CACTC
Cortland Area Communities That Care

PFS EVALUATION REPORT

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Introduction

Cortland Area Communities That Care (CACTC) was founded in 2002 by a group of community residents committed to the health and wellbeing of youth in the Cortland community. Recognizing the many issues young people face, they created a community coalition focused on the prevention of youth substance abuse, school dropout rates, teen pregnancy, delinquency, and youth violence. They chose to use the Communities that Care operating system in order to formulate a community wide plan to reduce and prevent these behaviors. The initial creators of CACTC chose this model because it includes all sectors of the community: parents, youth, schools, human service agencies, the justice system, faith community, local government, healthcare, and the business community.

In both 2005 and 2010, CACTC was awarded a Drug Free Communities grant (DFC). These awards provided ten years of funding to address underage drinking, other drugs, and associated risk and protective factors in Cortland County communities. During the decade of DFC funding there were significant reductions in youth alcohol, tobacco, and marijuana use among youth in Cortland County.

In 2015, CACTC was awarded a OASAS Partnership for Success grant intended to prevent and reduce prescription drug, heroin, and other opiate abuse and misuse among 12-25 year olds in Cortland County.

BACKGROUND

The Strategic Prevention Framework Partnership for Success Grant (PFS) program was intended to bring SAMHSA's Strategic Prevention Framework (SPF) to a national scale. This grant provided an opportunity for New York State to implement the SPF process at the state and community levels.

The PFS program aligned and leveraged prevention resources and priorities at the federal, state, and community levels.

The PFS program built upon the experience and established SPF-based prevention infrastructures in New York State to address two of the nation's top substance abuse prevention priorities - prescription drug misuse and abuse and opiate abuse.

The SPF, provided a framework for change that at the community level will, over time, lead to measurable changes at the state level.

With the PFS, communities could effectively begin to overcome the challenges of substance abuse prevention priorities and achieve the goals of the PFS program.

Required Survey Measures Collected by Local Communities for Outcomes Evaluation		
Survey Source	***Data Collection Time period***	***Age/Grade***
OASAS approved Youth Survey (YDS or PNA)	Fall 2015, 2017, 2019	7-12th Grades
OASAS approved Young Adult Survey	Fall 2015, 2017, 2019	18-25 year olds
Survey Measures *(Youth and young adult surveys will contain similar measures/questions)*		
• 30-day prescription drug use (separate questions for opiates and other prescription drugs)		
• 30-day heroin use (any form)		
• Perception of peer disapproval (prescription opiates, other prescription drug, and heroin use)		
• Perception of parental disapproval (prescription opiates, other prescription drug, and heroin)		
• Perceived risk/harm (prescription opiates, other prescription drug, and heroin use)		

Required Archival Measures Collected by Local Communities for Outcomes Evaluation	
Data Collection Time period: Annually	***Age Groups:*** 12-17 and 18-25 Year olds
Archival Measures	**Data Source**
• Prescription drug and heroin related emergency room visits	• Local Hospital(s) or request from NYS DOH SPARCS database
• Prescription drug and heroin related car crashes and injuries	• Local law enforcement or transportation or request from NYS ITSMR
• Prescription drug and heroin related crime	• Local law enforcement (sheriff or police) or request from NYS DCJS

BACKGROUND

The Strategic Prevention Framework (SPF) uses a five-step planning process to guide states, jurisdictions, tribes, and communities in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities.

The SPF process:

- Promotes youth development
- Reduces risk-taking behaviors
- Builds assets and resilience
- Prevents problem behaviors across the life span of the programs

The idea behind the SPF is to use findings from public health research and evidence-based prevention programs to build capacity and sustainable prevention. This promotes resilience and decreases risk factors in individuals, families, and communities.

The Strategic Prevention Framework steps are designed to help states, jurisdictions, tribes, and communities build the necessary infrastructure for effective and sustainable prevention. SPF steps require states, territories, federally recognized tribes and tribal organizations, and communities to:

- Assess their prevention needs based on data
- Build their prevention capacity
- Develop a strategic plan
- Implement effective community prevention programs, policies, and practices
- Evaluate their efforts for outcomes

The guiding principles of cultural competence and sustainability are included in each step.

BACKGROUND

ASSESSMENT: Profile population needs, resources, and readiness to address needs and gaps.

Coalitions engaged in a comprehensive assessment to collect information related to:

- Population needs (levels of substance abuse and related problems)
- Available resources to support prevention efforts
- Community readiness to address identified prevention problems or needs

CAPACITY BUILDING: Mobilize and/or build capacity to address needs.

Key components of capacity building include:

- Increasing the availability of fiscal, human, organizational, and other resources
- Raising awareness of substance abuse problems and readiness of stakeholders to address these problems
- Strengthening existing partnerships and/or identifying new opportunities for collaboration

STRATEGIC PLANNING: Develop a comprehensive strategic plan.

- Establish criteria for prioritizing risk and protective factors associated with the identified priority problems, focusing on their importance and changeability
- Develop a logic model that links the consumption patterns and consequences of the priority problems, associated risk and protective factors, evidence-based strategies, and anticipated outcomes
- Develop a comprehensive and data-driven plan that includes a logic model, strategies for addressing resource and readiness gaps, anticipated evaluation activities, and how cultural competence will be addressed

BACKGROUND

IMPLEMENTATION: Implement evidence-based prevention policies and practices.

- Develop and follow an action plan, which is a written document laying out exactly how to implement the selected policy or strategy. It describes what you expect to accomplish, the specific steps you will take to get there, and who will be responsible for doing what

- Fidelity and adaptation. Fidelity refers to the degree to which a strategy is implemented as it was originally studied. Adaptation refers to how much, and in what ways, a practice or strategy is changed to fit local circumstances

- Factors that may influence implementation. These include staff or volunteer selection, training, ongoing consultation and support, and a favorable history of implementing prevention practices

EVALUATION: Monitor, evaluate, sustain, and improve or replace failing entities or systems.

Evaluation is the collection and analysis of information about activities and outcomes to reduce uncertainty, improve effectiveness, and make decisions.

EVALUATION

By employing both quantitative and qualitative evaluation methods, this report provides feedback on the implementation, outcomes and impact of the CACTC PFS project.

Evaluation of community efforts helps understand and improve the coalition process, outcomes, and impact. First, it examines the process of coalition building and investigates the pattern of actions taken to bring about change. Second, it studies the outcome of coalition efforts, including whether there was a change in the community's programs, policies, and practices related to substance abuse or in reported use of alcohol and other drugs. Finally, it examines the impact of community coalitions and changes in community-level indicators.

Evaluation Design

The process portion of the evaluation design tracked the implementation of proposed strategies. Key questions addressed as part of the process evaluation include:

1. What was the degree of implementation and implementation fidelity relative to the original program design?
2. What changes and mid-course implementation adjustments were made and why?
3. What impact did these implementation adjustments have on program objectives and outcomes?
4. Did the strategy strengthen the prevention capacity and infrastructure of the community?
5. Did the strategy appropriately address identified health disparities?

The outcome portion of the evaluation design assesses the impact of strategies on the target population. Questions addressed as part of the outcome evaluation include:

1. What was the impact of the strategy on the required performance measures (30-day use, perceptions of use, consequences of use, perception of harm, and access)?
2. What program/contextual factors were associated with the outcomes?
3. What participant and programmatic factors were associated with the outcomes?
4. How did the Coalition function, and what was the impact of this on outcomes?

2015 Community Profile

Cortland Area Communities That Care Coalition serves the entire population of Cortland County, New York. Cortland County is located in the geographical center of New York State, and is the northernmost area of the Appalachian designated counties in the United States. Its total population is 49,336 (2010 Census) persons, including about 12,250 in the 12-25 age range targeted by Partnership for Success (PFS). Cortland county is primarily rural, with the City of Cortland (population 19,204) surrounded by three villages – Homer, Marathon and McGraw – and fifteen townships. CACTC serves five school districts within Cortland County including Cortland Enlarged City Schools, Marathon Central Schools, McGraw Central Schools, Cincinnatus Central Schools and Homer Central Schools.

In 2015, CACTC administered a key informant survey. 70% of respondents indicated that drug abuse had dramatically increased in the County over the previous 3-5 years. They identified heroin, prescription drugs, opiates, prescription stimulants, and meth as the drugs most often abused.

More than 75% of the informants reported that the levels of drug abuse significantly impacted their work. In addition, key informant interviews revealed that very few community members had knowledge about the issue, and many misconceptions existed about opioid-related drug use and why is it was a problem locally.

In 2015, opioid overdoses, deaths, treatment admissions and hospitalizations were increasing in Cortland County. Youth use of prescription drugs was slightly lower than New York State and National usage rates.

However, heroin use among youth, especially among 12-17 year olds, was significantly lower than both New York State and National rates. Therefore, the majority of the activities conducted focused on prescription drug use and access.

According to key informant interviews, community members had at least heard about current efforts such as the Coalition, prescription drug disposals, and Narcan trainings. However, there was a significant lack of knowledge or misunderstanding about current efforts that need to be addressed.

In addition, community leadership acknowledged that there was an opioid issue and supported improving efforts. A key takeaway from interviews was that more could be done to get leadership in the community to be more active in efforts. The consensus was that leadership was very willing to support any new efforts to address the opioid issue.

In 2015, law enforcement and other emergency response personnel had been trained in the use of Narcan. However, the Cortland County Health Department was just beginning to train community members.

From 2010 - 2015, the Cortland County Drug Disposal program collected 9,803 pounds of prescription medications through two yearly collection events. Just prior to receiving the PFS grant, the community had received four prescription drug disposal kiosks that were installed in 2015.

CACTC had a Rx/OTC Task Force in 2015, however, there had been limited countywide opioid related messaging and education prior to PFS grant program.

2018 Community Profile

In 2018, 80% of the key informants reported that there are efforts in Cortland County that address prescription drug misuse and abuse amongst 12-25 year olds. In addition, key informant interviews revealed that most community members are aware of community efforts such as drug disposal kiosks, take back events, community partnerships, and education efforts.

The consensus of key informants is that community members have more knowledge of the opioid issue, and why it is an issue locally, than in 2015, but still need more education on what to do about it.

