day (NJDOH, 2020)
Data: 92.6% of surveyed adults reported they rated opioid misuse in their community between '7' and '10', with 10 being an "extreme problem" (Community Knowledge Survey, 2020)

Promotion and Price

Data: 92% of all opioid prescriptions were covered by some form of insurance in 2019 (NJDOH, 2020)
Data: Patients reported doctors opt for opioids as the first option for pain management (Key Informant Interviews, 2018)

Patients use opioids because they are less expensive than non-opioid alternatives

Data: Cost is identified as the largest barrier to accessing and utilizing alternatives to opioids, including the problem that insurance companies do not cover many non-opioid medications (Key Informant Interviews, 2020)
Data: 73.3% of survey respondents believe that cost is the largest barrier to non-pharmacological pain treatment (Community Survey, 2020)

Healthcare providers promote the use of opioids for acute pain since they are a fast, easy, cost-effective solution

Data: 30% of survey respondents did not know of any locations in Ocean County that provide pharmacological and non-pharmacological alternatives to opioids (Community Knowledge Survey, 2020)
Data: Prescribers do not make patients aware of both pharmacological and non-pharmacological pain treatment approaches (Key Informant Interviews, 2020)

Retail Availability

Data: 158,095 opioid prescriptions dispensed between 1/1/20 and 6/30/20 (NJCares, 2020)
Data: 38 pain management centers and 55 pain management doctors in Ocean County (Environmental Scan, 2018)

Doctors continue to prescribe opioids at a high rate in Ocean County

Data: Both patients and doctors push to feel no pain and believe opioids are the only thing that can manage pain (Key Informant Interviews, 2020)
Data: Provider convenience and habit (Key Informant Interviews, 2020)

The low out-of-pocket cost of opioids incentivizes use and consumers keep unused pain relievers "for the next time"

Data: Community members report low out-of-pocket costs for filing a prescription
Data: Consumers report hanging onto unused medication so they do not have to pay for it the next time they need it

DART Prevention Coalition

Taking Aim at Substance Use in Ocean County

OCEAN COUNTY, NJ

CADCA'S 7 STRATEGIES

FOR COMMUNITY CHANGE

Provide Information

Created one-pagers for prescribers and patients outlining the opioid epidemic and the importance of reducing the amount of opioids prescribed in RWJBarnabas Health hospitals

Build Skills

Provided trainings for doctors and nurses by the clinical leads of the Deliberate Reduction of Opioid Prescribing (DROP) initiative about alternatives to opioids, including non-pharmacological approaches, and the importance of prescribing opioids responsibly

Provide Support

Established points of contact within each healthcare facility for prescribers who have questions or need ongoing support in an effort to reduce the number of opioids prescribed

Change Access

Created order sets to change protocol on opioid prescribing available through the health system

Change Consequences

Monitored and recognized prescribers in the system who exhibited the largest reduction in opioids prescribed

Physical Design

Posted signage throughout the hospital targeting patients to notify them that the hospital will look for alternative treatments when appropriate before prescribing an opioid.

Modify Policy

The DART Prevention Coalition collaborated to formally adopt systemic protocol to reduce opioid prescriptions and to advocate for the development of a network of alternative pain treatment options, including non-pharmacological approaches.

* The coalition implemented these strategies for multiple local conditions

Critical Sector Involvement

Michael Capko, DART Prevention Coalition Manager; Stephanie DeRosa-Hillman, Deliberate Reduction of Opioid Prescribing (DROP) Initiative Manager; Brittany Fishman, Data Analyst

Love Detroit Prevention Coalition

DETROIT, MICHIGAN

POLICY PROFILE

COMMUNITY

The Love Detroit Prevention Coalition serves 3 contiguous zip codes in northeast Detroit: 48203, 48234, and 48205. It encompasses 22.2 square miles in the Osborn community. The population is 91,048, of which 92% are African American, 4% Caucasian, with 2% Hispanic and other ethnicities. 43% of families with children live below the poverty level.

PROJECT DESCRIPTION

African Americans, especially those who are ages 55+ in Detroit are disproportionately impacted by opioid overdose, death, and addiction. Availability, low perception of harm, and limited treatment options that provide alternatives to opioids for acute pain management contribute to the opioid epidemic among low-income minority communities. This project utilized a comprehensive and complementary set of strategies to focus on alternatives to opioids for effective pain treatment.

PROJECT OUTCOMES

MEMBERS SELECTED FOR MICHIGAN AUTOMATED PRESCRIPTION SYSTEM (MAPS)
Coalition members served on MAPS and helped revise system to reincorporate zip code searches through the Department of Licensing and Regulatory Affairs.

MEMBERS CONTRIBUTED TO AMENDING MICHIGAN ADMINISTRATIVE CODE R. 338.3135
Coalition Pharmacy Subcommittee members successfully advocated for the amendment of Michigan Administrative Code R. 338.3135 requiring training on alternative treatments for pain management.

