

Alcohol and Drug Policy Council
Prevention Subcommittee

Meeting Summary

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| Meeting Date/ Location: | Monday, November 15th, 1:30PM-3:30PM, Microsoft Teams Meeting | |
| Participants in Attendance | In Attendance: Fulton, T; Thangada, S; Fulton, A; Gillespie, I; Allen, R; Kanehl, R; Lyon, A; Wisner, A; Meredith, C; Szalkiewicz,S; Anderson, R; Lake, D; Mozzo, G; Ungemack, J; Rao, S; Newgass, S; | |
| TOPIC | DISCUSSION | ACTIONS / DECISIONS |
| 1. Welcome /Review of Minutes | The meeting started at 1:34 with a review and acceptance of the minutes. | Minutes Approved |
| 2. Review of Draft Cannabis Law Billboards | <p>This initiative is part of the Cannabis workgroup, the purpose is to get some messaging on Cannabis laws out quickly while waiting to find a vendor for the larger campaign.</p> <p>Thomas Fulton presented: Before creating these, research was done to look at what worked and what didn't for campaigns from other states around the country. This campaign focused on; Legal age, state storage, not crossing state lines and driving under the influence. Thomas shared the creatives with the group.</p> <p>Feedback from the group: The group gave lots of constructive feedback on graphics, wording and messaging for the billboards designs. Thomas is going to take this feedback and create some final drafts to show the cannabis workgroup and finalize and get up around the state.</p> <p>The DOT does already have some messaging up about DUI and driving High, so no need to duplicate, should find out where these are.</p> <p>The Cannabis workgroup is hoping to select a vendor by early next year to help produce more targeted messages for various audiences.</p> <p>CT travel website has info about Cannabis around your kids – Ramona shared link: https://www.visitnewengland.com/all/cannabis-around-kids/</p> | |

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| <p>3. Workgroup Updates</p> | <p>Media & Stigma Workgroup: Flyer went out for The Power of Media – Changing the Narrative on Substance Use conference coming up on December 10th.</p> <p>Cannabis Workgroup: Survey of group members was conducted and results were discussed at last meeting. In the survey members were asked to identify priority populations and messaging. The group is beginning to put together a list of potential vendors; still looking to add to that list if anybody has worked with a vendor and would like to recommend please send an email to Carol Meredith. Next steps:</p> <ul style="list-style-type: none"> • Workgroup will select messages to go out, hopefully by the end of the year. • Preparing a scope of work for potential vendors • Identify vendors to submit bids. <p>Would like to keep this group involved as much as possible for input and suggestions. The next meeting is on Dec 2nd.</p> | |
| <p>4. Other/ Member Updates</p> | <p>Ramona Anderson (DPH) – OD2A bimonthly meeting will be this Thursday. Focus is on SPIKE alerts, overdose response plans. If you’re interested in hearing about that email Ramona. There will be new content going out on YouTube soon.</p> <p>Shobha Thangada (DPH) – The SWORD Statewide Opioid Reporting Directive newsletter went out today.</p> <ul style="list-style-type: none"> • The state is at 1151 fatal overdoses as of the 2nd week of October. July and August numbers are very high. There is a need to enhance prevention efforts. • Many individuals with fatal overdose had a mental health concern, but were not currently in a program. • Many overdoses are happening at motels, hotels, and inns. Is there a way to get Narcan to those places? • Seeing a lot of racial disparity as well. <p>Discussion:</p> <ul style="list-style-type: none"> • Numbers are going down for number of opioid prescriptions issued statewide, illicitly manufactured fentanyl and illegal drug sales are major issues • Need for a larger discussion on what we need to do more of for prevention. • If people are already using then we may need to also focus on harm reduction. • Meeting people where they are at, providing training for Narcan, hotels, homeless shelters and out in the community <p>Discussion about Narcan & hotels:</p> <ul style="list-style-type: none"> • How to get past fears and the “I don’t want to get involved” mentality. • Maybe looking at incentives for employees as a way to convince them to do a Narcan training. | |

- Would it be a good idea to try to get Narcan into every hotel room along with directions for use?
 - In most cases the rooms is locked and an individual who has overdosed is found the next day by hotel staff.
 - A person using alone would not be able to use Narcan to revive themselves.
 - If it was in the room, the hotel staff would need to make people aware that it is present
 - Don't think having Narcan in the room would have much payoff and it would be very difficult to do.
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- Owners of hotels may be reluctant to have Narcan on site and would need education
- Having it at the front desk may be a good option
- Having a resource guide in the room, harm reduction information including if/where Narcan is located on site. As well as local resources and phone numbers.

Giovanna Mozzo (The Hub RBHAO) – Region 1 efforts in Narcan trainings. When we get one we can have an Americorps member do training and outreach, the goal is to reach out to restaurants/bars/clubs and other businesses to do training and outreach. Using and including the “you think you know” campaign. This is a goal for this next year.

Ingrid Gillespie – a paper came out a few weeks ago from Brandeis University that highlighted the need to look at social determinants of health. Prevent earlier by looking at economic disparity, public health disparity. Ingrid will send the group a link to this article.

Ramona @ DPH Looking to a statewide map of hotels that have had overdose events to begin initiatives to get employees trained and get Narcan / area resources to those areas.

Ramona shared the following links:

- <http://www.newbritainherald.com/NBH-New+Britain+News/393605/narcan-training-for-youth-employment-students-part-of-focus-for-citys-local-prevention-council>
- <https://www.cceh.org/harm-reduction/>

Ingrid – Individuals who come into emergency room for overdose leave with narcan and resources for family members as well. Recovery coaches are doing this work.

Very few overdoses happen in the workplace.

Shobha can take us through what information is captured about individuals included in the fatal overdose information, beyond usual demographics. If we are interested in a specific variable she is able to show us that as well.

Shobha also shared that for data on more recent overdose deaths (within the last year or so), information about mental health status and treatment involvement is narrative and gathered at the scene and from the investigator, law enforcement, family members and

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| | <p>friends. If you want the Medicaid data it takes a year/year and a half to get that information into the system.</p> <p>Most overdoses are not happening because of prescription drugs, prevention has to shift. This group would love to hear from law enforcement.</p> <ul style="list-style-type: none"> • Hope initiative – Manchester PD - Deborah Lake will send out information. <p>There is a new updated version of the Narcan/Opioid presentation– Allison Fulton will send it out to everyone.</p> <p>The Kloxxado rep continues to make a hard sale pitch in New Britain, what should they do?</p> <ul style="list-style-type: none"> • The ADPC has said no to them presenting. Also, EMS cannot use Kloxxado and majority are not supportive of its use this at this time. | |
| | <p>The meeting adjourned at 3:16</p> <p><u>Next Prevention Subcommittee Meeting:</u> Monday, December 20, 2021 1:30 – 3:30pm</p> <p><u>Next Full ADPC Meeting:</u> Tuesday, December 21, 2021 10:00am-12:00pm</p> | |