In 2018, opioid overdoses, deaths, treatment admissions and hospitalizations decreased in Cortland County. Youth use of prescription drugs was lower than 2015 rates and both NYS and national rates.

Heroin use among youth, especially among 12-17 year olds, remains significantly lower than both New York State and national rates.

Since 2015, the Cortland County Health Department has increased the distribution and training for Narcan kits to community members. Over 1,000 kits have been distributed since 2016. In addition, there has been an increase in the awareness of Narcan. For example, there has been more willingness from the business community to train staff in the use of Narcan.

The Cortland County Drug Disposal program has increased capacity significantly since 2015, collecting more prescription drugs every year since the beginning of the PFS grant project.

The most significant change in the community since 2015 has been the involvement of leadership and community partners in combating the opioid issue in Cortland County.

Guthrie Cortland Medical Center is leading efforts to reduce opioid prescribing and has increased opioid related services in the hospital.

The Cortland County Health Department has made substance use a priority area in line with the NYS Prevention Agenda.

The Cortland County Community Services Board has made substance abuse treatment and prevention its number one priority outcome in the Cortland County comprehensive plan.

Family Counseling Services received funding for the Center of Treatment Innovation which is expanding access to medication assisted treatment, counseling, peer services and case management. Most importantly, it is providing mobile outreach that addresses transportation barriers and a significant health disparity in Cortland County.

Core Data Measures

Description

The primary data collection instrument for the Partnership for Success Project was the New York Youth Development Survey (NYYDS) developed by PRIDE surveys. Surveys were administered annually (Year 1 – Year 5) in four school districts in Cortland County to every student in grades 7-12. CACTC has administered PRIDE surveys in partnership with the schools since 2002.

The survey instrument is designed to assess rates of substance use, risk and protective factors that predict substance use, and other problem behaviors such as bullying and delinquency.

The PFS Youth Survey was administered to students in grades 7-12 in partnership with the Cortland, Marathon, McGraw and Cincinnatus School Districts.

Students surveyed by year:

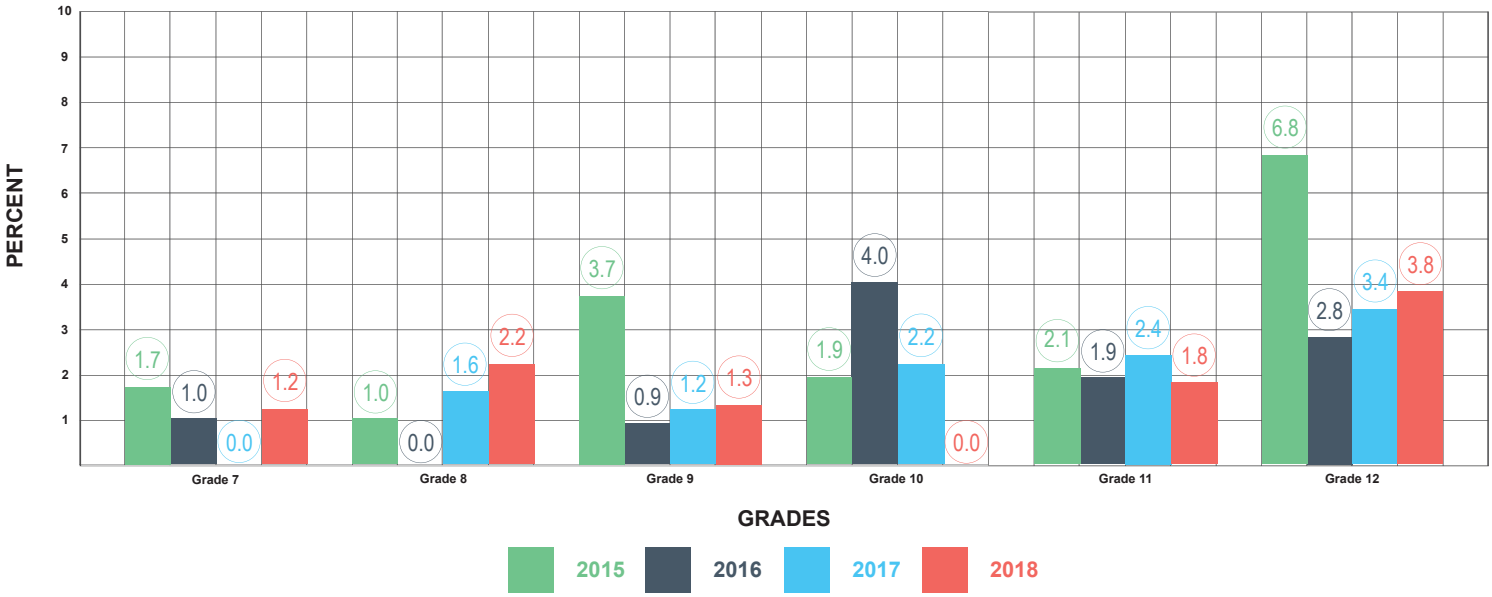
2015 - 1,374
2016 - 1,423
2017 - 1,370
2018 - 1,349

Implementation

The YDS administered in the Cortland County school districts is completed anonymously per the districts' security protocols and under their supervision. Upon completion, surveys are collected and immediately placed in sealed envelopes. Completed surveys are collected from the schools and shipped to PRIDE Surveys for analysis.

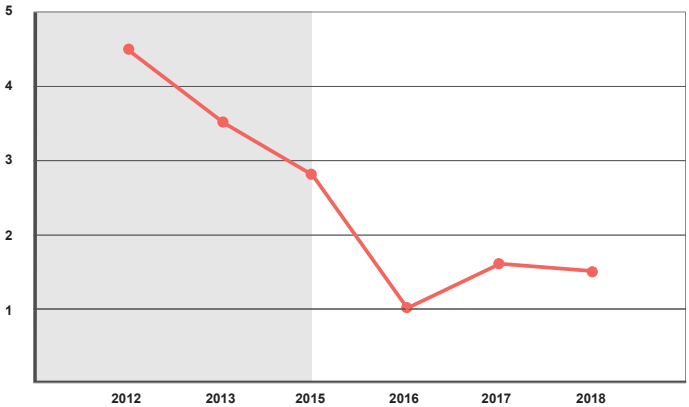
Evaluation and reporting of the youth survey is conducted by PRIDE Surveys. Five separate checks of the logical consistency and validity of the students' responses are conducted to determine validity and reliability. A small percentage of students may be judged to have returned invalid survey data. For example, students who claim to use all drugs at the highest levels are eliminated from the final data set.

Parents and/or adult custodians of children participating in the survey receive a pre-survey letter from their school district explaining the purpose of the survey, information on data to be collected as well as its subsequent use. They are also informed that their child's survey is anonymous and voluntary. Parents are able to "opt out" their child/children from participation if they wish.



30-Day Use

During the past 30 days, on how many occasions have you used any prescription drugs without a prescription?



YDS Youth Development Survey 2015, 2016, 2017, 2018

In 2015, 30-day use of prescription drugs for students in grades 7-12 was 2.8%. In 2018, 30-day use of prescription drugs was 1.5%, a 46% reduction in prescription drug use.

In the years prior to PFS, 30-day use of prescription drugs was 3.5% in 2013 and 4.5% in 2012. From 2012-2016 there were year-to-year reductions in overall 30-day use of prescription drugs. After reaching a low of 1% in 2016, the 30-day rate increased to 1.6% in 2017 and 1.5% in 2018.

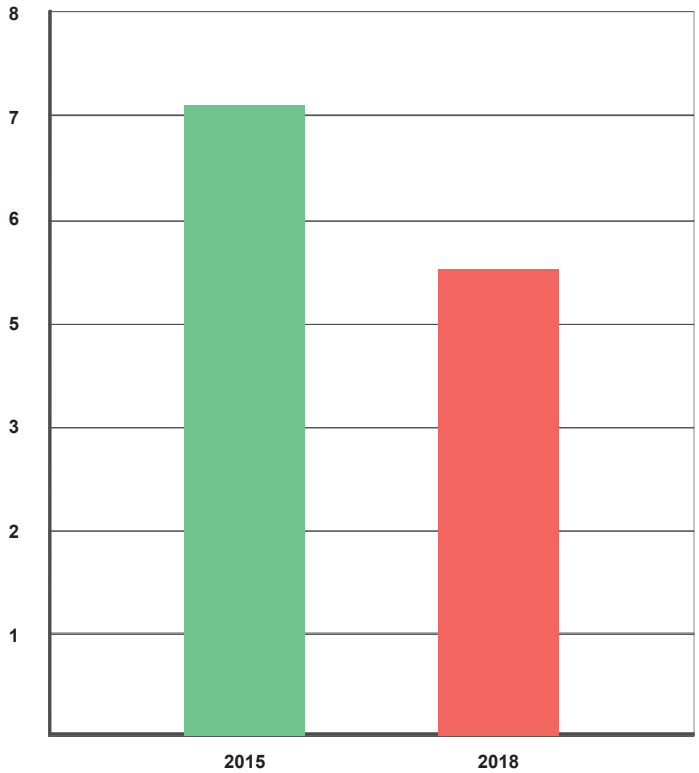
Additionally, 30-day use of prescription drugs was highest among 12th grade students in 2015 at 6.8%. In 2018, 3.8% of 12th grade students reported 30-day use of prescription drugs, a 44% reduction.

Overall, each grade except 8th grade reported a reduction in 30-day use of prescription drugs from 2015-2018.

