

Wisconsin State Targeted Response to the Opioid Crisis (STR)

2017-2018 Final Prevention Activity Report June 2018



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**



ALLIANCE FOR WISCONSIN YOUTH

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Background

Since the early 2000s, Wisconsin has experienced a surge in opioid abuse and its related harmful consequences. Since the start of this increase, the age-adjusted death rate from opioid overdose has increased over fivefold. Over the last decade alone, the number of opioid-related deaths in Wisconsin has nearly doubled (Wisconsin Department of Health Services, Office of Health Informatics). In order to make an impact on these trends, a comprehensive approach to prevention, treatment, and recovery support resources and services is needed.

In February 2017, the Wisconsin Department of Health Services (DHS), Division of Care and Treatment Services (DCTS) applied for a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) titled, State Targeted Response to the Opioid Crisis (STR). This grant was awarded to Wisconsin on May 1, 2017. The prevention funding allocation of the STR grant focused on reducing the nonmedical or unauthorized availability of and access to prescription opioids, as well as preventing opioid-related overdose deaths.

DCTS partnered with the Alliance for Wisconsin Youth (AWY) regional prevention centers to make funding available to AWY member coalitions. The purpose of this funding was to provide local coalitions with resources to implement specific strategies aimed at reducing the availability of and access to opioids for nonmedical purposes and to prevent the consequences of opioid abuse. Funds were intended to enhance local coalition-led efforts related to preventing opioid abuse rather than supplanting current or ongoing prevention efforts. Funding was made available through an application process as a menu of strategy options for the following materials and community education efforts:



Permanent Prescription Drug Drop Boxes



Drug Take-Back Events



Prescription Drug Lock Boxes



Prescription Drug Deactivation Units



Coordination of Naloxone Training and Distribution



Dose of Reality Education Materials



Town Hall Meetings or Community Education Events

Coalition Application Process

DCTS contracted a total of \$730,000 to the AWY regional prevention centers to support the menu option project for coalitions within their regions. Funding to each of the five AWY regions was based on the number of eligible AWY coalitions within the region. A total of 96 coalitions were eligible to apply for funding under the STR grant prevention menu option project. Coalitions were allowed to apply for up to \$7,300 from the menu option of strategies in order to enhance their local opioid prevention efforts. Funding requests above the \$7,300 base amount were considered and awarded based on adequate completion of application materials and available funding.

Six of the seven menu option strategies were already being implemented by 14 coalitions through the SAMHSA-funded and DCTS-administered Strategic Prevention Framework Partnerships for Success Grant. For this reason, these 14 coalitions were limited to applying for funds for only the strategy that was not funded under the existing federal grant, coordination of naloxone training and distribution.

To receive funds, coalitions were required to:

- Be an AWY member as of October 1, 2017.
- Identify their target service area for strategy implementation.
- Comply with all reporting requirements.
- Complete an online STR Coalition Menu Option Application and related material distribution or implementation work plans.
- Complete strategy implementation by April 30, 2018.

Each strategy selected from the menu of options required the applicant to complete a plan for either distribution of materials or implementation of the strategy. Distribution and implementation work plans identified how coalitions would use the funds to support opioid prevention efforts in their communities. Plans were due at the time the coalition submitted their funding application in November 2017.

A total of 65 applications were received under the STR grant prevention funding solicitation. DCTS staff reviewed all applications and work plans. Comments on the applications and work plans were provided to all applicants. Revisions were due in December 2017. Final funding decisions were based on adequate completion of application materials, compliance with the grant requirements, and available funding levels. After review, it was determined that two of the applicants were not eligible to apply as they were not AWY member coalitions. Award announcements for the remaining 63 coalitions were made in late December 2017.

Funded coalitions began working with their AWY regional prevention center in late December 2017 and early January 2018 to finalize invoicing for strategy reimbursement and distribution of materials.

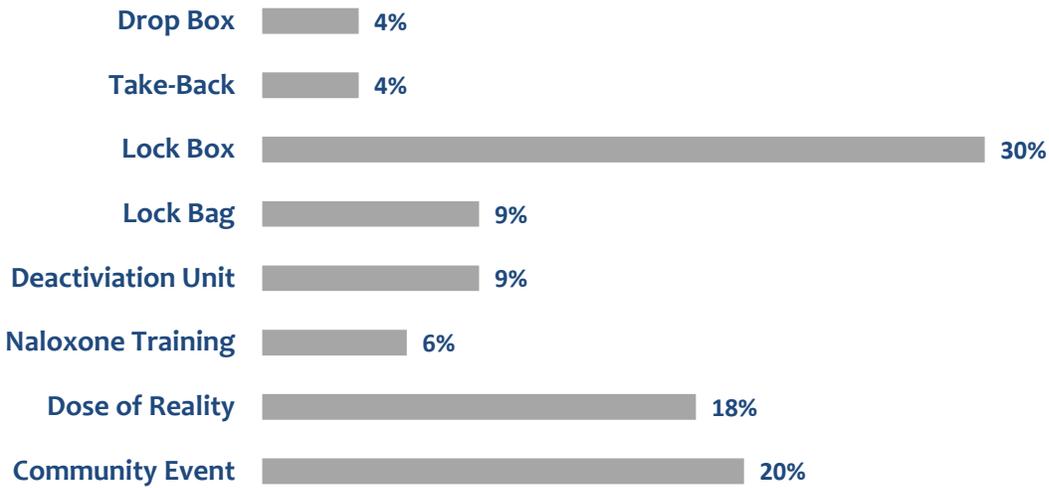
Coalition Prevention Strategy Selection

Opioid abuse is a complex issue having negative impacts across the state and the nation. The prevention strategies selected for implementation under the Wisconsin STR grant prevention strategy menu option project were designed to enhance local efforts and fill gaps in the community. Coalitions were instructed to consider other available community resources and efforts related to opioid abuse prevention and choose strategies that best met the identified needs of their targeted service areas. See Appendix A for a full list of coalitions funded through the STR grant prevention strategy menu option project, their service areas, their funding levels, and their strategy selection. Table 1 provides a summary of strategy selection by AWY region. Figure 1 shows the percent of overall funding that was allocated to each strategy.

Table 1: Number of coalitions selecting Opioid STR prevention strategies by region

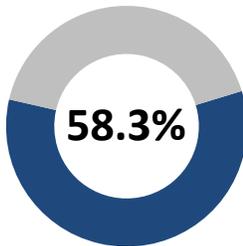
Strategy	North	Northeast	South	Southeast	West	TOTALS
 Drop Boxes	4	6	5	1	5	21
 Take-Back Events	4	6	8	1	6	25
 Lock Boxes	11	10	13	6	6	46
 Lock Bags	7	6	11	2	2	28
 Deactivation Units	8	8	10	3	6	35
 Naloxone Training	11	7	7	4	3	32
 Dose of Reality	10	11	10	3	9	43
 Community Events	12	10	16	7	8	53
TOTAL						
# of Coalitions	17	12	16	7	11	63
\$ Request	\$129,290	\$98,606	\$120,593	\$61,020	\$87,007	\$496,516

Figure 1: Percent of Funding per Strategy

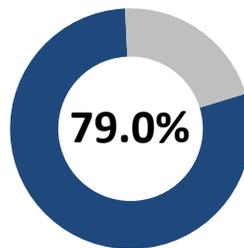
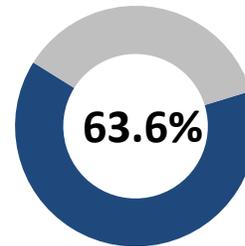


The 63 funded coalitions are located in 42 counties. Eight tribal coalitions were funded, serving seven of the state’s 11 tribes.

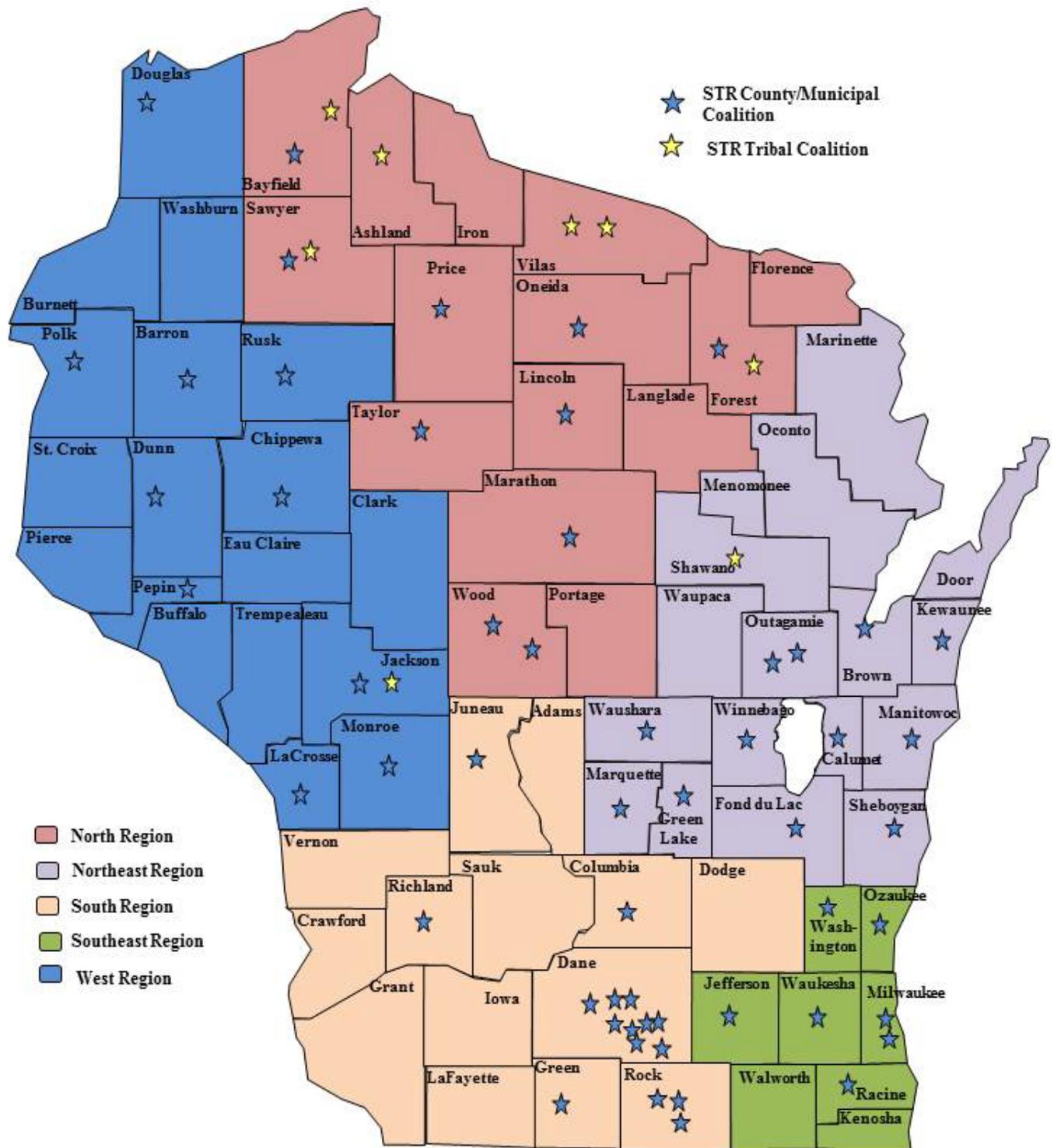
Percent of Wisconsin Counties Participating in STR Grant Prevention Activities.



