

Written Testimony of Laura Hosley
Manager of Community Prevention
Working Together for Wellness, North Kingstown's Prevention Coalition
Rhode Island Student Assistance Services
300 Centerville Road, Suite 301S, Warwick, RI 02886
"Responding to the Prescription Drug Epidemic: Strategies for Reducing Abuse, Misuse,
Diversion and Fraud"
Committee on the Judiciary
Subcommittee on Crime and Terrorism

Background Information

Chairman Whitehouse, Ranking Member Kyl and other distinguished members of the Subcommittee on Crime and Terrorism, thank you for the opportunity to testify before you today on behalf of the Working Together for Wellness, North Kingstown's Prevention Coalition and Rhode Island Student Assistance Services (RISAS). I am pleased to provide you with our perspective on effective strategies for reducing the abuse, misuse diversion and fraud of prescription drugs.

RISAS has been developing, establishing and implementing the Student Assistance Program (SAP) in Rhode Island public school settings since 1987. This program is based on the Substance Abuse and Mental Health Services Administration (SAMHSA) evidenced-based model, Project Success. This school-based alcohol, tobacco and other drug abuse prevention/early intervention program is currently being implemented in 44-50 Rhode Island secondary schools. I was a Student Assistance Counselor in middle and high schools for ten years, and then became a project manager for my agency. I am currently the Grant Manager for a Drug Free Communities (DFC) grant in North Kingstown, RI, as well as the Coalition Coordinator for Jamestown, an island community which sends its high school students to North Kingstown.

The coalition is designed to bring together representatives from multiple sectors to work together to address the local substance abuse issues. The members and staff look at data and information collected through focus groups, interviews and surveys, assess the strengths and weaknesses of the community, devise a plan based on evidence-based strategies, gain support from partners, implement the activities, programs and policies, and evaluate the outcomes. This process helps to educate and mobilize the community in its efforts to reduce youth substance youth rates.

Prior to the DFC grant, the Town of North Kingstown had received a Strategic Prevention Framework State Incentive Grant (SPF SIG), focused on underage drinking.

The 2010 results from the Health and Wellness Surveys given to the North Kingstown High School students (n=1,274) showed a 14% decrease in 30 day alcohol use and a 4% decrease in 30 day marijuana use. These outcomes can be attributed to the comprehensive strategies that were

implemented, consisting of a high school social norms marketing campaign and chemical health policy, linked with the school's established SAP. The 2010 results for the three Warwick high schools (n=2,326) showed an 8% decrease in alcohol use and a 10% decrease in marijuana use over the past year. RISAS also managed the City of Warwick's SPF SIG initiative.

The independent program evaluator concluded that a positive impact on the perceptions and behavior of the students in the high schools was a direct result of the combination of an SAP linked with other evidence-based strategies, including community and social norms marketing media campaigns, school and city policy changes, enforcement and education provided through the SPF SIG grant, and RISAS in partnership with the prevention task forces and school districts.

The Strategic Prevention Framework model prepared the Town of North Kingstown to successfully compete for the Drug Free Communities grant. The DFC program and approach works and when applied to prescription drug abuse will work as well in reducing use through similar approaches and strategies.

