

Testimony of Amy RH Haskins, MA, Administrator
Before the Subcommittee on Healthcare, Benefits, and
Administrative Rules in the House Oversight and Government
Reform Committee

Local Responses and Resources to Curtail the Opioid Epidemic

Date: April 11, 2018

2154 Rayburn House Office Building

Chairman Jordan, Ranking Member Krishnamoorthi and esteemed members of the Subcommittee on Healthcare, Benefits, and Administrative Rules, my name is Amy Haskins and I am the Project Director of the Jackson County Anti-Drug Coalition and the Administrator of the Jackson County Health Department in Jackson County, West Virginia.

Jackson County borders South East Ohio and is right on the Ohio River. We have Interstate 77 that runs vertically through the county, and Route 33 that is a direct line from Columbus, Ohio that brings travelers through to connect to Interstate 77.

Raised in southern Virginia by a public-school teacher and a social worker, growing up I have always had a strong desire to help those in need. Looking back at that time in my life, I realize that I have always advocated for those who believe their voice is not being heard or have had difficulty speaking up for themselves. I was taught from a very young age that we should all leave the world a better place than which we found it. Even today, this old adage is what I live by and how I choose to raise my own three children.

I became involved with substance abuse prevention after moving from Northern Virginia to Jackson County, West Virginia. I was hired as a Public Health Educator at the Jackson County Health Department to determine the needs of the

community and create programs to fill the gaps in services and resources. Looking at various data sets, it became quickly evident that Jackson County was experiencing an issue with addiction to pills, alcohol, and inhalants among the youth population. Over the last ten years I have been asked numerous times how I became so passionate about the issue of addiction. After seeing 16 families of young adults in our community face the death of their child, grandchild or significant other, and as a parent myself, it was absolutely heart breaking. I do not want one of my three children to become a statistic for the State of West Virginia, or the community of Jackson County. I do not want my children to have to deal with the loss of a friend to addiction. I do not want those families who have lost loved ones to feel as if their loss is in vain. The issue of addiction is an opportunity to learn from those we've lost and to try to save those struggling each day with addiction.

If we want to stem the tide of the opioid epidemic, we absolutely must focus on stopping the pipeline to addiction and preventing use before it starts. Not only is it necessary to preserve the lives of individuals who fall victim to addiction, but it saves our society between \$2 and \$20 in areas such as drug abuse treatment, overall health care and criminal justice system costs (Swisher, J.D., Scherer, J., and Yin, R.K. The Journal of Primary Prevention. "Cost-Benefit

Estimates in Prevention Research.” 25:2, October 2004), and allows us time to address the substantial shortfalls in our substance abuse treatment and recovery infrastructure.

The Drug-Free Communities (DFC) program, housed in the Office of National Drug Control Strategy (ONDCP) is the only federal prevention program that goes directly to communities to tackle their local drug issues. It promotes substance use prevention strategies and has helped communities, like mine, who needed the capacity to respond to and address local drug crises as they arise. It is because of this program that we have been able to achieve significant reductions in opioid use and misuse despite the state of West Virginia having one of the highest rates in the country.

The Jackson County Anti-Drug Coalition was created in 2006 following what the city thought was an isolated incident of a youth heroin overdose in a gas station bathroom. In the two years following, Jackson County saw 16 young adults between the ages of 15 and 26 experience fatal overdoses, in cars, and in front lawns of community residents. With the number of young adults losing their lives to overdoses, most of them from the same graduating class, the community could no longer ignore the problem. Open community meetings began to take place, along with candlelight vigils to remember those who lost their lives to substance

abuse. The Jackson County Health Department declared a public health crisis in December of 2008. As the public health educator, I volunteered to look for grant funding to help combat the issue and to provide education to the youth and public.

In researching grant opportunities, we began looking through various data points collected through the PRIDE Surveys administered by the Jackson County Schools. As I sifted through the data I noticed a trend and reached out to the West Virginia Office of Vital Statistics to determine the top five drugs at the time of death of the 16 fatal youth overdoses. From this data, we determined Methadone, Fentanyl, Hydrocodone, and Diazepam (Valium) were the drugs of choice in our community. For Jackson County this was unprecedented information and we immediately began to work on educating all ages about the dangers of these particular drugs. In 2009 we applied for and were awarded a Drug Free Communities Grant.

