

How states are using State Targeted Response (STR) and State Opioid Response (SOR) funds to make a difference

PREVENTION INITIATIVES

In April of 2019, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) sent an inquiry to the Single State Agencies for alcohol and other drug services requesting information on how they were using the State Targeted Response (STR) and State Opioid Response (SOR) grants to address the opioid crisis in their states. The results of the inquiry were summarized into state-specific profiles highlighting prevention, treatment, overdose reversal, and recovery support efforts. State profiles generally covered a reporting timeframe between May 2017 - April 2019. A total of 50 state responses were received. Washington D.C. and U.S. Territories did not respond to the inquiry. Below is a brief analysis of the most common ways states have used STR/SOR funds for primary prevention initiatives, as well as select examples of innovative prevention initiatives.



STATES' MOST COMMON PREVENTION INITIATIVES WITH STR/SOR FUNDS

Prevention Initiatives Provided	Specific Activities	Percentage of State Respondents (n=50)
Educational Programs	Delivering evidence-based curriculum; prescriber education	94% (47)
Information Dissemination	Media campaigns; community health fairs; speaking engagements; material distribution	92% (46)
Community-based Processes	Coalitions and task forces; state meetings; community forums; collaboration	84% (42)
Environmental Strategies	Prescription Drug Monitoring Programs (PDMPs); drug deactivation pouches and medication lockboxes; take back events; policy changes	48% (24)
Problem Identification and Referral	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	38% (19)
Alternative Activities	Non-opioid pain medications; sober activities; provider training	14% (7)

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Of the 50 state responses, the majority of primary prevention initiatives funded with STR/SOR focused on educational programs and information dissemination to deliver evidence-based curricula in a number of settings. Educational programs largely consisted of youth and families evidence-based curriculum implemented in schools, community centers, and the workplace. These included widely used programs such as Strengthening Families, Botvin LifeSkills, Teen Intervene, and Generation Rx. The goal of these educational programs was to help youth and families identify risk factors for use and increase protective factors and skills to resist using opioids and other substances. Other programs also educated clinicians, physicians, and first responders on safe prescribing guidelines and practices that reduce the number of patients being prescribed opioids and considering alternative acute and chronic pain relief therapies.

In terms of information dissemination, most states allocated funds toward creating public awareness campaigns about opioid misuse, addiction, and overdose reversal. A few states also developed campaigns to reduce the stigma around opioid addiction. Educational messages were disseminated through widespread media campaigns (e.g., billboards, brochures, PSAs), and during speaking engagements or at community fairs. Prevention messages were tailored to target the general population or those with a higher risk of misuse such as youth, parents, older adults, veterans, tribes, and rural populations. The messages addressed issues such as chronic pain management without opioids; using prescribed medicine only as directed; safely storing and disposing of medicine; background on Good Samaritan laws; and naloxone availability and how to administer the opioid overdose reversal medication.

Several states engaged in community-based processes to build readiness, increase capacity, and forge new collaborative partnerships. Most states partnered with a variety of state, county, and local agencies and organizations, such as coalitions, the Department of Corrections, Accountability Court Judges, Department of Family and Children Services, Department of Public Health, Boys and Girls Clubs, YMCAs, foster care agencies, local hospitals, detention centers, colleges, schools, tribal partners, and faith organizations. States also disseminated funds to regional prevention resource centers, coalitions, and local communities, and provided training and technical assistance to first responders, prescribers, and prevention coalition representatives. Finally, many states engaged in developing prevention toolkits and hosting summits to build capacity and skills in conducting needs assessments, strategic planning, and coalition building.

About half of the states engaged in environmental strategies to change policies and practices around controlling the supply and demand of opioids. The most widely used environmental strategy centered around enhancing Prescription Drug Monitoring Programs (PDMPs). States passed legislation requiring prescribers to use the PDMP, integrated the programs with electronic health records, educated prescribers on using the PDMP, and trained users to analyze trends and assess risk factors. Other activities included hosting medication take back events, distributing medical lock boxes and drug deactivation and disposal pouches, and supporting additional drop boxes in pharmacies and law enforcement agencies.

A fewer number of states implemented strategies focusing on problem ID and referral and alternative activities. Problem ID and referral activities included training of professionals on Screening, Brief Intervention, and Referral to Treatment (SBIRT) in

educational, foster care, and healthcare settings (e.g., Emergency Departments, doctor's offices, etc.) using a variety of screening tools to identify high-risk substance use behaviors.

