

Alcohol and Drug Policy Council
Prevention Subcommittee

Meeting Summary

Meeting Date / Location:		Monday, July 18, 2022, 1:30PM-3:30PM, Microsoft Teams Meeting This meeting was broadcast live via CT-N.			
Committee Members					
x	Alison Wiser (Agency Support)	x	Giovanna Mozzo	x	Robert Kanehl
	Allison Fulton	x	Ingrid Gillespie		Robert Lawlor
x	Andrew Lyon	x	Judith Stonger	x	Sarju Shah (Agency Support)
	Anna Gasinski		Kristi Olds	x	Scott Szalkiewicz
x	Carleen Zambetti		Nancy Kingwood	x	Shobha Thangada
x	Colleen Violette	x	Nathaniel Rickles	x	Surita Rao
	Daniel Tobin	x	Rebecca Allen		Tom Fulton
x	Deborah Lake		Rodrick Marriott	x	Tom Russo
x	Don Maletto				
Committee Members					
x	Diana Shaw		Chlo-Anne Bobrowski		Wendy Mill
x	Ramona Anderson	x	Michael Makowski		Stephanie Moran
	David Blezard	x	Robin Tousey-Ayers		Melissa Sienna (Agency Support)
x	Wesley Antonucci	x	Jack King	x	Mohd Dar
x	Steve Delvecchio (for senator Formica)	x	Karonesa Logan	x	Sam Allard
x	Stephanie Poulin				

TOPIC	DISCUSSION	ACTIONS / DECISIONS
Welcome Review of Minutes	<p>The meeting began at 1:30pm</p> <p>Approval of meeting minutes from last meeting.</p>	<p>Minutes Approved</p>
Prevention Committee Recommendation Process	<p>See process sent out by Sarju earlier this week.</p> <p>One possible recommendation is OTC Naloxone in CT</p> <p>Comments/Discussion:</p> <ul style="list-style-type: none"> Allison Futon is currently working on finding out which other states currently have naloxone over the counter Naloxone is currently available at pharmacies without prescription but some individuals may be nervous to talk to their pharmacist about this. Be sure to consider the existing laws for pharmacists, to make naloxone over the counter, they may need more tools and resources. 	<p>Please contemplate and send in any additional recommendations or comments.</p> <p>Contacts: Sarju Shah sarju.shah@ct.gov Tom Russo tomrusso.wdl@gmail.com Deb Lake Deborah.lake@preventionworksct.org Allison Fulton afulton@wctcoalition.org</p>

	<ul style="list-style-type: none"> • Dr Doyan from poison control group reached out with questions and concerns about the restrictive nature of pharmacist prescribing of naloxone – examples include cases where a pharmacy did not have a person on site that could prescribe/distribute, another the pharmacist trained was not available. There are several states with less restrictive naloxone distribution systems. (Nate R.) 	<p>Alison Wiser Alison.Wiser@ct.gov</p>
<p>Presentation on CT Violent Death Reporting System (CTVDRS) Substance Use Data</p>	<p>The Connecticut Violent Death Reporting Presentation, DPH Michael Makowski, MPH</p> <ul style="list-style-type: none"> • Substance misuse is a contributor to mortality in CT • The CT Violent Death Reporting System collects data on homicide, suicide, unintentional firearm deaths, and deaths of undetermined intent. • The data comes from LE reports, supplementary homicide reports, family violence (DESPP), OCME investigation, and autopsy and toxicology data. • The data is victim centric and includes demographics, injury or manner of death, location of death, weapons, circumstances (risk or stressor) relationship of victim to suspect and toxicology report. • Risks/Stress Factors or triggers collected include; mental illness, substance use, intimate partner violence, gang relation, history of suicide attempts/ideations, physical health problems, criminal history or past arrest/convictions. • 2020 saw a drastic drop in number of suicides, 2021 rate has begun to go back up. Data shows the age group with the highest rate of suicides is 45-64 years old. • A toxicology report is done for all suicide/homicide deaths. Substances most commonly found in suicide victims are, from most common to least, although it is common to have more than one: Alcohol, Benzodiazepines, Opiates, Marijuana, Cocaine. • Most drug overdoses involve multi-drug ingestions, most commonly appearing on toxicology in order are: antidepressants, opiates (oxy), benzos, antihistamines (benadryl), alcohol and other non-drugs like carbon monoxide. • Substance Use in homicides, substances appearing on toxicology at time of death include from most prevalent to least (marijuana, alcohol, opiates, cocaine, benzos) from 2020-2021 – marijuana numbers really grew. <p>Discussion / Comments:</p> <ul style="list-style-type: none"> • Looking at this data with caution because marijuana will stay in a system up to 6 weeks, while alcohol only hours. Better information would come from hair samples. • Take into consideration an individual engaging in risky behaviors like substance use is more likely to engage in other risky behaviors as well. • There is information on metabolites, which may help identify if individual was actively using at the time of death. 	<p>Contact: Mike Makowski, MPH; Epidemiologist Michael.Makowski@ct.gov Main Office Phone: 860-509-8251</p>