Percent of Wisconsin Tribes Participating in STR Grant Prevention Activities.



Percent of Wisconsin Population in STR Grant Prevention-Funded Counties



Strategy Implementation Outcomes

All 63 coalitions funded through the STR prevention grant were provided an online outcome report survey. The survey was available beginning in April 2018 and was due in May 2018. The outcome report survey consisted of questions specific to each of the seven STR grant prevention strategies. Both multiple choice and open-ended questions were asked related to implementation efforts for each strategy.

Coalitions were instructed to complete the survey for all strategies for which they applied for funding under the STR prevention grant solicitation. Skip logic was incorporated allowing coalitions to report only on the strategies they had selected and answer only questions specific to their experiences. Quantitative and qualitative analysis of the outcome reports was completed by DHS staff.

Thirty-eight (60.3 percent) of the coalitions funded through the STR grant prevention solicitation completed implementation of all the strategies they selected. Take-back events and prescription drug lock bag distribution had the highest completion rates, with all coalitions completing the strategy as planned. The permanent prescription drug drop box strategy was considered complete if the coalition was able to both purchase and place a drop box during the grant cycle. The lower completion rate of 66.7% (table 2) for this strategy is likely due to the short grant timeline. Many of the coalitions that selected this strategy were able to purchase a box but not place it in a permanent location by April 30, 2018. Lock box distribution had a completion rate of 78.3%. Production delays resulted in several coalitions receiving their lock boxes from the manufacturer late in the grant cycle or not receiving them by the end of the grant cycle.

The subsequent sections of this report provide results specific to each of the STR grant prevention strategies funded from May 1, 2017, through April 30, 2018.

Table 2: Opioid STR Grant prevention strategy completion rates by strategy

Strategy	# of Coalitions Requesting \$	# of Coalitions Completed	Completion Rate
 Drop Boxes	21	14	66.7%
 Take-Back Events	25	25	100.0%
 Lock Boxes	46	36	78.3%
 Lock Bags	28	28	100.0%
 Deactivation Units	35	34	97.1%
 Naloxone Training	32	29	90.6%
 Dose of Reality	43	40	93.0%
 Community Events	53	49	92.5%
TOTALS	283	255	90.1%

Prescription Drug Drop Boxes



The purpose of the permanent prescription drug drop box strategy was to increase the accessibility of a safe and responsible method to dispose of unwanted and expired medicines to protect families, communities, and the environment. Coalitions, law enforcement, and pharmacies were encouraged to work together to purchase and place permanent drug drop boxes in as many community locations as possible. Coalitions received \$700 for the purchase of each drop box.

Twenty-one coalitions selected to implement the prescription drug drop box strategy. A total of 28 drop boxes were requested through the application process. Four percent of the overall STR grant prevention funding for coalitions supported this strategy.

Strategy Outcomes

Ninety-one percent of the coalitions (19 coalitions) who applied to receive a permanent prescription drug drop box purchased at least one drop box during the grant period. Of those, 14 coalitions (73.7%) were able to place their drop box in a permanent location or use it as a mobile site.

A total of 16 new permanent prescription drop boxes were placed in 13 counties and one tribe with STR grant prevention funds from February to April. An additional nine boxes were purchased, but were unable to be placed during the grant cycle. Thirteen boxes were placed in law enforcement agencies, two were placed in pharmacies or clinics with pharmacies, and one box was purchased for law enforcement to use as a mobile unit throughout the county. A total of 301.5 pounds of medications were collected through seven boxes from February 1 through April 30, 2018. Eight coalitions did not have poundage amounts to report due to box placement taking place late in the grant cycle.

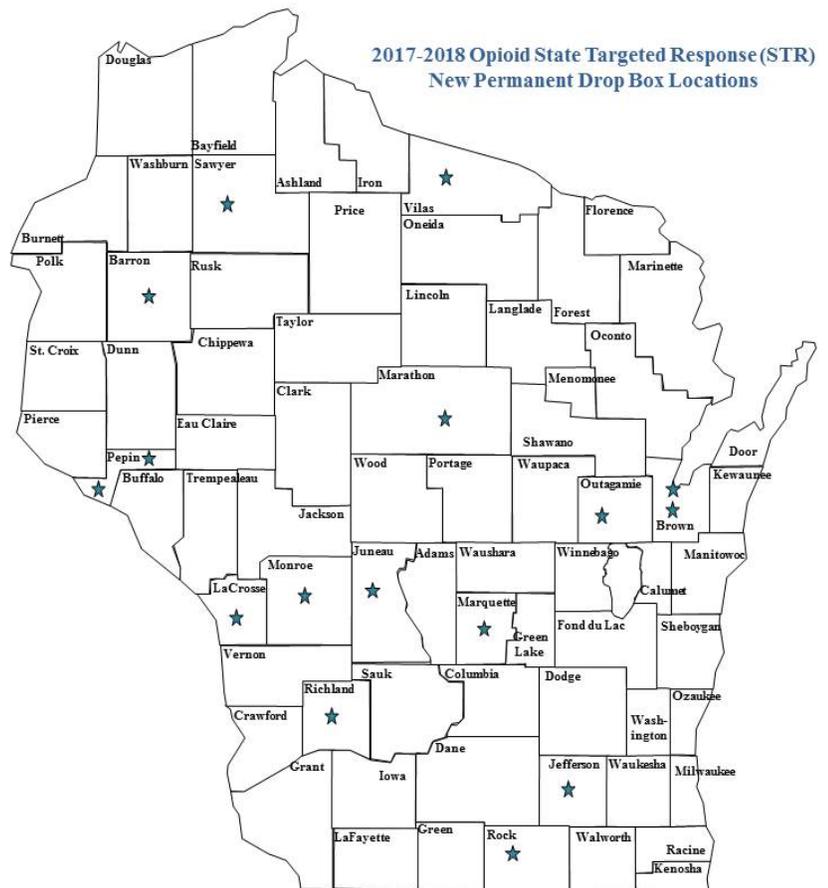
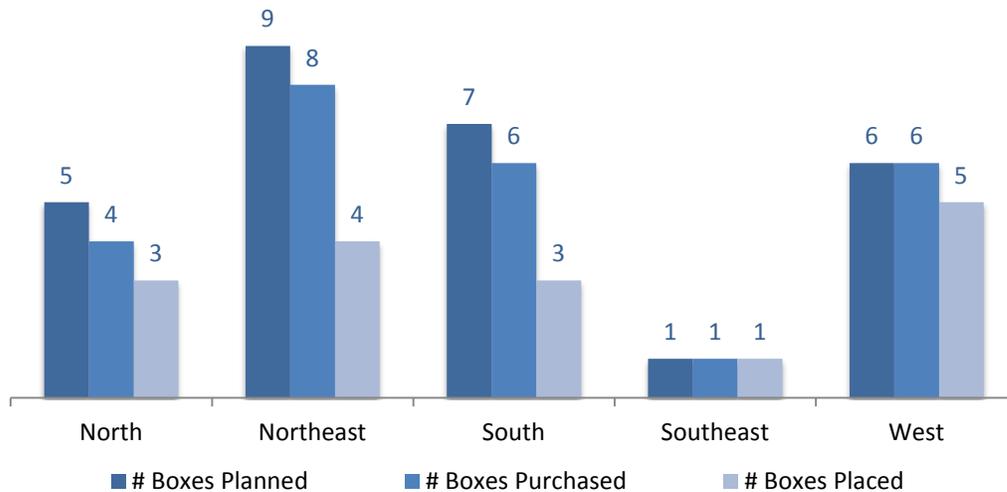


Figure 2: Number of drop boxes planned, purchased, and placed by region.



Two coalitions were not able to purchase drop boxes as planned. These coalitions noted lack of law enforcement support and logistical setbacks as the reasons for not being able to complete strategy implementation.

Six coalitions that were unable to place their purchased drop boxes cited either not yet receiving the box or receiving it late in the grant cycle in April 2018 as barriers to implementation. All of these coalitions anticipated installing the drop boxes within the next month. One coalition was not able to place their drop box during the grant cycle because of issues related to installing the appropriate level of surveillance equipment. This coalition anticipates being able to install the box as soon as the surveillance system is installed.

All coalitions were asked to provide details about challenges or barriers they encountered while implementing the strategy. The challenges or barriers included:

- Delays in placing permanent boxes due to logistical issues.
- The cost for the box was more expensive than anticipated.
- Funding and installing required surveillance equipment.

While there are currently seven permanent drug drop boxes in our community, we wanted to offer a 'mobile' unit to provide greater access, convenience, and opportunity for community members to dispose of unwanted and expired medication. We also hope that by having this box traveling around the community, awareness will be raised about permanent drug drop boxes (what they look like, how to use them, and where to find them) and the importance of disposing of unwanted medications.

- Barron County Community Coalition

Prescription Drug Take-Back Events



The purpose of the prescription drug take-back event strategy was to provide a method for safe and responsible disposal of unused and expired medications to reduce diversion and protect the environment. Coalitions and law enforcement were encouraged to work together to host a take-back event within the coalition’s targeted service area. The most common take-back event is a one-day event at a special location. Some take-back events are traveling in nature. For example, the collection is part of Meals on Wheels deliveries. Both types of events or a combination of the two were considered acceptable for implementing this strategy.

Twenty-five coalitions selected to implement the drug take-back event strategy. Work plans for this strategy identified a total of 44 planned events. Four percent of the overall STR grant prevention funding for coalitions supported this strategy.

Strategy Outcomes

All of the coalitions who applied to hold take-back events during the grant period were able to hold at least one take-back event (figure 3). A total of 58 take-back events were held in 21 counties and one tribe between October 2017 and April 2018. The number of events held by individual coalitions ranged from one to eight events.