YOUTH MEMBERS SERVED ON GOVERNOR'S OVERDOSE DATA TO ACTION TASK FORCE
Sector partners (Detroit Health Department) and The Youth Connection were invited to serve on the Governor's Overdose Data to Action Task Force. This task force piloted a near real-time overdose surveillance system and developed a toolkit to promote non-opioid pain treatment choices.

Love Detroit Prevention Coalition graduated from the National Coalition Academy, San Antonio Cohort in 2018 and received the Chairman's Award.

Love Detroit Prevention Coalition

DETROIT, MICHIGAN

LOGIC MODEL

Problem: Too many people use opioids for acute pain

Data: 2019 overdose deaths are occurring 4 times more than in 2012 with 90% involving opioids (Detroit Health Department)

Availability

Data: 2,100,684 doses of opioids were legally prescribed in targeted zip codes. (PMP AWARxE, 2019)
Data: From 2017-2020, 1,951,148 doses were illegally prescribed in metro Detroit. (U.S. Attorney Office Eastern District of Michigan, June 2020)

Opioids are overprescribed for acute pain

Data: From Jan-July 2020, 235 overdoses reported and 41 deaths in LDPC targeted zip codes (HIDTA/UM SOS Data)
Data: 11,100 individuals (12% of total population) in 2019 had opioid prescriptions in the 3 zip codes. This includes 35,000 prescriptions, and 2,100,684 doses (PMP AWARxE data, 2019)

Opioids are diverted and shared among relatives and friends

Data: From Sept 2017 to June 2020, medical professionals in metro Detroit illegally prescribed more than 1,951,148 doses of Schedule II controlled substances. The opioids alone carried a conservative street value of more than $41 million. (U.S. Attorney Office Eastern District of Michigan press release on June 11, 2020)
Data: More than 1 in 4 participants indicate they would share medication (Participant feedback from community trainings in targeted zip codes)

Low Perception of Risk

Data: Only 25% of those surveyed think opioid misuse is a problem (Community Knowledge Survey. 2020)

People use their own opioid prescriptions in a manner other than their healthcare provider prescribed

Data: 18% of the community do not think prescription opioids lead to long-term use/addiction (CADCA Community Knowledge Survey)
Data: Most common fear associated with opioid use in the community was side effects (not death, addiction, etc.) (Ibid.)

Opioids are used by people for mild pain symptoms because it is the only familiar treatment

Data: Focus Groups / naloxone training feedback (Anecdotal Data)
Data: CADCA Community Knowledge Survey Results show low awareness of alternatives amongst our community members other than Aspirin/Motrin

Love Detroit Prevention Coalition

DETROIT, MICHIGAN

CADCA'S 7 STRATEGIES

FOR COMMUNITY CHANGE

Provide Information

Geofencing for mobile phone notifications upon entering a pharmacy; "Don't be the Dealer" campaign; text message campaigns on safe disposal; website prevention messaging; medication take-back events

Build Skills

Academic detailing with pharmacists on naloxone Standing Order; training in naloxone deployment; prescriber and pharmacist training on alternatives to opioids for effective pain management

Provide Support

Partner with Masters of Public Health students to analyze Michigan Automated Prescription System data sets to determine prevalence of use rates and trends to inform programming decisions

Change Access

Distribute surveys on parental awareness on non-opioid pain management alternatives

Change Consequences

Provide accredited continuing education units for healthcare professionals who participate in trainings; distribute Deterra bags to pharmacies that sign up for the standing order

Modify Policy

Serve on Michigan Overdose to Data Action Committee to address state policy related to opioid prescribing; Chair of Advocacy Committee for Southeast Michigan Alliance for Addiction Free Communities, advocating for enhanced access to non-opioid pain treatments; advocate for access to local safety net services through Michigan County Social Services Association; advocate for enhancement of local data collection through System for Opioid Surveillance; advocate for non-opioid prescribing through Michigan Opioid Prescribing Engagement Network Interdisciplinary Board

* The coalition implemented these strategies for multiple local conditions

Critical Sector Involvement

Love Detroit Prevention Coalition; Grenae Dudley, Ph.D., Co-Chair, LDPC / The Youth Connection; Nancy Lewis, Pharm. D., Co-Chair, LDPC; Heather Fitzgerald, LDPC Coalition Coordinator; Jeff Griffith, Youth-serving organization (TYC); Deb O' Rah Mitchell, Youth-serving Organization (TYC); Adaora Ezike, Detroit Health Department / Behavioral Health Program (313 HOPE Detroit); LDPC Pharmacy Subcommittee (Rony Foumia, R.Ph.); Wayne and Oakland County Pharmacists Association; City of Detroit Police Department; U.S. Drug Enforcement Agency - Detroit; Wayne State University Applebaum School of Pharmacy; Detroit Wayne Integrated Health Network (Karra Thomas and Darlene Owens); Greater Detroit Area Health Council –Southeast Michigan Alliance for Addiction Free Communities; Michigan Overdose Data to Action Committee

Safe Coalition

Prevention WORKS!

