

Alcohol and Drug Policy Council
Prevention Subcommittee

Meeting Summary

Meeting Date/ Location:	Monday, April 18th, 1:30PM-3:30PM, Microsoft Teams Meeting	
Participants in Attendance	In Attendance: Shobha Thangada, Robert Kanehl, Alison Fulton, Thomas Fulton, Ingrid Gillespie, Carol Meredith, Carleen Zambetti, Sarju Shah, Thomas Russo, Rebecca Allen, Giovanna Mozzo, Robert Lawler, Nathaniel Rickles, Karonesa Logan, Alison Wiser, Anna Gasinski, Andrew Lyon, Kristi Olds, Samantha Allard, Diana Shaw, Anna Gasinski, Scott Newgass, Surita Rao, Ramona Anderson, Jane Ungemack, Deborah Lake, Scott Szalkiewicz, Wendy Mill, Robert Kanehl	
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>	<p>Minutes Approved</p>
1. Prevention Related Raised Bills	<p>Mary Kate Mason, who was going to present this information, was unfortunately unable to attend. Carol presented in her place.</p> <p>CGA Raised Bills Session Year 2022</p> <p>HB5244 – An Act concerning the provision of Opioid antagonists in schools</p> <ul style="list-style-type: none"> Requires the state department of education, along with consumer protection and public health, to develop guidelines to obtain, store, and maintain opioid antagonists and include training as a part of in-service training programs. <p>Scott N – SDE is already discussing how to implement but need to wait until the final statute is developed. By federal guidance cannot compel schools to use any specific curriculum. We are able to provide guidance and means. These will be easier to put in place in high schools and we want staff to be able to talk to students about this information as well as be trained on it themselves. Once this goes through, we can begin work.</p> <p>Scott, Chlo-Anne and John F. have been working and expanding their knowledge of getting naloxone into lower schools, John and Chlo-Anne are sending a notice to school nurses with guidance.</p> <p>Schools biggest concerns may be the reaction from parents in the communities.</p> <p>HB5430 – An Act concerning Opioids</p> <ul style="list-style-type: none"> Makes small changes to the current law allowing the dispensing of a controlled substance through a mobile unit. 	

Scott clarified that this is for methadone and other MAT treatments. Will be collecting data on this. The goal is to increase the ability to prescribe MATs.

Ingrid – This proposed bill also includes removing fentanyl strips from being labeled as drug paraphernalia.

Scott – As far as status this looks like it is going to go through.

HB5044 Implementing the Governor’s budget recommendations regarding the use of opioid litigation proceeds -

- Establishing Opioid settlement funds and where opioid related settlement funds will be deposited. Establishes requirements for use of these funds, advisory committee to meet quarterly and report to the general assembly committee.

SB 367 – An Act Concerning Electronic Nicotine Delivery Systems and Vapor Products

- Small changes to the existing electronic nicotine delivery systems law, limiting nicotine content and banning flavors other than tobacco. Doubling the penalty for sales.

Ingrid added information about **Bill SB 399**

- This bill brings back the tobacco health trust fund, and includes a change in language from the word “may” to “shall,” which will help better manage how funds are used. Historically funds have been able to be used for other reasons. We are advocating and reaching out to members of finance committee to pass it. If you want to learn more Ingrid will send out information.

HB 5155 – An Act Concerning the Safe Storage and Disposal of Opioid Drugs, Cannabis and Cannabis Products

- This is requiring that DCP develop short statements on cannabis storage and disposal for distribution and inclusion on packaging.
- The Cannabis workgroup has been keeping an eye on this

Diana - This bill is on safe storage for cannabis, cannabis product and prescription drugs. Acts for both DCP and DHMAS are on it, there is no fiscal note attached. DCP is developing material on safe storage, accidental consumption and other topics and will share them with this group once completed.

Status: Unanimously approved on committee on children and went to LCO.

HB 5329 – Act Concerning Cannabis

- Makes several changes to regulations and licensing to adult use cannabis. Imposing additional limitations on gifting, selling and transferring. Prohibits Cannabis billboard

	<p>advertisements, outdoor building signs (new requirements), prohibits municipality from granting zoning approval based on number of residents, one per 25,000 and more.</p> <ul style="list-style-type: none"> • Does not prevent other states from advertising on billboards within CT. <p>Diana – This bill addresses issues not already addressed, equity joint ventures, additional advertising restrictions, but there is still more that hasn't been addressed yet.</p> <p>Status: This bill reported out of LCO and has been filed with a house calendar number.</p> <p>HB5147 – ACT Concerning Physician Assistants and Palliative Use of Marijuana</p> <ul style="list-style-type: none"> • Expands existing law allowing physician assistants to certify patients for medical marijuana <p>We will follow up at next meeting, the session will have ended by then and we can get an update on what passed into law.</p>	
<p>2. Presentation on Gabapentin</p>	<p>Shobha Thangada did a presentation on Gabapentin. Data from OCME: As of first week of March there have been 166 drug overdose deaths in 2022, with more pending.</p> <p>1,535 lives lost to overdose in CT in 2021. (12% increase from 2020) Highest number we have seen in one year so far. 91% – any opioid 86% Fentanyl Heroin numbers are going down</p> <p>Recommend providing education for communities on the presence of Fentanyl in many different substances.</p> <p>The presence of Gabapentin: 2019 Gabapentin was present in 7% of overdose cases, that increased to 11.9% in 2021. It is important to note that Gabapentin is never the only drug present in an overdose case, there is always another substance present.</p> <p>Gabapentin prescriptions in CT –</p> <ul style="list-style-type: none"> • Gabapentin is not considered a controlled substance in CT, but does require a prescription. • 1993 Gabapentin was approved for epilepsy and nerve pain associated with shingles, in 2004 a generic version came out • It is one of the most popular prescription drugs, 10th most prescribed medication in 2016. • It does not affect receptors manipulated by common drugs of abuse like opioids and benzos, but does have properties similar to many commonly abused intoxicants and has 	

been known to produce withdrawal symptoms and psychoactive effects.