A total of 7,533.64 pounds of medications were collected through STR grant prevention-supported take-back efforts (figure 4).

Figure 3: Number of coalitions selecting versus implementing take-back event strategy and number of take-back events planned versus implemented by region.

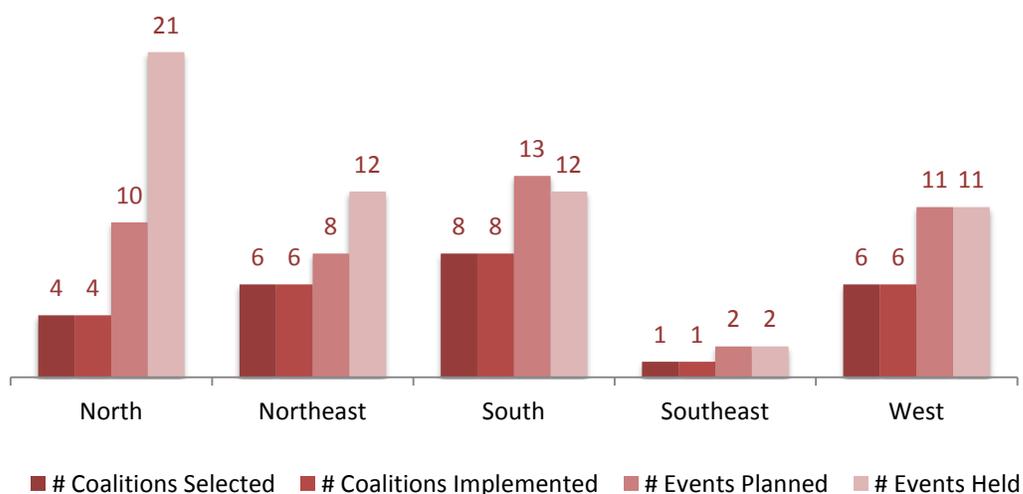
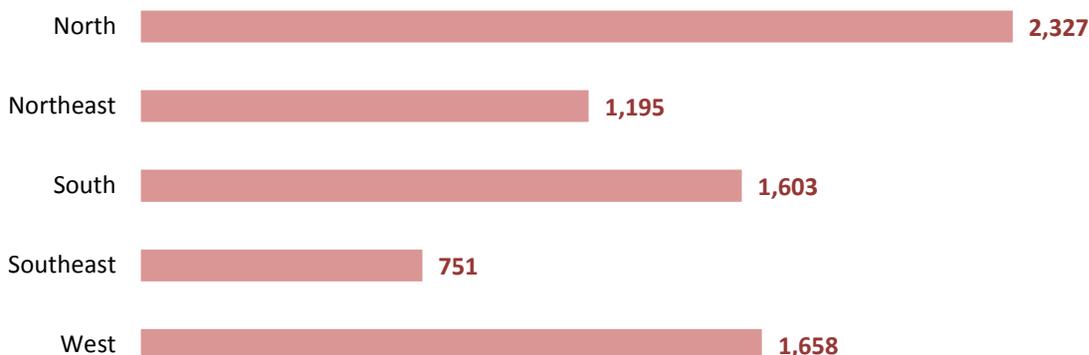


Figure 4: Pounds of medications collected through STR grant prevention-funded take-back events between October 2017 and April 2018 by region.



For the purposes of reporting, take-back events were tracked as single location events or mobile events. This allowed take-back events that were held at different locations on the same date to be counted individually as single events, while allowing efforts that spanned several days but were part of one effort (for example, law enforcement collecting medications through Meals on Wheels deliveries) to be counted as mobile events. The majority of take-back events were single location events (86%). The most common location was at law enforcement agencies (34.5%). Other common locations included community or senior centers (15.5%) and flu shot clinics (13.8%).

All coalitions were asked to provide details about barriers or notable successes they encountered while implementing this strategy. Barriers included:

- Low turn-out or participation
- Advertising
- Weather

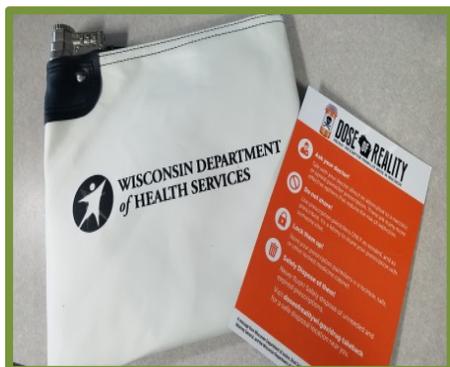
Notable successes included:

- Using the opportunity to educate the community about prescription drug abuse.
- Distributing lock boxes, lock bags, and deactivation units at take-back events.
- Building community partnerships.

We held a take-back event at our community event and I think it allowed people that may feel a stigma going to the police department the opportunity to drop off their meds.

- Building a Safer Evansville

Prescription Drug Lock Boxes and Bags



The purpose of personal prescription drug lock boxes and bag was to provide a means of secure home storage for medications to prevent diversion for nonmedical purposes. Coalitions were encouraged to partner with first responders (law enforcement, EMS, fire), health care clinics, home health care providers, senior centers, and other community agencies to distribute lock boxes and bags to individuals prescribed narcotics. Coalitions could purchase boxes, bags, or both boxes and bags.

A total of 49 coalitions selected to distribute either or both lock boxes and bags. Forty-six coalitions selected to participate in distributing lock boxes and 28 coalitions selected to distribute lock bags. A total of 6,796 lock boxes and 2,022 lock bags were requested by coalitions under this strategy. Thirty percent of the overall STR grant prevention funding for coalitions supported lock box purchases and nine percent supported lock bag purchases.

Strategy Outcomes

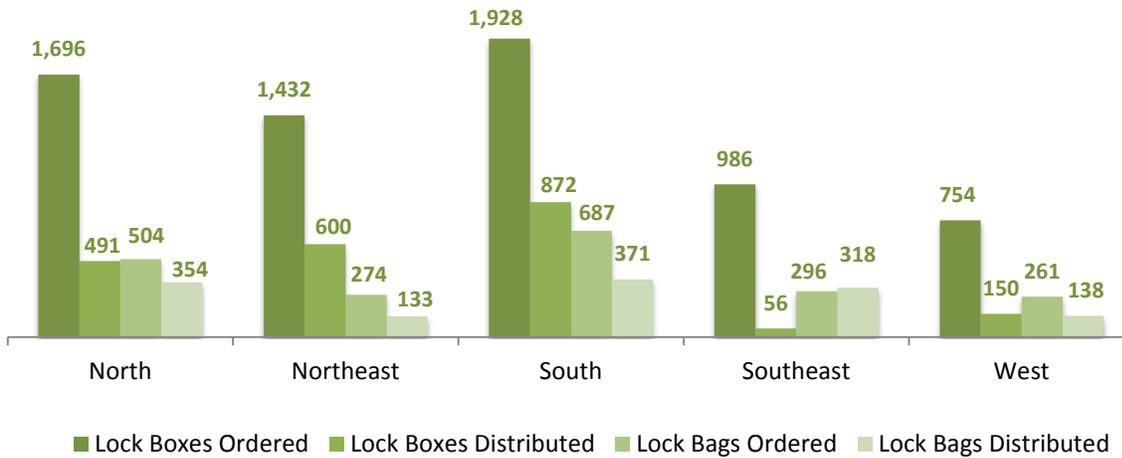
Seventy-eight percent of coalitions who applied to distribute lock boxes and all coalitions who applied to distribute lock bags during the grant period were able to distribute materials. Due to production issues, lock boxes were not able to be shipped until March and April 2018, with a portion of the shipment not received by April 30, 2018. Lock bags were shipped to coalitions beginning in late January 2018, with the final shipment in early March, 2018. These production issues reduced the amount of time coalitions had to distribute these materials and several planned events where distribution would have occurred had already taken place by the time materials arrived. Ten coalitions were unable to distribute any lock boxes during the grant cycle due to these delays.

However, even with the delay in receiving materials, a total of 2,169 lock boxes and 1,314 lock bags were distributed in 26 counties and six tribes. This amounts to 32% of the lock boxes and 65% of the lock bags ordered being distributed to community members and partner agencies by April 30, 2018.

People have been very receptive to the lock boxes. Many are very concerned about the opioid issue and want to help combat it and feel the lock boxes are a good strategy to prevent kids especially from stealing from their parents.

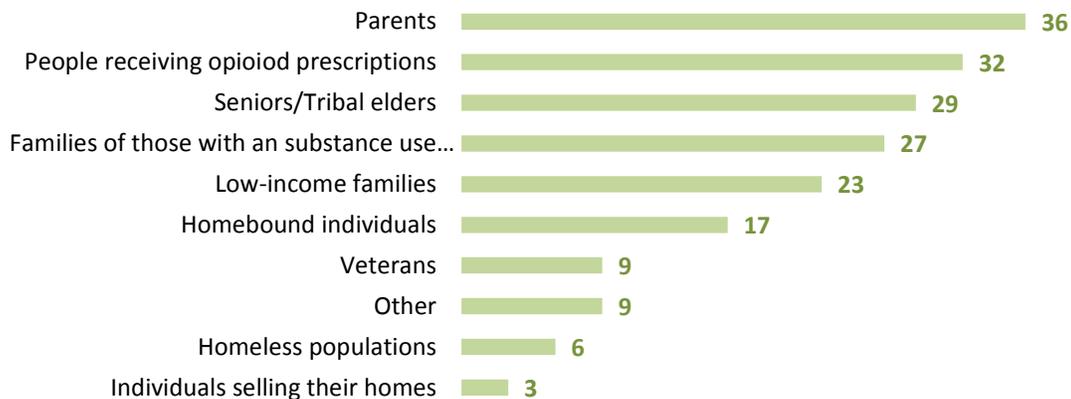
- Green Lake County Wellness Coalition

Figure 5: Number of lock boxes and bags ordered versus distributed by region.



