CENTER FOR RURAL HEALTH HEARING

"CONFRONTING THE HEROIN/OPIOID EPIDEMIC IN PENNSYLVANIA"

GEISINGER-LEWISTOWN HOSPITAL

THURSDAY, APRIL 21, 2016

Testimony for Dr. Stephanie A. Bradley, Managing Director, Evidence-based Prevention and Intervention Support Center (EPISCenter), and Research Associate, Prevention Research Center, The Pennsylvania State University

Good morning. I am Dr. Stephanie Bradley, I am a prevention scientist at the Prevention Research Center at Penn State University, and the Managing Director of the EPISCenter – which stands for the Evidence-based Prevention and Intervention Support Center (EPISCenter). The EPISCenter is funded by PCCD and the PA Dept. of Human Services, Office of Children, Youth, and Families. I am truly honored to have the opportunity to provide testimony today regarding the opioid and heroin epidemic in Pennsylvania.

PREVENTION

I am here today to talk about PREVENTION. Prevention rarely gets enough coverage in testimonies and strategic plans, and prevention often gets confused with activities that aren't actually prevention. Prevention can keep people from having to suffer the terrible consequences and losses that are so often are a part of using these drugs. So, I think it is extremely important to talk about prevention this morning.

Prevention in its truest form is not about intervening <u>after</u> a problem has occurred. Prevention is not about reducing instances of overdose, and it is not about reducing

instances of death. Prevention is about keeping problems from even arising. In the case of this epidemic, prevention is about preventing the first case of heroin use, and it's about preventing the first case of prescription opioid misuse. At its best, prevention is a data-driven, planful, upstream approach to protecting youth and communities and ensuring their positive development.

Prevention programs can actually prevent substance use, and certain prevention programs that are delivered to middle-school aged youth have demonstrated the ability to prevent the misuse of prescription opioids into the early 20's. I will share of examples of these programs shortly. First I would like to highlight PCCD's approach to prevention.

PCCD is invested in using a public-health approach to prevention, and the Prevention Research Center, through the EPISCenter, supports communities in using this approach to address local prevention needs. A public health approach involves diagnosing the problem, identifying the risk and protective factors that drive that problem, using evidence-based programs and practices that reduce risk and increase protection, and then evaluating and scaling up those approaches that are effective at impacting the problem.

PCCD and the EPISCenter support the Communities That Care prevention coalition model and together we support eighteen evidence-based prevention and intervention programs. PCCD provides the funding and strategic coordination for these efforts, and EPISCenter provides training and technical assistance to communities, and consultation to policymakers on them.

Before I describe these efforts in more detail, I would like to provide a little perspective on why the EPISCenter exists, why we do what we do.

TRANSLATING RESEARCH TO PRACTICE

In the process of doing research, we learn a lot about what we don't know, we find programs that make things worse not better, we learn about what doesn't work and why. We go back to the drawing board again and again. Often, this process is painfully out of step with the pace of problems, the variety of them out there that we want to fix, and the passion we all have for improving the lives of children, youth, and families.

So, as researchers and prevention scientists, when we DO find a program or an approach that works, we want to be certain that policymakers, service providers, and community members know about it – which is why we started using the term "evidence-based", and why program registries for evidence-based programs exist. Likewise, when we do find programs and practices that are unlikely to be effective, or to actually cause harm, we want to be certain that you all know.

We are seeing increasing numbers of program developers that have adopted the term "evidence-based" to describe their program. Unfortunately, many do this despite not having met any or even most of the criteria to be certified as evidence-based. This does a disservice to us all because it diverts limited resources away from programs that are based in sound developmental research and prevention science that have demonstrated short- and long-term impact on youth, families and communities, and it funnels those resources into programming for which there are no evaluations, no rigorous demonstration of effect, and therefore offer little to no proof in their ability to actually improve outcomes. This can be very misleading to funders and the lack of results disappointing to community members.

In particular, as it relates to this epidemic, we see a number of programs and practices that are unlikely to be effective, and moreover are likely to cause harm. Typically, these are programs developed by well-intentioned, passionate, and talented community-members who want to take action, who want to do something to turn things around in their community. We need that energy and we need those people. However, often these programs that, all or in part, have approaches that will be inert at best, or at worst will actually INCREASE the risk of youth attending these programs. They heavily emphasize the danger of using these drugs and place a strong focus on deterrence.

