

Alcohol and Drug Policy Council  
Prevention, Screening and Early Intervention Subcommittee

Meeting Summary

<b>Meeting Date/Location:</b>	Monday, June 19, 2017, 1-3PM- @ CT Valley Hospital, Page Hall, Room 212	
<b>Participants in Attendance</b>	In Attendance: R. Allan, Kristen G, J. Ungemack , S. Logan, M. Grossman, Dan Tobin, A. Chin, M. Buchelli, Bob Brex, A. Fulton, C. Meredith, I. Gillespie, J. Stonger, N. Turner, K. Granatek, A. Tomassoni, M. Painter, X. Soto, R. Marriott	
<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTIONS / DECISIONS</b>
<b>Welcome, Introductions &amp; Recap:</b>	<ul style="list-style-type: none"> <li>Reviewed minutes from meeting 2 months ago. No corrections to the minutes. Motion to approve, second. Approved without revisions.</li> </ul>	
<b>Data Presentation</b>	<p>Presentation by Dr. Jane Ungemack on patterns of substance use in CT. Follow up to last presentation from State Epidemiology and Outcomes Workgroup –SEOW (purpose of this group: multi-agency group with purpose to review data and make recommendations regarding state priorities. Data primarily in these categories: consumption, consequences, risk/protective factor data). Data related to opioids. YRBS, NSDUH data by race reviewed. Highlights:</p> <ul style="list-style-type: none"> <li>Xaviel Soto from DCP reported that PMP registration is past 97%</li> <li>Elevated risk among Hispanic students</li> <li>Treatment admission: primarily Caucasian, Hispanic population over representation for opioid use disorder treatment</li> <li>Marijuana, alcohol most use among youth. 2.2% report heroin use, 12% prescription drugs</li> <li>Weakening of perceived risk of smoking marijuana</li> <li>Cocaine use had decreased in CT, but data is showing increase. Monitor this</li> <li>Urban settings are highest risk</li> <li>Tobacco use is decreasing, vaping is increasing. High school should be considered for primary prevention</li> <li>Alcohol use data varies by survey type</li> <li>Delayed age of onset of start of use of substances has improved</li> <li>Alcohol related MVA among youth has decreased</li> <li>% of exposure/availability of illicit substances is high among youth, regardless of race</li> </ul>	Next steps: Additional questions, reach out to Jane. Topic for next meeting: fentanyl data in CT.

<p><b>Federal Grants Update</b></p>	<p><u>CDC Prescription Drug OD Prevention for States Grant Project (3/1/16-8/31/19)</u>. Strengthening Prevention Efforts in Drug OD Injury and Deaths in CT. Partners include DPH, DCP, Yale School of Medicine. Components: Maximize PDMP; Community initiative in 6 health agencies; evaluating policy; data on Narcan use and other activity; implementing social marketing strategies. (Narcan kits will be distributed, not with CDC funds, but as part of the project. Comment: more effective to be able to hand out kits to persons rather than prescriptions to obtain a kit). Requesting that this committee act as advisory group for this grant. Voted and approved.</p> <p><u>DMHAS Strategic Prevention Framework (SPF) Grant</u> Update. C. Meredith. Currently In first year, a planning year. Strategic plan due October 2017. Will be developing multi-media campaign; providing fiscal resource to high risk communities through contract with local health departments.</p> <p><u>State Targeted Response (STR) Grant</u> \$5.5million to address opioid misuse across the continuum (Prevention, Treatment, Recovery). Several RFPs have been posted for services. Increased access to MAT, increased availability of EBPs.</p> <p><u>DCF Access, Screening and Engagement, Recovery Support and Treatment (ASSERT) grant:</u> \$3.2 million over 4 years. Deliver Multi-dimensional Family Therapy/Medication Assisted Treatment/Recovery Management Check-ups (MDFT-MAT-RMC) Intervention to youth with opioid use disorder aged 16-21. Includes social marketing, Adolescent Screening and Brief Intervention and Referral to Treatment (A-SBIRT), workforce development, fiscal mapping, recovery supports for youth.</p>	
<p><b>Update on Recommendations</b></p>	<p><u>Core Competencies for Medical Education:</u></p> <ul style="list-style-type: none"> <li>Update from Dr. Tobin. 6 trainings (1 in each DPH region) statewide during the next year. Scope of Pain trainings (\$25), includes food, 3.5 CME. Fee is waived for medical students. Buprenorphine training under development. "Dear Doctor" letter under development (for high prescribers, inviting them to trainings).</li> </ul> <p><u>Statewide Education/Prevention Strategy:</u></p> <ul style="list-style-type: none"> <li>Drugfreect.org website revisions are drafted and will be presented at full ADPC council at 6.20.17 meeting. Annual Prevention conference was successful, will occur again next year. Quilt was presented-powerful event, attempting to have it on display at next full ADPC Council meeting.</li> </ul> <p><u>PMP Integration:</u></p> <ul style="list-style-type: none"> <li>Entities have expressed interest, but these entities have not progressed yet to implementation.</li> </ul> <p><u>Naloxone and access to Narcan:</u></p> <ul style="list-style-type: none"> <li>No update at this time. Next steps: RACS to gather information on school entities. Develop questions about willingness to have it, barriers, if they do have it what role (i.e. school nurse); continue to discuss with DOE.</li> </ul>	

<b>Other Updates</b>	Legislative update: <ul style="list-style-type: none"> <li>• Governor’s bill includes 5 day limit for opioid prescriptions for youth; required electronic prescription of opioids-may need to monitor for workflow changes and other impacts.</li> <li>• Ingrid Gillespie continues a group effort to implement use of blister packs in CT.</li> </ul>	
<b>Wrap-up &amp; Next Steps</b>	<ul style="list-style-type: none"> <li>• The meeting was adjourned at 3:00PM</li> <li>• The next PSEI meeting is scheduled for July 17<sup>th</sup> from 1-3PM</li> <li>• The next full ADPC meeting is scheduled for August 15, 2017 from 10:00AM-12PM, location LOB, Room 1B.</li> </ul>	