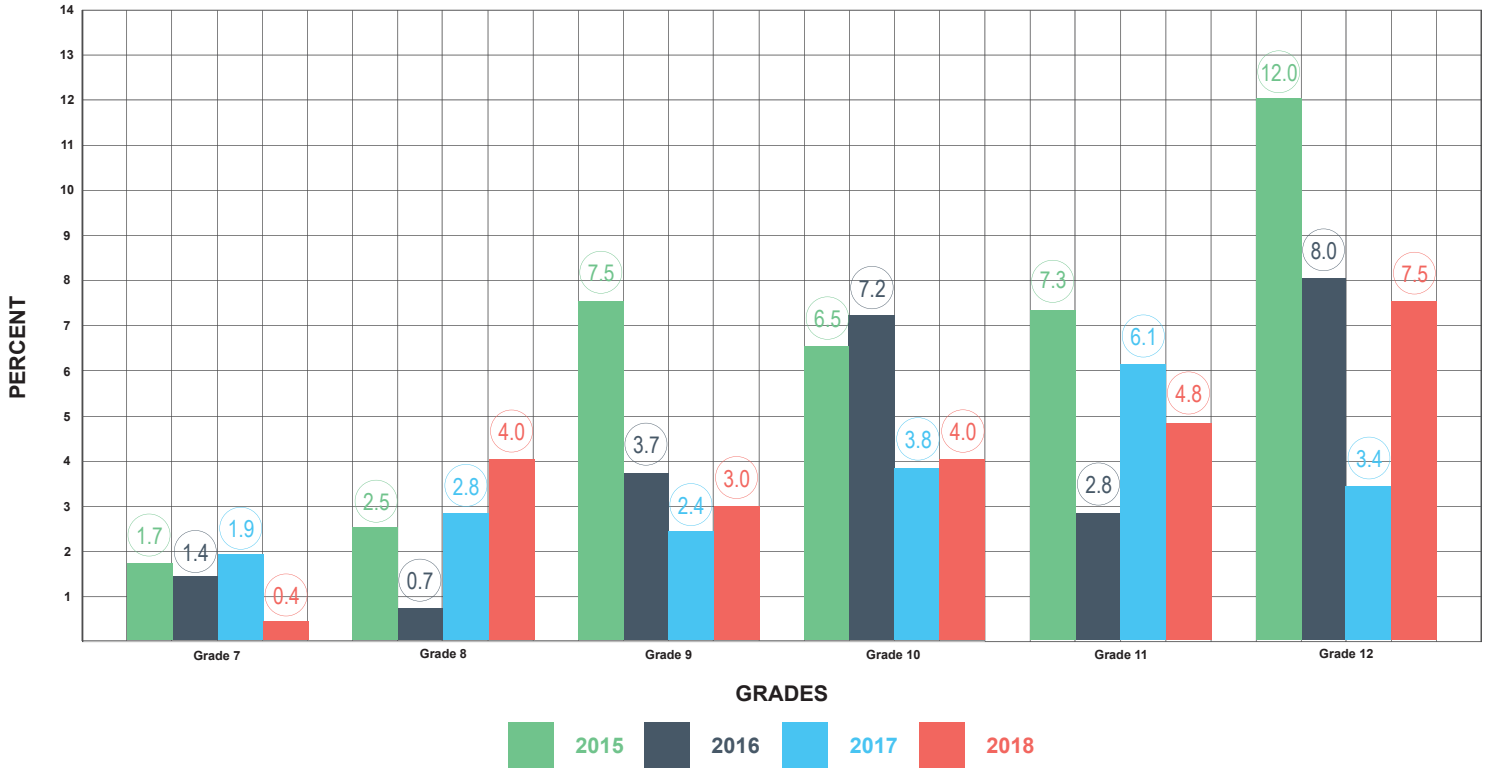
30-day use reported by 8th grade students increased from 1% in 2015 to 2.2% in 2018, an increase of 120%.

30-day use of prescription pain relievers among 18-25 year olds decreased from 7.3% in 2015 to 5.4% in 2018.

During the past 30 days, on how many occasions have you used any prescription drugs without a prescription?

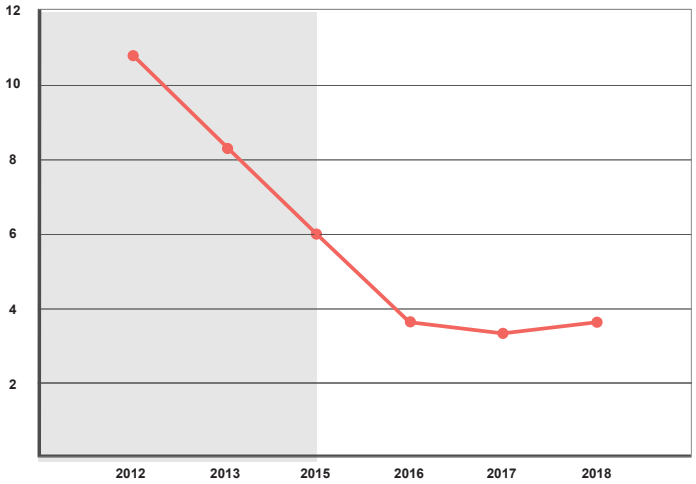


Young Adult Survey (18-25) 2015, 2018



Lifetime Use

In your lifetime, on how many occasions (if any) have you used prescription pain relievers not prescribed to you?



YDS Youth Development Survey 2015, 2016. 2017, 2018

In 2015, lifetime use of prescription pain relievers not prescribed for students in grades 7-12 was 6%. In 2018, lifetime use of prescription drugs was 3.6%, a 40% reduction in prescription pain reliever use.

In the years prior to PFS, lifetime use of prescription pain relievers not prescribed was 8.3% in 2013 and 10.8% in 2012. From 2012-2017, there were year-to-year reductions in overall lifetime use of prescription pain relievers.

After reaching a low of 3.3% in 2017, the lifetime use rate increased to 3.6% in 2018.

Additionally, lifetime use of prescription pain relievers not prescribed was highest among 12th grade students in 2015 at 12%. In 2018, 7.5% of 12th grade students reported lifetime use of prescription drugs, a 37.5% reduction.

Overall, each grade except 8th grade reported a reduction in lifetime use of prescription pain relievers from 2015-2018.

The largest reduction was among 7th grade students. In 2015, 1.7% reported lifetime use of prescription pain relievers. In 2018, 0.4% reported lifetime use of prescription pain relievers, a 76% reduction.

Lifetime use reported by 8th grade students increased from 2.5% in 2015 to 4% in 2018, an increase of 60%.

PFS

STRATEGIES

RESTRICT AVAILABILITY IN HOME THROUGH EDUCATION & COMMUNICATION

Description

Evidence suggests that parental communications about Alcohol, Tobacco and Other Drug (ATOD) use are an important component of the prevention strategy within communities. Within the home environment, youth may access harmful legal products and/or the home may provide a “safe” environment to use these products. This strategy is intended to involve and encourage parents to restrict access to harmful legal products; to reinforce parental norms against use; and to strengthen parental strategies for controlling use and access. Parental actions include the following:

1. Communicate clearly with their children regarding the dangers and problems of using harmful legal substances
2. Identify and inventory high-risk products within the home
3. Control the availability of harmful legal products in the home and encourage product substitution where feasible
4. Advocate the prevention of harmful legal product use among parents in the community

Populations

Parents of 7-12 Grade Students

Risk & Protective Factors

Availability of prescription drugs and ease of access to prescription drugs.

Implementation

CACTC developed four mailers to communicate clearly with parents. In partnership with local school districts, these mailers were sent home to every parent of 7-12 grade students with report cards on a quarterly basis. Each school that conducted the PFS Youth Development Survey participated in the project. Each mailer emphasized four messages:

1. Learn about the most commonly misused and abused prescription medications and communicatethe dangers of these medications to their children
2. Be aware of the medications in their homes and have conversations about appropriate vs. inappropriate use
3. Have conversations with their healthcare provider about any medications prescribed for their family that may have potential for abuse
4. Be familiar with the warning sign of prescription drug abuse

Implementation

In addition, each quarterly mailer emphasized a unique message.

Mailer 1
Made parents aware of the most commonly abuse/misused prescription medications.

Mailer 2
To assist parents in monitoring the availability of prescription drugs, a home inventory checklist was created that families may use to assess where products might be in their homes.

Mailer 3
Encouraging parental action in disposing of unneeded, unwanted or expired medications through medication drop boxes and disposal days located in Cortland County.

Mailer 4
Helping parents identify the signs and symptoms of opioid misuse and abuse and recommending local resources for additional help.

Total Reach: 2075 Parents
Frequency of Message: 4/year over 3 years for a total of 12 mailers
Total Mailers Sent: 22,750
Cost: $1,615.78

Modifications to Implementation Design:

In the research program design, two to three family-night events were to be held in each of the four communities. Materials about key concepts, exercises, and parent discussions about their perspectives and experiences were incorporated into the parent sessions.

In examining our community history with family engagement, we recognized how difficult it is to get parents to attend the type of events outlined in the research. This is especially true when trying to reach parents in rural communities. Therefore, a family-night strategy would have reached a relatively small number of parents of the target youth population (7-12 grade students).

In order to reach the most parents possible, CACTC modified the strategy to focus on targeted parent mailers that would reach every parent multiple times to reinforce the messaging and strategies to parents of the target population. This modification allowed for population level reach, was low intensity, cost effective and measurable.

While a family-night strategy would have been more intensive for those participating, it would not reach those who may have barriers limiting access to events such as transportation and childcare. Therefore, the strategy modication allowed for messaging to parents that might otherwise not be reached.

Sending mailers to every parent of the target population allowed for the use of the PFS Youth Development Survey as a way to measure the effectiveness of the strategy. This type of measurement would have been difficult if the original program design was utilized because of the potentially small total reach.

In addition, the messaging was modified slightly from the research program design. Message three was modified to emphasize the safe disposal of medications in the house rather than the substitution of these products. Message number four was modified to emphasize the sign and symptoms of opioid misuse/abuse instead of advocating the prevention of harmful legal product use among parents in the community.

Outcomes

Outcome evaluation for the strategy utilized youth responses to three questions in the PFS Youth Development Survey administered to 7-12 grade students in the fall of 2015, 2016, 2017, and 2018.

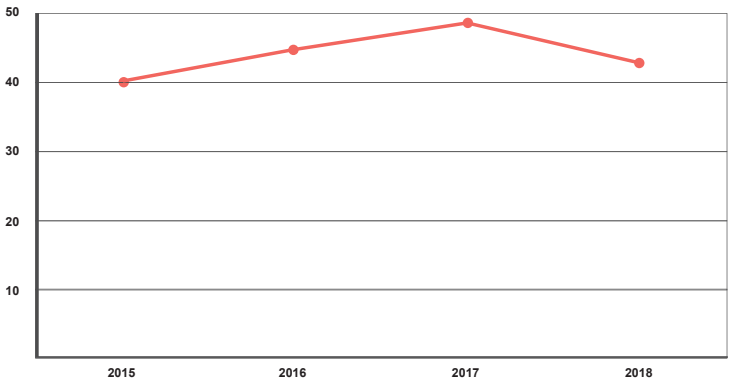
The three questions include:

1. During the past 12 months, have you talked with at least one of your parents about the dangers of drug use?

2. The last time you use prescription pain relievers not prescribed to you (such as OxyContin, Percocet, Vicodin, or Tylox), how did you get them?