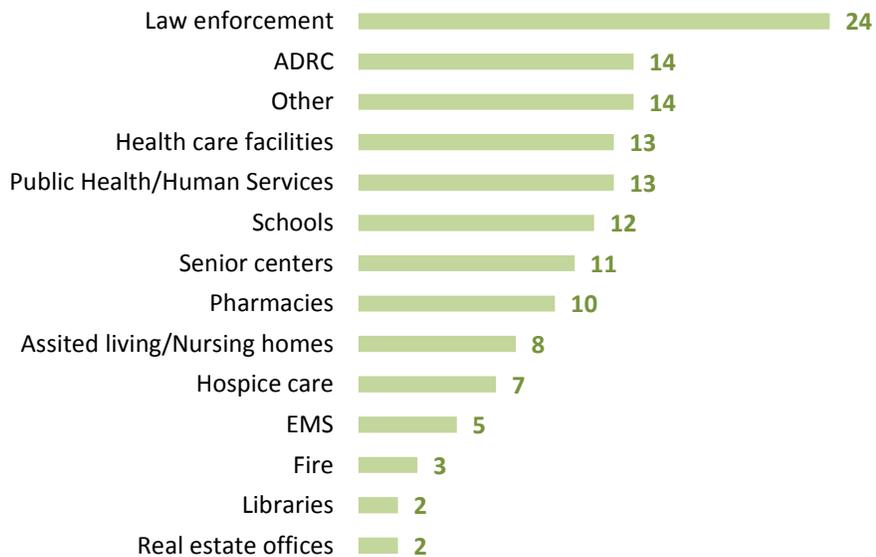
Coalitions targeted multiple audiences for distribution of lock boxes and bags. For the purposes of reporting on targeted audiences, coalitions were asked to select all populations they targeted for distribution (figure 6). They were also able to select and specify “other” populations they targeted. Coalitions primarily targeted parents (73%), followed by individuals receiving opioid prescriptions (65%), and seniors/tribal elders (59%). Other populations mentioned included college students, foster parents, hospice workers, and individuals dropping off medications at take-back events.

Figure 6: Number of coalitions targeting specific populations with lock box and bag distribution.



Many coalitions partnered with other local agencies to distribute lock boxes and bags. These partnerships helped the coalitions reach their target audiences. Coalitions primarily partnered with law enforcement (49%). Other identified agencies included county drug courts, food pantries, low income housing complexes, mental health agencies, domestic violence shelters, Veteran’s Affairs Clinics, and college campuses.

Figure 7: Number of coalitions targeting specific agencies with lock box and bag distribution.



Coalitions who were not able to distribute any of the lock boxes or bags they ordered during the grant cycle were asked to provide details about barriers related to the implementation of this strategy. Qualitative analysis of responses showed that the biggest barrier to distribution was delays in receiving lock box shipments (19 mentions) and not receiving boxes by April 30, 2018 (10 mentions). In addition, five coalitions mentioned that the lock bags proved difficult for seniors to use.

The bags were very popular and seen as a new, innovative approach. Many parents liked the resource for when they are traveling with their children. It is a new tool to start important conversations about simple preventative steps.

- Waukesha County Drug Free Communities Coalition

Although production delays hindered the implementation of lock boxes, the majority of coalitions mentioned that the items they distributed were well-received in the community.

Prescription Drug Deactivation Units



The purpose of prescription drug deactivation units was to provide a means to conveniently, safely, and responsibly dispose of unused and expired medications to reduce the potential for diversion. When medications are placed in the deactivation unit, they interact with the carbon inside, rendering them physiologically inactive (e.g. deactivated) and safe to throw away. Coalitions, first responders, clinics, pharmacies, and home health care providers were encouraged to work together to distribute units to individuals or populations unlikely to take part in take-back events or come to permanent drug drop box locations. This strategy was especially important for areas with few permanent drop box locations, individuals that distrust law enforcement and are unlikely to bring unwanted

medications to a drop box located inside a law enforcement agency, and home-bound populations.

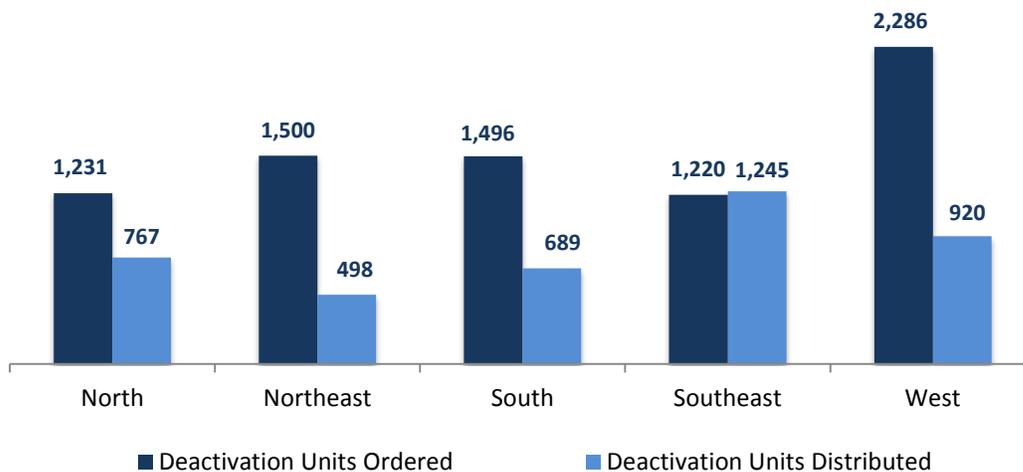
Thirty-five coalitions selected to participate in distributing prescription drug deactivation units. A total of 7,733 units were requested by coalitions under this strategy. Nine percent of the overall STR grant prevention funding for coalitions supported this strategy.



Strategy Outcomes

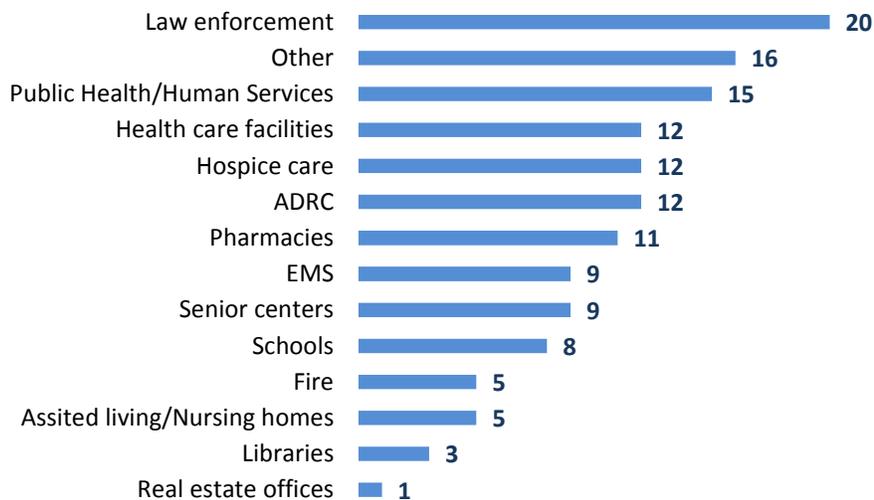
Ninety-seven percent of the coalitions who applied to distribute deactivation units during the grant period were able to distribute units to their intended audiences. A total of 4,119 deactivation units were distributed in 24 counties and two tribes, this amounts to 53% of the deactivation units ordered. Individual coalitions distributed between 4 and 1,100 deactivation units.

Figure 8: Number of deactivation units ordered versus distributed by region.



Many coalitions partnered with other local agencies in order to reach their target populations. Coalitions most often partnered with law enforcement (59%) and public health/human services departments (44%). Some of the other agencies identified included: mental health agencies, libraries, Meal on Wheels, churches, Veterans Affairs clinics, and residential treatment facilities.

Figure 9: Number of coalitions partnering with specific agencies for deactivation unit distribution.



One coalition was not able to distribute their deactivation units. This coalition’s workplan identified distributing deactivation units in conjunction with lock box distribution. Since they did not receive the lock boxes they ordered in the time expected, they were not able to fully complete either of the strategies. Notable barriers to strategy implementation included explaining how to use the deactivation units, concerns about whether the units are environmentally safe, and the short timeline for distribution after receiving units.

Coalitions overall were very pleased with the deactivation units and reported they were well received in the community and by partner agencies. Some of the innovative ways coalitions reported using the units included:

“Deactivation kits were distributed by law enforcement when visiting assisted living homes to collect medication.”

- Marshfield Area Coalition for Youth

“Recovery Corps members identified the need for deactivation units to assist in the community with people in recovery who want to get rid of their prescription medications.”

- Minobimaadiziwin Coalition

“The drug deactivation kits were well received by community members, especially pharmacists who were happy to distribute them along with prescription medications dispensed.”

- Jefferson County Drug Free Coalition

“We are working with our Chamber of Commerce. They will be distributing a deactivation packet in every new home owner packet – at least 200 per year.”

- Building a Safer Evansville

“Drug disposal packets will be distributed to Meals on Wheels recipients. We are also working with our churches to distribute to elderly populations who do not receive Meals on Wheels.”

- Reducing Excessive Alcohol Consumption for Health (REACH) Calumet County

“Many people were already disposing of their medications or able to get somewhere to safely dispose. We decided to partner with agencies that see more individuals who have barriers to using these other methods of medication disposal and use the deactivation units.”

- Healthy People Wood County



The purpose of coordinating naloxone training and distribution was to reduce opioid-related overdose deaths. Providing naloxone to an individual can reverse an opioid-related overdose.

All levels of first responders, including EMTs, police, and fire, have had the ability to be trained to carry and administer naloxone since the enactment of 2013 Wisconsin Act 200 in 2014. Since the law went into effect, some law enforcement agencies have identified lack of training resources as a barrier to carrying and administering this life-saving medication. In addition, community members with loved ones who use opioids and those working in areas where an overdose may occur (libraries, hotels, convenience stores, etc.) could benefit from training on administering naloxone.



Coalitions that selected this strategy were instructed to partner with emergency medical services, law enforcement, fire, and community groups to identify training and resource needs for equipping first responders and community members with naloxone as a life-saving measure. Coalitions were further instructed to coordinate efforts across agencies and partner with the AIDS Resource Center of Wisconsin (ARCW) to provide training on naloxone administration. Training included: recognizing the signs of an overdose, rescue breathing, administering naloxone, evaluation, and support. Individuals trained through these efforts received nasal naloxone.

A total of 32 coalitions in 21 counties and six tribes selected to participate in this strategy. Their work plans identified the intent to train up to 2,205 people. Six percent of the overall STR grant prevention funding for coalitions supported this strategy.

