

Testimony of Sue Thau
Before The Health Subcommittee of the Committee on Energy
and Commerce

Combatting the Opioid Crisis: Prevention and Public Health
Solutions

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2123 Rayburn House Office Building

Chairman Burgess, Ranking Member Green and esteemed members of the Subcommittee on Health of the Committee on Energy and Commerce, my name is Sue Thau and I am the Public Policy Consultant for Community Anti-Drug Coalitions of America (CADCA).

CADCA is a national nonprofit organization whose mission is to build and strengthen the capacity of community coalitions to create and maintain safe, healthy and drug-free communities. CADCA and its members have been working over the past 25 years to develop comprehensive community-wide strategies, to prevent and delay the age of first use of prescription and all other addictive drugs, as well as smoking and underage drinking.

It is on behalf of the more than 5,000 CADCA coalition members nationwide that I want to thank you for the opportunity to testify today on behalf H.R. 449, “The Synthetic Drug Awareness Act”. This important legislation would require the Surgeon General to report to Congress on the public health effects caused by the increased rate of synthetic drug use among 12-to 18-year olds, since 2010.

We applaud H.R. 449’s focus on the effects of synthetic drugs on our nation’s most vulnerable population—our youth—who disproportionately suffer the negative consequences of drug use because of its deleterious effects on the

developing brain. Preventing or delaying the use of harmful and addictive substances, including synthetic drugs, is the single most critical tool in stopping the pathway to addiction and overdose, as well as a host of other negative public health outcomes. Primary prevention, to stop substance use before it ever starts, is the most cost-effective way to deal with the addiction issues facing our nation. Research shows that for each dollar invested in prevention, between \$2 and \$20 in treatment and other health costs can be saved (Swisher, J.D., Scherer, J., and Yin, R.K. The Journal of Primary Prevention. "Cost-Benefit Estimates in Prevention Research." 25:2, October 2004). Substance use prevention has historically been under resourced and underutilized in combatting drug issues, including the current opioid epidemic. Most of the emphasis and funding have been directed towards downstream approaches that try to deal with the problem after it has already reached crisis proportions.

Having a Surgeon General's report on the actual public health effects of synthetic drug use on 12-to 18-year olds will be invaluable. It will bring much needed public attention to the synthetic drug issues facing our nation's youth and be used in communities across the country to put this issue squarely on the radar screen of policy makers and the general public. We need this report to put a spotlight on the facts and information about the actual effects of synthetic drugs on youth so

that more attention and resources will be mobilized to aggressively address this critical public health issue more intentionally and comprehensively. The best example of a Surgeon General's report that changed the course of a public health crises, was the release on January 11, 1964, by Surgeon General Luther L. Terry, of the first report of the Surgeon General's Advisory Committee on Smoking and Health. The release of this report, was a historic breakthrough leading to a major series of comprehensive actions that are still being taken now, over 55 years later, to curtail the effects of tobacco use on the public health of Americans. The continuing series of Surgeon General's reports on smoking, and the effects of second hand smoke on health, have provided universally accepted information and scientific findings that have been widely reported with scale and scope resulting in increased awareness about the dangers associated with smoking nationwide. These series of reports have served to change perceptions and social norms about the harmfulness of smoking. It has also formed the basis of support for tobacco prevention, cessation and control programs and ultimately resulted in major population-level reductions in smoking among all Americans, most notably among youth, who are currently smoking at the lowest levels in the history of the National Institute on Drug Abuse's Monitoring the Future Study.

Given the prevalence and dangers of synthetic drugs, a Surgeon General's report is warranted. A more robust understanding of the full range of detrimental and long-term effects of synthetic drugs on our nation's youth is clearly needed now. A report would be particularly timely as more potent and deadly synthetic drugs are being designed to specifically skirt the Controlled Substances Act. Synthetic drugs are also increasingly making their way into communities across the nation and sold as "legal" products, which reduces the perception of harm associated with them. This report would greatly contribute to the knowledge base related to the public health effects on youth and provide critical information needed to effectively design comprehensive strategies to prevent youth from using them, intervene with those who have started and treat those who become addicted.

