



EXAMINING THE IMPACT OF THE OPIATE EPIDEMIC

Testimony

Presented by

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Mr. Chairman and members of the committee, thank you for the opportunity to present testimony this and thank you for your focus on this issue. I also want to thank Senator Portman and Senator Brown for their efforts relative to the CARA legislation. Once this legislation is passed, it will make a significant difference for so many families.

Before I proceed to my testimony, I want to provide a brief overview of our family's experience, and our organization. Five years ago this October, my son, Robby, passed away from an accidental heroin overdose. His addiction began with the prescribing of prescription pain medication after the extraction of his wisdom teeth, and ultimately led to his addiction to heroin. As a family, we battled this disease as best we could. However, we lacked information, we lacked education and we lacked the understanding of resources that may have been available; resources that may have saved his life. This included things like a real understanding of medication assisted treatment, the probability of relapse, and the role of the family in enabling recovery versus addiction. But the real deficit began prior to his addiction. The lack of education to students and parents, the lack of community awareness, and the abundance of stigma which cast a dark pall over every family struggling with this disease. What scares me to this day is that even if there were more awareness, more education, I do not know that I would have escaped the "not my kid" mentality that so many parents operate under.

Our journey with heroin addiction lasted six months. When it ended, it left a wake of devastation behind it and darkness ahead. We watched this young man, our son, struggle with this disease. We witnessed the battle, and we saw the pain in his eyes as he would say over and over "I did not ask for this, I don't want this." We watched as the relationship he had with his brother and sister deteriorated, blocked by the drug, by the addiction. We watched as he did unthinkable things; lying, stealing, manipulating, things that were just not who he was. We watched as our home was wrought with chaos, divided by differences that stemmed from our lack of education and understanding.

Robby passed away on October 20th, 2011, 68 days before his 21st birthday, 18 days before leaving on deployment to Afghanistan. In the wake of his death, our family has been left forever impacted, forever incomplete. As parents, we carry the guilt of not being able to save him, questioning every decision we made along the way, wondering how we allowed this to happen to our son, why we did not see this earlier. His sister lost her best friend. She struggles continually with the guilt of knowing he was struggling, but as a good sister does, she kept his secret because he asked her to, and because of the

lack of education in our schools, she just did not understand the true impacts of addiction. His brother lost his idol, the person that he, as little brothers always do, emulated and wanted to be like. To this day, Nolan always has something of Robby's with him, and he often talks about not being able to have a best man at his wedding. The impact of loss is deep, and it is permanent.

A few weeks after his death, Carla and I were cleaning up Robby's room, and we found a journal that outlined his plan to make a difference. He wanted to speak in schools and he wanted to create an on-line support group for recovering addicts. His idea was called Live Free. We knew that we traveled this road in darkness, confused and unsure of what to do, and we knew we could never let another family experience the same thing we had. After reading Robby's journal, we knew that we had to become his voice and at that moment, ROBBY'S VOICE was born.

ROBBY'S VOICE officially launched in May of 2012 with a mission to bring awareness to schools and communities. Over the past four years, we have spoken to over 70,000 students and parents. We have worked to raise awareness in our communities and we have worked with those communities to develop plans to attack the epidemic that has been attacking them. We have worked in private with families that have been impacted by this disease, and with families that have suffered the ultimate loss from this disease. We continue to develop resources for schools with the goal of delivering a turn-key program that makes education on this issue easy and meaningful. We continue to provide resources for parents, and have launched our own family support group called Family Matters. We have also announced our intention to develop a Center for Continued Recovery which will be a post treatment resource center for those in recovery that focuses on helping them develop the skills and relationships to allow for a quicker assimilation back into normal life, increases the opportunity for sustained recovery and provides a place where recovering addicts are able to fit in. Our place in the world of addiction lies in prevention, both on the front end prior to addiction, and what we call prevention part 2, the prevention of relapse.

In the invitation to testify, there were two main points we were asked to address; the role the Federal Government can play, and how we may improve prevention, education, treatment and support. I have delineated my thoughts on these subjects in the following testimony, thoughts that are based in part on evidence based research done by others, interaction with industry experts as well as families that have personal experience, and our personal experience both with addiction and in all the encounters we have had through ROBBY'S VOICE.