3. If you wanted to get prescription pain relievers, like OxyContin, how easy would it be for you to get some?

During the past 12 months, have you talked with at least one of your parents about the dangers of drug use?



YDS Youth Development Survey 2015, 2016, 2017, 2018
Students answering YES

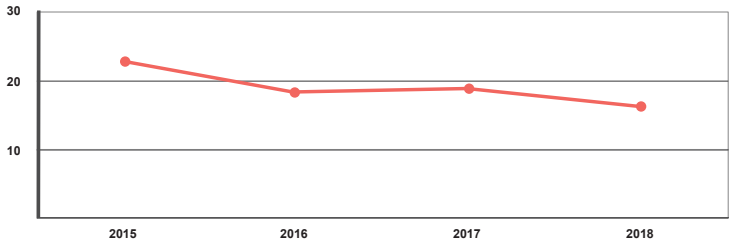
In 2015, prior to implemenation of the strategy, 40% of students answered YES to talking with at least one parent about the dangers of drug use during the past 12 months.

Implementation started in the fall of 2016, and after one full school year (2016/2017), 48.4% of students answered YES to talking with at least one parent about the dangers of drug use during the past 12 months in the fall 2017 survey.

There was an 8.4% increase after the first year of implementation from the 2015 baseline.

In 2018, 42.6% of students answered YES to talking with at least one parent about the dangers of drug use during the past 12 months. This is a decrease from 2017, but still 2.6% higher than the 2015 baseline.

If you wanted to get prescription pain relievers, like OxyContin, how easy would it be for you to get some?



YDS Youth Development Survey 2015, 2016, 2017, 2018
Students answering Sort of easy or Very easy

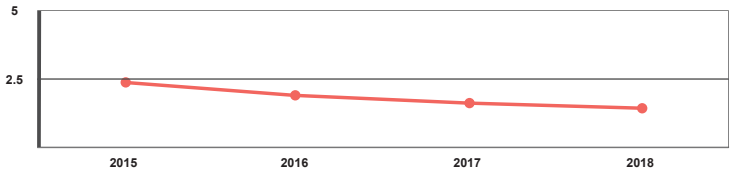
2015 baseline data indicated that 22.6% of students thought it was sort of easy or very easy to get prescription pain relievers like OxyContin.

The number of student answering sort of easy or very easy decreased to 18.2% on 2016 and increased to 18.72% in 2017.

In 2018, 16.1% of students indicated that it would be sort of easy or very easy to get access to prescription pain relievers like OxyContin.

From 2015-2018, there was a 28.8% overall reduction in the number of students perception related to ease of access.

The last time you use prescription pain relievers not prescribed to you (such as OxyContin, Percocet, Vicodin, or Tylox), how did you get them?



YDS Youth Development Survey 2015, 2016. 2017, 2018
Students answering Found them at home

2015 baseline data indicated that 2.47% of students got access to prescription pain relievers at home.

The number of students indicating access to prescription pain relievers at home decreased to 2.04% in 2016, 1.69% in 2017, and was just 1.5% in 2018.

From 2015-2018, there was a 39% overall reduction in the number of students who got access to prescription pain relievers at home.

Support Take-Back Program

Description

Prescription Drug Take-Back Programs recover individuals' unwanted or expired prescription drugs voluntarily. Programs may take several forms, including drop box programs and take-back events. Drop box programs are where an organization sets up secure drop boxes in locations around a community for individuals to leave unwanted/unused/expired prescription drugs. Drop boxes may be permanently installed, often at law enforcement agencies, or temporarily available for "Take-Back days" or other events. Take-back events are limited one-time only or recurring events that may stand alone or be associated with larger, unrelated events.

Populations

General public

Risk & Protective Factors

Availability of or access to prescription drugs

Implementation

From 2010 - April 2015, Cortland County conducted 11 take-back days, collecting 9,803 pounds of prescription drugs. Cortland County take-back days employ the following best practices:

Partner with law enforcement agencies
The Cortland County prescription drug take-back program relies on a close partnership with local law enforcement agencies in order to collect, transport, and properly dispose of controlled substances, through permanent drop-boxes and one-day events.

Reach out to pharmacies
Pharmacies are a key stakeholder group that helps spread the message and educate consumers about drug take-back programs.

Meet regulations and standards
The drug disposal program complies with all relevant federal, state, and local regulations for handling, transporting, and properly disposing of household pharmaceutical waste. This includes registering with the DEA and meeting state disposal guidelines for household pharmaceuticals.

Implementation

To enhance the Cortland County disposal program the following modifications were made:

Disposal Kiosks

In 2015, four permanent drug disposal drop boxes were installed in each of the local law enforcement departments (City of Cortland Police Department, Village of Homer Police Department, Cortland County Sheriff's Office, and SUNY Cortland Police Department).

In 2019, an additional drug disposal drop box was installed in the Guthrie Cortland Medical Center Emergency Room. This is the first drop-box located outside of a law enforcement agency.

Additional drug take-back event locations

From 2010 - 2017, two take-back events were held annually in April and September. These events were held in two locations in the County, one near the City of Cortland and one rotating between two rural communities. In 2017, in order to make the take-back events more accessible to rural populations, the number of locations was expanded to four (Cortlandville, Homer, Marathon, Cincinnatus), with two of the locations located in rural communities.

Marketing Campaign

Following the installation of the four disposal drop boxes, a comprehensive marketing campaign was developed to educate the community on why and how they should be disposing of prescription medications.

The campaign was built around multiple channels and resources for the distribution of messages and materials. These channels included print materials, earned media (press releases and newspaper articles) and targeted paid advertising through social media, newspaper and radio to promote take back events and disposal kiosks.

Information, resources, and messages aimed to build awareness and provide education to the community on the issues of prescription drug misuse and abuse, and provide information on where and how to dispose of medications.

Materials developed include the following: postcards, posters, newspaper ads, radio ads, social media content, and disposal program videos.

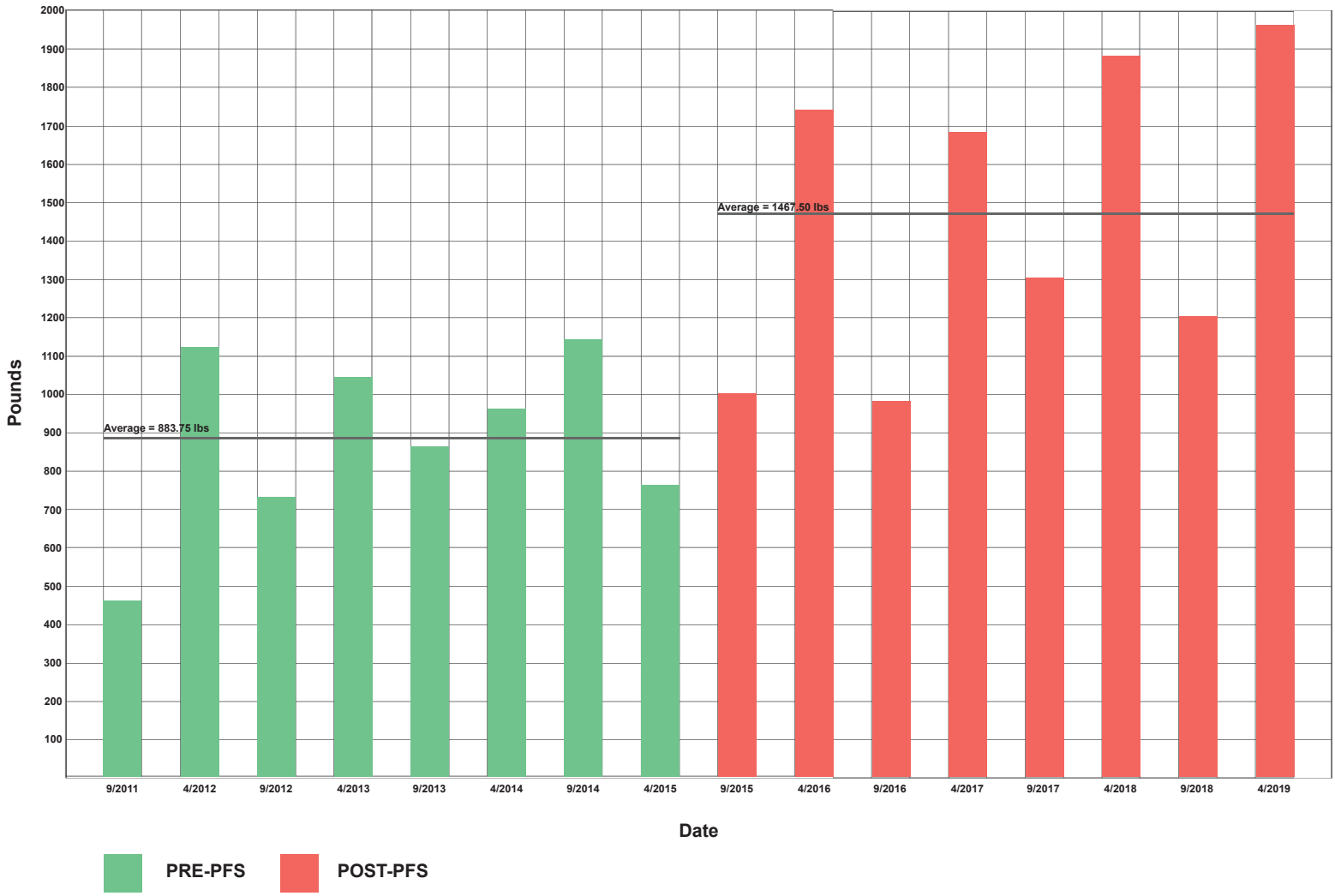
Initial campaign materials centered on a single core message: The number one place youth who abuse/misuse prescription drugs get access to them is at home.