Hunterdon / Somerset

COMMUNITY RESOURCES PROFILE

COMMUNITY

The Hunterdon County Safe Communities Coalition serves the approximately 125,000 residents of suburban Hunterdon County, New Jersey. The diverse county encompasses 437 square miles and includes 26 municipalities. Bordered by the Delaware River to its west, this blue ribbon community has one of the lowest crime rates in the state and some of the highest high school graduation rates.

PROJECT DESCRIPTION

Opioid overdose deaths continue to plague the community, primarily due to fentanyl. While opioid prescriptions have been decreasing, there is still a high volume that fills home medicine cabinets. This project worked collaboratively with the medical community and insurance companies to reduce opioid prescriptions while increasing the use of alternative pain treatments, simultaneously increasing the perception of harm of opioids.

PROJECT OUTCOMES

MEMBERS CREATED AND LAUNCHED DOCUMENTARY
Coalition members created and launched "Fentanyl Factor," a documentary intended to educate the community on the opioid crisis. The documentary included interviews with residents, law enforcement, and forensic scientists to highlight the alarming increase of accidental overdose deaths.

- Increased perception of harm of opioids by 97%
- Increased knowledge of save prescription storage by 97%
- Increased knowledge of medication disposal locations by 95%

MEMBERS CREATED PAIN MANAGEMENT RESOURCES
Coalition members created pain management resources for both consumers and healthcare providers and made them available on the coalition's website:
https://safecoalition.org/topics/resources/pain-management

COALITION COLLECTED DATA TO DRIVE DECISIONS
The coalition collaborated to collect data locally to drive decisions, shape media campaigns, create infographics for healthcare providers and insurance companies, and create a toolkit for athletes.

Hunterdon County Safe Communities Coalition graduated from the National Coalition Academy, Fort Indiantown Gap Cohort in 2011 and received CADCA's Dose of Prevention Award in 2011, Got Outcomes! winner in 2013, and CADCA's Coalition of the Year in 2016 .

Safe Coalition

Prevention WORKS!

Hunterdon / Somerset

LOGIC MODEL

Problem: Too many people use opioids for acute pain

Data: Hunterdon residents are prescribed higher MME/day than NJ average (54.8 MME/day, NJDOH, 2019)
Data: 44,257 opioids were dispensed in Hunterdon in 2019 (NJDOH)

Price and Promotion

Data: 93% of prescribed opioids dispensed in Hunterdon County were covered by insurance (NJDOH, 2018)
Data: 7.1% of prescribed opioids in Hunterdon County were paid out of pocket (NJDOH, 2018)
Data: 38.2% of Hunterdon residents were prescribed opioids (NJDOH, 2018)

People use opioids in Hunterdon County to treat pain because they are cost-effective and easy

Data: Insurance companies cover opioids but typically do not cover all non-opioid alternatives or only cover limited appointments (Key Informant Interviews, 2019)
Data: It is difficult to find non-opioid alternatives that take insurance (Key Informant Interviews, 2019)
Data: Even with insurance, coverage for non-opioid alternatives is still more expensive (Key Informant Interviews, 2019)
Data: Patients would rather take opioids than non-opioid alternatives because it is quick and easy (Key Informant Interviews, 2019)

Safe Coalition

Hunterdon / Somerset

CADCA'S 7 STRATEGIES
FOR COMMUNITY CHANGE

Provide Information

Create and launch "Fentanyl Factor" documentary, create and distribute infographics to providers and healthcare consumers on proper prescribing and effective non-opioid pain treatment therapies, promote a social norms campaign on pain alternatives and risks of opioid use

Build Skills

Conduct cost analysis of long-term benefits to alternative treatment, coverage and cost options; provide to legislators, healthcare providers, and insurance carriers; implement Top Athletes program

Provide Support

Establish program for local senior adults and caregivers on opioid alternatives for pain management; share best practices with providers and families

Change Access

Collaborate with healthcare providers to share referral information on non-opioid pain treatments

Change Consequences

Host teen safety night (mandatory for on-campus parking eligibility)

Modify Policy

Collaborate with key stakeholders and medical boards to mandate insurance coverage of non-opioid pain treatment options; mandate student athlete awareness training;

Based on the cost-benefit analysis, the cost of long-term opioid use is 30.2% more than the average cost of short-term alternative treatment to address the root cause of pain.

Critical Sector Involvement

Hunterdon County Safe Communities Coalition; Lesley Gabel, Project Director; Peggy Dowd, Project Coordinator; Amy Menes, Coalition Chair; Amanda Kovacks, Rx Chair and Youth Coordinator; Rocky Schwartz, Rx Sector and Family Support; Paige Ewing, Media Specialist; Jerri Collevechio, Specializing in Older Adults and Opioids; Erin Cohen, Rx Sector; Meghan Moore, Partnership for Health; Sasha Condas, Recovery Sector; Law Enforcement; Alternative Therapies; Local Business; Local Insurance Companies; Chamber of Commerce; Healthcare Providers.