Prescription Drug Abuse in Nationally and in Rhode Island

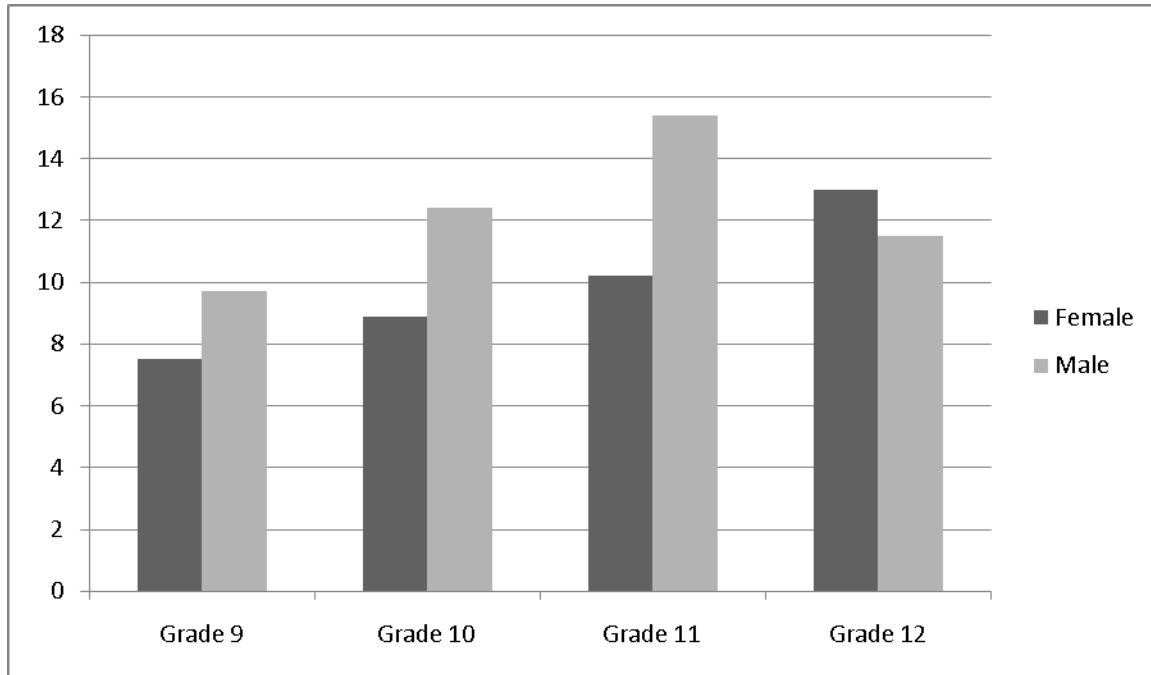
Our agency recently held an all day workshop specifically on prescription drug abuse. Counselors confirmed that, for at least the past six years, they have been seeing students who are misusing and abusing these substances. Through a youth focus group, I learned that the students who had their wisdom teeth removed were suddenly very popular because others knew that they had been prescribed pain medication.

The pervasive nature of prescription drug abuse in Rhode Island is evident both anecdotally and statistically. According to the National Survey on Drug Use and Health (NSDUH), from 2002, 2003 and 2004, which is the latest year that state estimates specifically on the non-medical use of prescription therapeutics is available, for the nation as a whole, an annual average of 6.2 percent of persons aged 12 or older had used a prescription psychotherapeutic drug non-medically in the twelve months leading up to the survey. Rhode Island was tied with two other states for the 5th highest ranked state for misuse of any prescription psychotherapeutic drug, with 7.7 percent of those aged 12 and older reporting the non-medical use of prescription therapeutics in the past year.

According to the National Survey on Drug Use and Health's 2007-2008 State Estimates of Substance Use, throughout the country, an annual average of 4.9 percent of persons aged 12 or older used pain relievers non-medically in the 12 months leading up to the survey. Rhode Island is ranked 7th highest in terms of states with highest rates of abuse, with 6.28% of those aged 12 and older reporting the non-medical use of prescription pain relievers in the past year.

The Rhode Island SurveyWorks 2010-2011 survey shows that 11 percent of high school students report having tried painkillers, such as Vicoden and Percocet, without a doctor's permission. In

grade 9 alone, 9.1 percent had already used them. The prior instrument, called SALT, did not measure this concerning issue.



RI SurveyWorks 2010-2011 – Percentage of students who report having tried painkillers without a prescription

This past year, the North Kingstown Prevention Coalition added questions to the Health & Wellness Survey that we are using to collect data on substance abuse in the high school to enable us to identify the actual prevalence of local prescription drug abuse to help with strategic planning and implementation.

Unfortunately, the Youth Risk Behavior Surveillance System (YRBSS), which monitors health-risk behaviors such as tobacco use, alcohol and drug use, and sexual behaviors, as well as the prevalence of obesity and asthma among youth and young adults, does not include a question on prescription drug abuse. The Center for Disease Control (CDC), which conducts the YRBS should be encouraged to add questions to that instrument to help states and communities get the data they need related to youth prescription drug misuse and abuse.

Nationwide, an estimated 0.4 percent of persons aged 12 or older misused sedatives in the past year. Three of the nine highest-ranking States for sedative misuse were in New England: Massachusetts (1.0 percent), **Rhode Island** (0.7 percent), and Connecticut (0.6 percent).

Rhode Island is a small state, with approximately one million residents on one thousand square miles of land. Despite our small geography, our substance abuse statistics are often higher than the nationwide average. All of the RI counties reported approximately the same numbers for this measure.

