

Alcohol and Drug Policy Council  
Prevention Subcommittee

Meeting Summary

<b>Meeting Date/ Location:</b>	Monday, January 24th, 1:30PM-3:30PM, Microsoft Teams Meeting	
<b>Participants in Attendance</b>	<p><b>In Attendance:</b> Allison Fulton, Ingrid Gillespie, Carol Meredith, Giovanna Mozzo, Deborah Lake, Rober Kanehl, Judith Stonger, Sobha Thangada, Wendy Mill, Carleen Zambetti, Alison Wisner, Kristi Olds, Thomas Russo, Tom Fulton, Romona Anderson, Scott Szalkiewicz, Anna Gasinski, Jane Ungemack, Rebecca Allen, Scott Newgass, Diana Shaw, Nancy Kingwood</p> <p><b>Guests:</b> Wendy Mill (Governors prevention partnership), Chlo-Anne Bobrowski (Department of Education), Karanesa Logan (DCP)</p>	
<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTIONS / DECISIONS</b>
<b>1. Welcome /Review of Minutes</b>	<p>The meeting started at 1:35</p> <p>Changes to minutes from last meeting:</p> <ul style="list-style-type: none"> <li>• Change SOR grant, from SOAR to SOR (typo)</li> </ul>	<p>Minutes Approved</p>
<b>2. Re-administration of the Naloxone School Survey</b>	<p>In light of the recent tragedy in Hartford where a 13 year old died of Fentanyl overdose at school. The state Department of Education has an interest in re-administering the Naloxone School Survey as soon as possible.</p> <p>In 2018/2019, this survey was sent to the school district’s nursing supervisors to fill out. This subcommittee has been asked to look at the survey questions and suggest any changes to be made before re-administrating.</p> <p>Tom Fulton shared with the group the results from the naloxone School Survey 2018/2019 in a presentation. Some notes are below, for full presentation of results contact Tom.</p> <ul style="list-style-type: none"> <li>• When asked if the school had naloxone, there was about a 50/50 split leaning more towards “no.”</li> <li>• Many of the responses came from Elementary Schools, which could be why responses indicated a perceived lack of need for naloxone in school.</li> <li>• Some respondents reported that resource offers in the school may carry naloxone, as a reason nurses didn’t have it.</li> <li>• If the respondent said “Yes,” to having naloxone, majority reported that it is kept in the nurse’s office.</li> <li>• Many respondents answered “Unsure” when asked if they wanted staff trained on the administration of naloxone. <ul style="list-style-type: none"> <li>○ Schools that responded “yes,” were referred to the RBHAOs.</li> </ul> </li> </ul> <p><b>Response to results / Discussion:</b></p> <p>Participating in the discussion: Chlo-Anne Bobrowski (Department of Education), Carol Meredith, Tom Fulton, Jane Ungemack,</p>	

Giavanna Mozzo, Scott Szalkiewicz, Judith Stonger, Ramona Anderson, Scott Newgass, & Rebecca Allen.

School nurses are likely better aware and more likely to be trained in naloxone administration now compared to even a few years ago.

Some anticipated barriers to administering this survey might be inaccurate email addresses, as staff changes in schools can cause lists to be outdated.

Would be good to know if the person filling out the survey is from a private school or a public school as private school administration may be more reluctant to agree to this type of training and policy.

- The new version of the survey will include a question about what type of school the reporter is from Private vs. public.

The updated version of this survey will also be able to ask additional questions based on the reporters responses.

Should elementary schools be included in this survey?

- Ultimately the group agreed that yes, elementary schools should have someone trained and have naloxone on site, because it isn't just students in the building, but teachers, staff and parents as well.
- Carol added that when this survey was originally developed the thought of having overdoses in school or by students was unthinkable. Now it has happened and I would support administering this survey at all levels, including elementary.

Scott N: If school nurses want training for naloxone and to have naloxone on site, they would need to go to the administration and maybe even to the district to get support. Should we or have we taken the temperature of the districts regarding their interest in naloxone in schools?

Rebecca asked: Do we have a recommendation for an evidence based training on substance use for kids (not D.A.R.E). Did anything like that become formalized?

Did this committee ever formally recommend that naloxone should be in all schools?

- No, this committee did not recommend naloxone to be in all schools. The committee did not go that far after administering this survey the first time and did not put that recommendation forward to the full council for a vote.

There has been progress since we first administered this survey. Many schools have been contacted and asked if they would like naloxone training. School based health centers have also been offered training and some are receiving training.

The RBHAOs are working on sending another letter to superintendents about what they are able to provide to schools.

This group should think about how to work with high schools on presenting a naloxone training.

- Individuals need to be 18 to get the medication, but it still may be an important teachable moment.