- Is prescribed for: anticonvulsant for seizures, anxiety, depression, bi-polar and mood disorders, used to reduce cravings and withdrawal in alcohol use disorder, as a treatment for substance use and psychiatric disorders (as an adjunctive medication)
- If an individual has a prior substance misuse history they are more likely to misuse gabapentin. .
- Many other states are also monitoring Gabapentin prescriptions. Some states have classified it as a controlled substance.
- In CT so far in 2022 16% of overdose cases have gabapentin present. Shobha will continue to monitoring and update this group.

Discussion:

Robert L – What has been said by people who use is that gabapentin is being paired with opioids to extend the high. We have not been seeing it cut into substances. It is not hard to get as a prescription and is being resold on the street.

Giovanna – Recently local prevention councils have asked about Gabapentin and if there is conversation happening at the state level about this drug. Local prevention councils are hearing about youth getting and misusing it. If this is something being prescribed for anxiety and social phobia after the pandemic, we may see a bigger trend of this substance coming.

Surita – From a Physician standpoint, Gabapentin is officially FDA approved for the treatment of absent seizures. Pharmaceutical companies are not allowed to market it for other purposes but doctors can use it for other reasons. It is given as an additional medication to treat anxiety, mood disorders, alcohol withdrawal and cravings, withdrawal for opiates, migraines and widely used for nerve pain. Prescribing has gone up because physicians are trying to address chronic pain issues without prescribing opioids.

Thomas Russo – Many people that I have worked with that used or spoke about gabapentin got it from some form of treatment, detox or inpatient care. It is widely prescribed for withdrawal symptoms. People were happy to have it in their back pocket in case they are experiencing withdrawal. It also seems to be used mixed with alcohol.

Allison – Many people have prescriptions for gabapentin for their dog as well.

Scott S– DCP is looking to see both sides of this issue. We are seeing unintended consequences of the decrease in prescribing opioids. People who need pain management and cannot get certain medications, because gabapentin is not a scheduled drug it is easier

	<p>to get. There is a crossover with animals, as gabapentin is prescribed very frequently for dogs. With this being the case we can't discern diversion with PMP data. DEA and FDA have been pressured to make this drug a schedule 5. Doing that will decrease people's ability to use for legitimate reasons. There should be conversations with veterinarians on accountability for dispensing, and have people pick up their pets prescription at a pharmacy so it can be tracked. While Gabapentin has a low addiction risk, the withdrawal from it can be bad.</p> <p>Carol – From a prevention perspective, what do we need to do next? Should we do watchful waiting and monitor it for now?</p> <p>Scott S – The FDA / DEA may make this a section 5 controlled substance and then data on it will be collected. If we talk about all the uses of it and talk about what the dispensers and prescribers need to watch out for, providing education and monitoring is what can be done. Diversion may be the educational message and the bigger issue, so we teach prescribers to look out for signs.</p> <p>Allison – Raise awareness around pet owners, veterinarians and people in recovery to make them aware of the risks involved.</p> <p>Robert L – Z drugs gaining in popularity throughout the country, we have not seen them much in our area yet. We are keeping an eye on trends. Recently in DC there was a couple pounds of a green leafy substance that tested positive for fentanyl and PCP, it was not cannabis.</p>	
<p>3. New Chairperson Selection Guidelines</p>	<p>This new chairperson selection guidelines document was sent out to this group. One change to note is that the Chairperson will be changed after 3 years.</p>	
<p>4. Workgroup Updates</p>	<p>Cannabis Workgroup – Sarju from DHMAS gave an update. Awareness Campaign update- O'Donnell presented on the research they have completed and gave recommendations for key messages. Their next steps are to conduct focus groups and present to us their findings. Policy recommendations update – In the upcoming workgroup meetings we will look at policy recommendations, workgroup members will review strengths and identify areas that need improvement. Over the next 3 months the workgroup will identify areas that need recommendations to improve the legislation. By the beginning of July we will have a list of recommendations and prioritize them. They will then be provided to the prevention committee and ADPC full group, finalized to be sent out.</p> <p>Media and Stigma Workgroup – Currently working on the development of a list of experts to give to media folks.</p>	
<p>5. Other/Member updates</p>	<p>Robert L –</p> <ul style="list-style-type: none"> • Two community drug-checking projects are coming up, one by the Department of Health and one by a research group 	

	<p>at Brandeis. Ultimately 4 FDR machines in CT, Bridgeport, New Haven, Hartford and New London. The first 2 should be in by the end of May to do community drug checking with local harm reduction.</p> <ul style="list-style-type: none"> • We have asked the University of New Haven center of advanced policing, looking at a product to help police address overdose incidents and addiction. • Beginning to create a few role call videos (5-minute long videos), topics like fentanyl safe handling for law enforcement, good Samaritan law. Will probably do a second hour-long discussion with poison control to go more into depth with information on Fentanyl handling. • There continues to be a rise of methamphetamine use across the state, increase in law enforcement seizures and reports from harm reduction and community partners. This group should talk about how to address this. 	
	<p>The meeting adjourned at 3:27</p> <p><u>Next Prevention Subcommittee Meeting:</u> Monday, May 16, 2022 1:30 – 3:30pm</p> <p><u>Next Full ADPC Meeting:</u> Tuesday, April 19, 2022 10:00am-12:00pm</p>	