

Alcohol and Drug Policy Council  
Prevention Subcommittee

Meeting Summary

Meeting Date/ Location:	Monday, February 28th, 1:30PM-3:30PM, Microsoft Teams Meeting	
Participants in Attendance	<p><b>In Attendance:</b> Allison Fulton, Judith Stonger, Carleen Zambetti, Sarju Shah, Alison Wisner, Rebecca Allen, Alison Wisner, Wendy Mill, Carol Meredith, Shobha Thangada, Rober Kanehl, Tom Russo, Colleen Violette, Jane Ungemack. Giovanna Mozzo, Ingrid Gillespie, Deborah Lake, Surita Rao, Scott Newgass</p> <p>Guests: John Frassinelli: State Department of Education</p>	
TOPIC	DISCUSSION	ACTIONS / DECISIONS
1. Welcome /Review of Minutes	<p>The meeting started at 1:35</p> <p>New Member: Welcome to our new member, Sarju Shah from DHMAS.</p> <p>Approval of Minutes</p>	Minutes Approved
2. Naloxone School Survey Results and Next Steps	<p>A Naloxone School Survey went out in 2018 to school nurses and a version of this survey was recently re-disseminated.</p> <p>John Frassinelli from the State Department of Education gave an update:</p> <p>This survey is a bit different from the one that went out in 2018, this time around it went out as a district level survey instead of being sent to individual schools. The survey went to only public school districts and asked questions like:</p> <ul style="list-style-type: none"> <li>• Do the schools have naloxone</li> <li>• If yes, are they in all or just some of the schools in the district?</li> <li>• Is the district providing training?</li> <li>• Who is being trained?</li> <li>• Where is the naloxone located in the school?</li> <li>• Who has access to it?</li> <li>• Do the schools have a global substance use prevention plan?</li> <li>• Have the schools conducted SU prevention trainings?</li> </ul> <p>Responses are still coming in.</p> <ul style="list-style-type: none"> <li>• 170 districts have responded.</li> <li>• The survey was sent out to 205 districts, including regional districts and others.</li> </ul> <p>The results will help the department of education know how to follow up with the districts regarding substance use prevention plans in addition to the issue of having naloxone on site in schools.</p> <p>The results should be complete in the next few weeks. In a future meeting John will share the results of the survey</p> <p>On April 5<sup>th</sup> or 6<sup>th</sup> there will be a school nurses conference. Naloxone will be a part of that training. John will reach out to this</p>	

group for assistance once that date and time are officially decided on.

The CT American Academy of Pediatrics (AAP) is asking for representation at an upcoming meeting to talk about the results of this survey and how widespread this problem (opioid use or substance use in general) is in CT schools. The CT AAP would also like information on the legal aspects of provision of naloxone at school and where and how to procure it for schools. The meeting is on Thursday at 6:00. Some folks on this committee may be interested in attending or responding to those questions. (Contact at AAP is Dr. Barbara Ziogas)

Giovanna – The RBHAOs sent a letter to districts and superintendents following what happened in Hartford to let them know that the RBHAO’s exist as a support. I work with region 1 and have noticed some barriers to this work:

- One challenge is that the districts are reluctant to have kits in their possession without a policy or procedure in place at their school.
- Another barrier is that if the naloxone is kept in the school office, rather than a nurse’s office, all of the staff/officials in the school that would have access to it should be trained.

There are questions and issues coming up that we do not have information on. The RBHAO’s need more information to come from the state. It would also be useful to know what can and cannot be done under the DMHAS prescription of the Narcan kit.

John – From a district perspective, staff at schools are worn out because of COVID and have a lot of required trainings (70+). Some don’t believe the issue of having naloxone in schools is a critical one for their community. School nurse supervisors would be able to make a case to administration and explain the benefits. With their help, we may be able get more buy in.

Giovanna - If from the top down nobody is saying that naloxone training is mandated, most will not do it. Naloxone training could be built into CPR and First AID trainings, which have a lot of similarities.

The question is who should have mandatory training?

- Anyone who would have contact with the kit would need to be trained.
- If it is kept in the nurse’s station, then all nurses should be trained.
- The schools will need to have a policy and procedure in place.
- Question of accessibility after hours, for after school programs.

Not every school has a nurse always on site. Would want someone in the building trained.