- In Region 1 a technical school recently held a training. Since they are not 18 the students did not receive a kit, but the teachers did receive kits. This was a great training and was well received and much needed.
- Bristol did a community naloxone training and provided training to lifeguards, who are mostly high school students. It was combined with CPR training.
- Libraries would be a good place to hold training and keep Naloxone as well.

Tom presented the draft of the new survey with the group.

**Discussion/recommended changes:**

Jane asked how the information about where the respondent got the Naloxone from will be used?

- Carol answered that it will be helpful to know who is distributing naloxone in the state. Initially we asked RBHAOs to coordinate at a community level, distribution and education. Outside of getting it privately or through a pharmacist, we are unaware of who else may be distributing. This question would help us gather that information.
- Chlo-Anne added that schools can order through school health supplies with an order from a prescribing physician. Some schools can do this fiscally and some can not. School nurses are resourceful and often find places to get free kits.

It is important to find out, for schools that report having naloxone on site, if there is policy and protocols in place for replacement when expired, for use, where it is kept, for training, who should be trained etc.?

There is a question in the survey about barriers to getting naloxone in the school, it is suggested to add “don’t know where/how to get supply of naloxone,” to the answer options.

There was legislation put in place a while ago that requires institutions of higher education to have policies in place around the use of naloxone. The requirement is that they need to have procedures/policies in place and submit those to DCP for review and approval. Should we aim to have that same type of requirement for schools?

- There are limits to the plans for higher education that would need to be addressed if we want to suggest a similar avenue for schools. (Scott S.)
- Just having a policy written doesn’t always make things happen, it would be good to add a plan to the emergency response for school or to insert into existing regulations, like the existing higher education one. The schools should have a plan that they are able to pull out or refer to in the case of a drug overdose. (Scott S.)
- What is the policy about when the school nurse is not present, off hours, who else has training, and if it locked in the nurse’s office is naloxone located somewhere else in the school for a trained individual to access?

- Schools like to adapt policies that already exist or are written elsewhere, rather than making them up on their own, individually. (Chlo-Anne)
- At least one school in the last survey commented that not having state policy was a barrier to getting naloxone.

There are many resources available to schools around substance use prevention and education that are underutilized. It is recommended that a question go in the new survey asking if schools are interested in those resources.

Tom R asked about the possibility of including naloxone in or around the AED boxes, and including training for it in training that already exists for AED & CPR. Is CPR required for staff, teachers or anyone at

- Scott N – CT regulations require that personal be trained in schools for AED. There are similarities between the AED and naloxone, they are both an emergency rescue instrument, and both need to be replaced when it expires. It would be a good idea to align these.

Carol - We've been getting requests from RBHAOs for needs for more naloxone kits for schools. Who should be trained in the school, nurses, teachers, coaches, custodians etc.? We cannot give every teacher, security personal and coach at the school a kit. Are they any ideas on how we can we most efficiently distribute naloxone in schools to ensure that it would and could be used when needed?

Allison F– We did in person training at a regional school with the school psychologist, counseling department, nurse, coach. Each person who completed the training received a kit. They should make the school aware of who is trained and where the kits are going to be located.

Giovanna – RBHAOs are a connection to get a kit immediately for school nurses. We do take steps in training to make sure we are giving what is needed to only who needs it.

More than one kit per school is likely going to be needed, just one may not be enough.

Carol asked: Is there interest on part of this group to recommend that schools K-12 amend existing regulations to address these kids of overdoses that could potentially happen?

- Carol will check if it is within our purview to make that recommendation. Encourage the group to think about it some more.
- Scott- Can we recommend to expand on existing legislation or revise it to make it more uniform with emergency response planning, then carry that into schools? It would be beneficial to use what something that already exists, rather than create something else.
- Carol – In support of that. Scott, can you let us know what is already out there, and put together a recommendation that we can look at that at the next meeting?

- Judith – Would this rise to a recommendation that would go to the full council for our workgroup to move forward with this?
- Carol - Unsure of what our role would be beyond a recommendation.
- Judith – As part of the Alcohol and Drug Policy council we should go forward with looking at this policy in light of what is happening.
- Scott S – Agrees and in light of the recent situation in New Haven that involved edibles, it would be good to recommend a full response plan rather than just teaching on fentanyl or opioid overdose.

Ramona posted in the chat:

"It is the position of the National Association of School Nurses (NASN) that the safe and effective management of opioid pain reliever (OPR)-related overdose in schools be incorporated into the school emergency preparedness and response plan. The Association believes that the registered professional school nurse provides leadership in all phases of emergency preparedness and response. When emergencies happen, including drug related emergencies, managing incidents at school is vital to positive outcomes. The school nurse is an essential part of the school team responsible for developing emergency response procedures. The Association believes school nurses in this role should facilitate access to Naloxone for the management of OPR-related overdose in the school setting"

Carol suggests a revision of the survey to include identification of some resources. A resource sheet would allow individuals taking the survey to see what is available to them.