We at CADCA know that to achieve population-level reductions in the use of any substance, a data driven community-based coalition infrastructure needs to be organized to plan, implement and evaluate comprehensive strategies throughout multiple community sectors. Raising awareness through a robust Surgeon General's report would be a critical first step in implementing any comprehensive prevention strategy to achieve population level reductions in use.

Communities then need to build on this raised awareness, by implementing a mutually reinforcing combination of all the following seven strategies:

- Providing Information – Educational presentations, workshops or seminars and other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).
- Enhancing Skills – Workshops, seminars and other activities designed to increase the skills of participants (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).
- Providing Support – Creating opportunities to allow people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
- Enhancing Access/Reducing Barriers- Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
- Changing Consequences (Incentives/Disincentives) – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances

protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).

- Changing Physical Design – Altering the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
- Modifying/Changing Policies – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

This type of expansive, synergistic action resulted in the massive reductions in tobacco use we have witnessed over the past 55 years.

This comprehensive approach for addressing the major youth substance use issues communities are currently facing is how the Drug-Free Communities (DFC) program, housed in the Office of National Drug Control Policy, operates and it has been proven to be effective. The DFC program and its grantees have used their “multiple strategies over multiple sectors” approach to achieve major population-

level outcomes in reducing 30-day use of alcohol, tobacco, marijuana and prescription drugs in 12-to 17-year olds in funded communities.

Figure 6: Percentage Change in Past 30-Day Alcohol, Tobacco, Marijuana, and (Illicit) Prescription Drug Prevalence of Use: Long-Term Change Among All DFC Grant Award Recipients Since Grant Inception

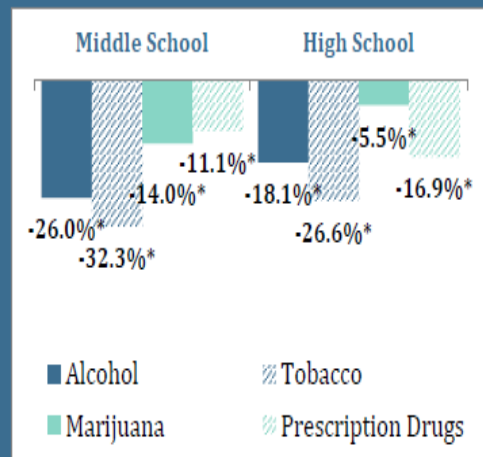
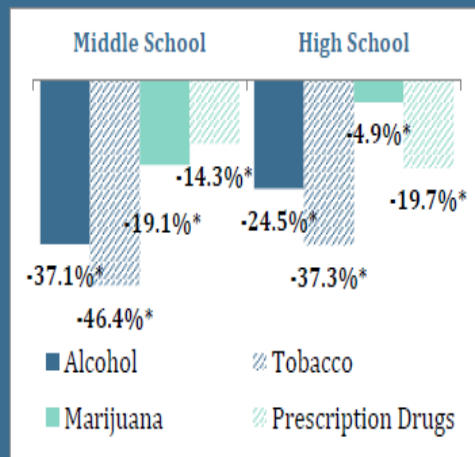


Figure 7: Percentage Change in Past 30-Day Alcohol, Tobacco, Marijuana, and (Illicit) Prescription Drug Prevalence of Use: Long-Term Change Among FY 2014 DFC Grant Award Recipients



Notes: * p<.05; Percentage change outcomes represent weighted averages for each DFC grantee based on the total number of students used in the percentage point change calculation (i.e., adding number of students surveyed at first

Drug-Free Community coalition grantees that have used local data to identify synthetic drugs as one of their top local substance use issues facing youth, such as S.A.F.E in Harlem, would welcome this report. It would further their ability to raise awareness and help them design a robust set of locally appropriate interventions, across all of the seven strategies, outlined above, that can ultimately result in population-level reductions in the use of synthetic drugs among youth.

CADCA and its members are proud to support H.R. 449, the Synthetic Drug Awareness Act. We appreciate your leadership on this critically important issue.

Thank you for the opportunity to testify today.

I am happy to answer any questions you may have.