As I prepared this testimony, I was challenged to determine how best to articulate my thoughts and to convey these thoughts as well as the hearts and souls of those who shared their thoughts with me. I will frame this testimony with the following story;

Last Friday, I had the honor to speak at my alma mater, Padua High School. Robby wanted to look at going to Padua, but we discounted that because of cost and distance. Today, we question that decision. What if, what if we had said yes; would we be in a different place today? We question every decision we made along the way, we carry the guilt of every decision we made along the way because those

decisions ultimately were not the right ones. We failed to protect our child. We failed to save our child, and we carry that every day. Welcome to our world. Welcome to the world of addiction.

In our opinion, prevention is the key element because those that don't use don't get addicted, and those that are not addicted are not at risk for the consequences of the disease. Prevention touches many areas, but the foundation of prevention is education which I will discuss later. Yet there are other elements that will allow us to be more successful relative to prevention.

- Supply vs. Demand; Some want to attempt to strangle supply, get the drugs off the street. While we have been mildly successful at reducing the availability of prescription pain medication, we have not been successful in reducing the availability of illegal drugs. Prevention strikes at demand. It does not matter what the product is, if there are no buyers, the seller ultimately loses.
- Pain as a vital sign; Prevention means we look at causation and one cause that needs to be addressed is pain as a vital sign. Pain is the only subjective vital sign, and that subjectivity is exploited by those who continue to abuse prescription medications. Additionally, it forces our providers to administer care in a different manner. The adaptation of pain as a vital sign is aligned with the beginning of our current epidemic.
- Affordable Care Act; Along with the exploitation of pain as a vital sign is the impact of the Affordable Care Act and the focus on patient satisfaction. Pain is the largest driver of poor survey results which impact the reimbursements to healthcare providers. We will and we must increase education to Residents, increase the use of automated tracking of prescriptions, and adopt prior authorization guidelines. These are outlined in CARA and will undoubtedly help. However, until we separate the relationship between pain and payment, our providers will continue to write. It may be in smaller quantities, but they will continue to write in order to not be penalized.
- Funding; If prevention is to be successful, then it has to be a priority and it has to be funded. The current funding allocations provide the lion's share of funding to treatment. That funding is essential and critical, but it also takes money from prevention. We need to fund prevention so that we are able to ultimately spend less on treatment. Yes, we need expanded treatment today, but ultimately, we need less addicts.

Within prevention lies the concepts of choice and consequence. Today, we focus on prescription pain medications as well as heroin, but there will always be another drug, there will always be the next drug. The concepts of prevention, honest education about choice and consequence, will allow us to have an impact not just on this current epidemic, not just on the next potential dangerous drug, but on all the different issues facing our kids (bullying, sexting etc.).

Today, we face a new danger that is far greater than heroin; fentanyl. Virtually no one saw this coming, but the devastation is far greater, far more dramatic than anything we have dealt with. A foundation in prevention, a real foundation would have allow us to minimize the impact of this drug. A real foundation in prevention will allow us to minimize the impact of the next fentanyl.

Education is the cornerstone of a prevention strategy, and to be effective, must extend to all segments of society, all age groups and it must be sustained.

We have learned that in order for education to be effective, it must have the following elements;

- Sustained over time
- Maintain a frequency that salutes the importance of the subject matter
- Variation of in how it is delivered

These factors reinforce the importance of the information, account for different learning modalities, and enhance the probability of delivering the message at a time when it needs to be heard.

Education also drives change in two other critical areas; culture and stigma.

We have created a take a pill feel better mentality, and a culture that glorifies drug use. We may say that we don't, but we do, and we deliver these messages to our youth through movies, television, music and societal expectations (concert behavior or the "college experience."). We have taken the stigma of use and experimentation out of the picture. Education will allow us to change that.

Stigma still exists across society, and impacts the addicts ability to re-engage into a normal life and drive long term sobriety. In my community, Medina, many had worked to bring more treatment options forward. It was received with open arms, until it came down to selecting a location. Then, stigma, driven by uneducated but understood beliefs slowed the process. Education will allow us to overcome stigma. It will help us recognize addiction as a disease entity, and will allow families to more openly deal with addiction and engage in treatment earlier. It will assist in sustaining recovery through community acceptance and the development of options like sober employers.

Education must be comprehensive.