In 2019, materials were redesigned with four targeted messages:

1. Prevent poisoning of children and pets
2. Prevent misuse by teenagers and adults
3. Avoid health problems from accidentally taking the wrong medicine, too much of the same medicine, or a medicine that is too old to work well
4. Keep medicines from entering streams and rivers when poured down the drain or flushed down the toilet

In addition to the targeted messaging, materials and advertisements were developed for each take-back day location. Targeted social media ads for each location, including rural locations, ran the month leading up to each take-back day. Postcards for each location were distributed to over 75 locations throughout the County.

Outreach to rural communities and improving access to the disposal program were a priority due to the barriers involved if events are only held in a more centralized location.



Implementation

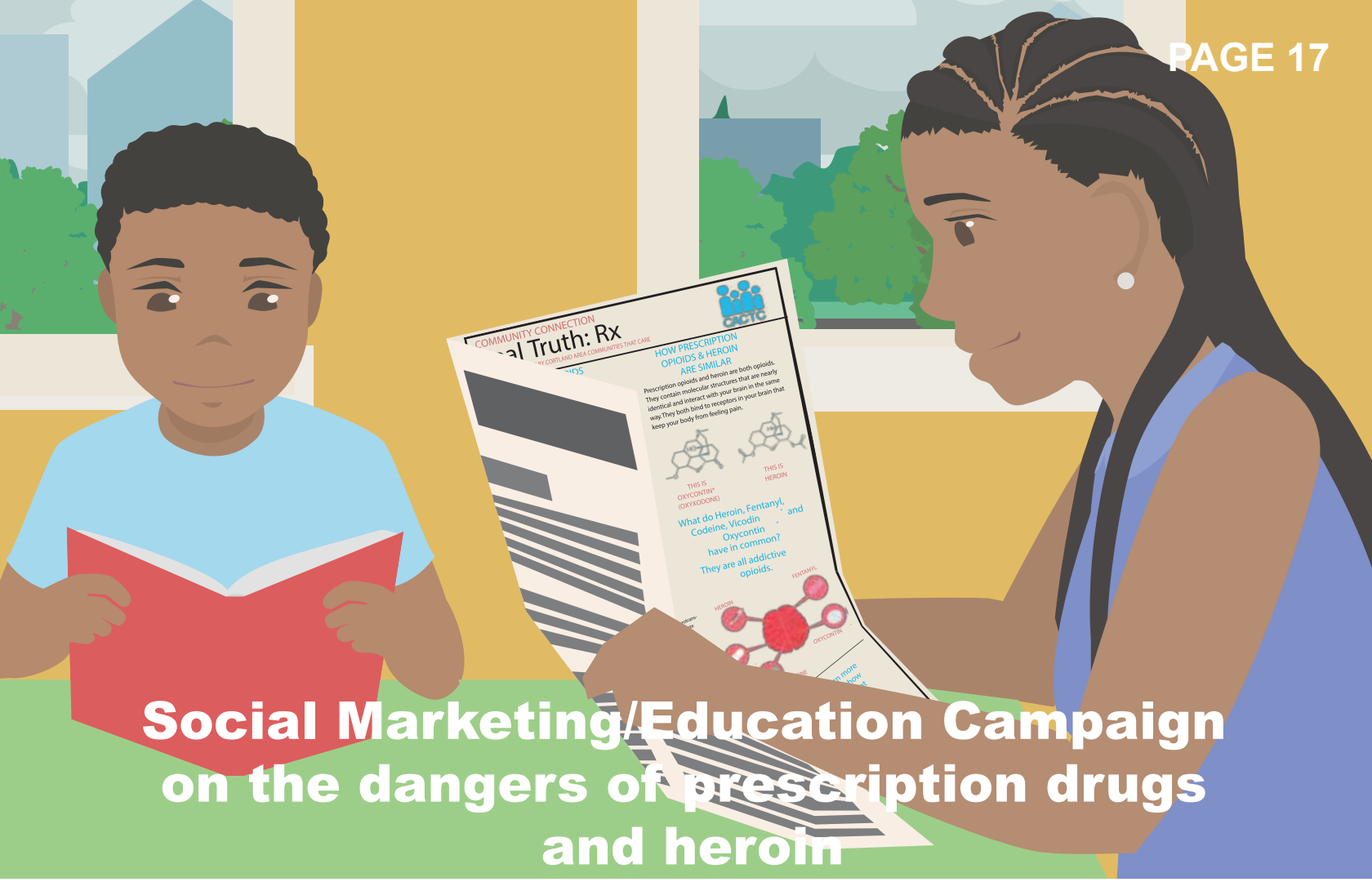
Over four years, the take-back program media campaign had over 500,000 media impressions, over 200,000 video views, 400 radio ads, and 17,000 postcards were distributed in the community.

	2016	2017	2018	2019	Total
Facebook Ads					
Ads	1	8	9	12	30
Reach	4,586	63,946	38,491	32,335	139,358
Video Views	0	97,304	32,112	85,395	214,811
Impressions	10,521	274,132	98,946	101,968	485,567
Cost	$ 100.00	$ 2,745.00	$1,100.00	$1,452.00	$ 5,397.00
Newspaper/Radio					
Newspaper Ads	2	2	2	1	7
Reach	10,000	10,000	10,000	10,000	40,000
Impressions	20,000	20,000	20,000	10,000	70,000
Radio Ads	40	160	160	40	400
Reach	8,000	8,000	8,000	8,000	32,000
Cost	$ 380.00	$ 980.00	$2,980.00	$1,400.00	$ 5,740.00
Print Materials					
Postcards/Flyers	2,000	2,000	9,000	4,000	17,000
Cost	$ 200.00	$ 200.00	$ 900.00	$535.00	$ 1,835.00

Outcomes

The Pre-PFS disposal program collected 7,070 pounds of prescription medications over eight collections. The PFS disposal program collected 11,740 pounds of prescription medications over eight collections. With PFS, disposal modifications collected 66% more prescription medications than the same amount of collections before PFS.

The average collection amount Pre-PFS was 883.75 pounds. The average collection amount increased to 1467.50 pounds during PFS implementation efforts. In addition, the five largest collections all occurred during PFS implementation and the yearly overall collection amount increased each year during PFS implementation.



Social Marketing/Education Campaign on the dangers of prescription drugs and heroin

Description

There are widespread misconceptions about the risks of prescription medication misuse, diversion, and overdose. Therefore, it is crucial to build public awareness of prescription medication overdose as a community issue. Helpful messages emphasize that prescription medications must be "taken correctly, stored securely, disposed of properly, and never shared." If these messages are not spread widely, the efforts developed by the coalition will have difficulty taking hold and being sustainable. The following is a list of some of the activities and venues that can be used to improve public awareness:

•Town Hall Meetings
•Specialized Task Forces
•Billboards, posters, and flyers containing messages about prescription medications and the risks of sharing medications
•Presentations at colleges, community forums, civic organizations, churches, schools, and military bases
•Radio and Newspaper Advertisements

Populations

General public

Risk & Protective Factors

Awareness of the dangers of opioids

Implementation

A countywide media campaign targeting parents/guardians and other adults in Cortland County ran from September 2016 – September 2019. The objective of the campaign was to educate the adult population about the dangers of opioids. It also provided information on what they can do to prevent the misuse and abuse of opioids.

Print materials consisted of postcards and flyers for each of the following messages:

1. Commonly abused prescription drugs
2. Is your medicine cabinet safe? Home inventory checklist
3. What you need to know about prescription drug misuse/abuse
4. Prevent prescription drug abuse - lock your meds, take inventory, dispose
5. Narcan Saves Lives - Get it, learn how to use it, and keep it with you

Four 15 second radio spots were created emphasizing proper disposal and directed. They also directed listeners to the campaign landing page. Over the course of the campaign, the radio spots ran 2,400 times.

Newspaper ads emphasized the three core messages of the campaign.

Modifications to campaign:

Print Materials

The original campaign consisted of 100,000 individual print materials (postcards, flyers, stickers, and magnets). Within the first 6 months of implementation it became clear that distribution of these materials was difficult. Therefore, in 2017 the campaign was redesigned and consolidated into a 12-page toolkit that was user-friendly and easier to distribute to community partners. Additional toolkits targeting Older Adults and Student Athletes were later produced using the original toolkit as a template.

Implementation

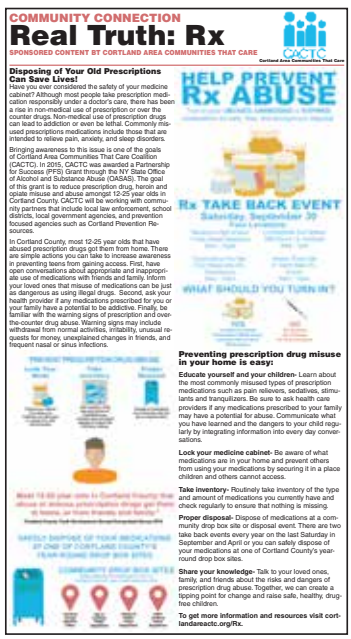
Key messages of the education campaign included the following:

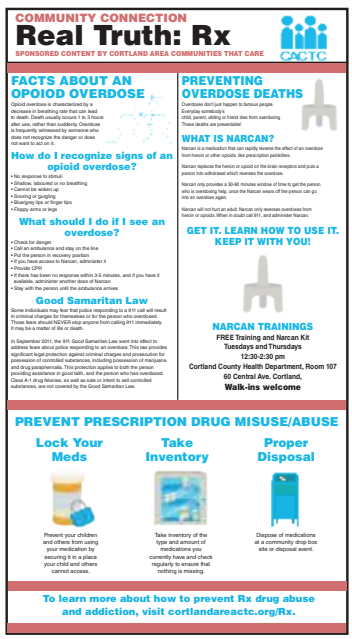
1. Prevent children and others from using your medication by securing it in a place they cannot access.
2. Take inventory of the type and amount of medications you currently have and check regularly to ensure that nothing is missing.
3. Dispose of medications at a community drop-box site or disposal event.

Implementation of the media plan included a combination of digital media resources (website and social media), traditional media (print materials, radio, presentations and newspaper) that maximized the reach of messaging, and campaign materials.

Education materials included print materias (toolkits, postcards, and flyers), four different radio spots, monthly local newspaper ads, a dedicated campaign website landing page, blog posts, and social media ads. Social media video ads were utilized instead of tv ads.

