



# Drug-Free Communities

Local Problems Require Local Solutions



## Issue Brief: Drug-Free Communities (DFC) Coalitions' Strategies to Address Opioids

July 2019

### Research-to-Practice Tips

Based on the data provided by DFC coalitions, there are several actions that community coalitions can undertake in order to address opioid use in communities:

- **Educate community members, including youth and parents, on a broad range of opioid-related topics** such as prevalence of use, signs and symptoms of use, effective prevention strategies, safe storage and disposal of prescription drugs, addiction and recovery, and available treatment options around the community. DFC coalitions most often reported educating their communities through trainings, summits, and forums.
- **Provide opportunities for community members to safely store and dispose of prescription drugs.** DFC coalitions have held prescription drug take-back events, distributed drug deactivation systems, sent postcards with locations of drop-boxes, given out prescription drug bottle lock caps, and created mobile take-back events to reach traditionally underserved communities.
- **Work to create opioid task forces.** DFC coalitions have partnered with existing task forces or identified a need for one in their community and created it. These task forces often focus on opioid prevention, harm reduction, treatment, and recovery topics.
- **Brainstorm innovative solutions to combatting opioid use within the local community.** DFC coalitions described implementing programs tailored to the specific needs and characteristics of their communities. These programs included developing opioid support hotlines, reaching out to often-forgotten prescribers such as veterinarians, and engaging youth to spread the word about opioid prevention to family members and peers.

### National Focus on Opioids

During recent years, DFC coalitions have worked to address the increase in issues related to opioid use in their local communities. Opioids have affected individuals throughout the country, with roughly one fourth of patients misusing prescription opioids and about ten percent of prescription opioid users developing an opioid dependency.<sup>1</sup> Further, prescription opioid use/misuse may lead to the use of other illegal drugs. One study found that the majority (80%) of people who use heroin misused prescription opioids first.<sup>2</sup> In 2017, the

<sup>1</sup> Vowles, K. E., et al. (2015). Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis. *Pain*, 156(4), 569-576.

<sup>2</sup> Muhuri, P. K., Gfroerer, J. C., & Davies, M. C. (2013). Associations of nonmedical pain reliever use and initiation of heroin use in the United States. Rockville, MD: Substance Abuse and Mental Health Services Administration. *Center for Behavioral Health Statistics and Quality*.



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Department of Health and Human Services (HHS) declared opioids a public health emergency, and the Centers for Disease Control and Prevention (CDC) has identified opioid use and opioid overdose deaths as an epidemic.<sup>3</sup>

Drug overdose is the leading cause of accidental death in the United States, with 69,000 drug overdose deaths reported between March 2017 and March 2018. In 2017, over 47,000 Americans died as a result of an overdose associated with the use of opioids, including prescription opioids, heroin, and illicitly manufactured fentanyl.<sup>4</sup> The number of opioid-related deaths in 2017 was six times higher than in 1999 (in 2016, the number was five times higher than in 1999). On average, 130 people died every day from an opioid overdose in 2017 in America, an increase from 115 per day in 2016 and 91 per day in 2015.<sup>5</sup> In addition to the cost of human lives, the CDC (2016) estimated that the misuse of prescription opioids produces an economic burden of \$78.5 billion per year, which includes costs associated with healthcare, lost productivity, addiction treatment, and criminal prosecution.<sup>6</sup>

## DFC Coalitions and Opioid Prevention

In the fight against opioids, prevention is key. DFC coalitions are a compelling example of how communities are working to target issues related to opioids and to strengthen local collaboration to prevent and address opioid use among youth. This issue brief examines the actions that DFC coalitions are taking to fight opioid use/misuse in their communities, based on data submitted in DFC progress reports through August 2018 analyzed by the DFC National Evaluation Team.

