December 15, 2017

<u>Special Commission on Behavioral Health Promotion and Upstream Prevention in</u> Massachusetts

Evidence-based Practices, Programs, and Systems to Prevent Behavioral Health
Disorders and Promote Behavioral Health

John McGah

Senior Technical Assistance Consultant, American Institutes for Research

Hello, my name is John McGah. I'm a senior associate at the American Institutes for Research (AIR) based in our Waltham office. I oversee the national collection of all homeless youth under contract with the Family and Youth Services Bureau at the U.S. Department of Health and Human Services. I am also a co-lead of the system assessment of Middlesex County looking at evidence-based, cross-system approaches to addressing the opioids crisis there, as part of an innovative partnership between AIR and the Middlesex District Attorney's Office with funding from the Massachusetts state budget. I also teach a yearly seminar on "An Introduction to Systems Thinking" at the McCormack Graduate School for Policy and Global Studies at UMass Boston.

AIR is a nonprofit research, evaluation, and technical assistance firm founded in 1946. AIR has local roots, with an office in Waltham, but a national reach, with offices across the country and a headquarters in Washington, DC.

Thank you for this opportunity to present on "evidence-based practices, programs, and systems to prevent behavioral health disorders and promote behavioral health." In my testimony today, I would like to address your question about what is working in behavioral health promotion and prevention. I will focus primarily on preventing substance use, particularly in light of today's opioid epidemic.

Why is prevention important? Making the case for prevention.

As you will no doubt hear from others today, preventing youth substance use from ever beginning is an effective way to reduce substance use disorders. Preventing youth substance use helps avoid public health and public safety harms, as well as the financial costs associated with these harms that must be borne by taxpayers. Taxpayer burdens from substance use disorders can include increased health care costs, decreased work productivity, as well as criminal justice costs.

Substance use disorders, the disease of addiction, is a disease of early onset. Young people who begin misusing substances, whether alcohol or illegal drugs, greatly increase their chances of developing a substance use disorder in adulthood.

And every dollar spent preventing youth substance use through school based prevention programs, <u>saves \$18</u> in future costs.

Today in Massachusetts, as in the rest of the nation, we are in the midst of an opioid epidemic. In 2016, in Massachusetts over 2,000 lives were lost due to an opioid involved overdose death. And from 2000 to 2016, almost 15,000 people died of an opioid related overdose death.

Massachusetts is not alone in fighting this epidemic. And the Commonwealth has been focused on the full continuum of this issue – from preventing use from ever beginning, to increasing intervention points to make sure people get the treatment they need, to improving recovery supports. And preventing over prescribing of opioids, and disrupting drug trafficking networks are also critical elements of the government's response to the epidemic.

Preventing a disease is important but sometimes overlooked as we examine the immediacy of stopping the mounting overdose death toll. I commend the committee for taking the time to explore what is working and how we can more effectively reduce substance use disorders.

What works in prevention?

We know that most problematic substance use starts in the teen years. And we also know from brain development studies that a teenager's brain is not yet fully developed and teens are therefore unable to adequately assess risk, and control impulses.

Universal prevention programs are targeted at all youth and aimed at preventing all drug use, including the use of illicit drugs, alcohol, and tobacco.

And while rates of prescription opioid misuse have increased over the last ten years, we are beginning to see overall rates of prescription opioid misuse <u>stabilize</u>. Recently released data from a youth drug use survey, <u>Monitoring the Future</u>, has shown significant decreases in prescription opioid misuse among teens.

AIR's Role

As I mentioned earlier, The American Institutes for Research is a nonprofit organization with a wide range of capabilities, including research and evaluation, public health communications, and program implementation.

We understand, therefore, that what at first glance appears to be simple – increasing protective factors and decreasing risk factors – is complicated to implement and cannot be applied in a one size fits all approach.

And AIR's approach is science-based and evidence-based. While we have a robust public health communications practice, because it is part of a larger institution, we understand that one shot ads or PSAs will not prevent substance use.

For example, AIR is currently working in Middlesex County to drill down on the data and develop a strategy to prevent opioid misuse and drive down overdose deaths.

This cross-system study will be used to develop locally-relevant and research-informed strategies to reduce and prevent opioid misuse. The project examines data from multiple systems, including law enforcement and public health, and information from people with opioid use disorders. It will also map system resources and responses to the problem, and measure readiness to apply solutions rooted in research evidence.

Middlesex County's diverse population and urban, suburban and rural communities reflects the demographics of Massachusetts. Therefore, information gleaned from this project may be applicable to other areas of the Commonwealth.

The initiative builds off existing community partnerships including the three regional opioid task forces led by the District Attorney's Office. Participating agencies include first responders, law enforcement, health care and mental health professionals, educators and municipal partners.

An Opioid Use Prevention and Reduction Plan, anticipated in spring 2018, will result from the study.

We appreciate the opportunity to provide AIR's perspective on effective prevention programming. And as part of the greater Boston community, we look forward to working with you to find solutions to our community's most vexing challenges.