**Questions for the Record from Senator Charles E. Grassley U.S. Senate Caucus on International Narcotics Control “Fighting for Iowans: Examining Drug Control, Prevention, and Treatment Efforts” Submitted on October 21, 2021**

**Jennifer Husmann, Iowa Alliance of Coalitions for Change**

1. The federal drug budget spends over $40 billion of taxpayer dollars on treatment, prevention, domestic law enforcement, interdiction, and international drug enforcement efforts. Should strategies such as naloxone and fentanyl testing strips, be called prevention? Or do they fit better as harm reduction? Why?

**Harm reduction strategies are focused on people who already have a substance use disorder and therefore they need to be categorized with treatment and recovery programs, not with agencies that focus on actually preventing use in the first place. Primary prevention to stop before it ever starts has nothing to do with helping people who are already struggling with a substance use disorders to be revived from an overdose, to be able to test their drugs for fentanyl or to get supplies to stop the spread of communicable diseases For example the opioid overdose reversal drug (naloxone) is very important, as it prevents overdose deaths, but it is totally different than primary prevention.**

**Opioid reversal and fentanyl testing strips are important, but they should be considered and scored in the federal budget as harm reduction not confused with prevention to stop or delay use of substances. Harm reduction strategies are targeted to people who already use drugs to stop them from overdosing and contracting communicable diseases. Harm reduction should never be confused with primary substance use prevention, but instead be seen as an intervention strategy.**

1. What substances are youth and young adults in Iowa using in their initial experiments with substance use, and what substances are they moving onto? What programs and strategies have worked best in stopping use before it starts in Iowa youth?

**Nicotine, alcohol, and marijuana, have been drugs of initiation for a long time, but they are even more available, in stores, homes and the community. They are more potent than ever, and there are more varieties of each and hundreds if not thousands of flavors that are attractive to youth. There are also more ways to conceal their use from parents. Prescription opioids, sedatives and stimulants are also misused, and can be the first when initiating into substance abuse.**

**Many youth might vape nicotine, drink alcohol, use marijuana/THC, or misuse pills and not move on to harder drugs. BUT almost all who have substance use disorders with their main drug of choice being methamphetamine or heroin, started substance use with nicotine, alcohol, THC, or misusing pills. Hardly anyone initiates into substances, using meth or heroin.**

**Evidence-based programs such as LifeSkills Training and Project Towards No Drug Abuse for middle school and high school students are a couple of solid universal programs that have shown to decrease substance use. Implementing prevention coalitions that use the Strategic Prevention Framework process with a comprehensive, data driven, multi-sector implementation approach is also proven to work in communities, especially those utilizing evidence based strategies focused on changing the actual community conditions that are causing the problems.**

1. Would you please explain how the potency of substances such as marijuana is increasing in Iowa and how these potency increases are affecting youth and young adults in Iowa? What can be done about these trends?

**Almost every substance has been increasing in potency. Marijuana has increased from 3% in the 80’s to concentrates up to 99% THC.**

**Alcohol percentages have increased in beer from under 5% to now 10-15%, and hard liquor is more available in stores and gas stations than it has ever been in our communities.**

**One disposable nicotine vaporizer cartridge has as much nicotine as 20 cigarettes.**

**Opioids now often include Fentanyl which is even more deadly and potent, and methamphetamine is extremely pure and potent as well, also causing more overdose deaths.**

How are the increased potencies affecting youth and adults?

**For some youth, marijuana products with high potency THC are causing psychosis and serious mental illness.** [**https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4988731/**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4988731/) **Using these products in adolescence increases the chances for other drug use disorders.** [**https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3552239/pdf/nihms388189.pdf**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3552239/pdf/nihms388189.pdf) **Studies have also shown that marijuana use affects a child’s academic success, reducing IQs, affecting motivation, affecting decision making, again even more so with regular use of these stronger products.** [**https://sci-hub.se/10.1073/pnas.1206820109**](https://sci-hub.se/10.1073/pnas.1206820109)[**https://sci-hub.se/10.1046/j.1360-0443.2000.951116213.x**](https://sci-hub.se/10.1046/j.1360-0443.2000.951116213.x)

**With the increase in hard liquor sales in Iowa, we are seeing more than a doubling of alcohol involved deaths in adults in the past decade or so. That is affecting families. During COVID, local hospitals reported an even greater number of people with alcohol-related illness, especially liver disease.**

What can be done? **For alcohol, price matters. Research shows that one of the most effective ways reduce excessive use (including youth use) is to raise the price. Raising the price saves lives.** [**https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3735171/**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3735171/) **Beer is still the mostly widely used alcohol. Iowa’s beer excise tax has been 19 cents/gallon since 1986. Wine’s state excise tax is $1.75/gallon. Craft beers, even though their alcohol content is closer to that of wine, get the same excise tax as lower alcohol content beer. The youth tell us that regular beer is often less expensive than a certain bottled water at the convenience store.**

**For marijuana, we must not get in the situation that many states are in with commercialization that has no advertising limits. The industry sells marijuana products in stores like candy edibles and THC concentrates up to 99% for dabbing and vaping.**

**There are many policies that can be modified to reduce the availability of drug paraphernalia like glass pipes by increasing the price through a specific tax or increasing the taxes on e-cigarettes.**

4. Would you please explain the difference between upstream and downstream approaches to drug demand reduction as well as why upstream approaches matter?