Schools – K-12 science based with adjuncts to different curriculum elements allows us to build student's knowledge year over year, it answers the questions why, and how. When we speak at schools, students agree that addiction is a bad thing, yet they struggle to articulate how addiction happens. They also do not associate their image of an addict (usually a dark, dilapidated image) with themselves, their families or their peer groups. This disassociation supports the "It won't happen to me" attitude. K-12 education allows us to answer the key questions of how and why, providing a knowledge base for decision making. Yet schools struggle to deploy consistent education as they are faced with economic challenges as well as the burden of performance test scores. We hear regularly, "we don't have time." Most schools are now conducting cursory education, but most that we deal with truly don't have a comprehensive approach.

Included in this, we must not forget teachers and support staff. These teams interact with students on a daily basis and have an opportunity to identify behaviors that fall in line with addiction, as well as understanding the impact that addiction in a family has on other children within the household.

Parental Education – probably the largest gap we see is within the parents groups. These events have notoriously low turn-out, so information dissemination is a struggle. We find parents believing that they either know the information or that it won't be their kid. We as parents live under false impressions, yet, I understand it. Honestly, even if all the awareness that exists today were available when Robby was first struggling, I am not certain that I would have been open to it happening to “my kid.” Utilizing social media tools and a targeted educational campaign, we have the ability to push information to parents on a regular and consistent basis. Messages from programs like “Let’s Talk” here in Ohio are being adopted by schools and used in parental communication. The keys, once again, are sustainability and frequency, coupled by the ability to provide incremental resources to parents. Just like students, parents need a “why” to get engaged.

Medical Community – Increased training at all levels of healthcare providers. CARA will address part of this. We must ensure that our Doctors receive the training they need both on prevention as well as the impacts of dispensing. Here are a few examples of what needs to change;

- My wife underwent a surgical procedure. She was prescribed 60 Percocet post operatively, took about 20. At her follow-up visit, the Surgeon asked her about pain and medication. She told him that she had 40 left, and he still wanted to write another prescription “just in case.”
- A friend’s daughter recently had her wisdom teeth extracted. She was prescribed enough OxyContin for two weeks.
- A friend’s daughter, a recovering addict, recently gave birth. She told the Doctor that she was in recovery and did not want pain medication. The Doctor replied “it will be administered through your IV so it won’t affect your recovery.” She continually declined, and the Doctor continually pushed.

Law Enforcement – When law enforcement officials say to me, “I don’t know if those people are worth saving,” then I know more education is needed to assist our officers in understanding addiction, the addict’s perspective and what is driving their behavior, the family impact, and the critical nature of Narcan.

Communities – We focus on failure. Follow the media and we are bombarded by stories of overdoses and crime. This perpetuates the stigma associated with addiction and directly impacts efforts to re-acclimate to the community and working toward sustained recovery. Part of the education approach must be to help society as a whole understand two key elements;

- We must understand the impact that society has relative to influence and messaging to kids. This includes the glorification of substance use on television, in the movies, and in music.
- We must help society understand the disease of addiction

We will always deal with addiction, and as such, we will always need treatment. I will leave more detailed testimony to the treatment experts, but I will share a few thoughts based on our experience. We must recognize areas that are having success versus areas that provide treatment. Areas like Scioto County Ohio, led by Ed Hughes that had dramatic turn arounds should serve as models to be adapted as standards. We must;

- Recognize the differences in opiate addiction and other addictions and adapt treatment accordingly. THE LCADA WAY in Lorain is a great example of an organization that has developed different treatment options and extended treatment to deal with this particular addiction.
- Utilize evidence based treatment, allowing us to identify treatment facilities that produce results, either globally or within a certain substance group and/or demographic. Our partner, MAP, has developed an algorithm which allows them to identify the best treatment options based on historical data married to the specifics of a given addict. Utilizing this type of data allows us to not only to save lives, but to reduce the overall cost of treating the disease.
- Availability – Treatment availability is critical, and we should look at multiple options to increase access. These options include creative modalities like ambulatory detox. Additionally, funding of treatment continues to be a challenge. Private payors do not treat addiction like other chronic diseases, leaving the burden of funding on the parents, and in Ohio, even with the expanded Medicaid coverage there is still a gap in those that have private insurance that no longer covers treatment or covers short periods of treatment.

Finally, the need to focus on support directly impacts the relapse rate which ranges between 70% - 90%. This begs the question; where is the issue, treatment or support? While we must improve treatment availability our relapse rate is directly relative to our post treatment support as well as family support. Post treatment support is prevention part 2.

