

Written Testimony of General Arthur T. Dean, Major General U.S. Army Retired, Chairman and
CEO of Community and Anti-Drug Coalitions of America (CADCA)

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Chairman and CEO
Community Anti-Drug Coalitions of America (CADCA)

Chairman Quigley, Ranking Member Graves and other distinguished members of the Financial Services and General Government Appropriations Subcommittee, thank you for the opportunity to testify before you today on behalf of Community Anti-Drug Coalitions of America (CADCA) and our more than 5,000 coalition members nationwide. CADCA's mission is to strengthen the capacity of community coalitions to create and maintain safe, healthy and drug-free communities globally. We are the leading organization dedicated to improving the community-based infrastructure of substance use prevention in the world. I have had the honor of being CADCA's CEO and Board Chair for over 20 years and during this time have seen firsthand the impact of community coalitions generally, and the Drug Free Communities (DFC) program specifically, in reducing population level rates of youth substance use in the communities where they operate. CADCA strongly supports funding the DFC program in FY 2020, at the highest possible level. At a minimum, DFC should be funded at a level of \$100 million, the final FY 2019 appropriated level, and remain intact in the Office of National Drug Control Policy (ONDCP). We also ask that you include a minimum of \$2 million, from within the total amount appropriated for the DFC program, to continue the National Community Anti-Drug Coalition Institute, (the Institute), which provides all the specialized and required training and technical assistance for the DFC program.

CADCA is very concerned about the President's Fiscal Year 2020 request to dramatically cut ONDCP through a combination of reducing salaries and expenses and removing its two critical programs, DFC and the High Intensity Drug Trafficking Area (HIDTA). As part of this proposal the DFC program would be moved to SAMHSA's Center for Substance Abuse Prevention (CSAP) and funded out of CSAP's existing substance use prevention budget, resulting in a cut to other critical substance abuse prevention programs of \$61 million. Similarly, the HIDTA program is proposed to be moved to the Drug Enforcement Administration and cut by \$21 million below its FY 2019 appropriated level. Not only would this proposal drastically weaken these vitally important programs, it would significantly impact ONDCP's ability to effectively carry out its mission. ONDCP oversees federal efforts to combat every drug problem facing our nation, to include the opioid overdose epidemic, methamphetamines, synthetic drugs, cocaine, marijuana etc., by coordinating all federal agencies responsible for helping to address the drug issues facing our nation across both supply and demand reduction programs, policies and funding. No other agency has the unique responsibility to coordinate efforts across the entire federal government to execute a shared drug strategy. Cutting ONDCP's budget would significantly harm the effectiveness of a coordinated response to the drug crises now facing our nation. CADCA strongly opposes any attempts to cut ONDCP as well as to move the DFC and HIDTA programs out of ONDCP, as direct White House leadership is critically important to successfully address the multifaceted drug issues facing our nation.

CADCA is proud to have been involved as a partner with Congress in developing the original DFC authorizing legislation as well as all the DFC program's reauthorizations, including

the most recent one that was included in the SUPPORT for Patients and Communities Act, as part of ONDCP's reauthorization, that passed into law at the end of the last Congress.

The DFC program, housed in ONDCP, is the only federal prevention program that goes directly to communities to specifically tackle their local drug issues. It promotes comprehensive substance use prevention strategies and has helped communities across the nation build the capacity to respond to and address local drug crises as they arise. It is because of this program that communities across the nation, including those in the epicenter of the opioid epidemic, in places like Carter County, Kentucky have been able to achieve significant reductions in opioid use and misuse as well as secondary outcomes in increased high school graduation rates and college and career readiness scores.

The DFC program is structured to ensure effectiveness, outcomes, and sustainability. It requires a community to demonstrate local commitment before becoming eligible to receive federal funds. This includes participation from at least 12 sectors in the community. All grantees are required to provide a dollar-for-dollar match in non-federal funds, up to the maximum grant amount of \$125,000 per year. The required emphasis on local data collection, community buy-in and participation among multiple sectors is central to DFC coalitions' success. This emphasis also allows DFC coalitions to respond effectively at the local level to emerging drug trends such as prescription drug misuse, heroin, meth, K2, spice, bath salts, and other synthetic drugs, as well as misuse of over the counter drugs.