**What is needed in prevention are comprehensive, coordinated community wide, multi-sector, data-driven approaches that include environmental strategies to change community conditions. The Drug Free Communities program is a great example of this approach that has been taken to scale and has very robust population level outcomes both in Iowa and across the nation.**

**Substance use prevention is unique - not all prevention is bona-fide substance use prevention, to prevent or delay first use. Downstream strategies such as treatment, harm reduction and recovery support are all very important, BUT they are being called prevention and they are NOT primary prevention, which is targeted to those who have not yet started using substances.**

**Substance Use Disorders are a chronic relapsing condition that can and should be prevented to the greatest extent possible. We must move federal and state approaches and funding upstream to effective prevention programs and strategies!! DFC is a great example of where more funding and emphasis needs to be put at the STATE and federal level.**

**Here is an abbreviated example of upstream prevention from the source listed below:**

**“Let’s say we are fishing on a local river, and we see person after person coming down the river screaming for help as they are drowning…..**

**In Primary PREVENTION, we go upriver to find out what contributes to people misusing substances or experiencing issues. We want to know exactly what is causing people to fall into the river, which may be different from river to river *(or community to community)*. Perhaps we go upstream—like the friend—and find that a fence to keep people away from the river has fallen and needs to be rebuilt. Perhaps there is a big sign announcing, “The water’s great; jump in!” and we can take the sign down and replace it with a warning. Prevention works to discover what is causing people to misuse substances, and then works to reduce those risks and to build protections.” (Source: Introduction to the field of prevention, The Athena Forum by the Washington State Health Care Authority/Division of Behavioral Health and Recovery, 2018)**

**Schools have been relatively absent from substance use prevention since the Safe and Drug Free Schools and Communities program was de-funded in 2009. More needs to be done to re- engage K-12 schools in substance use prevention programming that is part of a comprehensive community wide action plan.**

1. I recently introduced the Rural Area Opioid Prevention Pilot Program Act. This bipartisan bill will improve opioid response in rural America by empowering community based solutions to prevent and respond to the opioid epidemic while avoiding incarceration. Communities can use the program to establish an anti-stigma campaign, distribute naloxone, implement an overdose fatality review team, or support an addiction prevention-mentoring program, to name a few examples. Can you describe how community-based prevention programming helps prevent opioid overdoses and incarceration in rural Iowa?

**Jones County, Iowa is a great example of how community-based prevention programming can result in a diversion program to prevention incarceration in Iowa. The Jones County Safe and Healthy Youth Coalition worked together with county and city law enforcement, the county supervisors, the local substance abuse prevention agency, and the local mental health center to pilot a pre-arrest substance use diversion to treatment program.**

**This idea came originally when the group received CARA Community Coalition Enhancement funding. The original assessment conducted when writing for the CARA grant was that many children were affected by their parents’ substance use and helping adults get into treatment and recovery would help children in Jones County have better lives. In assessing what possibilities were available to bring this type of diversion program into the county, they spoke with the Iowa Governor’s Office of Drug Control Policy who applied and received a COAP grant to pilot this pre-arrest/post-arrest diversion programming in 3 counties in Iowa. Jones County was chosen as a rural county to participate. Story and Black Hawk Counties are also a part of this program. The program is just beginning its second year, but already some individuals have been referred to and successfully completed treatment instead of going to jail. A site engagement coordinator works with the individuals to ensure they have access to the resources that are available to meet their needs.**

**Funding for rural communities to fighting this issue is vital. One of the most important steps is to fight the stigma associated with substance use disorders and mental illness. That stigma often keeps people from seeking out the help they need. It is also an amazing step to establish addiction prevention mentoring programs. Prevention coalitions can be places where a variety of strategies to prevent opioid overdose deaths can start. In Jones County and many other counties in Iowa, the substance use prevention agencies have worked to bring naloxone opioid overdose reversal training to a wide array of sectors in the community. Community coalitions increased access to permanent proper disposal of extra or unwanted controlled substances/prescription drugs.**

**Although it is very important to do this live-saving work, states should have more funding going towards primary prevention and coalition work to stop the problems with youth and young adults before they start and to address them in a comprehensive and flexible data-driven way. We must see the connection of universal prevention to address the issue of opioid and other drug use prevention early on. Federal and state funding should be provided again to schools so teachers who care can be trained in evidence-based substance use prevention programs. Colleges could also be encouraged to be a part of the solution.**

**Prevention is like a funnel. If we can reach all the youth through programs in the schools and through efforts to improve policies to reduce access and availability to youth through the state, county or city, we can get a bigger bang for our buck. Substance use affects all families. Parents are the best place to start, but they cannot do it alone.**

**When other kids are using substances, when what kids see in the community is glamorization of getting drunk or joking about getting high, and when what they hear through the media says something different than what the parents are saying, it makes it difficult for even the most involved parents to keep their children away from substances.**

**We can change the culture of acceptance of drugs in our schools and in our communities. We have done it with smoking cigarettes and we started some really good work on underage drinking. There needs to be more information shared about the dangers of marijuana products with high potency THC, until the culture changes and most young people do not want anything to do with it.**

**Hopefully if we do this kind of universal prevention, then less resources will be needed for more costly indicated programs for those who have already started using. It is still important to have some programming for those at higher risk of substance use disorders, but universal programs reach everyone, including those at risk, and they are less expensive.**