### DFCs Targeting Opioids

Of the 713 fiscal year (FY) 2017 DFC Grant Recipients, 707 submitted an August 2018 progress report.<sup>7</sup> Nearly all DFC coalitions (89%) selected prescription opioids, heroin, or both as one of the top five substances they target in their work. Most DFC coalitions (63%) selected prescription opioids but not heroin, slightly less than one-fourth (24%) selected both

<sup>3</sup> HHS Press Office. (2017, October 26). *HHS acting Secretary declares public health emergency to address national opioid crisis* [Press release]. Retrieved from <https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html>

<sup>4</sup> Ahmad, F.B., Escobedo, L.A., Rossen, L.M., Spencer, M.R., Warner, M., Sutton, P. Provisional drug overdose death counts. National Center for Health Statistics. 2019. Retrieved from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>5</sup> Wide-ranging Online Data for Epidemiologic Research (WONDER), National Center for Health Statistics 2017, available at <http://wonder.cdc.gov>

<sup>6</sup> Florence, C., Luo, F., Xu, L., & Zhou, C. (2016). The economic burden of prescription opioid overdose, abuse and dependence in the United States, 2013. *Medical care*, 54(10), 901.

<sup>7</sup> This represents nearly all (99%) FY 2017 DFC grant award recipients. Additional DFC coalitions may have completed the progress report after the point at which data were received by the DFC National Evaluation Team.



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heroin and prescription opioids, and a small percentage (2%) selected only heroin as a target substance.

DFC coalitions are asked to report on prevention activities they have implemented during the six months prior to submitting their progress report. These activities fall under the Seven Strategies for Community Change: *Providing Information, Enhancing Skills, Providing Support, Enhancing Access/Reducing Barriers, Changing Consequences*, educating or informing the community about *Modifying/Changing Policies*, and *Changing Physical Design*.<sup>8</sup> When reporting on their activities, DFC coalitions can indicate which substance(s) they targeted: alcohol, tobacco, marijuana, prescription drugs (opioids), prescription drugs (non-opioids), heroin, other, or none.

Finally, DFC coalitions have a range of opportunities to discuss how and why they are addressing substances in their community via open-ended response items in the progress report. The DFC National Evaluation Team examined data from these items on the August 2018 progress reports for indications that DFC coalitions were addressing opioids. Open-ended responses were searched for opioid-specific keywords.<sup>9</sup> Of the coalitions with progress report data, just under one half (49%) mentioned at least one of these keywords in their open-ended responses. It is important to note that some DFC coalitions working on opioids may not have included descriptions of these efforts in any of their open-ended responses, whereas others may have described this work using different terminology (i.e., prescription drugs without specifying prescription opioids). DFC coalitions throughout the United States were focused on addressing opioids (see Figure 1).<sup>10</sup>

<sup>8</sup> Community Anti-Drug Coalitions of America. (2010). *The coalition impact: Environmental prevention strategies*. Alexandria, VA: National Coalition Institute. (Original work published 2008). Retrieved from <https://www.cadca.org/sites/default/files/resource/files/environmentalstrategies.pdf>

<sup>9</sup> DFC coalitions submit two progress reports per year, in February and August. They are provided with multiple opportunities to share additional information about their work over the prior six months in open-word responses to broad questions about their work. The DFC progress report does not require coalitions to discuss addressing opioids, and some may be engaged in this work but not describing it in their progress reports. The keywords searched included: heroin, heroine, smack, junk, black tar, fentanyl, opiate, opiates, opioid, opioids, oxycodone, hydrocodone, oxy, cotton, percs, vikes, vikings, opana, oxycontin, narcan, naloxone, and evzio.

<sup>10</sup> Throughout this report, when incorporating anecdotes, DFC coalitions are identified by their funding year (1-10) and by the region of the United States they are located on based on U.S. census regions (see <https://www.census.gov/prod/1/gen/95statab/preface.pdf>).