Post Treatment support lacks in many areas, but is critical to reducing relapse rate. We see in recovery communities improved outcomes driven by the support that continues to wrap addicts in the support that carries them through the time it takes to recover the natural chemistry of the brain and reestablish or establish the skill sets needed to manage everyday life.

This concept of post treatment support provides a pathway to;

- Continuing sobriety through support groups and connectivity to peer support.
- Tele-medicine
 - Utilization of MAP or other tele-medicine providers to provide on-going support and early relapse identification
- Development Life Skills
 - Coping skills
 - Goal setting and accomplishment
 - Personal Finance
 - Parenting
- Education

- Secondary completion
- Post-secondary access
- Employment
 - Resume's
 - Interview skills
 - Dressing for success and grooming
 - Employment connections and the development of sober employers
- Additional Concepts
 - Networking
 - Nutrition
 - Cooking
 - Fitness

The concept of continued recovery communities is providing the needed continuing support to assist addicts in defeating this chronic disease which we currently treat as acute.

The second element of support that must continue to evolve is family support. Addiction is a family disease, but we focus our treatment efforts on the addict while families often fend for themselves. The continuing development of resources as well as awareness of those resources will allow families to cope with the stigma of addiction, as well as learning how to enable recovery versus addiction. Family support is built upon;

- Education to empower the family
- True support group functions
- Connectivity to other resources

Through our experience in deploying Family Matters, we have uncovered two additional areas where we see a need for increased support'

- Expanded support for children and siblings
 - Targeted at ages 7-15, developing teen leaders to assist in generating discussion and easing the fears of younger members.
- Expanded support for children of addicts living with relatives
 - Primary focus is on educating the family members on how to deal with the situation

As a society, we provide support for other chronic diseases like cancer, diabetes and obesity. Yet, with addiction, we lack the necessary continued support to sustain sobriety, and through that, we unknowingly enable relapse.

The final point to address is the statement in the invitation to testify that reads "focus on the role of the Federal Government and the importance of a cohesive national strategy..." In my view, we lack a cohesive national strategy. In fact, we lack cohesive state and local strategies and as such, we need the Federal Government to lead in this arena. This epidemic is a national epidemic, and as such requires a

national approach. As we have worked within the field of addiction, we have encountered many organizations, both public and private sector, that are working diligently to address this issue. However, within that same element, we are seeing a lack of cohesion and repetitive efforts across the state. Our experience has revealed a disjointed effort in the following areas;

- Schools
 - Focus is on standardized testing and the statement is far too often “we don’t have time.”
 - Schools don’t have the financial ability to deploy Preventionalists or Resource Officers
 - Schools that do provide education don’t have a sustained strategy; usually a one-time speaker, health class and the D.A.R.E program.
 - Lack of a K-12 approach and a lack of funding for programs like the NIDA program.
- Law Enforcement
 - Community perception that their law enforcement is focused on arrests and punitive action and others that are engaged in treatment versus jail
 - Police Departments that are on-board with Narcan and others that either don’t have the resources or the desire to carry Narcan
- Physician differentiation relative to prescribing and managing pain.

These are some areas where we see disjointed efforts and inconsistent messages to our communities. The Federal Government has an opportunity to bring all parties to the table and to build a national strategy that does not focus on walls and enforcement, but rather on a strategic approach with tactical execution across the spectrum of players in this field. A coordinated strategy that identifies best practices and has education, healthcare, law enforcement and communities all on the same page will improve our treatment outcomes, lower costs and lay the groundwork to prevent such epidemics in the future.

We need to focus on a migration of funding from treatment to prevention. We need to support treatment, but we must increase focus and funding toward prevention and support. A reduction in active addicts, both first time and those who suffer from repeated relapse will have a natural reduction in those that need treatment. We have to fix the issue as opposed to treating the symptom if we hope to reduce the financial burden and most importantly the human cost of addiction.

Most important, we need to move with a sense of urgency, and the Federal Government has the ability to drive that urgency. We lose an America every thirteen minutes, an Ohioan seven times per day. This is the greatest healthcare crisis in modern history, and we must act with urgency; lives depend on it.

ADDENDUMS

The following addendum outline the current efforts of ROBBY'S VOICE as it pertains to our education based programing.

