



February 14, 2018

The Center for Community Solutions submits these policy proposals in response to a request from the Senate Finance Committee in its examination of ways to address the opioid crisis.

1. Provide funding for states and local governments
 - a. Establish needle exchanges, including funding for wrap around services and supports which include fentanyl testing and on-site referral services
 - b. Finance evidence-based prevention activities
2. Provide funding for states to establish capacity building grants that
 - a. Improve the electronic health record capabilities of BH providers in ways that better connect with hospitals and other medical providers
 - b. Increase the number of professionals in the fields of addiction medicine, social work, and psychiatry
 - c. Increase the prevalence of drug and mental health courts
3. Require medical schools and health career colleges to establish curriculum for all students that focuses on opiates, prescribing, and alternatives to pain management
4. Revise the Joint Commission standard on pain to remove the associated financial incentive tied to the Hospital Consumer Assessment of Healthcare Providers and Systems
5. Consider invoking eminent domain on pharmaceutical patents related to naloxone and other medically assisted treatment therapies to manufacture a national stockpile which will be distributed to states based on need
6. Require prior authorization for any opioid
7. Advance more Institution for Mental Disease waivers in Medicaid as long as
 - a. A needs assessment is performed by states
 - b. Institutional settings are disincentivized relative to community-based alternatives
 - c. Medicaid expansion is in place without eligibility restrictions
8. Effective [Prevention Efforts](#)*
 - a. School-based prevention that is evidence based and incorporates healthy decision making without scare tactics.
 - Creating state standards
 - Identifying current prevention programming in districts in states
 - b. Community-based prevention that is evidence based and includes school settings but further expands the audience and resources to envelop the health of the community as a whole

*** School-Based Prevention**

School-based prevention programs look different in every community, as there are no official state standards regulating them. Traditional prevention programs, such as Drug Abuse Resistance Education (DARE), have been educating students since the early 1980s when the nation was consumed by the War

on Drugs and the “Just Say No Policy.”¹ Early prevention education often incorporated “scare tactics,” that were used to scare individuals, oftentimes children, into abstaining from drug use. These tactics have since been academically refuted,ⁱ and have been argued to produce contrary behavior to the desired outcome.

State leaders have taken active roles in understanding and utilizing the prevention programs that exist around Ohio. Identifying the prevention programs used by each school district can often be difficult. Many districts throughout the state contract with local boards and community behavioral health providers for their prevention education requirements, while others work with local law enforcement, and many districts have a prevention specialist on staff to teach evidence-based curriculum.

Community-Based Prevention

Though many think of education-based prevention when hearing the word “prevention,” the opioid epidemic has transitioned the focus of many prevention specialists from school-based prevention to community-based prevention. Often, community-based prevention includes school settings but further expands the audience and resources to envelop the health of the community as a whole.

Two programs in Ohio have been spotlighted for their effective community engagement, Lucas County Heroin & Opiate Initiative and Coalition for a healthy Community – Oxford. The Lucas County program focuses on two different prevention strategies to reach specific and identified populations in their community. The programs universal interventions are focused on the general public and those whose level of risk has yet to be identified. The selected group’s interventions are focused on individuals who are at a higher risk of developing negative behaviors. Coalition for a healthy Community – Oxford has a strong relationship with the local school district and provides a large footprint in the area through their collaborations and strong partnerships with community organizations.

Please contact us with any questions.

Thank you,

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ⁱ Witte, K. and Allen, M. A Meta-Analysis of Fear Appeals: Implications for Effective Public Health Programs. 2000. Accessed November 2017. <https://www.ncbi.nlm.nih.gov/pubmed/11009129>

¹ “Just Say No” is drug free prevention policy developed under President Ronald Reagan in 1984.