



Alcohol and Drug Policy Council

Prevention Subcommittee

Meeting Summary

Meeting Date / Location:		August 19, 2024 Teams Meeting			
x	Allison Fulton		Giovanna Mozzo	x	Robert Kanehl
x	Andrew Lyon		Ingrid Gillespie		Robert Lawlor
	Anna Gasinski	x	Jennifer Sussman	x	Sarju Shah (DMHAS Agency Support)
x	Abigail Lieberman		Judith Stonger	x	Scott Szalkiewicz
x	Carleen Zambetti	x	Keri Lloyd (DCF Staff Support)	x	Shobha Thangada
	Daniel Tobin		Kristi Olds		Surita Rao
x	Dawn Niles (OSAC Representative)		Nancy Kingwood		
x	Deborah Lake		Nathaniel Rickles		
	Don Maleto		Rebecca Allen		
	Erica Previti		Rodrick Marriott		
Supporting Leadership & Other Participants					
x	Samantha Allard (DCP)	x	Samantha Forbes (Amplify, Inc.)	x	Christine Hauser (CHDI)
x	Sara Moriarty (DPH)	x	Karonesa Logan (DCP)	x	Kelly Leppard (DMHAS)
x	Diana Shaw (DCP)	x	Pamela Mulready (Clearinghouse)	x	Wendy Mill (GPP)
x	Nadine Tulloch	x	Jessica Parmelee	x	Allyson Nadeau (Amplify, Inc.)
x	Megan O'Grady (UCHC)	x	Chlo-Anne Bobrowski	x	Allison Sullivan (DPH)
x	Kathryn Bohannon	x	Kristin Scianna	x	Steven Wolf (DCP)
				x	PJ Cimini

TOPIC	DISCUSSION	ACTIONS / DECISIONS
Welcome Review of Minutes	The meeting began at 1:30p.m. A correction to the July Minutes was made to remove a duplicate participant to the attendee list. No other corrections. A motion to approve the July meeting minutes was made by Robert Kanehl; Dawn Niles seconded.	Minutes approved.
2024 Naloxone Survey for Public School Districts in Connecticut	<p>Historical context of prior year surveys (2018, 2022)</p> <ul style="list-style-type: none"> In 2018, the survey was sent primarily to school nursing supervisors. 48% of respondents had Naloxone in their school. Assessed barriers for having: largest barrier was perceived lack of need and "other" (e.g. age of students, lack of policies/guidelines, funding). In 2022, the surveys were issued to the districts. Of the responding school districts, 60% of respondents indicated at least one school in their district had Naloxone. Top two barriers remained consistent. When assessing location of Naloxone in schools, it was sometimes locked and therefore would require access by nurse, some locations were more accessible. Sharing of community resources to obtain Naloxone has resulted in more diversity of where schools obtained. <p>2024 Survey results - sent to the LEAs of the Districts; most respondents were school nurse supervisors but some were completed by superintendent/assistant superintendent/other.</p>	<p>Presentation by Chlo-Anne Bobrowski</p>  <p>CT CSDE Naloxone Survey Presentation</p>

