

Alcohol and Drug Policy Council  
Prevention Subcommittee

Meeting Summary

Meeting Date/ Location:	Monday, March 21nd, 1:30PM-3:30PM, Microsoft Teams Meeting	
Participants in Attendance	<p><b>In Attendance:</b> Allison Fulton, Robert Kanehl, Judith Stonger, Ingrid Gillespie, Alison Wisser, Stephanie Moran, Ramona Anderson, Shobha Thangada, Diana Shaw, Carol Meredith, Karonesa Logan, Thomas Fulton, Sarju Shah, Chlo-Anne Bobrowski, Nathaniel Rickles, Deborah Lake, Daniella Arias, Michael Makowski, Daniel Tobin, Colleen Violette, Scott Newgass, Scott Szalkiewicz, Jane Ungemack, Samantha Allard,</p>	
TOPIC	DISCUSSION	ACTIONS / DECISIONS
Welcome /Review of Minutes	<p>The meeting began at 1:30</p> <p>Approval of meeting minutes from last meeting</p>	Minutes Approved
1. Quarterly Federal Grants Updates	<p><b>SAMHSA</b></p> <p><b>State Opioid Response (SOR):</b></p> <p>Stephanie Moran provided the following update and a copy of her presentation will be sent out to the group.</p> <ul style="list-style-type: none"> <li>• Page views for the Change the Script campaign have been increasing in 2022.</li> <li>• Coalition Mini-grants applications are being reviewed.</li> <li>• Parents’ guide to opioid use preventions, a tool for parents and caregivers is available in both English and Spanish</li> <li>• SERC, Guiding document for schools: to help identify prevention curriculum for districts. Currently working with Children’s Community School and Stamford School district.</li> <li>• Youth Summit was held on March 18<sup>th</sup> for youth, the next is on May 18<sup>th</sup> for youth and adults. Will share more information on these at the next update.</li> <li>• United way of CT (2-1-1) continues to distribute cases, lock boxes and provide lethal means counseling.</li> <li>• RBHAOs continue to provide Narcan training and distribute kits.</li> <li>• Academic detailing: 5<sup>th</sup> module focused on having difficult conversations with patients is in progress.</li> <li>• 2 contracts for health districts have ended Jan 2022 and 2 more will not continue past 3/31 due to capacity issues. Have been conducting exit interviews for these districts.</li> </ul> <p><b>Strategic Prevention Framework for Prescription Drugs(SPF-Rx)</b></p> <p>Stephanie Moran provided the following update, a copy of her presentation with details will be sent out to the group.</p> <p>In year 1, about 6 months in, working to build the infrastructure and curriculum, pull together data and identify health districts and</p>	

	<p>departments. We also have been engaging key partners, working on data entry and a 6-month progress report is due April 30<sup>th</sup>.</p> <p><b>DPH</b></p> <p><b>OD2A CDC Grant:</b></p> <p>Colleen Violette provided the following update:</p> <p>Currently waiting on the official notification from CDC that we will be receiving a 4<sup>th</sup> year of funding that will go through August 2023.</p> <p>Shobha Thangada provided the following update:</p> <p>Strategy three innovative surveillance; collecting urine samples from non-fatal overdose patients. The state lab is doing the toxicology and the information gathered will be shared with hospitals. This method will produce quick results, and provide very current information of substance trends in the illicit market. It will allow us to identify spikes in substances right away. Currently, Fentanyl, both alone and mixed with different substances (e.g. Opioids, Cocaine) is still leading.</p> <p>Ramona Anderson commented: Starting April 1<sup>st</sup> with CT harm reduction, and another starting soon with Yale, they will be collecting voluntary drug waste to test and get information to inform prevention. Spectrometer processes testing and will send reports out DPH and HIDT</p> <p>A.</p> <p><b>DCF</b></p> <p><b>Project ASSERT:</b></p> <p>Update provided by Alison Wiser</p> <ul style="list-style-type: none"> <li>• Assisted Intervention Matching (AIM) Tool: A web based decision tree to match individuals to appropriate services. Version 1, will launch in April for DCF use, this version only matches to DCF funded in-home services. Work is beginning on version 2, which will be expanded for community use.</li> <li>• Working with Chestnut, other state agencies and DCFs community provider partners to update the GAIN-Q3 evidence-based assessment to comply with the upcoming CT Medicaid requirements to use ASAM 3 for treatment placement and individualized treatment planning.</li> <li>• Upcoming Workforce Development / Training: <ul style="list-style-type: none"> <li>○ ASAM Training - Trainer: Marc Fishman. Tuesday May 3<sup>rd</sup> 10-11:30.</li> <li>○ Webinar - "Cannabis in Connecticut: Information for Treatment Providers, Community Agencies &amp; Partners" given by Dr. Jason Kilmer, April 13<sup>th</sup> from 1-3:30.</li> </ul> </li> </ul>	
<p>2. Naloxone School Survey Results &amp; Next Steps</p>	<p>Chlo-Anne Bobrowski provided a report on the Naloxone School Survey results, her presentation will be sent out to the group:</p>	

The Department of Education distributed this survey in February, 2022. It was sent to school district LEAs so information could be gathered about substance use prevention plans in their districts. Some results summarized:

- 178 districts responded to the survey
- 107 reported that they do have naloxone in their district most reported having it at high school or middle school.
- Most common place naloxone is reportedly kept is the nurses office
- 81 districts of the 107 that reported having naloxone reported having a policy and protocol in place.
- Staff (other than the nurse) that are trained: Top 3 reported are Administrators, School resource officer/security, and Student support staff
- 71 districts reported that they do not have naloxone
- Common reasons for not having naloxone (in order of most reported) were:
  - Perceived lack of need
  - “Other” (i.g. not yet determined need, unaware they could have it, they were an elementary school district, comfortable with calling EMS and they will have it if needed...)
  - Barriers / Challenges to obtaining naloxone
  - Parent/guardian concerns or objections
  - Difficulty in obtaining a medical advisor standing order for naloxone
  - Community concerns or objections
  - Administration concerns or objections
- 126 of 178 districts have provided training in substance use and substance misuse prevention that included information on opioids.
- 71 districts reported having a substance use prevention plan

**Questions and Discussion:**

Carol - Interested in finding more about the districts that don't have naloxone, the challenges or barriers reported. Is there further breakdown captured about what the administration concerns or objections were? Same with community concerns, and was there more information collected on what “other,” meant?