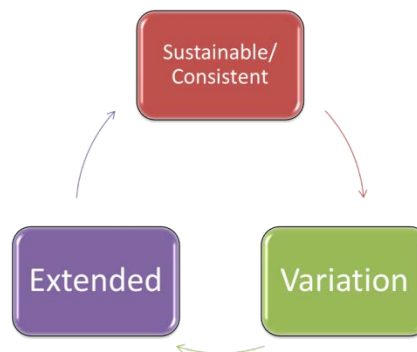


ROBBY'S VOICE EDUCATIONAL PROGRAM OVERVIEW

Education Tenants

Our approach to education at the school level is based on the following three principles;

1. Sustained Consistency
2. Variation
3. Extension



Sustained Consistency

Due to the pressures facing schools to perform on standardized tests and cover the social issues facing students, we only skim the surface of education relative to drugs and addiction. The education surrounds three or four factions;

DARE (4th/5th Grade) ➡ 9th Grade Health ➡ Prom

If education on this topic is not sustained on a consistent level, the message we deliver is simple; it is important, but not that important. In order to change and create a culture that focuses on good decision making, education on this issue must be sustained consistently over the students' academic career. We need to acknowledge that accidental overdose is the leading cause of accidental death in our state and country, and that the first age of usage are;

- Marijuana; 12 years old
- Pill abuse; 14 years old
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Our (RV) approach emphasizes a K-12 curriculum as follows:

K-12; NIDA pre planned curriculum. This program was developed by educators for educators and is a pre-planned science based curriculum. It is adaptable outside of science to create education throughout the school year and in different classes. Additionally, the program is age appropriate, answers the question "WHY," and provides visual support materials to support the classroom lessons.

Core Curriculum Related Classroom Activities – RV is developing classroom based activities which tie to the states adaptation to the common core. The activities will provide opportunity in creative writing (grammar/research), debate, and physical education. grammar, research. Debate,

Sustaining the consistency of education allows each year to build upon the previous year and creates a platform for positive decision making based on facts and information.

Variation

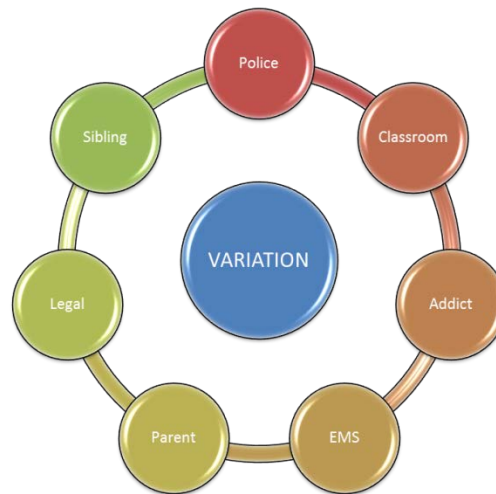
Variation of messaging is another facet that we view as important. Recognizing that exposure, influence, experience and timing vary by student, we can't predict which message will resonate with which students. For example, we have spoken to students who were very engaged with the DARE program while others stated that DARE made them want to experiment with drugs. Variation provides the following benefits;

Relatability; Provides a wider variety of relatable messaging to students as well as staff members that may be listening.

Reinforcement; variation improves attention. The same message from the same sources tends to be tuned out over time. Hearing the same message from different sources allows for a stronger attention span as well as reinforcement of the message.

Differentiation; Variation provides opportunity for perspective and for discussion in the classroom after the program as to similarities and differences. Also another opportunity for education based activities.

Perhaps the best reason for variation lies in bringing reality to the discussion. NIDA is a classroom activity, but by utilizing outside sources, the classroom application may be applied to real life. This again allows for vigorous classroom discussion or assignment. Even more critical is the ability to empathize and relate, potentially seeing friends or family members reflected in the speaker and triggering a call out for help. We have experienced engagements where we are not approached by students afterwards, approached by three to five students with legitimate questions and challenges, and having up to nine students seeking assistance from guidance after the presentation.



EXTENTION

Classroom education, while critical for its ability to influence choices, is not enough. Education must extend beyond the school to be reinforced and emphasized. With addiction, the extension is even more critical as we know that early intervention has a greater success rate relative to treatment and recovery. Yet we know that far too many parents are truly not aware of the scope, deviance and information needed to understand this epidemic.