Campaign materials referenced the three core messages and information on how individuals themselves can prevent the misuse/abuse of opioids.





Implementation

Newspaper Ads

During the first year of the campaign implementation, multiple newspaper ads ran each month. However, ad placements varied and the size and variety of the ads made it difficult to measure how effective the ads were. After the first year of the campaign, the newspaper campaign was redesigned to be monthly full page ads with editorial content. This change allowed more information to be communicated to readers related to the campaign and made the ads significantly more visible in newspaper. The newspaper ads addressed misperceptions, incorporating data from the Youth Development Survey.

Social Media Videos

Over the course of the campaign, three series of social media videos were produced. The videos included the following:

1. Three core messages on how to prevent prescription drug misuse and abuse
2. How to properly dispose of prescription medications
3. Narcan training video
4. Stories of an epidemic - personal stories from individuals impacted by opioids in the Cortland community

Implementation

Education materials, including social media videos, 4 radio spots, newspaper ads, and 100,000 print materials were introduced to the community beginning in September 2016. The campaign ran consistently through September of 2019. A total of $87,646 was spent on the media campaign over a three year period, $51,430 was spent on newspaper and radio ads, $27,205 was spend spent on print materials, and $9,010 was spend on social media advertising.

In total, the media campaign had nearly 2 million paid

Implementation

media impressions from newspaper ads, radio, and social media. Social media ads had the most impressions (1,157,422). In addition, social media videos received 343,275 video views. Social media ads were the most cost effective, with each impression costing $0.01, while newspaper and radio impressions cost $0.08.

The campaign had a high dosage frequency consisting of weekly radio ads, monthly newspaper ads, and targeted social media ads. The frequency of ads combined with a consistent simple message resulted in a high saturation rate for the campaign as outlined in the outcomes section.

	2016	2017	2018	2019	Total
Website Views					
CACTC - Rx Page					
Unique visits					2,419
Blog Posts					
Unique views					2,340
Facebook Ads					
Ads	4	11	9	13	37
Reach	25,022	143,962	54,782	65,233	288,999
Video Views	0	218,896	23,116	101,263	343,275
Impressions	116,584	687,438	120,099	233,301	1,157,422
Cost					$ 9,010.50
Newspaper/Radio					
Newspaper Ads	12	33	12	6	63
Reach	10,000	10,000	10,000	10,000	40,000
Impressions	120,000	330,000	120,000	60,000	630,000
Radio Ads	240	960	960	240	2,400
Reach	8,000	8,000	8,000	8,000	32,000
Impressions	1,440	11,520	11,520	1,440	25,920
Cost					$51,430.00
Print Materials					
Toolkits					0
Opioid Prevention			3,975	400	4,375
Prescriber		190	30	100	320
Older Adult			2,895	1,275	4,170
Student Athlete			1,650	85	1,735
Parent Mailers	2,000	8,300	8,300	4,150	22,750
Postcards/Flyers					
Rx Disposal	2,000	2,000	9,000	4,000	17,000
Patient Flyer		875	2,000	205	3,080
Narcan Mailer			23,000		23,000
Original Postcards/Flyers	5000	17800			22,800
Cost					$27,205.75

N=151	Yes	No
In the past year, have you seen or heard any messages about opioid abuse?	88.7%	11.3%
In the past year, have you seen or heard any messages about opioid abuse specific to Cortland County?	70.2%	29.8%
In the past year, have you seen or heard any messages about how you can help prevent opioid abuse?	51.7%	48.3%
In the past year, have you taken any prescription medications to a drop-box location in Cortland County?	27.8%	72.2%
Have you seen an ad for the Rx Take Back Events?	51.0%	49.0%
Have you seen a full page ad like the one above in the Cortland Standard?	29.1%	70.9%
Have you seen these three strategies for preventing prescription drug misuse?	64.9%	35.1%

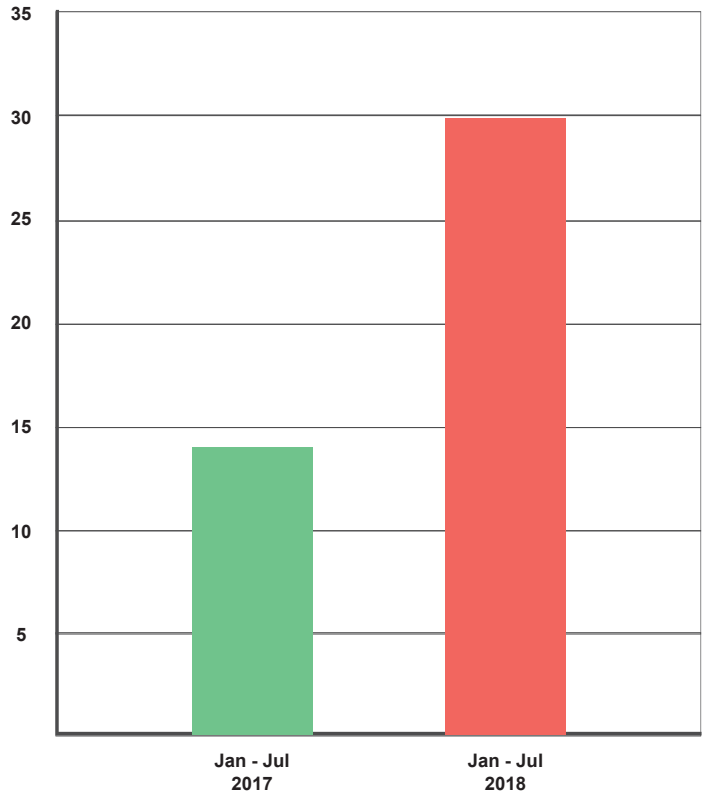
Outcomes

The campaign was developed in response to the community assessment conducted in 2015 at the start of the PFS grant project. The assessment found that very few community members had knowledge about opioids, and there were misconceptions about the issue and why it is a problem locally. There was more knowledge of heroin as an issue, but knowledge of prescription drug abuse/misuse and the connection to heroin use was almost non-existent.

To evaluate the campaign and the saturation of messaging a community intercept survey was conducted over a period of 6 months in 2018. The main objective of the intercept survey was to evaluate the reach of messaging within the community. The intercept survey consisted of questions asking respondents to recall if they had seen various campaign ads and messaging and where they had seen these messages. The survey was conducted at various public events in Cortland County and the sample size for the campaign was 151 respondents. Of the respondents (N=151), 47% were over 50 years old, 13.9% were 41-50, 15.2% were 31-40, 9.9% were 26-30, 7.9% were 18-25, and 6% were 0-18 years old. 80% of respondents lived in Cortland County and 20% lived outside of Cortland County.

The intercept survey revealed that 65% of respondents recalled seeing the core messages of the campaign and 70% of respondents recalled hearing or seeing messages about opioid abuse specific to Cortland County in the past year. The majority of respondents recalled seeing the messages in the newspaper and on social media.

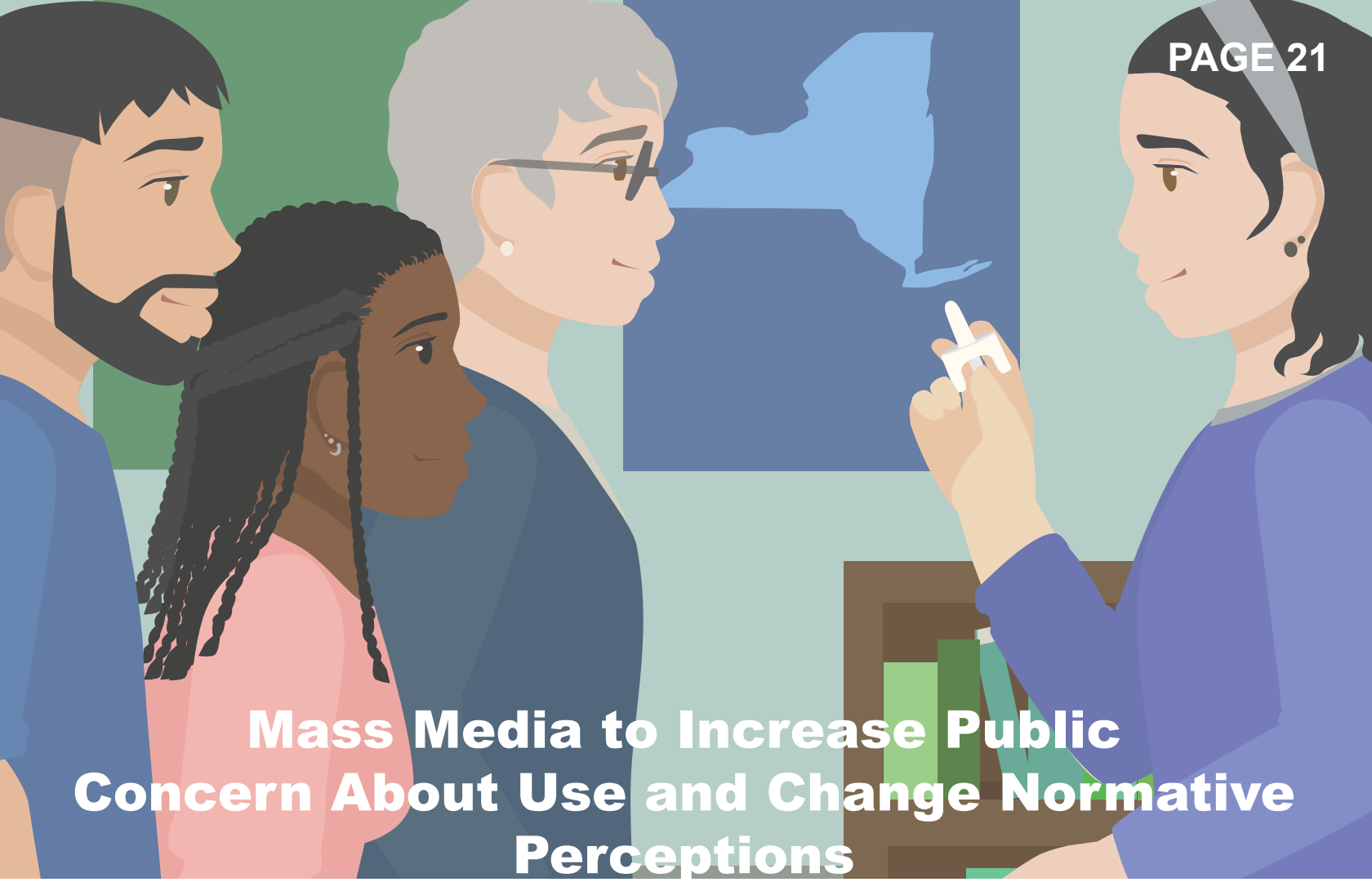
Additionally, 51% of respondents recalled seeing an ad for the prescription drug take-back days and 27.8% indicated they had taken prescription medications to one of the disposal drop-boxes located in the County. One third of respondents (30.5%) recalled seeing the Narcan training video on social media and 21.9% of respondents recalled seeing the Opioid Prevention Toolkit. The most common locations for the Opioid Prevention Toolkit were at doctor's offices and the hospital.



