

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

Meeting Summary

Meeting Date/Location:	Monday, September 18, 2017, 1-3PM- @ CT Valley Hospital, Page Hall, Room 217	
Participants in Attendance	J. Stonger, A. Stigler, S. Rao, Debora and Anna from DCP, D. Tobin, B. Brex, V. Adams, ?C. Meredith, M. Grossman, I. Gillespie, (A. Harris), S. Lang, Kelsey, R. Marriot, Maryanne, R. Jenkins	
TOPIC	DISCUSSION	ACTIONS / DECISIONS
Welcome & Introductions	Review and approval of minutes	
Review of PSEI Recommendations Vs. State, Local and Federal Legislation & Recommendations	<ol style="list-style-type: none"> 1. Core competency for medical education training: <ul style="list-style-type: none"> • Completed. Dr. Tobin setting up the logistics of the SCOPE trainings. Determining if SCOPE can be delivered in concert with certification to become Suboxone prescriber. Seeking spaces for 100+ attendees. • C. Meredith reported one recommendation that came out of Murphy/ Blumenthal opioid epidemic summit re exploring alternatives for pain management, including medical marijuana (MM). This group would like to consider focusing on non-medical alternatives. Chronic pain itself is not an approved condition for medical marijuana. Electronic prescription for MM will be required, unless practitioner does not have electronic prescription software. DCP stated that all MM practitioners will have a questionnaire on their ability to access electronic prescribing. Mandated to prescribe electronically. Exceptions: technology not available, practitioner determines impractical for client to receive electronically-in those cases can only do 5 day prescription, prescription will be dispensed out of state, electronic prescribing not available. 2. Statewide prevention messaging strategies: <ul style="list-style-type: none"> • S. Lang discussed need to move forward recommendation for legislation regarding Narcan. Will work with OD prevention workgroup to finalize. • C. Meredith updated that there are funds for opioid awareness/safe medication disposal/inform MDs of PMPs in 4 health districts that will join with 6 already existing ones. • Drugfree.ct.org website has been re-designed, Remembrance quilt is on display, 2nd and 3rd quilts are being made. • Several OD Awareness day events occurred. • Recommendation: How to Access to Narcan messaging 	

	<p>is needed.</p> <ul style="list-style-type: none"> • C. Meredith updated on finalizing 3 part campaign (plan, statewide campaign, prescriber/pharmacist specific campaign). Plan with toolkit with “change the script” logo, etc. will be released soon. <p>3. Integration of PDMPs with EHRs:</p> <ul style="list-style-type: none"> • Yale provided update from physician’s perspective. For example, terminology is Narcotic and actually should be opioid; NARC-check screening tool uses language that still stigmatizes. System needs to be able to audit access. <p>4. Naloxone in schools/colleges:</p> <ul style="list-style-type: none"> • Press conference Wednesday at CCSU re Narcan now available on all college campuses. Also working on this through Healthy Campuses initiative. Regarding school nurses, individual school boards are engaging in this if interested, but not in an organized way. Consider this for legislative proposal. D. of Education may believe there is a false barrier (misperception) that nurses cannot administer a drug without parental approval. Discussed insurance cost barrier to obtaining some kits. • STR Grant/sub-committee: Narcan storage and distribution. Hopefully will be able to distribute in the regions soon. Protocol can be generalized to other entities. Creates common data collection. <p>5. Legislation requirements:</p> <ul style="list-style-type: none"> • 1 page fact sheet on opioids: will align with the campaign, will send to this group. • Marketing campaign/PSAs: addressed in “change the script” campaign above • Home health care providers/1st responders medication destruction: by federal law, they cannot take the medication into their own possession, but does permit kin of deceased can do it and home provider can go with them. Police can take it now and seize it as part of evidence at a crime scene/abandoned property and bring to station to destroy. Recommendation that 2 officers do this together, but not required. Possible recommendation of a working group to clarify the law. • DPH developed a voluntary non-opioid directive document and submitted it to DMHAS and DCP for review. The final document will be posted on the DPH website on October 1st. 	
<p>Member Updates</p>	<ul style="list-style-type: none"> • C. Meredith requested: review Blumenthal/Murphy recommendations from opioid summit and provide comment to group. • Angela Greater Hartford Harm Reduction: listen to OD prevention event held at Hartford library, especially to hear the parents who spoke. • Wheeler Clinic received office of women’s health to continue A-SBIRT training, focused on young women 	

	<p>and opioids. Free, online Kognito training available.</p> <ul style="list-style-type: none"> • Statewide group working on blister pack packaging for opioids. • October 28th: towns are doing drug take back days. • Dr. Tobin working with CT Bar Association looking to craft appropriate legislation, share ideas with Dr. Tobin if you have them, such as can primary care be notified of ER OD; permit prescribers to know if client is getting methadone from drug treatment program. 	
<p>Wrap up & Next Steps</p>	<ul style="list-style-type: none"> • The next PSEI meeting is scheduled for October 16th from 1-3PM • The next full ADPC meeting is scheduled for October 17th, 2017 from 10:00AM-12PM, location LOB, Room 1D. 	