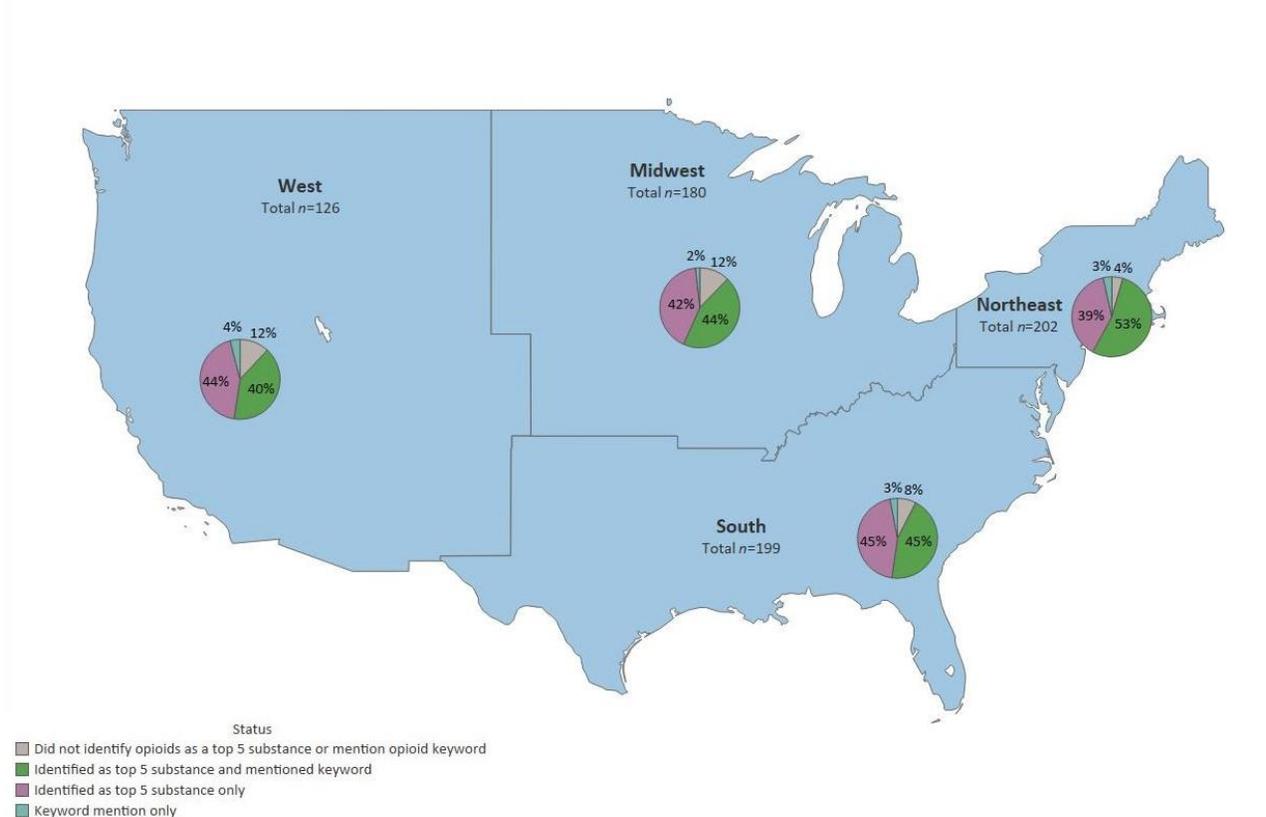


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**Figure 1. A Majority of FY 2017 DFC Coalitions across the United States were focused on Targeting Opioids and/or Mentioned Opioids in Open-Ended Responses**



Sources: DFC August 2018 Progress Report; DFC FY 2017 Grant Application coalition ZIP code information

## Activities to Address Opioids

As shown in Table 1, DFC coalitions reported that they most often target prescription opioids and/or heroin through activities under the *Providing Information* and *Enhancing Skills* strategies. This reflects the value that DFC coalitions have placed on increasing awareness and education around opioid use and opioid prevention within their communities. Of the 707 DFC coalitions who reported data in August 2018, prescription opioids have been the focus of implementation activities including disseminating information (70%), hosting direct face-to-face information sessions (60%), and preparing informational materials (58%). Similarly, DFC coalitions reported targeting heroin most often through information dissemination (22%), direct face-to-face information sessions (22%), and community member training sessions (19%).



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**Table 1. Most Common Activities Conducted by DFC Coalitions to Target Prescription Opioids and/or Heroin**

Activity Conducted	Strategy	% of DFC Coalitions Targeting Prescription Opioids	% of DFC Coalitions Targeting Heroin
Information Dissemination: Brochures, flyers, posters, etc. distributed	Providing Information	70.3%	22.1%
Direct Face-to-Face Information Sessions	Providing Information	59.5%	21.8%
Information Materials Prepared: Brochures, flyers, posters, etc. prepared	Providing Information	57.9%	14.6%
Reducing Home and Social Access: Adults and youth participating in activities designed to reduce access to alcohol and other substances (e.g., prescription drug take-back programs)	Enhancing Access/Reducing Barriers	55.7%	3.5%
Special Events: Fairs, celebrations, etc.	Providing Information	52.8%	18.1%
Media Campaigns: Television, radio, print, billboard, bus or other posters aired/placed	Providing Information	52.3%	9.6%
Media Coverage: TV, radio, newspaper stories covering coalition activities	Providing Information	51.3%	14.6%
Youth Education and Training: Sessions focusing on providing information and skills to youth	Enhancing Skills	50.4%	15.0%
Community Member Training: Sessions on drug awareness, cultural competence, etc., directed to community members (e.g., law enforcement, landlords)	Enhancing Skills	43.0%	19.2%
Information on Coalition Website: New materials posted	Providing Information	33.4%	10.3%
Parent Education and Training: Sessions directed to parents on drug awareness, prevention strategies, parenting skills, etc.	Enhancing Skills	32.5%	14.6%