- Could include the work that the state education resource center is doing with a guidance document to help school districts choose a substance use prevention program.
- There are also presentations that can be implemented and shown to students as young as elementary school that include information (age appropriate) on how to avoid drug use.
- The resource sheet could also include CT Clearinghouse resources and ask if they'd like to receive more resources from the clearinghouse.

A pre-letter was sent out to superintendents to let them know the survey will be coming. Considering who to send the survey to, we don't want to have more than one respondent per school, so school nurses still are likely the best source as they would be the individual trained.

Chlo-Anne recently updated the contact list for school nursing supervisors. This will help us try to reach all schools / types of schools in the state.

At the next meeting, we will have a draft of the revised survey and a timeline for distributing it.

	<p>Reminder: Use the term naloxone, instead of “Narcan,” because that is a brand name.</p>	
<p>3. SAMHSA Harm reduction funding opportunity</p>	<p><b>What is the funding opportunity:</b></p> <ul style="list-style-type: none"> <li>• A 3 year grant that will start May 30, 2022, they’re expecting to make the award by May 15<sup>th</sup>.</li> <li>• Limit on annual funding amount is 400,000 per year.</li> <li>• Eligibility is open, states, localities, tribal, governments, state governments, non-profit community organizations primary, behavioral health organizations etc.</li> <li>• There are some required activities. <ul style="list-style-type: none"> <li>○ Requirement for a strategic plan, assessing organizational readiness, and opportunities for capacity development needs.</li> <li>○ Development of a sustainability plan, so any activities and elements that are proposed or suggested can be continued after grant period ends.</li> <li>○ Collaborations with community partners, or sharing resources across partners. Distributing opioid overdose reversal medications. Establishing processes protocol recommendations referral to treatment, also looking for an advisory council.</li> <li>○ Requirement for specific staff, full time coordinator to oversee day to day implementation of the program and a program evaluator.</li> <li>○ Include equipment and supplies you can purchase under this.</li> </ul> </li> </ul> <p>Carol - Providers across the state are looking at this opportunity; DMHAS is as well and would like to submit a collaborative application.</p> <p>There is a lot of great information in Shobha’s data presentation from last meeting that could be used in an application.</p>	
<p>Workgroup Updates Media and Stigma Cannabis</p>	<p><b>Media and Stigma workgroup –</b> Judith S.</p> <ul style="list-style-type: none"> <li>• Held the Power of Media: Changing the Narrative on Substance Use, forum on Dec 10<sup>th</sup>, which went really well. The group hasn’t met since then.</li> <li>• Currently waiting for permission from one participant to share the recording of the forum.</li> <li>• Kevin Nathan will do a follow up piece on at least on panelist.</li> </ul> <p><b>Cannabis workgroup –</b> Tom Fulton &amp; Carol Meredith gave an update:</p> <ul style="list-style-type: none"> <li>• Tom F shared with the group the designs of billboards that are currently going up across the state. Some went up today, and a few others are in the process of going up. We were able to do a good job of covering the state. If you want the creatives to use for billboards let Tom know.</li> </ul>	

	<ul style="list-style-type: none"> <li>• We have a meeting this week, where we will hopefully select a vendor to do our comprehensive campaign. This campaign will be targeted and have multiple components.</li> <li>• The group will also look at policies that we can recommend to the governor and general assembly.</li> <li>• We will be coming back to this subcommittee for your expertise.</li> </ul> <p>Giovanna M. added that #mentionprevention is working on a cannabis campaign as well, they have created a video.</p>	
<p><b>Other/ Member Updates</b></p>	<p>Allison Fulton – There is a Marijuana in the workplace forum tomorrow. There are 250 people signed up already. This will discuss issues workplaces are wrestling with after the legalization of marijuana.</p> <p>Carol – The agenda isn’t finalized yet, but I’ve been asked to talk about school based resources that we have related to substance use. I will be asking other state partners to join me or to send information about their resources as well. Want to talk about resources we have in place as a state, not just what DHMAS has. There are many programs and services that occur through non-profit providers, if there is a program you’d like to be mentioned please let Carol know.</p>	
	<p>The meeting adjourned at 3:30</p> <p><b><u>Next Prevention Subcommittee Meeting:</u></b>  Monday, February 28, 2022      1:30 – 3:30pm</p> <p><b><u>Next Full ADPC Meeting:</u></b>  Tuesday, February 15, 2022      10:00am-12:00pm</p>	