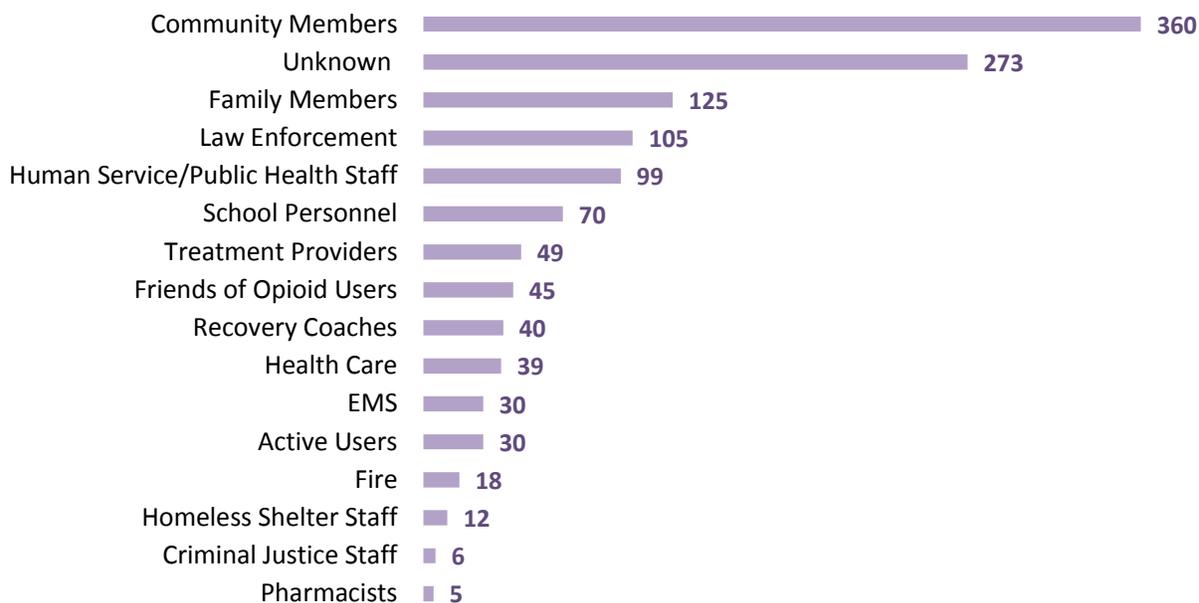
Strategy Outcomes

Ninety-one percent of the coalitions who applied to coordinate and provide naloxone training during the grant period were able to host at least one naloxone training event. Coalitions held between one and eight events. A total of 62 events took place statewide, training 1,306 individuals (73% of planned estimate) in 22 counties and five tribes (figure 10). The most prevalent sectors represented at trainings included community members (360 individuals), family members (125 individuals), and law enforcement (105 individuals) (figure 11).

Figure 10: Number of coalitions implementing naloxone strategy, number of naloxone events held and number of individuals trained to administer naloxone by region.



Figure 11: Number of individuals trained to administer naloxone by sector.



Coalitions that were not able to host naloxone trainings as planned during the grant cycle cited staff turnover, scheduling, and low registration for a planned event as reasons for trainings not being held. Overarching barriers to implementation mentioned by multiple coalitions included coordinating event logistics within the grant cycle, stigma related to harm reduction strategies, and stigma towards using populations.

Notable successes included:

- “In collaboration with ARCW and the local technical college we now have all of our law enforcement (county and city), jail staff, and jail nurses trained.” - Taylor County Drug Opposition Partners
- “We had more people attend the trainings than we anticipated based on registration. Fifteen people registered for the training and 53 people showed up. A nice problem to have!” - AODA Coalition of Douglas County
- “We will continue to provide Narcan® training to all tribal employees and community members. Another success is a policy for Narcan® distribution within the tribe has been drafted and is in the process of being submitted to the tribal council for approval.” - Red Cliff AODA Reduction Team/Coalition

Overdose Prevention Training

Does someone you love use opiates? Do you fear for their life? Join us for life-saving overdose prevention training. The purpose of this training is to reduce opioid-related overdose deaths in the Marshfield area. Providing naloxone to an individual who is experiencing an opiate-related overdose can reverse overdose symptoms such as extreme drowsiness, slowed breathing, or loss of consciousness. Attendees will learn to recognize the signs of an overdose, rescue breathing, administering naloxone, evaluation and support. Come learn how to save a life!

Trainer: Carley Zartner, CHES, Aids Resource Center of Wisconsin Prevention Specialist

Who: Marshfield Area Community Members
(Children of any age are welcome to participate in supervised activities)

When: Tuesday, March 6, 2018
Dinner: 6:00pm
Presentation: 6:30-7:30pm

Where: Center City Church: The Orbital
2209 W Spencer St, Marshfield



Free dinner and child care – registration required.

To register, contact Meagan Pichler, Marshfield Clinic Health System – Center for Community Outreach, at 715-221-8422 or pichler.meagan@marshfieldclinic.org or register at: <https://www.surveymonkey.com/r/NaloxTraining18>

Registration deadline is Thursday, March 1, 2018

All participants can receive one free dose of Narcan® nasal mist and request extra doses of the intravenous variety.

This training is funded in part by Marshfield Clinic Health System, Marshfield Area Coalition for Youth and Wisconsin Department of Health Services, Division of Care and Treatment Services-State Targeted Response grant.

“Some community members voiced opposition, stating we were enabling ‘Narcan® parties’ which would promote more drug abuse. Education was shared on saving lives for those who overdose.”

- Giwii Mino Bimaadizimin Coalition

“The AIDS Resource Center of Wisconsin provided an excellent trainer who did a great job of engaging the participants. We had a lot of support from the public libraries.”

- Jefferson County Drug Free Coalition



DOSE OF REALITY
PREVENT PRESCRIPTION PAINKILLER ABUSE IN WISCONSIN.

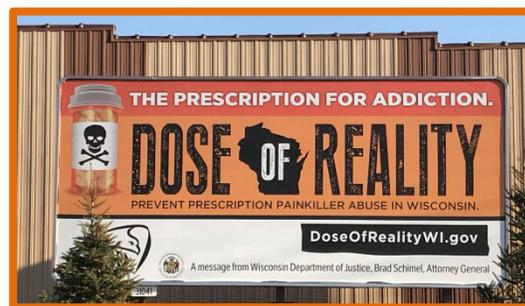
The purpose of the *Dose of Reality* prescription painkiller prevention awareness campaign was to inform and educate community members about the improper use of prescription opioids, warn

consumers about the dangers of improper storage and disposal of prescription opioids, and encourage positive action. Coalitions were encouraged to use this statewide campaign locally as a tool for providing education in support of other opioid prevention efforts in the community. *Dose of Reality* materials are available for free at www.doseofrealitywi.gov. The campaign allows coalitions to upload their own logos to show their endorsement of the campaign. Some materials are also available in Spanish.

A total of 43 coalitions selected to participate in promoting the *Dose of Reality* Campaign. Eighteen percent of the overall STR grant prevention funding for coalitions supported this strategy.

Strategy Outcomes

Ninety-three percent of the coalitions who applied to promote the *Dose of Reality* campaign during the grant cycle were able to provide campaign materials within their service areas. Ninety percent of participating coalitions used print materials, 60% used purchased media buys (excluding social media), and 2% used purchased social media buys as a part of their efforts. *Dose of Reality* efforts were supported in 33 counties and three tribes.



Many coalitions reported they received free or in-kind advertising support from movie theaters, radio, newspaper, and billboard companies. This was in addition to their paid media buys. In addition, many used *Dose of Reality* campaign materials on their coalition Facebook pages and websites for free.

Print Media Implementation

Of the 40 coalitions who completed the *Dose of Reality* strategy, 36 of them used funding for printing campaign materials. Print materials included brochures, posters, fact sheets, magnets, and toolkits. Ninety-three percent of the materials printed during the contract period were distributed to targeted audiences within communities (figure 12). Target audiences for print material distribution varied depending on the materials printed. Overall target populations for distribution of printed media messaging are shown in figure 13. Some of the other audiences targeted included local businesses, coaches, employers, and faith-based organizations.

Figure 12: Number of Dose of Reality materials printed and distributed by type.

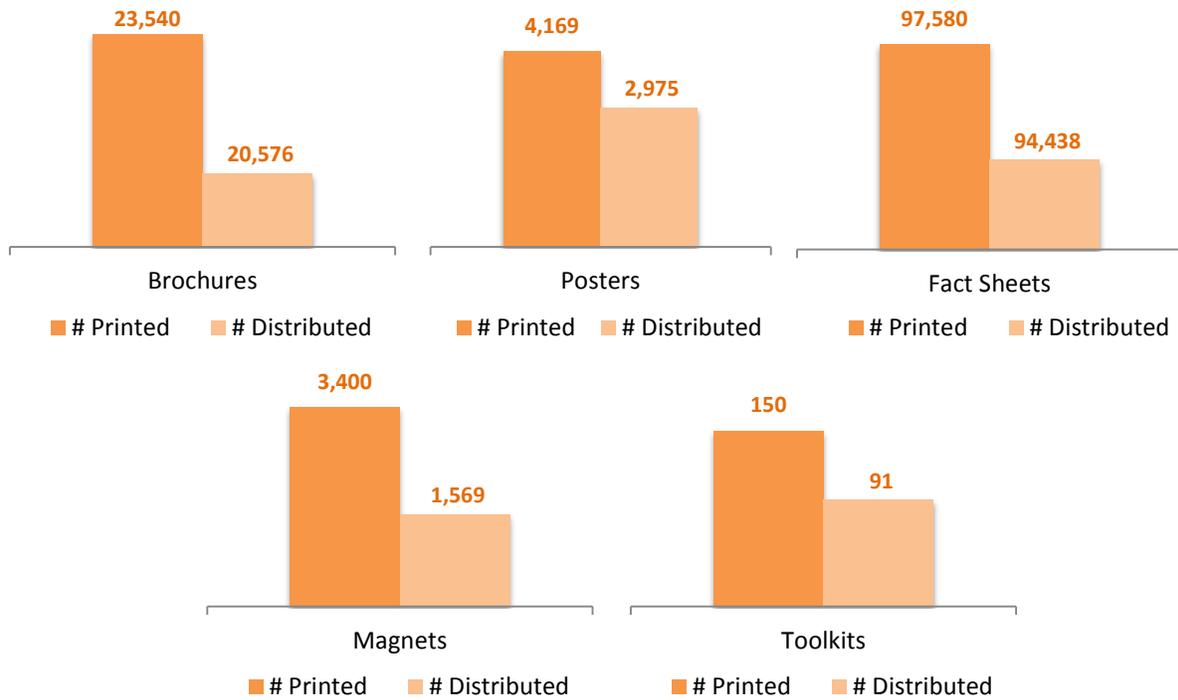
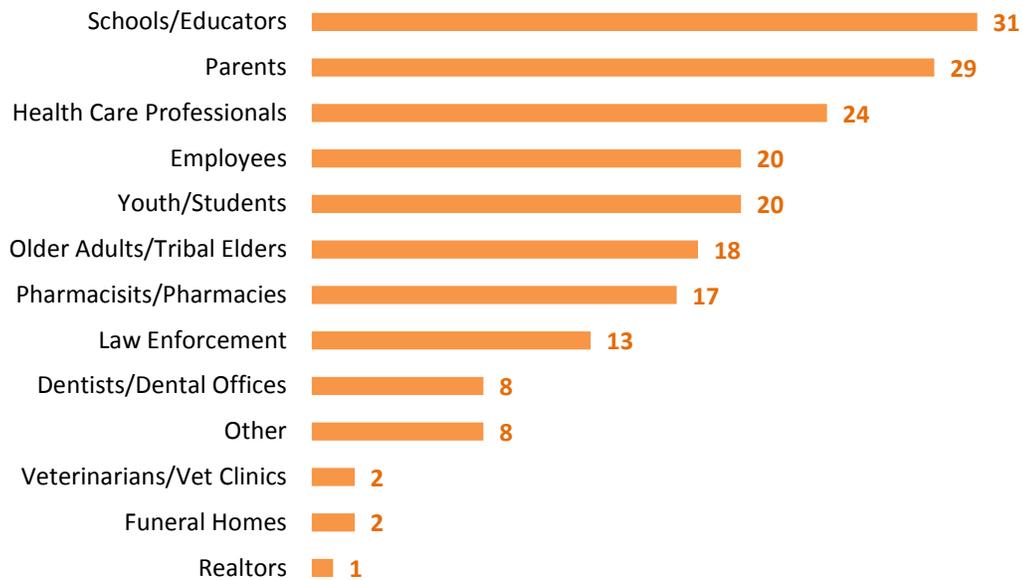


Figure 12: Number of coalitions targeting specific populations with printed Dose of Reality materials (coalitions could select more than one target audience).