Local newspaper articles on opioids 2017/2018

During the campaign, media coverage of the opioid issue in Cortland County also changed. Newspaper articles related to opioids were tracked during two 6-month timeframes during 2017 and 2018. Coverage was compared for both *quantity and content*. From January 2017 - July 2017, 14 articles appeared in the newspaper covering opioids. During the same period in 2018 that number increased to 30.

The majority of the 2017 content focused on reported overdose death or crimes. In 2018, content shifted more to what was being done about opioids, both locally and nationally.



Mass Media to Increase Public Concern About Use and Change Normative Perceptions

Description

Take-home naloxone provision model addresses the need for rescue and works as follows: A county resident sees a physician for routine medical care. The physician identifies the patient as a naloxone priority patient based on criteria for overdose risk. The patient agrees to participate, and watches a 20-minute DVD in the physician's office. The video covers patient responsibilities in pain management, storage, and disposal of opioid medications, recognizing and responding to an opioid overdose and options for substance abuse treatment. The participant then goes to a prearranged community pharmacy and picks up a free naloxone kit. The messaging in materials does not dwell on the differences between "legitimate" and "illicit" users of opioids but rather presents straightforward information that can be used to prevent an overdose fatality.

Populations

General public, Current and former opioid misusers/abusers

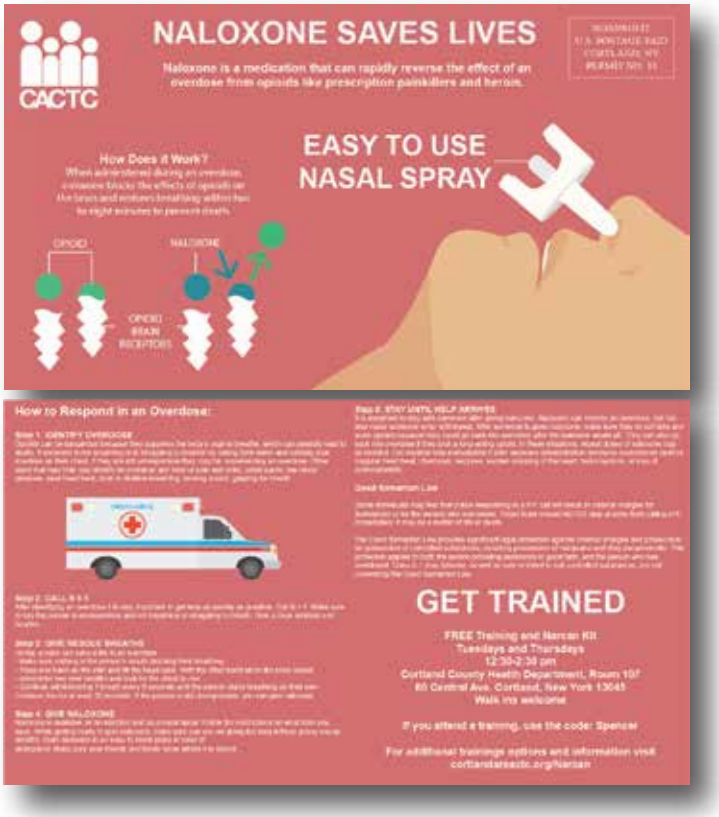
Risk & Protective Factors

Availability of or access to Narcan.

Implementation

Training and distribution of Narcan kits is done by the Cortland County Health Department. The Health Department is a NYS Registered Opioid Overdose Prevention Program that maintains an up-to-date training curriculum, which is consistent with guidance provided by the NYSDOH. The curriculum consists of the following steps:

1. How to recognize an opioid overdose
2. How to respond to an opioid overdose
3. Administering at least one formulation of naloxone
4. Calling 911
5. Providing rescue breathing or CPR if these techniques are taught or otherwise known
6. Obtaining replacement naloxone, either from the program which provided the training or from a pharmacy; and reporting the administration of naloxone to the program that did the training



Implementation

Each individual who completes the 20-minute training receives a free Narcan kit.

The PFS did not provide for the direct training of individuals in the administration of Narcan. Therefore, a public awareness campaign was developed to enhance the Health Department's efforts and to change the normative perceptions of Narcan in the community.

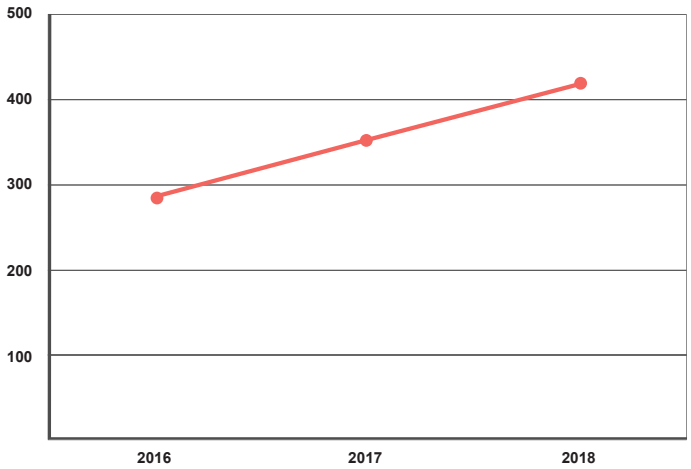
Education materials, as part of the overall countywide media campaign, focused on the following messages:

1. Narcan is a medication that can rapidly reverse the effect of an overdose from heroin or other opioids, like prescription painkillers
2. Narcan replaces the heroin or opioid on the brain receptors and puts a person into withdrawal which reverses the overdose
3. Narcan only provides a 30-90 minutes window of time to get the person who is overdosing help. Once the Narcan wears off the person can go into an overdose again
4. Narcan will not hurt an adult. Narcan only reverses overdoses from heroin or opioids. When in doubt call 911, and administer Narcan

Education materials also contained information on how to recognize the signs of an opioid overdose, what to do if an overdose occurs and the Good Samaritan Law. All materials promoted the Health Department trainings.

In 2017, a 41 second video was produced for social media that summarized how to put together a Narcan kit and how easy it is to administer. When the new nasal Narcan kits were introduced in the community an updated video was released.

In 2018, with additional legislative funding, a mailer (see image) was developed and sent to 23,000 households in Cortland County.



Outcomes

The Cortland County Health Department distributed 284 Narcan kits in 2016. By 2018, that number increased to 416 kits, a 46% increase.

In total, the Health Department distributed 1,051 Narcan Kits from 2016-2018.

In addition, trainings were expanded to include the business community, service groups and agency personnel.

In 2019, Guthrie Cortland Medical Center became a NYS Registered Opioid Overdose Prevention Program, which will further expand access through the Emergency Room.

Opioid overdose deaths declined in 2018, a decline the Cortland County Coroner attributed to the wider availability of Narcan.

Change Prescriber Practices

Description

Provider Detailing is an educational program that presents recommended opioid prescribing practices to health care workers, with an emphasis on primary care physicians. The program is composed of one-hour presentations on several recommended practices.

Evidence suggests that prescribers that have been taught best practices for opioid prescribing/provided information regarding opioid dosing guidelines are more likely to safeguard against potential patient misuse.

Populations

Prescribers and patients

Risk & Protective Factors

Availability of prescription drugs, ease of access to prescription drugs, and provider knowledge of prescription drug abuse potential

Implementation

Recognizing that provider education is most effective when provided by professional peers, not concerned citizens, it was important to have an advocate within the medical community. In 2016, Cortland Area Communities That Care approached Guthrie Cortland Medical Center personel about opiate reduction strategies. After meeting with the Chief Medical Officer, a second meeting was held with ER physicians to discuss the opioid epidemic and develop ideas for an opioid prescriber toolkit. The theme of the meeting with providors was: How can we help?

A 12-page toolkit was developed using recommendations from the ER physicians and Centers for Disease Control and Prevention's opioid prescribing guidelines. It included the following information:

1. Local data on the opioid epidemic
2. Guidelines for prescribing opioids for chronic pain
3. Checklist for prescribing opioids for chronic pain
4. Non-opioid treatments for chronic pain
4. Assessing the benefits and harms of opioid therapy
5. Local resources including prescription drug drop box locations, Narcan training and local treatment providers

Implementation

The Chief Medical Officer then set up meetings with the largest primary care practices in the County to review the toolkit, policies the hospital was implementing, and distribute the toolkits. The message to providers was two fold: review evidence based guidelines to reduce overall prescriptions, and reduce the quantity of individual presciptions, if opioids must be prescribed.

In addition, the Guthrie Cortland Medical Center Emergency Room changed internal policies for the prescribing of opioids. This included the deletion of standard prescription amounts within electronic medical system over 15. This automatically helped reduce the number of opioids that could be prescribed to patients in the ER.

The ER developed scripting guidelines to be used by the providers outlining how to deal with difficult patients demanding opiates for pain. For the primary care physicians, a two-sided flyer was developed for patients outlining the risks and side effects of opioid use, alternative treatments, and what to do if they are prescribed opioids.