- Idea to mandate teachers be trained in recognizing signs and symptoms of overdose, and also trained in naloxone

	<p>administration or to have teachers/staff volunteer for the naloxone administration part.</p> <p>Other language about medication administration in schools is permissive. With Epi-pen and anti-epileptic medication.</p> <ul style="list-style-type: none"> <li>• John will follow up with the CT association boards of education to see if they have a policy on medication administration in schools and if it includes naloxone.</li> </ul> <p>Paying attention to the currently proposed legislation, is this something this subcommittee wants to promote?</p> <ul style="list-style-type: none"> <li>• This group would like a copy of the proposed legislation to look at.</li> <li>• Allison Fulton shared this link:  <a href="https://cga.ct.gov/2022/TOB/H/PDF/2022HB-05244-R00-HB.PDF">https://cga.ct.gov/2022/TOB/H/PDF/2022HB-05244-R00-HB.PDF</a></li> </ul>	
<p>3. Smokescreen Movie: Screening and Discussion</p>	<p><a href="#">Smokescreen movie</a></p> <p>Screening and Discussion (to assist in informing cannabis policy recommendations)</p> <p>Showing of the movie: Environmental, emotional, social, financial impact of legalization of cannabis.</p> <p>This group will be providing input on policy recommendations, want to identify what is missing and where are the gaps.</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• The movie was a bit extreme and one sided so let's be careful about what we take from it.</li> <li>• Most of the messages in this video would not resonate with young people, the messages need to present a more balanced perspective.</li> <li>• The potency issue is important, and the idea that this isn't the same product that parents and grandparents knew when they were young is an important issue.</li> <li>• Cannabis being viewed as harmless, or natural, because of medical marijuana.</li> </ul> <p>The group will think more about this and discuss at our next meeting.</p>	
<p>Workgroup Updates Media and Stigma Cannabis</p>	<p><b>Media and Stigma workgroup</b></p> <p>Judith Stonger reported:</p> <ul style="list-style-type: none"> <li>• The workgroup is committed to continue to have the yearly forum around best practices and reporting.</li> <li>• Having something in the interim, like looking at case studies or other opportunities for people to participate in hands on activities.</li> <li>• There is a national organization developing a list of speakers, we'd like to make a similar list in CT. A list of people who are experts and could talk to the media. Would like to include people in recovery, people with family members in recovery, experts in harm reduction and other topics. The list is for when the media calls there will be experts to point to. Individuals who would like to provide workshops or trainings would be on that list as well.</li> </ul>	

	<p>Shatterproof: has a campaign around stigma reduction, harm reduction, stigma and language. The workgroup is connected to Shatterproof, and regularly sends information.</p> <p>If any of you would like to be on the list when it is developed please let Judith know.</p> <p>The idea of creating this list is in the early phases, the group is still having discussion on the approach. One idea is to have people sign up that already have expertise, and then offer training or workshops to others that would like to be on the list as well. Would need to find or develop a training on how to speak to the media and using non-stigmatizing language.</p> <p>Wendy: Be sure to include youth when creating this list, happy to assist with this part.</p> <p>An invitation for the list will be broadly disseminated, statewide. We want representation from all populations in all areas of the state, so getting as many people as possible involved is the goal. If anyone has any thoughts or resources please reach out to Judith or another member of this workgroup.</p> <p><b>Cannabis workgroup</b> Carol Meredith reported:</p> <ul style="list-style-type: none"> <li>• The O’Donnell group out of new haven is the selected vendor for the comprehensive cannabis awareness campaign.</li> <li>• They presented their strategic plan at the last meeting with this workgroup. They asked several questions about priority audience, timeline for rollout etc.</li> <li>• We are hoping next meeting with them, they will have done research on other campaigns and present to us their approach.</li> <li>• Billboards are still up across the state, those will continue to be extended until the campaign is up and running.</li> <li>• The group also discussed an approach to identifying policies around youth access to cannabis to review in order to submit recommendations to the governor and general assembly by Jan 2023. We will ask this group to help us think about that.</li> </ul>	
<p><b>Other/ Member Updates</b></p>	<p>Shobha presented data from OCME:</p> <ul style="list-style-type: none"> <li>• 94% of overdose deaths involve opioids, 86% of those fentanyl.</li> <li>• Xylazine continues to have an increasing presence.</li> <li>• Unintentional overdose deaths with a presence of marijuana and alcohol have been increasing over the last 3 years. (2021 numbers will still change they currently only go through June 2021)</li> <li>• In 2019 – 25% of deaths had presence of cannabis, in 2020 -30%.</li> <li>• In 2019: 33.8% of deaths had the presence of alcohol, in 2021: 38.6%</li> <li>• Presence does not mean it is involved in the death, just that it was present.</li> </ul>	

	<p>Carol: Is the information about multiple drugs involved in overdoses available by town, or by region or county?</p> <p>Shobha – County data I have and can provide right away.</p> <p>Carol – We’ve funded some coalitions recently to address alcohol use, they’re in the process for collecting data and what’s been presented here could be helpful as they put together strategies.</p> <p>Ingrid – Non-fatal overdose data information may be useful as well, can we access this at a town level?</p> <p>Jane: Data is collected on both location of death and place of residence. Looking by town, numbers may be small it could be more useful to look at regionally or by type of community.</p>	
	<p>The meeting adjourned at 3:33</p> <p><b><u>Next Prevention Subcommittee Meeting:</u></b>  Monday, March 21, 2022      1:30 – 3:30pm</p> <p><b><u>Next Full ADPC Meeting:</u></b>  Tuesday, April 19, 2022      10:00am-12:00pm</p>	