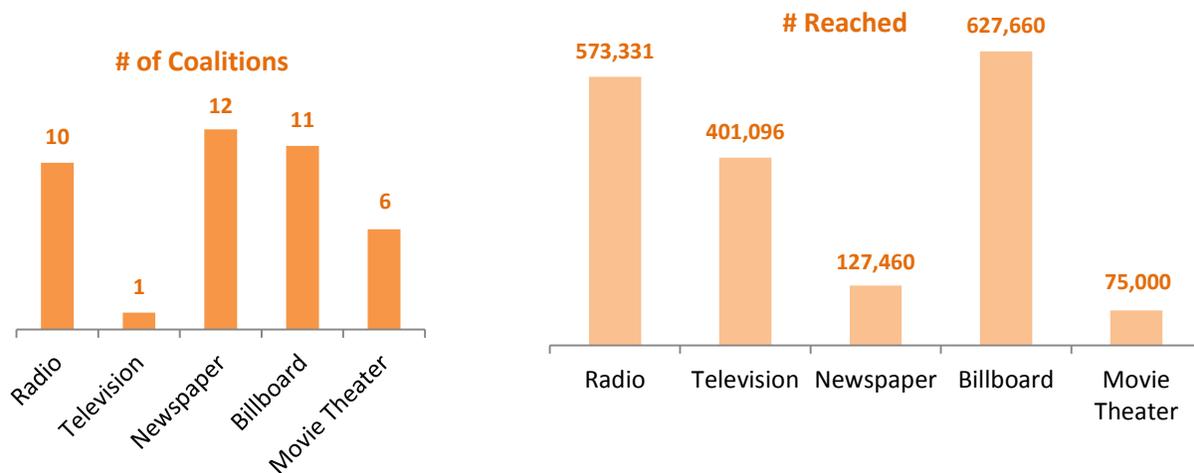


Purchased Media Implementation

Of the 40 coalitions who completed the *Dose of Reality* strategy, 24 of them used funding for purchased media buys (excluding social media). Purchased media buys included radio, television, newspaper, billboard, and movie theater advertisements. The majority of coalitions funded newspaper advertising (50%), while only one coalition funded television advertising. It was difficult for coalitions to report on the estimated number of individuals reached through their purchased media efforts. Only 70% of coalitions were able to provide reach estimates for radio (7 coalitions), 100% for television (1 coalition), 25% for newspaper (3 coalitions), 73% for billboards (8 coalitions), and 43% for movie theaters (3 coalitions). Based on estimates coalitions were able to provide, the majority of individuals were reached through billboard advertisements (figure 13).

It was also difficult to quantify the length and duration of exposure through each of the different purchased media markets. While coalitions were asked to report on how long their messages ran, responses varied as there was no standard way to report exposure times. For example, reports on movie theater advertising ranged from “20 previews” to “12 weeks” to “PSA plays before every movie in eight theaters for one year.” With the variation in reporting, it was not possible to summarize the duration of advertising exposure across coalitions.

Figure 13: Number of coalitions using purchased media and estimated number of individuals reached with purchased *Dose of Reality* media buys.

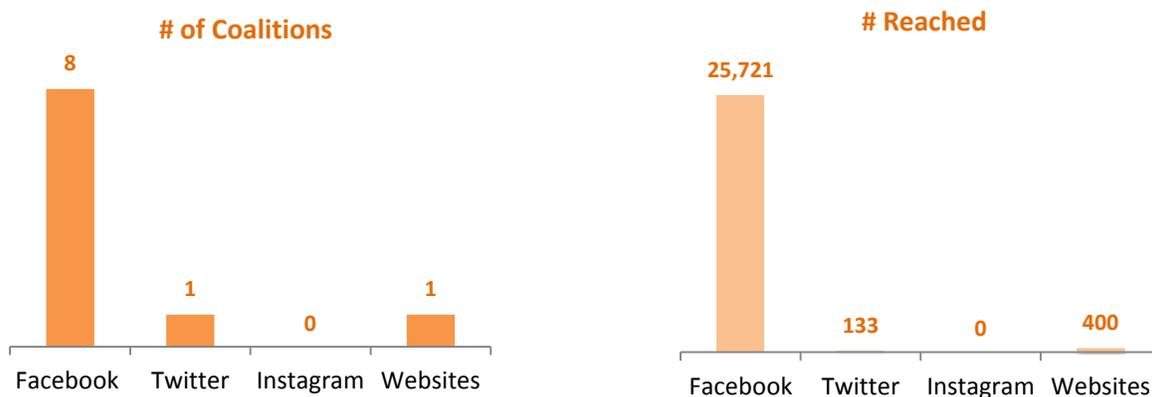


Social Media Implementation

Of the 40 coalitions who completed the *Dose of Reality* strategy, eight of them (2%) used funding for purchased social media buys. Coalitions purchased social media ads on Facebook, Twitter, and websites. While all eight coalitions buying social media purchased Facebook advertisements, only one coalition purchased advertising on Twitter and one funded advertising on websites. The duration of Facebook advertising ranged between two weeks and four months. Of the eight coalitions who purchased Facebook advertising, only

half (4 coalitions) were able to provide information on the click through rate and three coalitions were able to provide an estimate for the number of individuals reached. The Twitter advertising ran for a month and reached an estimated 133 individuals. Website advertising ran for four months and reached an estimated 400 individuals with a click through rate of 1,065.

Figure 14: Number of coalitions using purchased social media and estimated number of individuals reached with purchased *Dose of Reality* social media buys.



All coalitions who were not able to promote the *Dose of Reality* campaign as planned during the grant cycle reported that the barrier to implementing the strategy was timing. Several said they had laid the groundwork and that advertisements would now run in the coming months. All coalitions were asked to provide details about challenges they encountered while implementing this strategy. Some of the comments related to barriers included:

- Being able to purchase and run the advertising spots within the grant cycle.
- Using *Dose of Reality* materials to promote other strategies that were delayed due to production issues.
- Delaying placement of the advertisement due to additional design work because the coalition felt the *Dose of Reality* billboard art was hard to read and too busy for people driving to read.

Overall, coalitions had positive comments about using the *Dose of Reality* materials. Many coalitions found they were able to get a lot of attention using *Dose of Reality* messaging and advertising for low and no cost. Coalitions often used the *Dose of Reality* campaign in conjunction with other efforts. In addition to raising general awareness, *Dose of Reality* was used to support the promotion of drop box locations, community events, and the availability of lock boxes, bags, and deactivation units.

DOSE OF REALITY

PREVENT PRESCRIPTION PAINKILLER MISUSE IN WISCONSIN.

Because I am concerned about the growing problem of prescription painkiller misuse in Wisconsin...



I will use any medications I am prescribed only in the way they were intended by my doctor.



I will not share my prescriptions or use anybody else's.



I will safely and securely store my prescription painkillers and other medications.



I will safely dispose of them when they are no longer needed or expired.

For information on where to dispose of unused and expired medications, visit

DoseOfRealityWI.gov

"This was a new way for our coalition to engage the community and we found it to be a successful approach. It served both to provide targeted education to our community at a low cost and these advertisements resulted in new people "liking" our coalition Facebook page, which was an unanticipated success."

- Barron County Community Coalition

"Local media outlets were happy to reduce prices and give us more coverage due to the important topic of opioids."

- Green Lake County Wellness Coalition

"We used these dollars to print updated flyers with the Dose of Reality information on one side and our permanent drop box locations on the other. Given that we had added new sites to our community, this is the perfect way to get more advertising out to include all permanent sites. "

- Healthy Sheboygan County 2020

Town Hall and Community Events



**DOSE OF REALITY:
A COMMUNITY EDUCATION
EVENT ON OPIOID ADDICTION**
HOSTED BY: RICHLAND COUNTY CHILDREN AND FAMILY ADVOCACY COUNCIL

"HIDDEN IN PLAIN SITE" TEEN BEDROOM DISPLAY
Signs of drug use, initial survey
6:30pm

JARRED BURKE & DR. ANDY WRIGHT
*What is seen in local medical practice & community?
Any changes in prescribing practices?*
7:00pm

"STRAIGHT FORWARD" VIDEO
Recovery stories, education, awareness of opioid epidemic
7:10 pm

DR. ANDY WRIGHT
Closing comments-wrap up video
8:00pm

BRIDGET M-HUMPHREY, PROJECT DIRECTOR UW PARTNERSHIP PROGRAM
Treatment Update
8:10pm

BETSY ROESLER, HHS PREVENTION SPECIALIST
Overview of current prevention efforts and next steps
8:15pm

DWAYNE FISHER, RCCFAC PRESIDENT
*Invite people to pick up lock boxes, deactivation kits and yard signs.
Sign up for coalition meetings. Refreshments served.*
8:20pm

**MONDAY
APRIL 9TH
6:30 PM RICHLAND CENTER
HIGH SCHOOL AUDITORIUM**

DOSE OF REALITY
OPPIOID PREVENTION PARTNERED WITH US IN RICHLAND

RICHLAND COUNTY HEALTH DEPARTMENT

RICHLAND COUNTY HEALTH DEPARTMENT

RC
SCHOOL DISTRICT

Extension
Cooperative Extension
Richland County

The purpose of town hall meetings and community education events was to inform and educate community members, elected officials, business owners, and health care providers about the risks of addiction associated with opioids, the risk of diversion associated with the improper storage and disposal of opioids, and the risk of overdose associated with using opioids in ways other than prescribed. Community education events could include speaking engagements at schools, community centers, senior centers, or businesses; information dissemination through health fairs or parent/teacher organizations; and cultural events such as sobriety powwows, Gathering of Native Americans, or talking circles. Events were required to focus on opioid abuse prevention, provide clear messaging related to opioids, and offer solutions and resources to the audience.