The DFC program has been a central, bi-partisan component of our nation's demand reduction strategy since its passage in 1998. What makes the DFC program so unique is that the funding goes directly to local communities and offers maximum flexibility to respond to needs that are specific to each community. It is for this reason that DFC recipients can shift their attention to issues as they arise – whether it be the opioid epidemic, underage drinking, juuling, or notable spikes in the use of other illicit and prescription drugs. In short, the DFC program provides a successful long-term solution for tackling substance use and misuse in our country.

The DFC program is also a tremendous example of how a very small investment of federal funds can inspire a great deal of concerted, coordinated and steadfast efforts at the community level. As mentioned previously, DFC coalitions are only provided up to \$125,000 a year and must provide a dollar-for-dollar match (cash or in-kind) for every federal dollar received. They must have significant community-wide involvement to reduce youth drug, underage drinking and tobacco use through the involvement of twelve required sectors (e.g., schools, law enforcement, youths, parents, businesses, media, youth serving organizations, faith-based organizations, health care providers and civic and volunteer organizations, and other relevant community departments, sectors and participants). In addition, all year 1 grantees are required to go through a yearlong training Academy, coordinated by the National Community Anti-Drug Coalition Institute – a grant to CACDA - that provides state of the art, customized training and technical assistance for the DFC program. This training is invaluable because it gives all DFC coalition grantees access to the best, latest available knowledge, tools and strategies to comprehensively plan, implement and evaluate their efforts and outcomes over time. The National Community Anti-Drug Coalition Institute helps maximize the success of DFC grantees in achieving and documenting population level reductions in youth drug use.

The DFC program warrants, at a minimum, stable funding of \$100 million in FY 2020 because it has proven effective in reducing youth substance use, including misuse of prescription drugs. The program reduces drug use through building multi-sector coalitions to plan, implement and evaluate a comprehensive set of strategies specifically tailored to each community's locally

identified needs. Currently, 731 communities across the nation have Drug Free Communities Coalitions that provide support to 2.4 million middle school students and 3.3 million high school students across the nation.

ONDCP has exercised its policy level oversight on the DFC program to ensure that it remains exclusively focused on reducing youth substance use. It has managed the DFC program to be optimally effective and data driven by establishing one set of core metrics for the entire program. Every grantee must collect and submit outcomes to the national evaluators for the program, every two years, for at least 3 grades from 6th to 12th grade. ONDCP has also designed, managed and funded ICF to conduct the robust independent evaluation of the DFC program and has ensured that the focus of the DFC program has stayed true to the mission of substance use prevention for 12 to 17-year olds.

The national evaluation for the DFC program has had stunningly positive results. According to independent research (ICF International, National Evaluation of the Drug-Free Communities Support Program, June 2018 Report), in DFC community coalition grantees, funded in the FY 2016 cohort, rates of past 30-day drug use among middle school students for alcohol, tobacco, marijuana and prescription drugs declined by 33.9 percent, 37.9 percent, 14.9 percent and 7.4 percent respectively. Among high school students in these DFC-funded communities, rates for alcohol, tobacco, marijuana and prescription drugs declined by 24.5 percent, 39.2 percent, 8.8 percent and 18 percent respectively. These outcomes are due to both ONDCP's consistent, high level leadership and commitment in managing the policy level and national evaluation components of the program as well as the training and technical assistance all the grantees get from the Institute. The synergistic combination of ONDCP leadership working with the Institute, has ensured that data collection and analysis have been fully funded and prioritized as a core component of the program so that coalition grantees are all trained to collect, evaluate and report on their local data. This is what enables the DFC program to show both national level outcomes for the entire program, as well as local outcomes for every grantee.

