



Members of the Commission on Combating Drug Addiction and the Opioid Crisis,

Thank you for the opportunity to speak with you today. I am Major General Arthur T. Dean, U.S. Army Retired, and I serve as the Chairman and CEO of Community Anti-Drug Coalitions of America, or as we are known in the field CADCA. My purpose today is to inform the Commission about CADCA's recommendations regarding a most effective approach to addressing the opioid and heroin epidemic that's ravaging our nation.

CADCA was created by a Presidential Commission in 1992 and today is recognized as the leading non-profit in America for the field of substance use prevention, representing over 5,000 community coalitions who are on the front lines of preventing and reducing the use and misuse of drugs by youth across the country. For over two decades, CADCA's evidence-based, multi-sector coalitions have united communities in addressing and preventing all illicit drug use as well as underage alcohol and tobacco use and the misuse of prescription and over-the-counter drugs.

Research over the last two decades has proven that drug addiction is preventable and treatable. History and research has also shown that our country's response to the drug problem has evolved while acknowledging the need for different approaches. History has demonstrated that there are no panaceas or single solutions to this complicated and far reaching issue affecting every community within our nation. What is essential is action that engages our society at every possible level in a comprehensive manner.

This is why CADCA supports the full continuum of care, including prevention, intervention, treatment, recovery support, and evidence-based, effective law enforcement and interdiction strategies; it is vital that prevention be more heavily emphasized than it has been over the past eight years. It is well-documented that addiction is a developmental disorder, which begins in adolescence, sometimes as early as childhood. Thus, delaying the age of first use is critical to ensuring fewer youth develop substance use disorders.

A sobering reality, stated by leaders across the country, is that "We can't in isolation: legislate or tax our way out. We can't treat or imprison our way out. We can't scare or educate our way out. And we can't simply love or hope our way out." We can, however, capitalize on our national resources, science, knowledge, and social obligation to safeguard the health and future of our country by choosing the most effective means to address this crisis. Community and evidenced-based coalitions focused on prevention is such a means.

It is vital to make substance use and misuse prevention a much higher priority, in both funding and emphasis, to address the opioid epidemic. CADCA feels strongly that prevention has been underutilized, relative to its importance and cost-effectiveness in reducing population levels of drug use and misuse and the related human and societal costs. Every dollar in substance abuse prevention saves anywhere from \$2.00 to \$20.00¹.

CADCA, therefore, urges the Commission to consider the following policy recommendations:

- **Make bona fide substance use prevention a much higher priority than it has been over the past eight years by bolstering the Drug-Free Communities Program.**

¹ Swisher, J.D., Scherer and Yin, K. The Journal of Primary Prevention. "Cost-Benefit Estimates in Prevention Research." 25:2, October 2004

The Drug-Free Communities Program (DFC) has been a central, bipartisan component of our nation's demand reduction strategy since its passage in 1998 because it recognizes that the drug issue must be dealt with in every hometown in America. The DFC program provides the funding necessary for multi-sector community coalitions to identify and respond to all local substance use problems. The DFC program explicitly recognizes that a small amount of federal anti-drug resources, invested at the community level, where they are matched, will give those who have the most power to reduce the demand for drugs the greatest chance to be successful (parents, youth, business leaders, the faith community, law enforcement, and others). Therefore, we recommend funding the DFC Program at the highest level ever authorized for the program – \$129 million. I would also strongly recommend that the program remain within ONDCP.

- **Support the new ONDCP Community-Based Coalition Enhancement Grants Program that was authorized in the Comprehensive Addiction and Recovery Act (CARA).** CARA authorized a new coalition enhancement grant program within ONDCP, and we recommend fully funding it at the current authorized level of \$5 million. Community-based coalition enhancement grants are needed now more than ever, because DFC coalitions have proven that they are singularly situated to prevent and address prescription drug abuse issues, and building on this proven infrastructure is the most cost-effective mechanism to preventing prescription drug misuse in the first place.

DFC grantees have reduced substance use rates in communities throughout the country to levels much lower than national averages: for example, the most recent independent national evaluation of the DFC program showed that the percentage change in past 30-day prevalence of prescription drug use decreased by 14.3% among middle school students and 19.7% among high school students. The program has achieved these outstanding results because DFC coalitions are organized, trained, data driven and take a comprehensive, multi-sector approach to solving and addressing local drug issues.

A great example of a successful DFC coalition is the Carter County Kentucky Drug Free Coalition, which was at the epicenter of the opioid epidemic and in the span of 10 years saw immense reductions in youth drug use – especially prescription drug use, from 2006 to 2016. Through implementing multiple evidence-based, proven strategies, prescription drug use decreased from 12% to 1% among 10th graders and from 11% to 1% among high school seniors. This is just one example of the many successes that local coalitions have on their communities in preventing prescription drug and opioid misuse before it ever starts.

CADCA has been addressing the prescription drug challenge since 2002. We have conducted numerous summits throughout the U.S., and we are currently working with the Drug Enforcement Administration in the cities most challenged by this epidemic.

In closing, the comprehensive coalition approach remains the best local solution to address any public health threat—including drug use and misuse—and is especially critical with the complex opioid and heroin crisis we face as a nation. I would advocate significant expansion of the Drug-Free Communities Program, and I welcome your questions during open discussion. Together, we can make a difference in the drug crisis sweeping our nation. I appreciate and am thankful for your consideration of our expertise on this matter. Thank you for your time.