A total of 53 coalitions (84.1% of all applicants) applied to implement this strategy. Planning for this strategy identified up to 158 anticipated community events in 33 counties and seven tribes. The majority of planned events were targeting the general public. Twenty percent of the overall STR grant prevention funding for coalitions supported this strategy.

Strategy Outcomes

Ninety-four percent of the coalitions who applied to host town hall meetings and community events during the grant period were able to hold at least one event (figure 15). A total of 136 community events were held in 29 counties, seven tribes, and 63 municipalities between October 2017 and April 2018. The number of events held by individual coalitions ranged from 1 to 14 events. On average, the coalitions who selected this strategy held three events. A total of 9,727 people attended these community events (figure 16).

Figure 15: Number of coalitions selecting versus implementing community event strategy and number of events planned versus implemented by region.

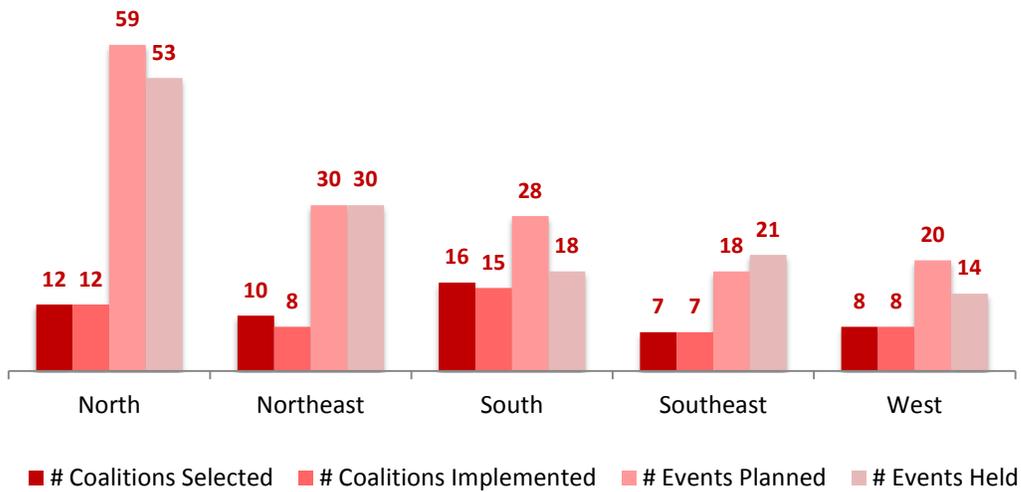
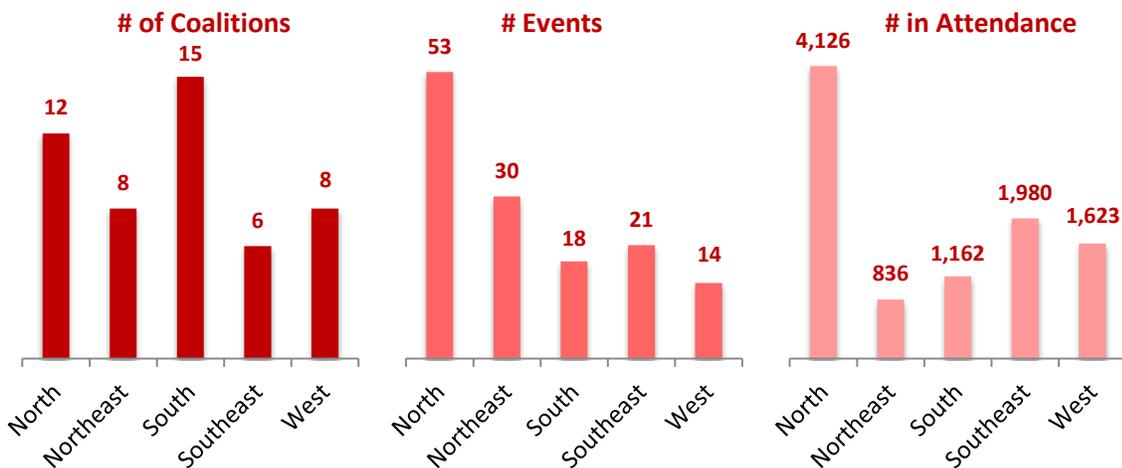
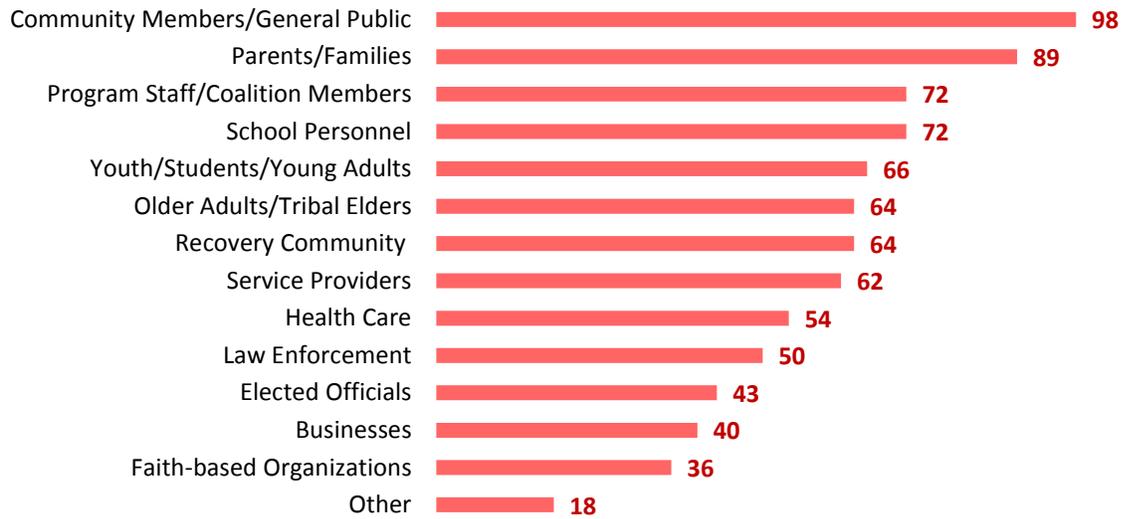


Figure 16: Number of coalitions hosting community events, number of events held, and number of individuals in attendance by region.



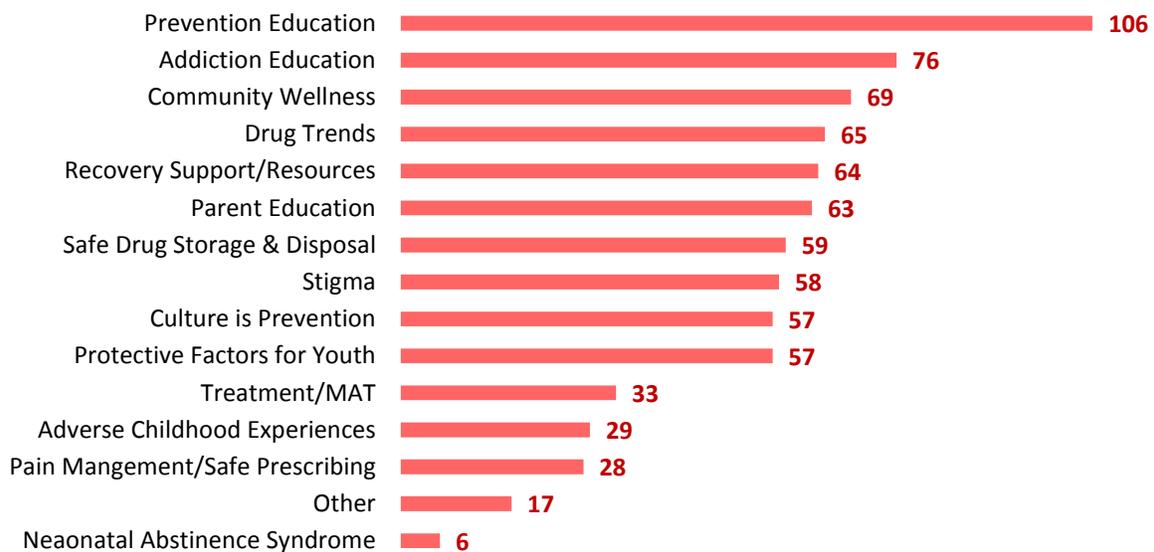
For the purposes of reporting, community events were tracked by the format of the event. There were 34 town hall meetings, 13 trainings, 6 summits, 20 forums, 20 speaking engagements, and 3 powwows. Forty events were reported as “other.” Coalitions targeted different audiences for their community events based on the purpose and intended message of the event. Other target audiences noted in outcome reports included media, Latino populations, corrections personnel, civic organizations, treatment providers, and judicial or criminal justice personnel.

Figure 17: Number of community events targeted towards specific sectors (events could target more than one audience).



A variety of opioid-related topics were covered through these community events. The majority of community events targeted prevention education (78.5%), addiction education (56.3%), and community wellness (51.1%). A total of 9,134 people attended events focused on at least one of these three topics areas.

Figure 18: Number of community events targeted towards specific opioid-related topics (events could have more than one topic/take-away message).



All four coalitions who were not able to host a community event as planned during the grant cycle noted that scheduling delays hindered their ability to host an event by April 30, 2018. All of these coalitions completed the strategy in May 2018.

The major hurdle coalitions cited in regard to community events was low attendance. Some of the reasons noted for low turn-out at events included weather, other events happening at the same time, and the need for better promotion efforts. Some coalitions also noted that they found it difficult to ensure they were advertising their events appropriately in order to get their intended audiences in attendance.