<p>Presentation on DCP Naloxone Dispensing</p>	<p>Wesley Antonucci Intern from St Francis University, did a 7 week internship with PDMP, and was able to look at naloxone dispensing data.</p> <ul style="list-style-type: none"> • CT public act 15-198 was put into legislation July 2015 allowing pharmacists to prescribe opioid antagonists used to treat drug overdoses, but they need to receive special training and certification to do so. • CT public act 20-4 mandate went into effect July 2021, requires dispensation information for naloxone to be uploaded into CPMRS when dispensed by licensed pharmacists. • 2021 Naloxone dispensing data: 688 licensed pharmacies in CT. 579 (84%) dispensed naloxone in 2021. 251 prescriptions in 2021 came from a pharmacist. <p>Comments / Discussion:</p> <ul style="list-style-type: none"> • There are a number of towns that do not have a licensed pharmacist able to prescribe, this needs to be looked at closer. • Encouraging to see the number or prescriptions for naloxone coming from hospitals increase. • How can we close the gaps in pharmacies that are not currently distributing or prescribing? • Outreach, reminders of trainings. • Would like to compare overdose death rates to the towns with pharmacies that have certified pharmacists prescribing naloxone. • DCP will do an outreach, reminding pharmacists/pharmacies that this training is available • There are other states with similar programs, but without the extra step of training and certification of the pharmacist. • Breakdown of how many prescriptions come from CVS/Walgreens etc, vs. small business pharmacies. Interested in who is embracing this and who may need more outreach/education. 	<p>Contact: Wesley.antonucci@ct.gov</p>
<p>Workgroup Updates</p>	<p>Cannabis Workgroup Update: (Sarju S.)</p> <ul style="list-style-type: none"> • Educational awareness campaign: O'Donnell Company developed 5 focus group surveys to collect perspectives to inform key messages they are developing directed at key populations including youth, parents, pregnant and breastfeeding individuals, adult population and Spanish speaking community. Sarju will share these surveys with the group. • The workgroup weighed in on 4 creative concepts that at the next meeting we will look at finalizing a creative concept and deciding on messaging that will go out for the campaign by September. • The group is also looking at policy recommendations, reviewing cannabis laws and identifying gaps. We will look at those recommendations and prioritize in the next 	<p><u>Cannabis Workgroup:</u> Sarju will share O'Donnell's focus group surveys with this group.</p>

	<p>meeting. Hopfully by Sept/Oct, we will be able to present that information to this subcommittee.</p> <p>Media and Stigma workgroup (Judy)</p> <ul style="list-style-type: none"> • Developing a database of presenters or speakers, including people with lived experience, family members, friends, professionals etc. idea is based on the national speaker database. • Currently 38 people are on it. Please disseminate broadly and invite folks to participate. When media requests come in we now have a database to call upon. 	
<p>Other / Member updates</p>	<ul style="list-style-type: none"> • CCAR Walk for Recovery is back: Saturday, September 24th at Bushnell Park. It is the 21st year of the recovery walk. • Planning an MOUD presentation next month for this meeting <p>Review and look at possible recommendations in addition to Naloxone OTC, to come from this group please think about this and share your ideas with Tom Russo, Deb Lake, Allison Fulton, Sarju and/or Alison Wiser.</p>	
	<p>The meeting adjourned at 3:00 pm.</p> <p><u>Next Prevention Subcommittee Meeting:</u> Monday, August 15, 2022: 1:30 – 3:30pm</p> <p><u>Next Full ADPC Meeting:</u> Tuesday, August 16, 2022: 10:00am - 12:00pm</p>	