Research has repeatedly demonstrated that these approaches are not effective at preventing youth risk. There are a number of reasons why this is the case, and I will highlight just one here today. The brain is still developing through the early 20's. In adolescence, the part of the brain that is interested in novelty and sensation seeking is more developed than the part of the brain that inhibits behaviors, and uses logic and reason to make decisions. So, when young people attend programs that show the risks of substance use, by showing an arrest scene or re-enacting a dramatic call to 911, these programs run the risk of peaking youth interest by showing them something novel, dramatic, and risk-oriented, without being able to rely on the reasoning part of their brain to dial back that interest. With our fully-formed adult brains, we might think that a danger-and-deterrence approach makes sense. But we are thinking about and responding to this program format with adult brains, not adolescent brains.

I have provided a packet for the panel on effective prevention. These materials highlight other reasons why such programming is unlikely to be a good use of resources. So, now I will get back to the key public health prevention initiatives going on in PA.

PREVENTION: CTC

First, is Communities That Care (aka "CTC"). CTC is a process that takes communities through a well-defined and structured sequence of steps to prevent adolescent problem behaviors and promote positive youth development. CTC communities form a broad-based coalition, with representation from multiple sectors of the community, and then collect local data on risk and protective factors. The community identifies 3-5 specific risk and protective factors to focus on, and then seeks evidence-based programs and strategies to address those priorities. After 2-3 years of implementing these strategies, the community re-assesses their risk and protective factors to measure impact and identify new emerging priorities.

Research on CTC has shown that youth in CTC communities fare better than youth in non-CTC communities, including being less likely to be negatively influenced by peers, less likely to engage in delinquent behavior, and more likely to be engaged in school and performing well. Recent estimates of CTC suggest a $10 return on every $1 invested (based on prevented smoking and delinquency).

CTC draws its strength and effectiveness from its focus on a coalition approach, use of risk and protective factor data, and use of evidence-based programs. This brings me to the programs I alluded to earlier.

PREVENTION: LST AND SFP PROGRAMS

Recent research has demonstrated evidence-based programs' ability to prevent the misuse of prescription opioid drugs. These include the LifeSkills Training program (LST) and the Strengthening Families Program for Parents and Youth Age 10-14 (SFP 10-14). Both programs target youth in the early- to middle-adolescent age range. LST is delivered in a school setting often as part of health curriculum, and SFP 10-14 is delivered in a community setting and both parents and youth attend the program together. Each program is focused on developing skills and strengths, and building general strategies for managing emotions, problems, peer pressure, and important relationships. These are exactly the types of risk and protective factors that can drive or prevent problem behaviors.

Research has demonstrated that youth who participate in LST are less likely to misuse prescription opioids into their early 20's, and when youth attend both programs there is an even stronger protective and preventative effect. In both cases, whether youth attend just LST, or LST and SFP 10-14, the results are strongly positive and demonstrate a net benefit to society and taxpayers through reduced cases of teen opioid misuse. Both of these programs have also demonstrated positive impacts on other substances, violence, and academic engagement as well.

By targeting risk and protective factors prevention programs reduce the likelihood of youth engaging in a variety of problem behaviors. This is an efficient and proactive way to prevent opioid misuse, among other issues.

EPISCENTER

At EPISCenter a key focus of our work is in assisting policymakers and service providers to understand what works, and what doesn't, how to choose programs and strategies that meet your local needs, and how to run those programs so that you get the results you seek.

EPISCenter provides free training and technical assistance for eighteen different prevention and intervention programs that have strong research evidence of effectiveness. Each year through the state Violence Prevention Program budget PCCD provides funding for communities to adopt and implement these programs, EPISCenter support is included in that funding. This includes support for the Strengthening Families Program 10-14 and for LifeSkills Training program that I previously described.

EPISCenter also provides free training and technical assistance for CTC. We provide support to communities in building their readiness to adopt the model, engage key stakeholders, and move those stakeholders through the CTC process. We regularly work with communities who are interested in learning more about developing a coalition in their area, and PCCD regularly provides funding for communities to run CTC. We currently provide support to 70 CTC sites across the state.

Through our work in both of these prevention initiatives we are working to identify points where we can connect with Dr. Pringle's work in counties as they develop local plans for opioid overdose response.

Thank you very much for your time and the opportunity to share testimony today.