What makes the Drug-Free Communities program so unique is that the funding goes directly to local communities and offers maximum flexibility to respond to needs that are specific to that community. It is for this reason, that Drug-Free Communities recipients, like ourselves, are able to shift our attention to issues as they arise – whether it be the opioid epidemic, underage drinking,

tobacco, or notable spikes in the use of other illicit 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. Coalitions are provided up to \$125,000 and must provide a dollar-for-dollar match (cash or in-kind) for every dollar received. They must have significant community-wide involvement to reduce youth drug, alcohol 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) and are required to go through a yearlong academy coordinated by the National Community Anti-Drug Coalition Institute – a grant through Community Anti-Drug Coalitions of America (CACDA) that provides state of the art technical assistance and training for the DFC program. This training has been invaluable because gives our coalition access to all the best available tools and comprehensively plan, implement, and evaluate our efforts and outcomes over time. Because of the Community Anti-Drug Coalition Institute

our coalition is able to be maximize our success in developing and implementing comprehensive, strategic and targeted local strategies to achieve population level outcomes.

It is also because of the expertise of ONDCP that the DFC program has been so successful in achieving great outcomes. For all DFC recipients since the life of the program, prevalence of alcohol use declined by 27%, prevalence of tobacco use declined by 32%, prevalence of marijuana use declined by 14%, and prevalence of (illicit) prescription drug use declined by 11% from the first to the most recent data reports among middle school youth across all DFC coalitions ever funded.

Utilizing the PRIDE Survey, a survey available to schools across the country, our coalition was able to build effective substance abuse prevention strategies. Our coalition partners with the Jackson County Board of Education to implement this survey every other year in grades 6-12. Students with parental permission take the survey in paper form or online. Each year we have increased participation in this survey, starting with 764 students in 6-12 grades in 2007 to 1,975 students in grades 5-12 in 2017. The PRIDE Survey allows us to look at the Drug Free Communities program's four core measures: past 30 day usage; parental disapproval rates; peer disapproval rates; and perception of harm.

Our coalition utilized the data from the West Virginia Office of Vital Statistics as a means by which to increase our knowledge of fentanyl and methadone to make a difference in the community. Jackson County saw a problem with Fentanyl before it became a household name. In fact, many counties in rural West Virginia were still dealing with Hydrocodone and Oxycontin when Jackson County had moved on to Fentanyl and Methadone. Without this data it would have been difficult to identify proper strategies to assist our community in decreasing youth usage rates.

DFC and the yearlong academy teach coalitions to work on seven environmental change strategies to make sustainable change in the community. The strategies utilized by the Jackson County Anti-Drug Coalition around the prescription drug abuse issue were the following:

- **Providing Information:** The Coalition engaged in a multifaceted media campaign aimed at parents, youth, seniors, providers, businesses and the public. The coalition marketed an anonymous tip line for our local law enforcement agencies and engaged school aged youth in an Above the Influence Campaign. Members routinely provided information to the public around proper disposal; statistics gathered through the PRIDE Survey; talking to children at various developmental stages about substance abuse;

and offering community learning opportunities around drug trends, underage drinking, marijuana, tobacco, inhalants, and other substances.

The coalition partnered with local funeral homes to distribute information on proper disposal of a loved one's medications and needles. Members also educated parents of school aged children on the school's random drug testing policy, how it works, and how to enroll their children

- **Enhancing Skills:** Our coalition worked with local schools to provide presentations on addiction, how substances effect your body, as well as drug trends and their harmful effects. We also provided training on pill identification and diversion training for law enforcement officers. Medical staff were trained on the state prescription drug monitoring database and how best to utilize this tool in their primary care offices. Our coalition also provided presentations to the community on drug trends, proper disposal, and signs and symptoms of addiction. We worked with businesses to train management on identifying substance abuse among employees and in the work place. Our coalition and Sheriff's Department also trained law enforcement from across the state on best practices for the destruction of medications collected in permanent drop boxes and disposed of through regional incinerators.

- **Provide Support:** Our coalition provided support to the community by advertising the WV Rx Quitline number as an additional resource to treatment and mobilized the community with more than \$50,000 in cash, in kind to address local conditions surrounding prescription drug abuse. We developed disposal protocols for all three of our local law enforcement agencies and their permanent drop boxes. Our coalition also had a hand in developing the protocols for incinerating the medications collected on a state level. We also provided support by way of advocacy, education, and encouragement for local providers to utilize the WV Prescription Drug Monitoring Database.
- **Enhance Access/Reduce Barriers:** The Jackson County Anti-Drug Coalition has advocated tirelessly for local law enforcement agencies to have access to the WV State Prescription Drug Monitoring Database. Prior to the sharing of PDMPs, we also advocated at a state level to have access to other state monitoring systems. We are a border county to Ohio, and many of our residents were traveling across state lines to obtain prescriptions outside of West Virginia. We also had a large number of individuals that were utilizing the “Flamingo Highway”, which is a direct flight from Huntington, West Virginia to Broward County, Florida for \$39 one way.