**Note:** The percentage of DFC coalitions targeting a specific substance is based on the total number of coalitions who submitted an August 2018 progress report (707), and not just the number who reported implementing the activity.

**Source:** DFC August 2018 Progress Report

To gain a deeper understanding of how DFC coalitions are targeting opioids through their work, the DFC National Evaluation Team also analyzed the qualitative data provided in open-ended fields of the progress report. The following sections provide a summary of the types of opioid-related activities that DFC coalitions reported implementing.



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## Education and Training

DFC coalitions reported disseminating information regarding opioids to community members, including youth and parents. Coalitions discussed trainings, summits, and forums on opioid-related topics, such as effective prevention strategies, addiction and recovery, safe storage and disposal of prescription drugs, signs and symptoms of opioid use, and available treatment services. Some of these informational sessions were presented or attended at the regional, state, or national level. One DFC coalition noted they planned, coordinated, and implemented a summit that “provided keynote speakers with up-to-date information on the opioid crisis and efforts to enhance safe prescribing, disposal, and a comprehensive understanding of opioids” (Year 8, West region). These opportunities to learn about opioids and opioid prevention were provided to community members, local lawmakers, law enforcement, religious leaders, medical professionals, and youth and families dealing with addiction, among other stakeholder groups.

DFC coalitions also implemented skill-building trainings on opioid-related topics. For example, one DFC coalition reported that “training was provided to 92 prescribers (healthcare and dental) on opioid prescribing policies, the [state] prescription drug monitoring program, Dose of Reality, and current drug trends” (Year 9, Midwest region).<sup>11</sup> Other training examples mentioned by coalitions included hosting naloxone trainings with community members, law enforcement, and youth; prescription drug disposal training with senior citizens and real estate agents; leadership trainings with youth; and training on the danger of opioids with coalition members.

## Prescription Drug Disposal

DFC coalitions were asked to provide information on any community assets existing in the areas they serve, including those that were put into place specifically as a result of their DFC grant. Interestingly, by August 2018, almost all DFC coalitions (96%) reported having a prescription take-back program or event in their communities. Over two-thirds (68%) of DFC coalitions said they had implemented these events as a direct result of receiving their DFC grant award. That is, the DFC award to the coalition played a key role in introducing this type of event to the community. Prescription take-back events work to reduce access to youth of prescription opioids.

In open-text responses, DFC coalitions provided information regarding the steps they have taken to encourage safe prescription drug storage and disposal practices. DFC coalitions

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<sup>11</sup> Dose of Reality is a collaborative statewide public awareness, education, and prevention effort developed through a partnership between Wisconsin State agencies and the U.S. Department of Justice. It provides opioid-related program material ideas, treatment resources, and information targeted to specific populations including youth, parents, seniors, Native Americans, and service members. For more information see: Wisconsin Department of Justice. (2019). Dose of reality—Prevent prescription painkiller abuse in Wisconsin. Retrieved from <https://doseofrealitywi.gov>



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reported they have distributed drug deactivation systems, including one DFC coalition that distributed 422 of these systems to families with youth who might access their prescription drugs. Coalitions also distributed postcards to inform the public of prescription drop-box locations, provided information on how to obtain Narcan, gave out prescription drug bottle lock caps, and set up permanent drop boxes at new locations such as pharmacies and primary care provider, veterinarian, and chiropractor offices.