Some comments about community events included:

“We partnered with our two local libraries on this program as a way to reach a diverse audience.” - Lincoln County Drug Free Coalition

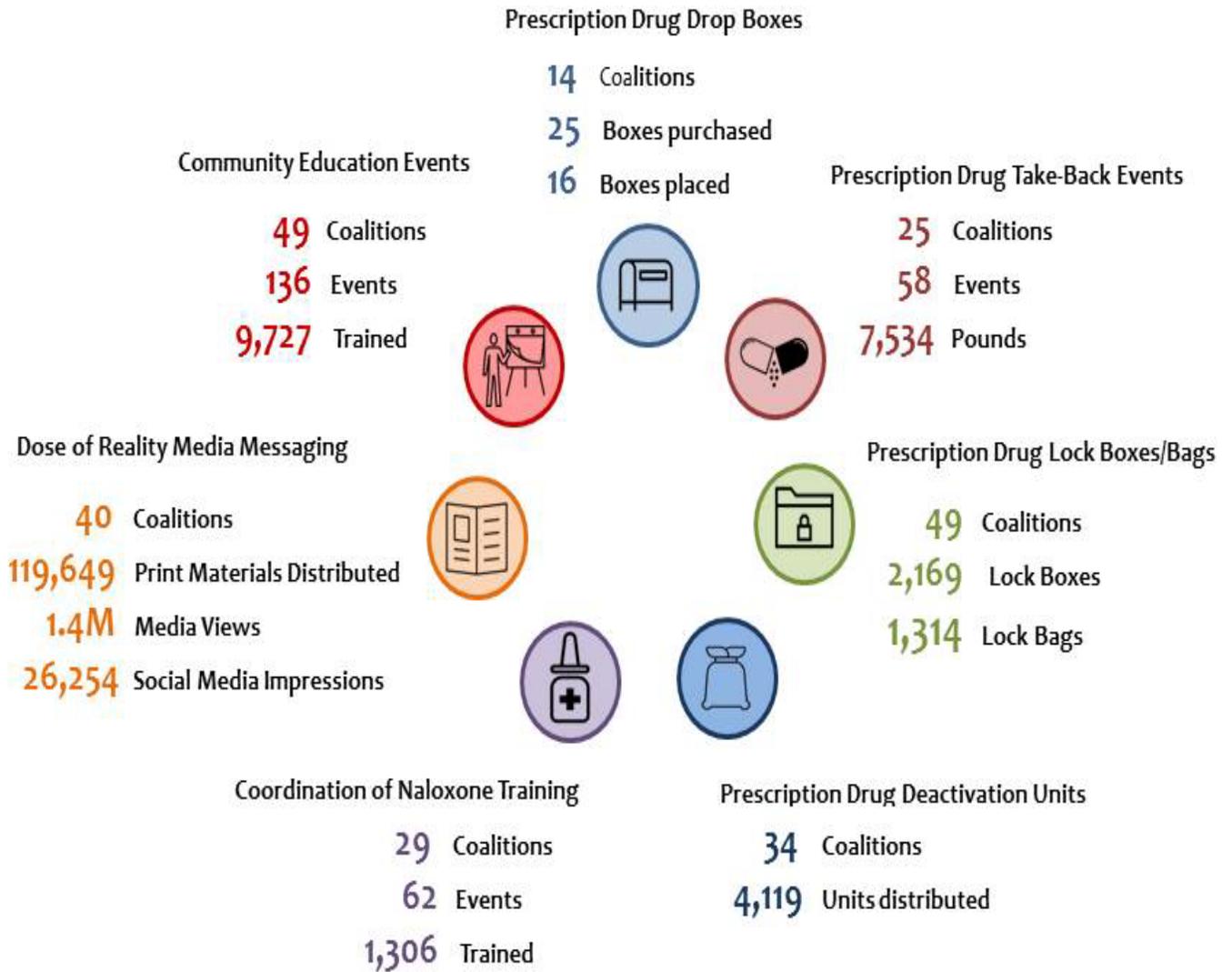
*“We presented a screening of the documentary ‘Written Off,’ which is the story of a young man in Wisconsin. The film was followed by an expert panel including the district attorney, police chief, pastor, director of human services, public health, EMS and a physician. The community discussion was a great way for people to express concerns about this important and emotional topic.”
- Jefferson County Drug Free Coalition*

*“This was the most people that have attended the annual Community EXPO which we attribute to more collaboration between partners and more outreach efforts.”
- Minobimaadiziwin Coalition*

*“The program was geared toward the Latino families in the community. The coalition partnered with the health department and their Promotoras. This is the third year we have done such a program with gradual increases in attendance each year.”
- West Allis-West Milwaukee Community Coalition*

*“The community members that attended responded with high scores for forum content as well as high scores for gaining more knowledge about risk and behaviors associated with opioid use.”
- Cottage Grove CARES Coalition*

STR Prevention Outcome Summary



Appendix 1: Opioid STR Coalition Funding Strategy Selection

Coalition Name	Service Area	Approved Funding	Drop Box	Take Back Events	Lock Box	Lock Bags	Deactivation Units	Naloxone Training	Dose of Reality	Town Hall/Community Events
AODA Community Coalition of Douglas County	Douglas County	\$500						√		
Barron County Community Coalition	Barron County	\$7,298	√	√			√		√	√
Belleville Area Cares Coalition	City of Belleville	\$7,240		√	√			√	√	√
Better Brodhead	Green County	\$9,702		√	√	√	√	√	√	√
Brown County Drug Alliance	Brown County	\$7,800	√	√	√		√	√		√
Building A Safer Evansville	School District of Evansville, WI	\$6,600		√		√	√	√		√
Chippewa Health Improvement Partnership	Chippewa County	\$7,400			√		√		√	
Community Action Team	Stockbridge-Munsee Community	\$10,226			√	√	√			√
Community Coalition of Forest County	Forest County	\$500						√		
Cottage Grove CARES	City of Monona and Village and Town of Cottage Grove	\$4,110			√	√				√
Deerfield CARES	Village of Deerfield	\$5,660			√	√				√
Drug Free Communities of Fond du Lac County	Fond du Lac County	\$8,760		√		√	√	√	√	√
Dunn County Partnership for Youth	Dunn County	\$2,500		√					√	√

FACES	Kewaunee County	\$8,400		√	√	√	√	√	√	
Giwii mino bimaadizimin	Lac Courte Oreilles Tribe	\$7,270			√	√		√	√	√
Green Lake County Wellness Coalition	Green Lake County	\$7,300			√		√	√	√	√
Have You Had Enough	Bayfield County	\$8,070			√	√	√		√	√
Healthier Community Action Team	Lac du Flambeau Tribe	\$10,800	√		√		√		√	√
Healthiest Manitowoc County Substance Abuse Prevention Coalition	Manitowoc County	\$7,450	√	√	√	√			√	√
Healthy Edgerton	School District of Edgerton	\$6,125	√			√	√	√		√
Healthy People Wood County	Wood County	\$7,434			√	√	√		√	
Healthy Sheboygan County 2020	Sheboygan County	\$9,932	√	√	√			√	√	√
Ho-Chunk Nation Tribal Coordinating Committee	Ho-Chunk Nation in 14 WI Counties.	\$7,000						√	√	√
Jefferson County Drug Free Coalition	Jefferson County	\$10,300	√				√	√	√	√
Kaukauna Alcohol, Tobacco, and Other Drug Abuse Prevention Board (KATODA)	City of Kaukauna, 54130	\$6,450	√		√	√	√		√	√
La Crosse County Prevention Network	La Crosse County	\$7,700	√							√
Lincoln County Drug Free Coalition	Lincoln County	\$7,299			√	√	√	√	√	√

Lodi Community Action Team	All areas served by the School District of Lodi	\$7,685			√	√	√	√		√
Marathon County AOD Partnership	Marathon County	\$8,200	√	√				√	√	√
Marquette Co Healthy Communities Healthy Youth (HCHY)	Marquette County	\$8,894	√		√				√	
Marshfield Area Coalition for Youth	City of Marshfield	\$7,590			√		√	√		
Mashkiziibii Drug Awareness Coalition	Bad River Tribe	\$14,190	√		√			√		√
Minobimaadiziwin Coalition	Lac du Flambeau Tribe	\$9,935		√	√	√	√	√	√	√
Mole Lake Coalition	Sokaogan Tribe	\$4,500							√	√
Monona Cares	School District of Monona and Cottage Grove	\$5,160			√	√			√	√
Monroe County Safe Community Coalition	Monroe County	\$11,086	√	√	√		√		√	√
Mt. Horeb CARES	Village of Mt. Horeb	\$4,610			√	√			√	√
Northwoods COPE	Oneida County	\$500						√		
Oregon CARES	Oregon School District	\$8,723	√		√	√	√			√

Outagamie County Pre-Action Network	Outagamie County with specific initiatives in Grand Chute and Shiocton	\$7,300	√		√		√		√	√
Ozaukee Prevention AODA Coalition	Ozaukee County and North Shore area	\$11,406		√	√	√		√		√
Pepin County Community Health Improvement	Pepin County	\$7,700	√	√	√			√	√	√
Polk United	Polk County	\$8,830	√	√	√		√		√	√
Prevention Network of Washington County	Washington County	\$10,602			√		√		√	√
Price County AODA/Mental Health Coalition	Price County	\$5,500		√			√		√	√
Racine County Youth Coalition	Racine County	\$11,300			√		√	√	√	√
REACH	Calumet County	\$9,970		√	√	√	√	√	√	√
Red Cliff AODA Reduction Coalition	Red Cliff Band of Lake Superior Reservation and surrounding communities	\$9,282			√			√		√
Richland County Children and Family Advocacy Council	Richland County	\$13,100	√	√	√		√	√	√	√
Rusk County Youth Council	Rusk County	\$12,998			√	√	√		√	√
SAFE in Juneau County	Juneau County	\$8,400	√	√	√		√			√

Sawyer Co LCO Joint Prevention Programming Coalition	Sawyer County	\$9,200	√					√	√	
South Milwaukee Unite Against Drug Abuse	South Milwaukee	\$6,100			√				√	√
Stoughton Wellness Coalition	City of Stoughton	\$7,292		√			√		√	√
Stoughton CARES	City of Stoughton	\$7,760			√	√				√
Taylor County Drug Opposition Partners	Taylor County	\$8,794		√	√	√		√		√
Together For Jackson County Kids	Jackson County	\$13,995		√	√	√	√		√	
Waukesha County DFC	Waukesha County	\$10,548			√	√			√	√
Waunakee Community Cares Coalition	Village of Waunakee	\$10,128		√	√		√	√	√	√
Waushara Prevention Council, Inc.	Waushara County	\$6,850			√	√	√		√	√
West Allis-West Milwaukee Community Coalition	West Allis, West Milwaukee	\$764			√			√		√
Winnebago County Drug and Alcohol Coalition	Winnebago County	\$9,500							√	√
Youth2Youth 4 Change	Beloit	\$8,298	√	√	√	√	√	√	√	√
		\$496,516	21	25	46	28	35	32	43	53