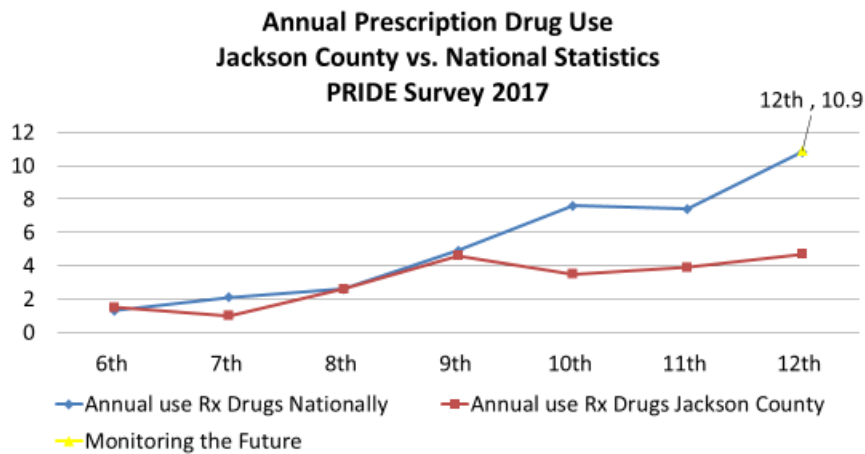
Flying down and back in the same day garnered hundreds and thousands of pills to sell. Our coalition also provided training for teachers, reviewing what supplies on their school supply list could be abused and teaching them to identify signs of abuse. The coalition has worked hard to integrate disposal information in to regular community communications. Jackson County has 3 static Take Back sites in the form of permanent drop boxes located at all three of our law enforcement agencies and regular take back disposal days.

- **Change in Physical Design:** The coalition, to protect local law enforcement, worked with the West Virginia Department of Environmental Protection, to purchase the first mobile incinerator in the state of West Virginia. The purpose; to burn household medications collected in static take back sites. The coalition then advocated on a state level for other communities to have access to mobile incinerators. To date there are now 9 incinerators across the state for this purpose, all modeled after our mobile incinerator.
- **Modify/Change Policies:** The Jackson County Anti-Drug Coalition has developed and implemented policies for static and point-in-time take back programs throughout the community, and these policies have been shared statewide with other communities. We have also created a local policy and

assisted in the development of statewide policy for mobile incineration use.

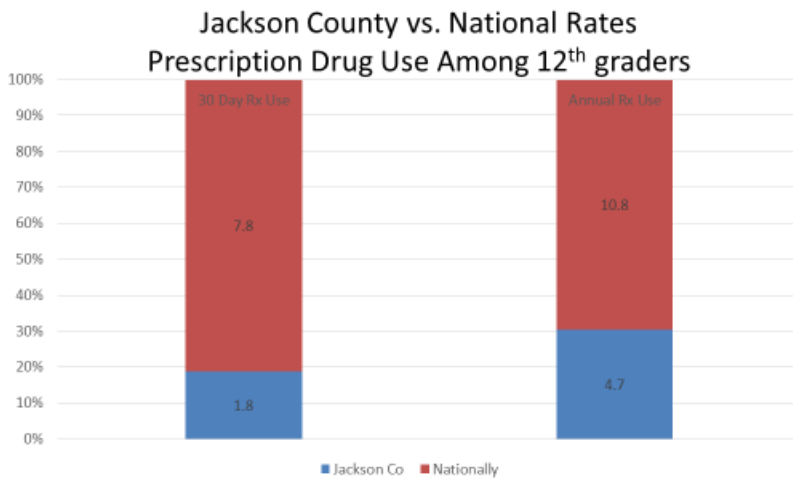
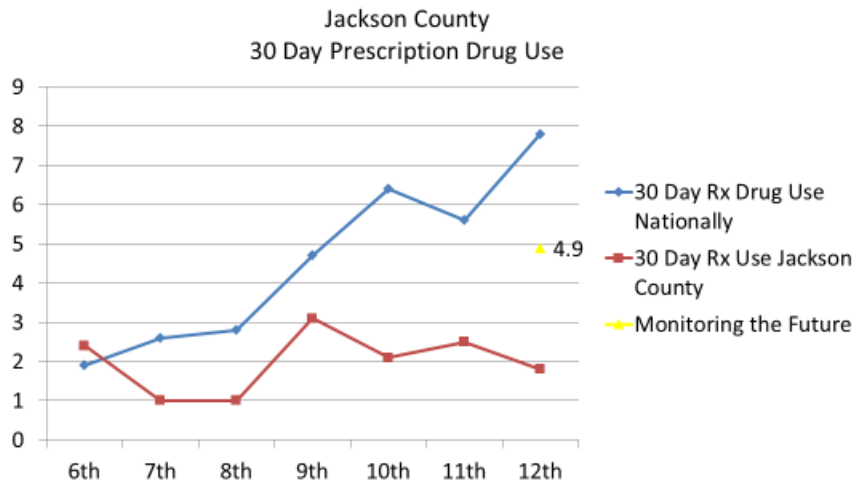
Our advocacy work on the state level assisted in the mandated use of the WV Prescription Drug Monitoring Database by physicians. The coalition also successfully worked on expanding the random drug testing policy at our middle and high schools to include specific prescription drug classes.