Rhode Island	5.80
Bristol and Newport	5.90
Kent	5.76
Providence	5.79
Washington	5.78

Nonmedical Use of Pain Relievers in the Past Year among Persons Aged 12 or Older, by Substate Region*: Percentages, Annual Averages Based on the National Survey on Drug Use and Health's 2007-2008 State Estimates of Substance Use

State/Substate Region	Estimate
Total United States	4.89
Northeast	4.13
Midwest	4.93
South	4.88
West	5.48

Prescription Drug Abuse

Prescription drug abuse is a disturbing trend that has been increasing for a variety of reasons. Over prescribing of medications has become commonplace, including to young people. Teenagers, who are most likely to be risk-takers and impulsive due to their immature stage of brain development, have access to pills due to a lack of easy disposal methods for adults. The advent of social media gives students instant communication methods formerly not available to them, which leads to problems such as misperceptions about safety, the extent of use, and can also glamorize and trivialize abuse. The high prevalence of prescription drug abuse is being driven by two key factors. First, there are major misperceptions about the dangers of prescription drugs which are widely viewed as safer than street drugs such as cocaine or methamphetamines.

Because these medications can be legally obtained from a doctor, there is this distorted perception that they are not as dangerous as other illicit substances.

Second, prescription drugs are more widely available than they were in the 1990's. Over 20 years, the number of prescriptions for opioid analgesics in the U.S. has gone from 45 million to 180 million, more than a four-fold increase, and prescriptions for stimulants increased from 5 million to nearly 40 million, an eight-fold increase, according to Nora Volkow, Director of the National Institute on Drug Abuse. Research has shown that the majority of abusers obtain pain and stimulant medications from friends or family members, although they also buy them from dealers and on the Internet, or get prescriptions from one or more doctors.

Mainly due to these factors: doctors need to be better educated on the proper treatment of pain and prescribing of narcotics and the general public would greatly benefit from education on the correct use of these medications and the dangers that come with their misuse. In addition, training in drug recognition for school administrators, nurses and other staff is an important strategy to help diagnose students who have begun to misuse prescription drugs early rather than waiting for a crisis to occur.

Prescription Drug Monitoring Programs

A centralized system for monitoring the distribution of controlled substances needs to be in place in every state, with the ability to be interoperable among states. This will help curtail "doctor-shopping" and allow physicians and pharmacists to better coordinate with each other to recognize patients who are obtaining multiple prescriptions.

Often prescription drug use does not occur in isolation. Alcohol use is prevalent, with statistics showing about half of students in the high schools in Rhode Island having consumed alcohol in the past 30 days. The percentage increases each year that the student stays in school. In many cases, prescription drug abuse may occur in conjunction with drinking or other drug use, magnifying the effects of each substance. The use of alcohol in combination with illicit and other drugs is of particular concern given the potentially dangerous additive or interactive effects that may result. Research shows that the use of alcohol in combination with other drugs is associated with a variety of negative outcomes such as overdose, suicide, risky sexual behavior, alcohol dependence, depression, and social consequences such as legal, work, and health problems.

SAMSHA data estimated that 188,981 alcohol-related emergency department (ED) visits were made by patients aged 12 to 20 in 2008. 70 percent involved alcohol only, and 30 percent involved alcohol in combination with other drugs. Illicit drug use was indicated in more than two thirds (68.4 percent), and pharmaceutical drugs were involved in more than one half (55.1 percent) of ED visits involving alcohol in combination with other drugs among patients aged 12 to 20. Examination of selected pharmaceutical drugs reveals that 17.8 percent of alcohol-related ED visits involved drugs that treat anxiety or insomnia (e.g., benzodiazepines and barbiturates),

15.3 percent involved narcotic pain relievers (e.g., codeine and hydrocodone), 7.2 percent involved antidepressants or antipsychotics, and 5.3 percent involved acetaminophen products.

These statistics point to the importance of monitoring drug-related ED visits among underage drinkers. Using surveillance and reporting of ED data can be a helpful strategy in raising awareness—particularly among parents and youth—about the dangers and physical harm that may result from mixing alcohol and drugs together. ED health providers are well-placed to identify youth who may be in need of further substance abuse assessment or treatment and to provide subsequent referrals.