I know, from the national evaluation of the DFC program as well as visiting Drug Free Communities grantees across the country, that this program is making a real difference in lowering population levels of youth substance use in diverse communities throughout the nation. Although the local outcomes from this program are too numerous to include in detail in my testimony today, I would like to take a few minutes to highlight some of the significant results that have been achieved by Drug Free Communities grantees.

Chairman Quigley, a great example of the types of significant outcomes from this program can be seen in your congressional district. The DuPage County Prevention Leadership Team after four years of DFC funding and receiving the yearlong training from the National Community Anti-Drug Coalition Institute has had the following outstanding outcomes for 12th graders: past 30-day use for binge drinking decreased at a rate of 28% from 25% in 2014 to 18% in 2018, past 30-day use of alcohol decreased at a rate of 13.3% from 45% to 39% in 2018, and past 30-day misuse of prescription drugs decreased at a rate of 40% from 5% in 2014 to 3% in 2018.

Ranking Member Graves, Floyd Against Drugs, the DFC funded coalition in your District working in Rome, has also had great success in a very short time in reducing middle and high alcohol, marijuana and prescription drug misuse from 2016 to 2017. The reductions experienced in high school youth include a decrease at a rate of 17.1% from 15.2% in 2016 to 12.6% in 2017 of past 30-day use of alcohol, a decrease at a rate of 7% from 4.3% in 2016 to 4% in 2017 for past 30-day use of tobacco, a decrease at a rate of 20.6% from 8.7% in 2016 to 6.9%

in 2017 for past 30-day use of marijuana, and a decrease at a rate of 13.8% from 8.7% in 2016 to 7.5% in 2017 for past 30-day use of prescription drugs.

The final example I would like to share today is that of Carter County, Kentucky. In the early 2000's, some local school and faith-based leaders of Carter County noticed that prescription drug abuse had skyrocketed in their community and that it had infiltrated into the school system. High school students were documented as having extremely high levels of 30-day prescription drug misuse as well as very poor educational attainment related to it. This was in the early 2000's, before the opioid epidemic was widely covered or even recognized as an issue. Carter county was truly in the epicenter of the epidemic.

After developing a multi-sector coalition, acquiring a DFC grant and being trained by the Institute's required yearlong Coalition Academy, the Carter County Drug Free Coalition went to work to strategically and comprehensively address every local condition that contributed to their community's opioid epidemic. Through their comprehensive multi- sector, multiple strategy efforts the Carter County Drug Free Coalition was able to substantially reduce 30-day prescription drug misuse rates for 8th, 10th and 12th grade students. For instance, among 10th graders, they documented a reduction in 30-day prevalence from 12% in 2006, which was exponentially higher than national averages down to 1% in 2016, which is exponentially lower than national averages. While they markedly reduced their youth drug use rates, college and career readiness scores rose from 23% in 2010 to 76.5% in 2016 and graduation rates for Carter County schools rose from 81.34% in 2011 to 98.8% in 2015.

All of these impressive results from around the nation, have been achieved by community coalitions through the implementation of an array of programs and strategies specifically crafted to meet each community's individual issues, needs and problems.

The Drug Free Communities program is truly the backbone of successful community-based substance use prevention in the nation. The program needs to be fully funded, at a minimum of last year's appropriated level of \$100 million, to include \$2 million from within the total amount appropriated for the Institute and must remain intact in ONDCP in order to be optimally effective.

In order to continue achieving its goals, we believe the DFC program needs to remain in ONDCP where both the national and local level data collection and evaluation efforts for the program have always been fully managed. The DFC program has proven to be an extremely cost-effective use of federal dollars to achieve very impressive and documented outcomes in reducing youth substance use in funded communities, including those hardest hit by the opioid epidemic. CADCA strongly recommends that you maintain the existing funding structure for the DFC program, within ONDCP, which has produced measurably positive results among 12 to 17-year-old youth in funded communities. We also recommend that ONDCP's budget be maintained at its FY 2019 appropriated level of \$18.4 million and that the HIDTA program remain intact and fully funded as well.

Thank you for the opportunity to testify today. I am happy to answer any questions you may have.