A few states have been engaged in alternative prevention activities, such as providing community-based sober recreational activities. Other have been

facilitating referrals to health care providers that can provide non-opioid pain medications and training mental health and substance use disorder providers in Cognitive Behavioral Therapy for Chronic Pain (CDC program).

SELECTED EXAMPLES OF STATE PREVENTION INITIATIVES

Educational Programs:

The Michigan Department of Health and Human Services has implemented statewide training and expanded evidence-based prevention programming. The state is utilizing Strengthening Families, an evidence-based substance use prevention program targeting 10-14-year-olds and their families. Other evidence-based programs implemented under SOR funding include Botvin's Life Skills, Prime for Life, Guiding Good Choices, and Project Toward No Drug Abuse. They also implemented evidence-based prevention programs that target adults aged 55 and older and provide education aimed at reducing high-risk behaviors. Programs include Stress Less with Mindfulness, Chronic Pain Self-Management, and Wellness Initiative for Senior Education.

Information Dissemination:

The Connecticut Department of Mental Health and Addiction Services has provided 75 mini-grants to community coalitions across the state to disseminate "Change the Script" materials to parents, prescribers, pharmacists, dentists, and veterinarians. This statewide public awareness and educational campaign has increased awareness among the general public about opioid use, misuse, and overdose. The campaign was deployed across billboards, TV and radio stations, social media, and mall and bus advertising. The campaign has been customized for prescribers, funeral homes, realtors, libraries, and construction trades.

SELECTED EXAMPLES OF STATE PREVENTION INITIATIVES

Environmental Strategies:

The STR funds enabled the Montana Department of Public Health and Human Services to purchase drug deactivation bags that were distributed across the state. This effort not only helped increase education on the value of safe storage and disposal, but also provided the public with an easy and environmentally friendly method of disposal. Drug deactivation bags were distributed to every county in the state (n=56 counties), and Prevention Specialists in each county worked with their communities to distribute the bags and educate on the need for safe storage, use, and disposal of medications. In the second year of the grant, the primary focus of the project was to distribute disposal bags to organizations that served older Montanans. As of April 2019, Adult Protective Services, Aging Agencies, and Senior Centers have received over 62,000 bags and educational literature. Another 21,300 bags, which were donated to Montana, and educational literature were distributed based on public requests for the bags.

Community-based Processes:

The Kentucky Department for Behavioral Health, Developmental & Intellectual Disabilities has added prevention support staff to strengthen the 14 Regional Prevention Centers (RPCs) to help align coalition efforts and shape community efforts. Collaboration Specialists work to engage and equip community coalitions and stakeholder agencies to become more effectively involved in opioid prevention efforts. Youth Empowerment Specialists work to empower young people to become part of the solution to problems within their communities. In addition, seven interns have been placed to support opioid prevention across the state to increase the number of professionals entering the prevention field with an expertise in opioid use disorder (OUD) prevention. Kentucky also provided training and expert consultation to the 14 RPCs to support these training and consultation activities: 1) a workforce capacity building training plan to identify current training strengths and gaps, 2) a customized training on effective technical assistance (TA) to be administered to statewide Prevention Specialists, 3) a mechanism for a community of practice for TA providers, and 4) six opioid prevention toolkits for the following community sectors: education, juvenile justice, child welfare, business, government, and the faith community.

SELECTED EXAMPLES OF STATE PREVENTION INITIATIVES

Problem Identification and Referral:

The Delaware Department of Substance Abuse and Mental Health conducted SBIRT training for 64 school nurses at the Delaware School Nurses Association Spring Conference, and coordinated training on substance use and SBIRT for approximately 40 teachers and other school personnel at the Delaware State Education Association Professional Learning day.

Alternative Activities:

The New Jersey Department of Human Services has funded educational community programs for older adults (age 60+) on alternatives to opioid analgesics as a means of managing acute or chronic pain. Using the Wellness Initiative for Senior Education (WISE) curriculum, 103 trainings have been conducted, and 3,900 older adults were trained as of June 30, 2019.

Pain Management Training:

The Oklahoma Department of Mental Health Substance Abuse Services disseminated funds to provide pain management training to licensed mental health and substance use disorder providers using the Cognitive Behavioral Therapy for Chronic Pain approach. "Pain CBT" is an evidence-based practice for non-opioid pain management and is recommended in the Centers for Disease Control and Prevention's (CDC) Chronic Pain Guidelines. The training is part of an ongoing effort to increase Oklahoma's capacity to provide alternative therapies for pain management.