Rhode Island’s Substance Abuse Prevention Efforts

Community Coalitions

A comprehensive, multi-sector, community-wide approach is the best way to address an issue such as prescription drug abuse. One strategy alone will not work; therefore, implementing changes on multiple levels increases the chances that more people will be reached.

Strong communities with knowledgeable leaders can institute changes through cooperation and partnerships. Community coalitions such as those funded through the DFC program, of which we are a recipient, mobilize schools, law enforcement, churches, businesses, government and citizens, including youth, to work together on a full array of substance use and abuse, including prescription drugs. Schools are a critical partner in these coalitions and help to deliver necessary and effective programs and services. Community coalitions help to ensure that programs and policies are in place in schools and other community sectors to protect youth and promote healthy behavior, so that students can reach their fullest potential.

Rhode Island has a system of community coalitions that have been in existence for over twenty years. We have observed that the communities that are most successful in addressing substance abuse problems within their community are the ones that were awarded DFC grants. Of the 39 cities and towns in Rhode Island, ten have DFC grants. The two goals inherent in this grant are building the capacity of the coalition and community and reducing substance abuse among youth. Having the resources in terms of staff time and funding makes a huge difference in capability and results. These DFC coalitions are data-driven, know their community epidemiology and because they are multi sector can begin to address new and emerging drug trends such as prescription drug abuse, quickly, comprehensively and effectively. Three intensive weeks of mandatory training in the strategic planning framework model through the National Community Anti-Drug Coalition Institute provides expertise to the group working on these important issues. Competence increases credibility and the likelihood that partners will want to get involved and support the projects. Working to make population level changes in drug use requires the application of environmental strategies in the area of policy-making. Examples of what a coalition can accomplish are changes in school policies, town ordinances and police

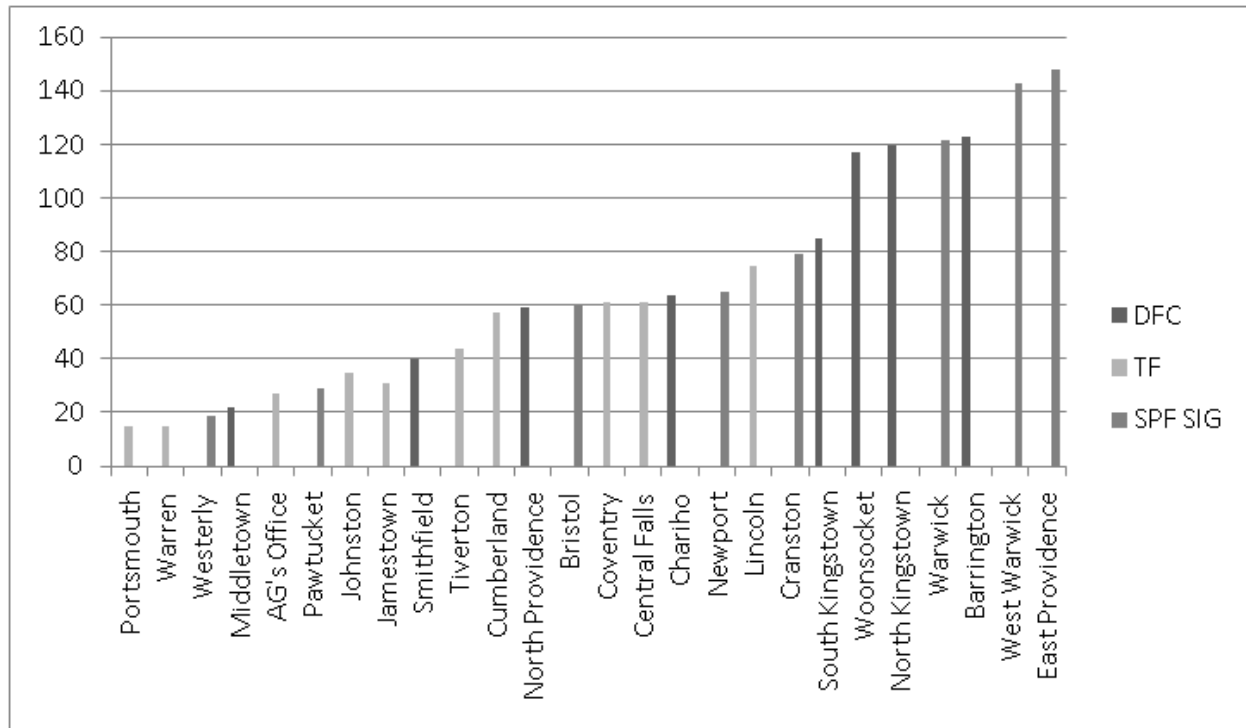
procedures, all of which can have the scale and scope, when implemented and enforced to change attitudes and behavior. In the DFC communities, successful implementation of media campaigns, law enforcement efforts, social norms marketing campaigns, educational efforts and policy changes give the coalitions the confidence and competence needed to successfully address their substance use/abuse problems. Although prescription drug abuse is not new, Rhode Island has not comprehensively addressed the issue. Comprehensive tobacco prevention efforts paid off with lower smoking rates and underage drinking efforts have decreased alcohol consumption.