DFC coalitions reported hosting and participating in prescription drug take-back events on multiple days and at multiple locations. These events at times occurred as part of National Prescription Drug Take Back Day events held by the Drug Enforcement Agency (DEA), although DFC coalitions also worked on identifying/setting up year-round collection sites.<sup>12</sup> Some of the successes reported by DFC coalitions include:

- “We partner with county law enforcement to establish and maintain [the county] prescription drug collection box network, consisting of 17 locations that span the county and net over 600 lbs.” (Year 9, Midwest region)
- “[The coalition] also had another successful DEA prescription drug take-back day, collecting over 1,200 pounds of prescription drugs at 13 locations.” (Year 10, South region)
- “Six communities participated in the DEA drug take-back day, collecting 1,133 pounds of prescription medication.” (Year 6, Midwest region)

Additionally, DFC coalitions discussed the impact of these take-back programs over time. One DFC coalition reported working with law enforcement agencies to collect over 7 tons of unwanted medication since the start of their program (Year 10 coalition, South region). Other DFC coalitions have seen increases in the amount of medications collected during the past several years, with one coalition reporting an increase of more than 300 pounds since their first take-back day in October 2017 (Year 3, South region).

## Task Forces

Another activity implemented by DFC coalitions during the August 2018 reporting period related to opioid and heroin task forces, which often focus on comprehensive strategies to address opioids through prevention, harm reduction, treatment, and recovery topics related to these substances. The intent of these task forces is often, as one coalition put it, “working together to develop strategies to prevent opioid misuse by strengthening existing strategies and identifying new strategies to help reduce access and educate the community to change community norms” (Year 8, Midwest region). Task forces appear to be a key strategy utilized by DFC coalitions to build capacity in the community to address substance use, a DFC goal.

<sup>12</sup> See <https://takebackday.dea.gov/> for additional information on DEA National Prescription Drug Take Back Day.



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Many DFC coalitions discussed partnering with existing task forces in their community, region, or state; some of these coalitions reported an increase in membership or member engagement during the reporting period. For example, one DFC coalition “has increased its [opioid task force] membership to 170 and has added an additional subcommittee, employer workforce, to combat the opioid crisis at the workforce level” (Year 5, South region). Other DFC coalitions identified a need for a local opioid task force and formed their own, often bringing in partners from their community and surrounding areas.

Coalitions reported engaging in a variety of activities through opioid task forces, including:

- Identifying needs and developing logic models,
- Promoting a state pain management guide and introducing prescribers to prescription drug monitoring programs,
- Promoting and holding take-back events, and
- Identifying and evaluating current prevention programming and any gaps.

The work of these task forces has been recognized by their communities. One DFC coalition reported receiving a proclamation from the city commission for their research and work on their heroin and opioid task force.

## Innovative Approaches

In addition to these prevention strategies (and at times because of them), DFC coalitions described a variety of innovative approaches to heroin and other opioid problems in their community. These innovations often included engagement with new community members or better connecting a range of strategies (from prevention to treatment) to address opioids. Examples include:

- “The opioid task force developed a brochure about drug diversion information for veterinarians and was allowed to have it included in the packets for attendees at the 2018 [state] veterinary medical association conference.” (Year 3, South region)
- Working with partners to establish opioid call or text hotlines. These 24-hour hotlines are intended to provide real-time help, emotional support, referrals, and community resources related to heroin or opioids.
- Engaging youth coalitions to develop and distribute prescription drop-off location cards, radio public service announcements (PSAs), and a door-knocking campaign during which youth “walked around the community with adult advisers and went from door to door and person to person explaining to the community and their peers what their mission was and why they felt strongly about the opioid epidemic that is affecting the community and some of their fellow peers.” (Year 2, Northeast region)
- Implementing mobile prescription drug take-back events to reach members of traditionally underserved communities.



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## Conclusions

An examination of DFC coalitions' August 2018 progress report data provides valuable information on how DFC coalitions are succeeding in mobilizing individuals and building capacity to prevent and reduce opioid use among youth in the communities they serve. Nearly all DFC coalitions reported that opioids are a main focus of their work. Generally, DFC coalitions have addressed opioids by providing information and training to parents, youth, community members, and professionals such as local lawmakers and medical personnel. DFC coalitions have also worked closely with their communities to reduce access to opioids through prescription drug disposal programs. Coalitions have formed opioid and heroin task forces to identify local needs, develop plans for addressing these needs, implement activities, and evaluate the impacts of their efforts. DFC coalitions reported engaging in innovative approaches to addressing opioids, including establishing call or text hotlines and implementing mobile prescription drug take-back events in order to reach traditionally underserved communities.