

Alcohol and Drug Policy Council
Prevention Subcommittee

Meeting Summary

Meeting Date/Location:	Monday, May 20 th , 2019, 1:00PM-3:00PM, CT Valley Hospital, Page Hall, Room 217	
Participants in Attendance	<p>In Attendance: A. Wood, A. Fulton, A. Mirizzi, C. Meredith, D. Daniel, D. Lake, I. Gillespie, J. Stonger, M. Murray, S. Ali, S. Newgass, S. Szalkiewicz, S. Lang, S. Bouffard,</p> <p>Guests: D. Pease, M. Watt, T. St. Louis</p> <p>On Phone: E. Atwerebour, R. Tousey-Ayers, S. Doyon</p>	
TOPIC	DISCUSSION	ACTIONS / DECISIONS
1. Welcome & Introductions	The meeting was convened at 1:08 PM and began with introductions. The minutes were reviewed.	Minutes were approved
2. Presentation & Discussion on Opioids in the Workforce	<p>Thomas St. Louis, MSPH from the Department of Public Health presented on: “The Opioid Crisis and Connecticut’s Workforce.” Thomas discussed the role the workplace can play in preventing substance use.</p> <p>Ideas for next steps include:</p> <ul style="list-style-type: none"> • Developing new Human Resource model policies; to replace punitive “zero tolerance” drug free workplace policies • Partnering with employers; to champion “Recovery Friendly Workplaces” • Learning more about the Recovery Friendly Workplaces model/partnership in New Hampshire <p>A copy of the DPH report was distributed. Copies can be downloaded at https://portal.ct.gov/DPH/Environmental-Health/Environmental-and-Occupational-Health-Assessment/Opioid-Use-in-the-Workplace</p> <p>NOTE: It’s also important to note it is difficult to gain access to company’s policies regarding this topic.</p>	
3. Prevention Subcommittee Recommendation	<p>Review and discussion of new drafted recommendations</p> <p>Recommendation I: Workplace substance use prevention</p> <ul style="list-style-type: none"> • Strategy should start with education & awareness efforts • Reaching out to statewide Human Resources to find out what’s already happening regarding this topic. • Having companies host “Recovery Friendly” support groups to support initiative • Reaching out to The Hartford Foundation about available funding opportunities to incentivize companies participation • Beginning this effort as a Pilot with a small number of companies that are interested in drafting and implementing policies changes • The Hartford Insurance group may have substance use prevention policy • CCAR could be a good starting place for this initiative 	Subcommittee will continue to review recommendations and send feedback to Carol via email.

	<ul style="list-style-type: none"> • Demo Construction mentioned in the white paper may also be a good company to include in beginning efforts • We should keep in mind other groups that may also be reluctant to reach out for help, for example first responders & veterans <p>Recommendation II: Reset Pain Expectations Public Health Campaign</p> <ul style="list-style-type: none"> • Abby Wood reported that the workgroup had met and was investigating options for new messaging to be included in the Change the Script campaign. 	
<p>4. Fentanyl Video for First Responders: Dissemination Strategies</p>	<p>Reviewed and discussed Fentanyl Video for First Responders: Dissemination Strategies and how can we get this information out to first responders?</p> <p>IDEAS:</p> <ul style="list-style-type: none"> • Utilizing the RBHAOs to promote the video/ send out via email • The Police Chief Association would be a good place to disseminate the video • The Connecticut Alliance to Benefit Law Enforcement, Inc. (CABLE) may also be a good group to disseminate the video <p>SUGGESTION:</p> <ul style="list-style-type: none"> • We should find out what is systematically being done regarding safety precautions with first responders? • Reaching out to statewide groups to review and provide feedback on how Connecticut can use the video as a resource. 	
<p>5. Follow-up Items</p>	<ul style="list-style-type: none"> • Reset Pain Expectation Campaign First subcommittee meeting and discussions included: Pain, the different types of pain, Focus audience for campaign (general public); providing education & awareness on being an active participant in your healthcare, what to expect from pain, when should you reach out/be concerned, Testing pain messaging with focus groups; and Incorporating this into the existing “Change the Script” campaign. • Hospice Physician’s Perspective on the PDMP Scott S. is currently awaiting clarification from director and with report out to subcommittee during the next meeting. • Naloxone in Schools: Research From Other States <u>There are 5 states that require Naloxone in schools: New Jersey, Maryland, Rhode Island, Delaware and Maine</u> <u>States that have passed legislation or policy that allows schools to have Naloxone but doesn’t require it: Alabama, Virginia, Missouri, Michigan, Texas, Washington, Massachusetts, Kentucky and Arizona.</u> <p>Arizona has a standing order, so the head of their health department signs a standing order that goes to pharmacy; so people can go directly to a pharmacy</p> <p><u>Is there legislation for Naloxone in schools?</u></p>	

	<p>Senator (Ted) Edward Moore Kennedy Jr. submitted legislation a few years ago for a standing order.</p> <p>The Overdose Prevention Workgroup would like a standing order.</p>	
<p>6. Other/Member Updates</p>	<p><u>Dr. Doyon's suggestion:</u> For Overdose prevention month (August) having Connecticut Public State Libraries feature books on overdose, recovery and addiction around mental health and other related topics.</p>	
<p>Next Meeting</p>	<p>Monday June 17th 1-3PM at CVH, Page Hall, Room 217</p>	