We view staff and parents as the key focal points of this activity.

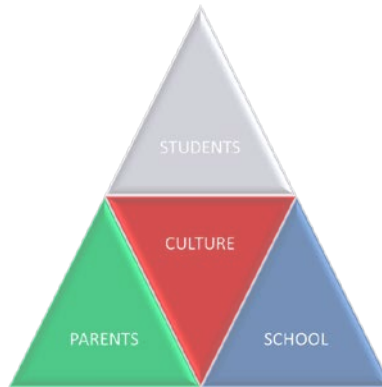
STAFF – With the educational and social issues facing teachers, keeping up with addiction education is a challenge. Most efforts are targeted within the health department, and that knowledge doesn't matriculate beyond that. We also need to acknowledge "staff" to include bus drivers, maintenance, cafeteria and so on. All of these Teams are exposed to the student environment and should have at least a base understanding of;

- Warning signs
- Terminology
- Paraphernalia

Furthermore, all staff should have a clear understanding of the tools available through the school system and what steps to take if they uncover anything that may present a danger to the students in the school. Finally, the forgotten ones in this epidemic are siblings. Staff, especially teachers, should understand when siblings are facing challenges at home so they may assist in the support network.

PARENTS – We believe that parental education should be mandatory each school year. Again, to create a culture, educating parents should have a cadence of consistency which demonstrates the importance of the issue. Parents need to be provided with the tools to detect warning signs within their children as well as their children's friends, and that education must continually be updated. The awareness campaign may be conducted in a way that allows for interaction between parents and students as well as providing information and support to assist in having these discussions in the home.

By extending the educational umbrella, we improve the support for the students, improve early detection, and support a strong creation of culture. Let us also not forget that the staff of each school are also parents, grandparents and members of the community and we should not assume that because they work in the school that they are more educated and aware on this issue.



THE ROBBY'S VOICE PROGRAM

The RV program is a multi-faceted approach to providing resources and support to our schools in an effort to provide more sustained education with greater variation extending beyond the classroom.

RV Support a choice consequence model that extends beyond the “opiate” issue to encompass drug usage and addiction overall with values that may be applied to other challenges such as bullying, sexting etc.

Our program is age appropriate and reality based utilizing a multi-media, interactive format to keep the students engaged. This is not a scared straight approach, but it also does not shirk the realities our kids must understand.

We are currently working to develop a turn-key portfolio which allows schools to access different elements to support their educational efforts. We support our model as follows;

SUSTAINED – CLASSROOM

- K-12 NIDA Program
- 7th Grade Booster with “Anti-Venom”
- RV tools including posters and CAP cards

- Developing a weekly “Break The Silence” program for school announcements. This may be potentially aligned with the 40 developmental attributes.
- Common Core alignment is under development

We are currently involved with student based focus groups to gain a deeper understanding of where we may be able to more effectively connect with students. Our common core activities are being developed by Teachers.

VARIATION – SPEAKERS

- ROBBY’S VOICE
 - Currently adding additional speakers to include recovering addicts that are established speakers.
- Network of partners in law enforcement, medical and treatment. We have presented multi-dimensional programs when requested.

EXTENTION

STAFF

- Staff education presentation
- Conducted an annual seminar utilizing Operation Street Smart for an 8 hour educational program.
 - Currently investigating an annual staff certification via the on-line application.

PARENTS

- Traditional parents presentation
- Alignment of school program to parents with interactive activities
- Utilization of our web site and Facebook as resources
- Contributions to the monthly school newsletter
- Developing a parents workshop
- Developing a parents support guide
- Support programs like Hidden In Plain Site

ROBBY’S VOICE SPEAKING PROGRAM

- Multi-Media
- Interactive
- Action orientation

- First Segment
 - Introduction to “why” we are talking
 - Gain student involvement
 - Address societal influences (messaging, TV, movies, music)
 - Review what an addict looks like – help them understand it could be anyone and build attention to the remainder of the program.
 - Consequences; Students provide and RV reviews using real life young people and their path ways.
- Second Segment
 - Video from Tyler’s Light
 - Addresses starting with alcohol and marijuana
 - Leads to discussion about choice of friends
 - Links to the power of addiction
 - The brain and addiction
 - Answer how this happens
 - Message to physiological changes and loss of personal choice
 - Robby’s Story; brings reality closer
- Third Segment
 - Focuses on Action
 - CAP
 - Choices and Consequences
 - Awareness
 - Illegal, Prescription, Marijuana
 - Warning Signs
 - Plan
 - Personal Plan for who to call for help
 - Three phrases to get to safety
 - What to do if a friend is in trouble
 - Importance of Breaking the Silence making a difference for others
- Post Program
 - Encourage classroom discussion
 - Options Include
 - CAP Card at school or home
 - Engaging parents with phone blast and web site connection
 - On-going activities and suport