The DFC community in which I currently work ensures open discussions among all of the community sectors and stakeholders and works to implement the community's strategic priorities. Major changes in school policies were ready to fall apart until they were revitalized through the coalition's leadership. Funding for the Student Assistance Program was in jeopardy until community coalition advocates pointed out the statistics related to this issue and the likely consequences of removing an effective program. New programs that have been successful in similar communities are being proposed and supported by the DFC coalitions. Research shows a marked difference between towns and cities that receive this funding and ones that do not; the DFC program clearly improves performance and affects population change.

Coalitions can help prevent access to prescription drugs by involving the entire community. The National Prescription Drug Take-Back Day provided our coalition with an excellent way to get information out to parents and the community about the misuse of prescription drugs among youth. Because the date was set ahead of time, it gave our coalition the lead time to get to media outlets involved. Posters were sent to police stations and distributed, in many cases, by volunteers, to local business and public buildings. Since, by Rhode Island law, these drugs are not able to be disposed of through pharmacies, the DEA, working in conjunction with the local and state police departments, presented the opportunity and had positive results. As part of the Take-Back campaign promotion, information was presented surrounding the dangers of prescription drug abuse and the risk of teenagers gaining access to drugs and taking them. The community coalitions helped to seize the opportunity to participate in the conversations so that there was ownership of the problem and collectively the community could be a part of the solution. Coalitions facilitate the ability for a community to be organized and have the relationships with those who need to be involved, ensuring that the projects can be carried out effectively.

In North Kingstown, five full boxes were collected by the local state police barracks and town police department. Overall, in Rhode Island, 1,716 pounds of drugs were collected. The DFC Prevention Coalitions in each community worked with their partners to reduce access to and availability of prescription drugs in their communities through participating in the take-back program. Many took advantage, because they already had the relationships with their police department and local businesses. At least ten RI communities did not participate at all. The eight communities that took in the most prescription drugs by weight were all current DFC and/or

former SPF SIG grant recipients. The cities and towns that received DFC funding as well as the coalitions that had received SPF SIG funding had the state’s eight highest prescription drug collection rates, amounting to more than 75% of the total weight of drugs taken back.



4/30/11 Prescription Drug Take-Back Day – Graph represents pounds of drugs taken back by each community

Student Assistance Programs

The SAP is located in schools where adolescents have easy access to highly trained counselors and where alcohol and other drug use-related risk factors, such as drinking at an early age, poor academic performance, deviant school behavior and poor parent-child relationships are more likely to be detected than at home. On-site Master's-level Student Assistance Counselors (SACs) are utilized to provide a wide range of prevention and early intervention services. Parents, school administrators, teachers and others in the community find the SAP a highly effective model for addressing alcohol, drug and other problems, which negatively impacts academic performance and attendance.

SAPs in Rhode Island are highly valued by schools and communities and in some municipalities, represent the only prevention “program” available to youth. The current challenge is that the state general revenue funding does not provide sufficient coverage to ensure that at least minimum programs are funded statewide. Furthermore, the programs were dependent upon the Safe and Drug Free Schools and Communities (SDFSC) funding to not only successfully implement the program, but also to use the funding to leverage other sources of funding for

program support. Unfortunately, the SDFSC program has been zeroed out and is no longer available. This has created a major funding issue for substance abuse prevention and intervention programming, not only in RI, but throughout the nation. The RI SAP is a key element in the prevention infrastructure at the municipal level and it is critically important as youth served by the intervention are those who are at-risk in multiple areas, such as substance use/abuse, academic failure, truancy, delinquency, and early/unwanted pregnancy.