	<ul style="list-style-type: none"> • Respondents indicated the presence of Naloxone in 89.2% of elementary schools, 91% of middle schools, 82.9% of high schools. Majority of locations remain in nurse's office. • Most districts have policies around Naloxone. Majority of districts do not have a substance use prevention plan. <p>Resources available at the end of the slide deck.</p> <p>Takeaways for consideration:</p> <ul style="list-style-type: none"> • Unknown how many students are trained on the administration of Naloxone and signs/symptoms of overdose • Data on prevalence of kits used to help with perception of need? <ul style="list-style-type: none"> ◦ Available in the survey form (5 deployments) • Barriers to prevention plans? Could be that other mandates take priority as this element is not a mandate. Disciplinary policies may require certain actions if they become aware of substance use of their students and therefore may avoid. <ul style="list-style-type: none"> ◦ Is there opportunity for this committee to help define elements of a prevention plan, what would be helpful to include, etc. • Schools not mandated to report incidents of overdose to the State Department of Education; their participation in the survey is also not mandated. Could result in some underrepresentation in the data. • Resources for parents/caregivers of students who are interested in information about Naloxone availability <ul style="list-style-type: none"> ◦ Chlo-Anne will explore and share back information ◦ Anecdotally have had one-off outreaches from school social workers, etc., requesting information but this is an area where there may be additional need for focus. 	
State of the State	<p>NSDUH Data 2021-2022 (2023 national data was recently released but awaiting state-specific data release) ages 12+</p> <ul style="list-style-type: none"> • CT is higher than national estimates on alcohol use, lower on tobacco, slightly higher on marijuana and cocaine, about the same on heroin. <p>DMHAS Data on Treatment Admissions by Primary Substance</p> <ul style="list-style-type: none"> • Alcohol continues to be the highest, second is heroin. • Heroin has trended down while other opiates/synthetics have trended upwards. <p>Community Readiness Survey Results - Key Stakeholders perceptions of primary areas of concern. Somewhat matches up with substance use prevalence.</p> <p>CT School Health Survey showed that youth identifying as gay, lesbian, or bisexual reported a higher prevalence of past 30-day use of alcohol or other substances. Higher prevalence of other mental health concerns and risk factors also present for this population.</p> <p>Key Takeaways:</p> <ul style="list-style-type: none"> • Alcohol remains the highest use prevalence in CT compared to all other substances. Heavy episodic drinking is most prevalent in young adults (18-25) in CT and nationally. • Perception of risk with smoking marijuana is trending down and is lowest among ages 18-25 who also have the highest prevalence of past month use. • Sale of adult use cannabis products has greatly increased and surpassed medical marijuana products sold as of May 2023. Majority of retail sales in 2023 were flower (52%), followed by vape (29%), edibles (11%), extracts (5%) and other (3%). 	<p>Presentation by Megan O'Grady and Jennifer Sussman</p>  <p>State of the State Presentation_ADPC_</p>

	<ul style="list-style-type: none"> • The use of electronic vapor products (EVPs) has continuously increased among high school students in CT while the use of other tobacco products has decreased across age groups. • 4,033 suspected overdose deaths between June 2022-May 2023. Fentanyl continues to be involved in the majority of substance overdose mortalities in CT. • Health disparities are noted in overdose prevalence among individuals aged 35-44, among non-Hispanic Black individuals and in Urban Core communities. • Stimulant involved overdose deaths continue to rise, especially cocaine-involved overdose mortalities. Past year cocaine use in CT was most prevalent among adults aged 18-25. • Continue to look at polysubstance use as an area of priority. <p>Are there other outcomes we could/should be looking at that captures co-morbidities and mortality related to substance use other than overdose deaths?</p> <ul style="list-style-type: none"> • Epi-profiles should be released soon which sheds some light on this. • Opportunities for expanded prevention efforts (including beyond primary prevention to help address the significant rise in use from the adolescent years to the young adult years). <p>Visit the SEOW Prevention Data Portal: https://preventionportal.ctdata.org</p> <p>2023 CT YRBS report can be found here on the DPH website as well as pertinent fact sheets: Stats Reports (ct.gov)</p>	
Other/Member Updates	<p>Save the Date: Prevention Summit - October 17th.</p> <p>DPH Press Release tomorrow announcing new CT Quitline - Commit to Quit Smoking in CT (committoquitct.com)</p>	
Meeting Adjournment	Meeting adjourned at 3:00 pm.	
Upcoming Meetings	<p><u>Next Prevention Subcommittee Meeting:</u> Monday, September 16, 2024, 1:30 – 3:30pm</p> <p><u>Next Full ADPC Meeting:</u> Tuesday, August 20, 2024, 10:00 am – 12:00 pm</p>	