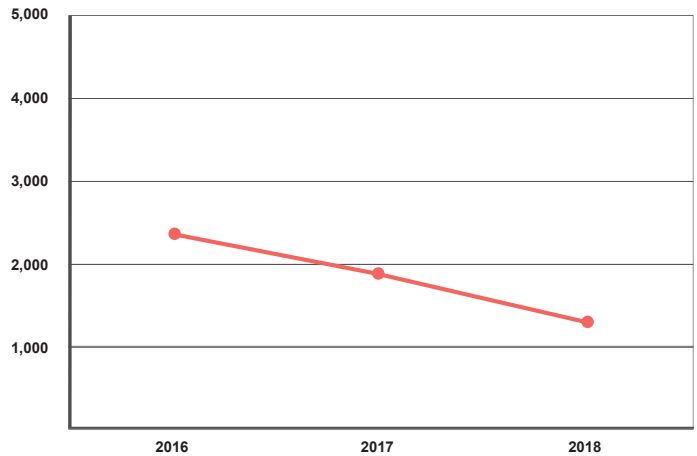
Following the success of the opioid prescribing policies, Guthrie Cortland Medical Center instituted additional policies related to opioids including: training and distribution of Narcan, prescribing Buprenorphine(Suboxon), and installing a prescription drug drop box in the Emergency Room.

Outcomes

In 2016, *prior* to education and the policy change in the Emergency Room, 2,346 opioid prescriptions were issued for patients at discharge.

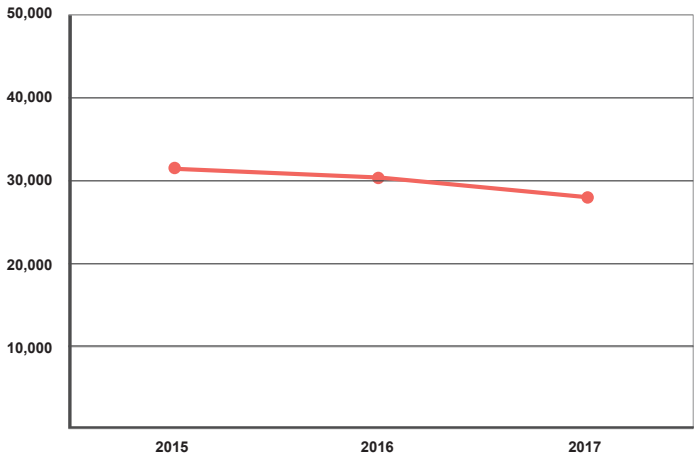
In 2017, *during* education and the implementation of opioid prescribing policies in the Emergency Room, 1,866 opioid prescriptions were issued for patients at discharge, a decline of 20%.

In 2018, *following* a full year of education and the implementation of opioid prescribing policies in the Emergency Room, 1,250 opioid prescriptions were issued for patients at discharge, a decline of 33% from the previous year. In total, opioid prescribing declined by 47% from 2016-2018.



Opioid Prescribing Toolkits were distributed to over 80 physicians along with 3,000 patient information flyers.

Overall opioid prescribing declined by 11% from 2015-2017. There were 31,243 opioid prescriptions in 2015; 30,166 in 2016; 27,821 in 2017. The largest decrease occurred from 2016 to 2017 during the education period.



Law Enforcement Patrols

Description

Crime Prevention Through Environmental Design (CPTED) and community policing increase public safety and reduce fear of crime by making police more visible and familiar to the people and with the physical environment of their beats, reinforce these efforts and promote police-citizen partnerships to prevent crime and disorder.

Through these programs police can conduct patrols of public spaces to eliminate crime and drug use.

Populations

General public

Risk & Protective Factors

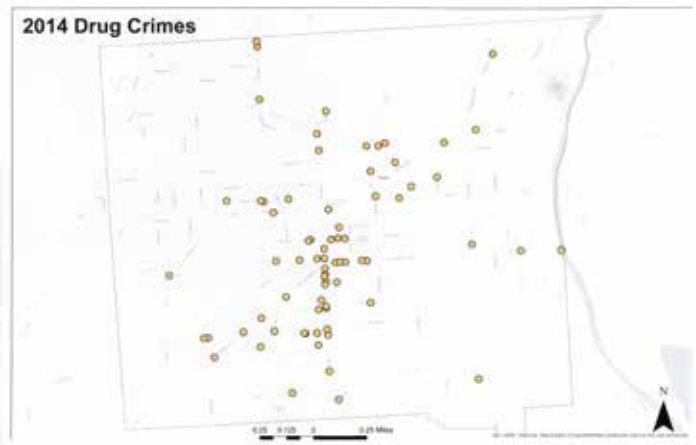
Availability of heroin and frequency of drug related crimes

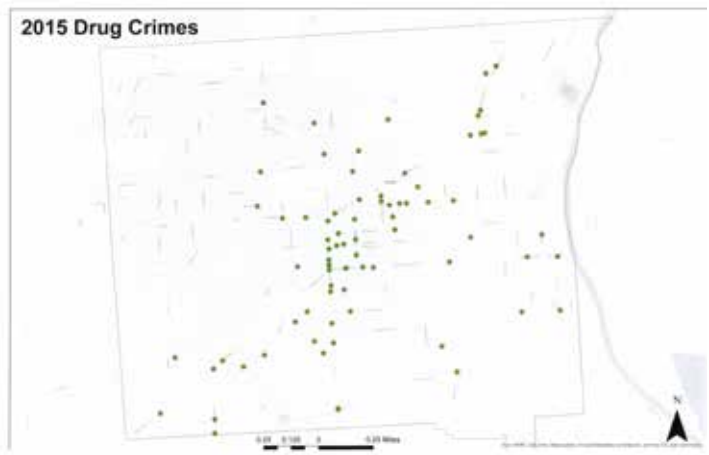
Implementation

In 2016, the City of Cortland Police Department partnered on a GIS mapping project. Through Geographic Information Systems (GIS), information can be digitally mapped creating a visual display. In this case, the GIS mapping created maps of drug related crime in the City of Cortland in 2014, 2015 and 2016.

The GIS mapping project revealed the highest concentration of drug related crime occurred in the downtown area of the City of Cortland. At the same time, CACTC's Young Adult Survey revealed a high percentage of 18-25 year olds believed heroin was very easy or somewhat easy to obtain in the community.

Using this information, CACTC partnered with the City of Cortland Police Department to provide downtown foot patrols to increase visibility of officers in high drug crime areas. Foot patrols were conducted from February 2016 - September 2016. In the fall of 2016, the City received a federal COPS grant creating a permanent downtown community policing position. This officer has maintained the foot patrol since.





Implementation

Following the success of the partnership with the City of Cortland Police Department. CACTC partnered with the Village of Homer Police Department to launch a similar program. Similar to Cortland, the downtown area was identified as having the most drug related crime. In 2017, the Village of Homer Police Department launched a downtown bike patrol supported by CACTC. Bike patrols continued in 2018 and 2019.

Outcomes

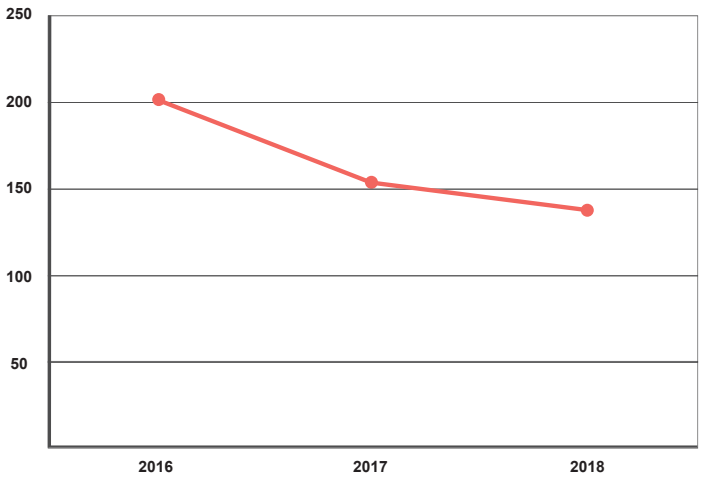
The Village of Homer Chief of Police shared the following success story from the bike patrols.

At one point the village water department was having an issue at a pumping station near one of the rental properties and they discovered that someone was flushing hypodermic needles down the toilet. The pumping station serves only two residences or properties and it was obvious which residence the needles were coming from.

Bike patrol officers were deployed in the areas or properties of concern. Officers began encountering people either going to or coming from the properties.

The people they were encountering were people with substance abuse issues and during some of the encounters officers made arrests because the people were in possession of controlled substances or marijuana.

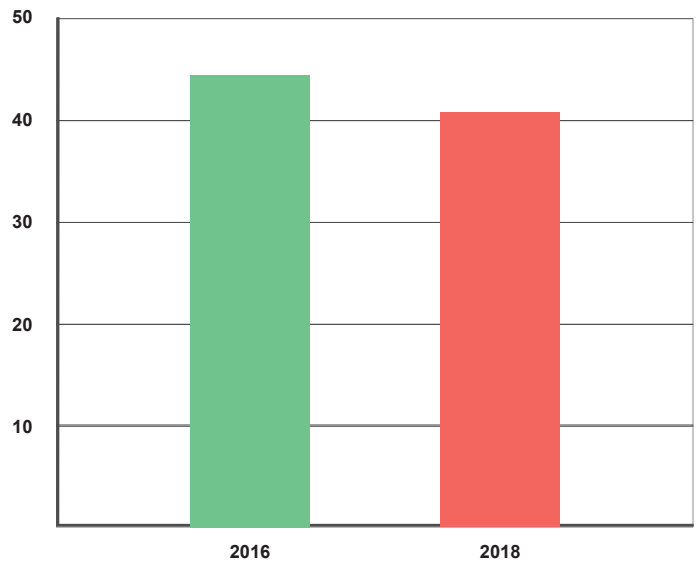
Officers, with the assistance of New York State Parole, arrested two parolees at one of the rental properties. After the arrests numerous hypodermic needles and other paraphernalia were located inside the residence. All of the arrests seemed to quell the pedestrian traffic going to or coming from the rental properties.



From 2016-2018, 491 patrol hours were conducted in Cortland and Homer. 201 in 2016, 153 in 2017 and 137 in 2018.

In addition, the percentage of 18-25 year olds indicating it was easy for someone their age to obtain heroin decreased from 45.9% in 2016 to 42.1% in 2018.

How easy do you think it is for persons your age in your community to obtain heroin?



Young Adult Survey 2015/2018

CACTC

Cortland Area Communities That Care

For more information please contact:

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