The SAP provides services to over 6,500 teens every year, including the neediest populations in the core cities. This model has proven effective in reducing and eliminating substance use. The young people who visit the Student Assistance Counselors' offices suffer from pain and distress, and have a safe haven to find healthy solutions to their problems. Teenagers feel comfortable with an accepting and non-judgmental adult in a location where there is easy access: their school.

SAPs implement school-wide activities and promotional materials to increase the perception of the harm of substance use, positively change social norms about substance use, and increase enforcement and compliance with school policies and community laws. These resources are extremely valuable, but services will be reduced and in some cases eliminated without increased funding.

Recently, a young person in Rhode Island took prescription drugs that were not prescribed to her, along with LSD. She abruptly barged into the Student Assistance Counselor's office, exhibiting very confused verbal behavior. Teachers and friends expressed their concern about her. She was taken to the school nurse, who was going to send her home, but the counselor, realizing that the girl was in a drug-induced psychosis, recommended that she be transported by ambulance to the hospital. The girl was hospitalized for three weeks and may have permanent brain damage. She is back in school, but is on Lithium, a medication typically prescribed for patients with bipolar disorder. Because she had disrupted the neurotransmitters in her young brain through her drug use, she now needs medication to keep her stabilized enough to be able to function in school. She is still experiencing crying bouts and having difficulty handling daily stress.

The Student Assistance Counselor is also working with the young man who gave her the drugs. He was placed in the Adult Corrections Institute, then given home confinement, but is allowed to attend school. When he returned to school, with an ankle bracelet, he expressed anger over his restricted freedom. Two lives connected by prescription drug abuse resulted in both having diminished chances for future success.

We all know that the use of drugs and alcohol by grade school students impairs their ability to learn. The value of prevention is in its ability to improve student performance and improve social conditions. Most parents are not prepared to take on substance abuse intervention without professional support and help. Most students will not confide at that level with their parents. The

Student Assistance Program is designed to provide services that are grounded in evidence-based modern science, and to provide access to those students who need them the most.

We see three types of students in schools: the student who will try whatever type of drug is offered to them, saying “why not?”; the student who refuses potentially harmful substances, saying “why would I do that?”; and the student who is on the fence, may not be sure, may not be confident, and could go either way. What has been discussed and role-modeled in the family, as well as the strength of the schools’ and community’s policies, programs and practices, will impact which direction the students will take when faced with drug use choices. Initiation is the first step in the continuum, so preventing the first use is the key. Education and support helps to raise awareness and increase competencies so that families can be more confident that the children will not become drug-involved.

Conclusion

While Rhode Island is just beginning to address the complex issues related to prescription drug abuse among teens, I believe one of the more effective prevention mechanisms will be the Student Assistance Program. These highly-trained counselors are on-site where access for students is easy and confidential. Collectively, the SAP, working in tandem with community coalitions, has been successful in reducing the use and abuse of alcohol and tobacco. I have every reason to believe that continuing and expanding the SAP program, along with community coalitions through the DFC program, will help communities handle the complexity of prescription drug abuse among teens. In addition, I believe it is critical that: 1) prescription drug monitoring programs be fully operational in every state and have the ability to be interoperable; 2) questions related to youth prescription drug misuse and abuse be added to CDC’s YRBS survey; 3) doctors be better educated on the proper treatment of pain and prescribing protocols; 4) the general public be better educated about the correct use of prescription medications, the harms associated with their misuse and abuse, and their proper disposal; 5) school administrators, nurses and other staff be trained in drug recognition so that they can intervene with students who have begun to misuse prescription drugs early rather than waiting for a crisis to occur; 6) data on drug-related emergency department visits be collected, and emergency department doctors be better trained to identify, assess and provide referrals to treatment when necessary; and 7) with drug use on the rise and the elimination of the SDFSC program, the federal government should focus more emphasis and funding on community and school based substance abuse prevention and intervention strategies and programs, through reauthorization of the Elementary and Secondary Education Act and the Drug Free Communities program. Taken together, each of these recommendations has the potential to reduce the abuse of prescription drugs among youth in schools and communities throughout Rhode Island, as well as nationwide.

Thank you for the opportunity to testify. I would be happy to answer any questions you may have.