

**Testimony of Professor Keith Humphreys, Stanford University to July 5, 2023 hearing of The
California Senate Committee on Health**

Chair Eggman, Vice-Chair Nguyen thank you for allowing me the opportunity to speak with you and your distinguished colleagues today. I am also grateful to be testifying beside Assemblymember Jones-Sawyer and applaud him and Assemblymember Alanis for championing an infusion of fiscal support for measures to reduce our state's terrifying and tragic drug crisis. I have worked in the addiction field for 35 years, and the present epidemic is the worst I have ever seen, not only the appalling number of fentanyl deaths but also the levels of addiction to methamphetamine and other drugs.

The discussions that Assemblymember Jones-Sawyer has initiated on what investments to make to reduce the damage of drugs to California's health and safety have comprised many sensible ideas. Because I have just a few minutes to talk, I am going to zero in on just one of them because it often gets forgotten, which is the value of prevention.

I have worked in my career mainly with people who are addicted, and I want them to get outstanding health services. At the same time I am aware that epidemics – be it addiction, COVID, AIDS or any other – never end if we only take care of people who are already seriously ill. Epidemics end when we prevent people from developing the problem in the first place.

I know some people think that prevention is about police officers trying to scare kids with myths about drugs, and other people imagine that their kids will be told that injecting fentanyl is fine as long as you use a clean needle. Those are fear-inducing stereotypes that don't reflect what modern prevention is about: Evidence-based strategies for equipping diverse

young people with fundamental capacities and skills that will help them avoid a range of problems, not just drugs.

The best researched prevention program, Communities that Care¹, assembles coalitions in the community that use evidence-based strategies to strengthen young people's ability to recognize and manage their emotions, to cope with daily challenges and tasks, to form pro-social connections to other children and to adults.

This prevention program has generated impressive result in scientifically rigorous randomized trials. Across different communities and states, not only does Communities that Care significantly lower young people's likelihood of using alcohol, tobacco, cannabis, and other drugs, it also reduces their anti-social behavior and improves their mental health.¹⁻² Incredibly, even 12 years after participating in the program in the middle school years, participants are 20% more likely to have completed a 4-year college degree.³ That's a powerful demonstration of what investing in young people can yield over the long term.

In closing, I want to emphasize that a fighting fentanyl bond could support many other worthy initiatives that save lives in the near term. At the same time I hope we can think as well about the long-term, so that we aren't all together again a decade from now talking about whatever new drug crisis has replaced the one we are experiencing now. The only long-term way to break out of this heartbreaking historical pattern, not just for addiction but for mental health in general, is to make strategic investments in the well-being of young people across California.

Thank you again for having me here. I look forward to your questions.

Note: Dr. Humphreys' testimony reflects his own views and does not necessarily reflect official positions of his employers.

References

- 1 Communities that Care. Program description and summary of effectiveness available at [https://www.blueprintsprograms.org/programs/444999999/communities-that-care/#:~:text=Communities%20That%20Care%20\(CTC\)%20is%20a%20prevention%20system%20that%20gives,identified%20risk%20and%20protective%20factors.](https://www.blueprintsprograms.org/programs/444999999/communities-that-care/#:~:text=Communities%20That%20Care%20(CTC)%20is%20a%20prevention%20system%20that%20gives,identified%20risk%20and%20protective%20factors.)
- 2 Chilenski, S.M., Frank, J., Summers J., Lew, D. (2019). Public health benefits 16 years after a statewide policy change: Communities That Care in Pennsylvania. *Prevention Science, 20*, 947-958.
- 3 Kuklinski, M.R., Oesterle, S., Briney J.S., Hawkins, D. (2021). Long-term impacts and benefit–cost analysis of the Communities That Care prevention system at Age 23, 12 Years After Baseline. *Prevention Science, 22*, 452–463