The graphs below show information on usage rates with Jackson County youth as gathered through the PRIDE Survey in Spring 2017. In Jackson County, 4.7% of 12th graders report using prescription drugs in the last year, nearly 6% lower in use as compared to the national annual use of Prescription drugs as measured by PRIDE and the Monitoring the Future Survey.



When looking at reported 30-day use of prescription drugs, again Jackson County is much lower than the national average. Jackson County 12th graders reporting 1.8% using, while nationally the rates at 4.9% when looking at

Monitoring the Future Survey information and nearly 7.8% when looking at national PRIDE Survey data.

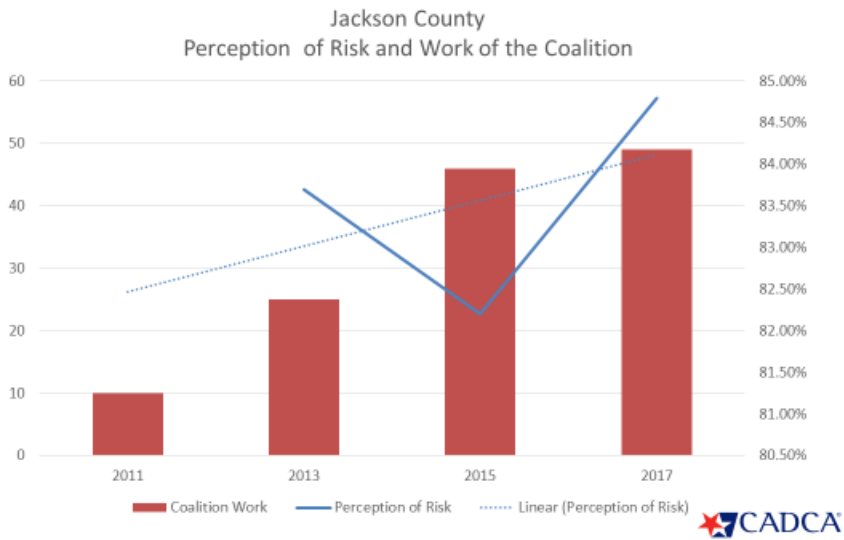
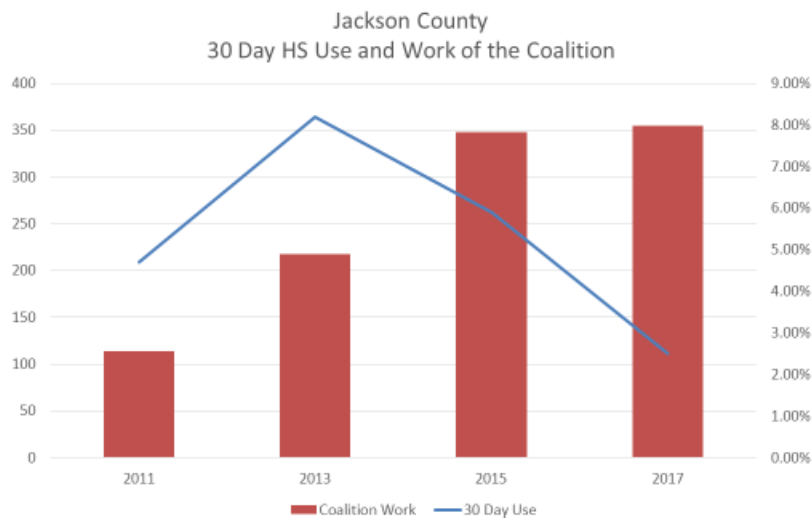


Jackson County 2016-2017 PRIDE Survey and 2012 Monitoring the Future



The biggest challenge we were able to tackle was changing the conversation in the community around prescription drugs. Substance abuse issues were very discreet in this community of 29,000 where most everyone is related. We worked on changing the mindset of a large subset of the population, getting them to understand the addiction process, and what it means to be an enabler.