- Chlo-Anne will find out what other information is available in the raw data and get back to us.

Nate – Who makes the decision about having naloxone in schools? Is it the superintendent or someone in the individual school?

- Chlo-Anne was able to inform us that the Superintendent has to give the OK.
- Would like to find out if the Superintendent approval is a blanket approval for all schools in their district or does it only apply to the school that is requesting.

Shobha –recommend having more than one dose of naloxone at each school in case there is a need for multiple doses to revive.

	<ul style="list-style-type: none"> <li>• Chlo-anne – Many schools have or would like to have at least 2 doses in the building.</li> <li>• Having many doses in each school could become a cost barrier, as they need to be updated as they expire. EMS response team will have arrived in time if the school has run out of doses.</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>• There will be a naloxone training for school nurse supervisors in April. If anyone in this group has input or would like to present at that training please contact Chlo-Anne.</li> <li>• There is a need for more schools to have naloxone policies; the survey showed that some schools that have naloxone do not have a policy in place.</li> <li>• Need for more training on substance use prevention and getting a prevention plan into schools. SERC has a lot of prevention information for school personnel and students.</li> </ul>	
<p>3. Workgroup Updates</p>	<p><b>Media &amp; Stigma:</b>  Judy Stonger provided the following update:  The group is considering creating an expert speaker/presenter list so when media is looking for experts they will know whom to contact, as discussed in the last meeting. Will have more of an update next month.</p> <p><b>Cannabis:</b>  Carol Meredith provided the following update:</p> <ul style="list-style-type: none"> <li>• Cannabis law billboards are still up across the state, they will run until we have our official statewide awareness campaign.</li> <li>• We contracted with the O’Donnell Company for the statewide awareness campaign and met with them in February. We plan to meet with them again March 31<sup>th</sup></li> </ul> <p>Policy development: we have adapted a template from the PTTC in Maine to capture and structure policy recommendations around youth access to cannabis. Members of this workgroup are looking into the areas of; Public health and safety, placement and access, products and potency and more. This will be a topic discussed in the next meeting of this group on 3/31</p> <ul style="list-style-type: none"> <li>• Welcome input from everyone in this subcommittee on these policies, if you have any thoughts on these areas please send an email to someone in the workgroup.</li> </ul> <p><b>Discussion:</b>  RBHAO has raised question about access/possession and how the law is currently written; youth can have 5oz on them and receive a warning or be referred to a YSB. The concern is that 5oz is a large amount; this is something the group may want to look at further.</p> <ul style="list-style-type: none"> <li>• Shobha – Would be good to find out why CT is 5oz? Other states like Colorado and Massachusetts are 2oz or 1oz.</li> <li>• Diana has images that show how much 5oz is if anyone would like them for education purposes email her and she will share them.</li> </ul> <p>0 consumption or abstinence for youth, while ideal, may not be realistic so looking at policies around potency will be important.</p>	

	<p>One of the most important pieces will be how information gets to youth, and providing good education on the facts about Cannabis.</p> <p>Take into consideration the effects of criminalizing cannabis for youth and how that will disproportionately affect minorities; a criminal record negatively affects life outcomes, future employment opportunities, etc.</p> <p>Ramona – We will not be able to control product brought in from other states, the potency of that and the shapes of edibles, etc.  Scott S – Education on Dabbing and Vaping needs to be provided to youth, both are high concentrate and desirable. Even if the law in CT prohibits the high concentrations, they will get them from NY, Maine, Mass and other states.</p> <p>Wendy Mill – Youth are also able to get product through snapchat and on the internet. Agree that education will be a very important part in prevention.</p>	
<p>4. Other/Member Updates</p>	<p>Surita – Would like to have a discussion at a future meeting about the prescription drug, Gabapentin, and the identification of this prescription drug in the system of individuals who have had a fatal overdose. Massachusetts has been collecting this information over time, it may be good to connect with them and share info.</p> <ul style="list-style-type: none"> <li>• Scott – There is talk about this drug being used to enhance the opioid effect. It would be good to find out more about why the individual (who has had a fatal overdose) has been prescribed Gabapentin. Gabapentin is not an overdose risk on its own.</li> <li>• It is most commonly used by primary care physicians as an alternative to opioids for patients who need pain management. It can also be used as an anti-craving medication for alcohol and to treat withdrawal symptoms.</li> <li>• Some other states have made it a controlled substance</li> </ul> <p>This topic will go on the agenda for a future meeting.</p>	
	<p>The meeting adjourned at 3:30</p> <p><b><u>Next Prevention Subcommittee Meeting:</u></b>  Monday, April 18, 2022                      1:30 – 3:30pm</p> <p><b><u>Next Full ADPC Meeting:</u></b>  Tuesday, April 19, 2022                      10:00am-12:00pm</p>	