ROBBY'S VOICE is working to close the loop relative to schools, parents, students and tools. Accordingly, we are also have a drug testing partner and a philosophical approach to rewards based testing programs.

Finally, our experience has led us to begin the development of a school checklist. We utilize this list (below) to have discussions with school leaders relative to resources they either have and deploy, are under-utilized (tip lines), or may want to consider.

We are also developing a School/Police program to address parties where underage drinking and substance abuse takes place. This will include a hand-out for parents to help them understand their responsibilities.



SCHOOL PROGRAM CHECKLIST

OPPORTUNITY	DESCRIPTION	OWNERSHIP
District policy for identification and management of drug use	Identify the school districts policy on identification and management of drug use, inclusive of parental notification and resource support.	School
Prevention/Addiction Resource Support	Identification of district resources for prevention education including Resource Professional, Preventionalist, D.A.R.E. deployment, Guidance Department	School
Staff Education	Education of Teachers, Coaches,	School

	Trainers, Nurses, Bus Drivers and other district personnel	
District Educational Curriculum	Identification of the curriculum the district deploys for the students focusing on age groups, frequency, consistency and variation of the message	School
Staff Education	RV supported education including RV presentations, Operation Street Smart and D.A.R.E. for the Staff. Create a Teachers organization responsible for staff education.	School and RV
Student Education	Grade Appropriate RV presentations to present the issue.	RV
Student Education	Curriculum review of the DRUG AWARENESS & PREVENTIO program providing K-12 curriculum	RV Affiliate. Program has an implementation and training expense dependent upon scope of deployment
Sustained Messaging	Collaborate on sustained messaging for the students, working with RV Team, Administration and Student leadership.	RV
RV Poster Messaging	Quarterly deployment of an RV poster providing different messaging to the students. This will be supported by a weekly message that Student Leadership may deploy	RV – Poster Program under development
“Break The Silence” Fridays	Provides sustainable messaging within the schools by allowing the students to define the themes on Fridays to re-enforce the anti-addiction message	RV/Schools Utilization of RV approved family stories are available for this program
Volunteer Drug Testing	Program focuses on volunteer drug testing in the High School. Program is funded either by private sponsorship or by students/parents. Student reward programs need to be identified within the individual school for those passing the test.	RV/School RV will assist in the identification of a testing organization. Parental contract/student contract is under legal review
Rewards Program	Working with the County and local Prosecutor, a portion of	RV/Administration/Community

	<p>seized items from drug raids are provided to the schools as a reward program. Works well in conjunction with the voluntary drug testing program.</p> <p>Additionally, community businesses and school offer rewards which may include merchandise, discounts and special privileges like bonus points, popcorn lounges etc.</p>	
Tip Submit	<p>Program to allow teachers and students to submit information anonymously regarding drug use. This is a program that becomes cultural over time, and saves lives. It is a smart phone app so it fits the new generation</p>	RV
RV Web Site	<p>Utilization of the RV web site as an educational tool. RV videos may be used by teachers and parents to communicate with their students about the issue in a more in depth manner. Videos are pulled from different sources to provide a spectrum of perspective</p>	RV Scripts are in development
T-Shirt Program	<p>Create awareness through apparel. The students are able to develop their own messaging and shirts to enforce the messaging.</p>	School
Mentoring Program	<p>Development of a student mentoring team which is deployed to younger grades in order to provide messaging on drugs and other key issues as well as support for students struggling with issues in the younger grades</p>	School
Parents Program	<p>RV presentation specifically designed to educate parents on the issue of addiction</p>	RV
Boot Camp	<p>Parents program that is more focused on helping parents learn the tools of prevention</p>	RV

PTA Messaging	Coordinate with the school's PTA for inclusion in the district newsletter, providing information to the parents of the district	RV
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