And while we are still working on the “Sharing Culture” of Appalachia within our community where we are willing to give our medication to someone else who cannot afford it, we are making strides in this. People now understand why they should not be sharing medications. As seen in the graph below, as the outputs increased for the coalition work, we began to see a decrease in youth usage rates.

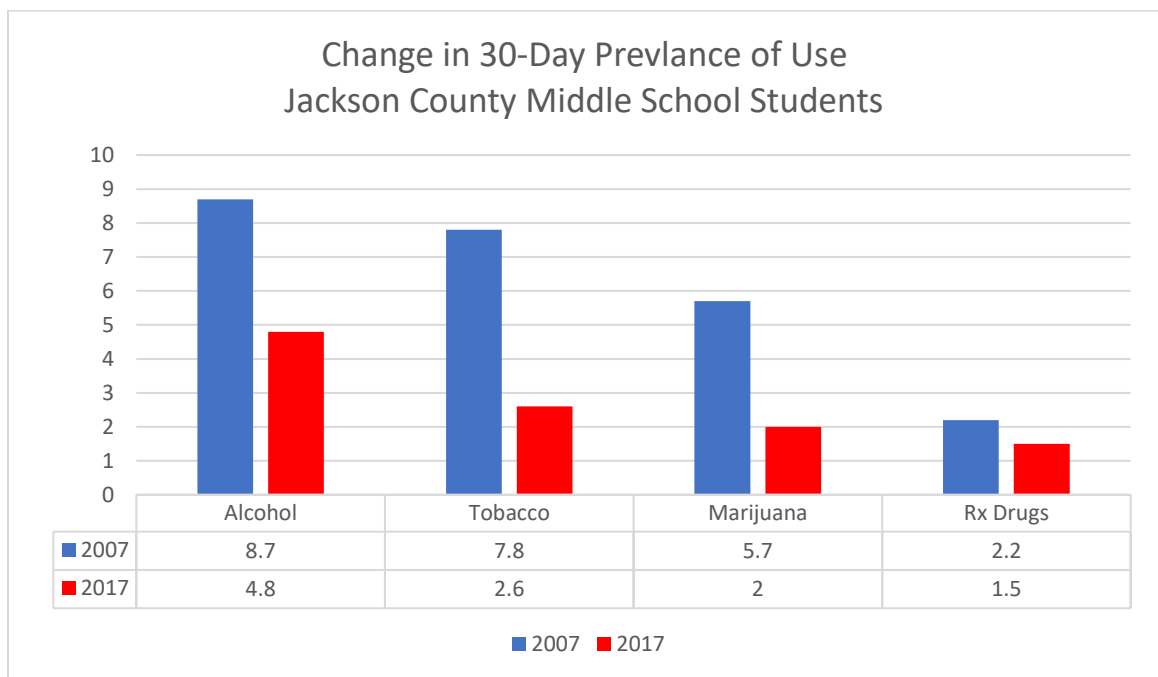


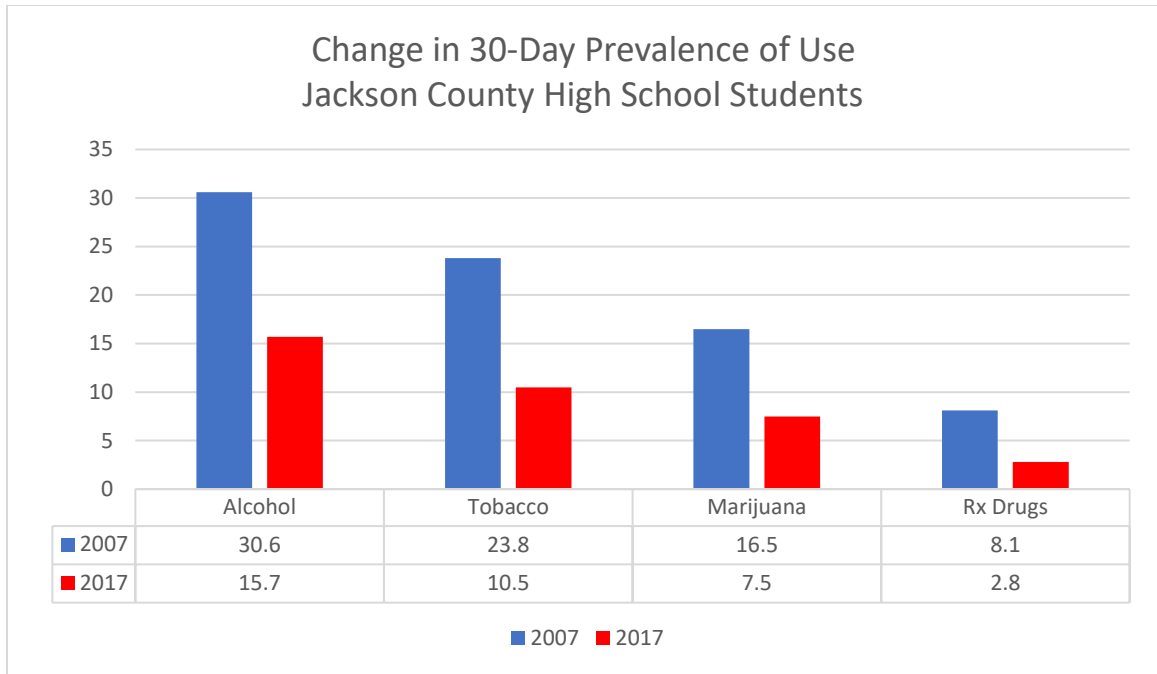
These types of outcomes were also seen when looking at the perception of risk among youth related to prescription drug abuse and the work of the coalition. As the coalition educated the community and provided trainings through the work of our Drug Free Communities Grant, we began to see an increased perception of risk among our youth.

The second biggest challenge was by far the issue of destruction of the medications collected in our community and the ability to provide a safe means by which to dispose of household medication. We no longer worry about law enforcement agencies hoarding medication for six months at a time waiting for a DEA takeback day for proper disposal. A team of law enforcement agents burn collected medications whenever the need arises, reducing the chances of diversion by law enforcement and the public.

ONDCP has exercised its policy level oversight on the program to ensure that it remains exclusively focused on reducing youth substance use and has managed the DFC program to be optimally effective and data driven by establishing one set of core metrics for the 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

mentioned above 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 old's. Because of ONDCP, funding for the DFC program continues to go directly to communities and is used for implementing comprehensive strategies across an entire community, not just programs for a limited number of youth. With the independence of ONDCP and its single mission of reducing substance abuse among youth, they can ensure that funding is awarded to communities who are most likely to create outcomes of positive, lasting change. In looking at the graphs below, you can see the positive change the DFC program has created in Jackson County due to the ability of our community creating strategies we believe will create positive outcomes.





The DFC program has been instrumental in changing our community outcomes around substance abuse. The DFC program has been highly successful at not only turning around our community, but also changing norms, access, and availability, and reduced population level rates of youth substance use across the board. It has also helped to dramatically cut our overdose rate, and with a very small amount of federal support that resulted in community wide results, changing the trajectory of countless youth lives in Jackson County. Families in Jackson County, West Virginia thank you for the opportunities we have been provided through the DFC grant process to learn, assess, implement, and evaluate lasting positive change in our community.

I thank each of you on the committee for allowing me the opportunity to testify today on the importance of the Drug-Free Communities program and the need to reauthorize it in the Office of National Drug Control Policy along with the training and technical assistance provided to the program by the National Community Anti-Drug Coalition Institute. Thank you for providing local communities like mine the ability to do what is best to keep our children and future generations safe and always moving forward towards positive change.

Amy Haskins has worked in various areas of community health programming in Northern Virginia and West Virginia for the last 17 years. She began working for the Jackson County Health Department in West Virginia in 2007 as a Public Health Educator and grant writer. She currently serves as Administrator of the Jackson County Health Department as well as the Director of the Jackson County Anti-Drug Coalition, which became a Drug Free Communities Grantee in 2009. Amy has worked with the West Virginia Legislature to ban synthetic drug sales and created statewide policies and recommendations on the proper disposal of prescription drugs collected through take back programs. Amy holds a Master's Degree in Health Promotion/Wellness Management from Ball State University in Muncie, Indiana and a Bachelor of Fine Arts from George Mason University. She resides in West Virginia with her husband and three children.