

BARNSTABLE COUNTY REGIONAL SUBSTANCE ABUSE COUNCIL

MEETING SUMMARY

Date: February 2, 2017 4:00 PM	MEETING PLACE: Harborview Conference Room, Barnstable County Complex	
NEXT MEETING: April 6, 2017, 4:00 PM, Harborview Conference Room, County Complex	RECORDING: Kathie Callahan, Barnstable County Human Services	
<p>MEMBERS PRESENT: Beth Albert, Chasity Armstrong-Menard, Deirdre Arvidson, Shaun Cahill, Karen Cardeira, Beth Cummings, Dennis Cunningham, Christine Greeley, Beth Griffin, Lisa Guyon, Rick Knowlton, Mary LeClair, Donna Mello, Patty Mitrokostas, Heidi Nelson, Ruth Provost, Kathy Quatromoni, Sam Tarplin</p> <p>Unable to attend: Edey Nesmith, Judy Scarafile, Gail Wilson, Cheryl Bartlett</p> <p>Members of the public: Rachel Berggren, Jamie Binienda, Ann Burke, Mark Forest, Stephanie Briody, Beth Bowman, Trudy Avery, Kelly St. Romaine, Elizabeth Mooney, Robin Wallace, Amy Doherty, Wendy Northcross. K.C. Myers</p> <p>DHS Staff: Vaira Harik, Kim Slade, Melissa Janiszewski</p>		

- **Welcome and Introductions:** Beth Albert chaired the meeting. Introductions were made by individuals.

- **Minutes of December 1, 2016 Meeting:** Motion by Beth Albert, seconded by Chasity Armstrong-Menard to accept the December 1, 2016 minutes as written, unanimously approved with Beth Cummings abstaining.

- **Presentation: Tackling Alcohol-Related Health Harms through Multicomponent Strategies – Vaira Harik, Melissa Janiszewski, Kim Slade:** Excessive drinking has a huge public health impact in the United States. Melissa discussed the definitions of excessive alcohol use and heavy drinking for both men and women. 88,000 deaths occur every year and this is the 3rd leading cause of preventable deaths. The cost of treating this problem is \$249 billion (2010 data). Alcohol-related DUI costs the U.S. more than \$44 billion each year in prosecution, higher insurance rates, higher taxes, medical claims, and property damage. To effectively prevent substance misuse, it is important to understand the nature of the problem including age of onset. Although people generally start using and misusing substances during adolescence, misuse can begin at any age and can continue to be a problem across the lifespan. The prevalence and intensity varies among states. According to a map shown of the U.S., the prevalence is clustered in the Midwest, New England and also in DC, Alaska and Hawaii. In contrast, the intensity is highest in the Midwest and in the southern regions. It is clear that the problem with excessive drinking is broadly distributed geographically. Massachusetts’ percentage of excessive alcohol use among individuals aged 12-20 has been higher than the national percentage.

According to a survey of Cape Cod Youth, 40% of Cape Cod students currently use alcohol based on 30-day use survey results. 60% of Cape Cod students have used alcohol in their lifetime. Data shows that 7.9% of Cape residents have a dependency on alcohol and alcohol is attributed to 71% of substance use related deaths on Cape Cod. Decreasing the morbidity and mortality related to over-consumption of alcohol requires a community-wide effort to address the problem on several fronts. We know that youth tend to model their drinking behavior after adults, and adults are often the source of alcohol for many youth, meaning that interventions must be aimed at the population across the lifespan. Most alcohol control policies affect the drinking behavior of adults and youth. Evidence-based best

practices need to be considered. Prevention programs must work together with prevention policies to address this issue. Preventing underage drinking is a public health issue priority and education of both adults and youth regarding alcohol consumption must join forces with enforcement efforts. If prevention programs and prevention policies need to work together, as part of a multi-component approach, we need to look closely at community mobilization. Multicomponent programs have the potential to reduce a wide variety of alcohol-related harms.

Melissa discussed some of the programs being used in Denver Colorado to better understand the health of middle and high school students i.e. a broadly distributed youth survey used by the state and local communities. Denver uses a positive youth development model, Peers Against Impaired Driving (PAID) program which has a strong behavioral component, one that utilizes introspective learning and incorporates building connections. The approach was to improve health, education, social, vocational and civic outcomes. This program also works with the school social worker who partners with parents and the school-based clinic. Over the course of the program, survey findings indicated that participants who were currently using substances reported a greater decrease in their use as compared with occasional and non-using participants. Choices, a brief alcohol abuse prevention and harm reduction program for college students, aimed to arm students with accurate information, inform them of their level of exposure to harm and provide them with a menu of coping strategies to choose to change high-risk behavior.

Kim: There are a variety of effective family-based prevention approaches for adolescent substance abuse. Some focus exclusively on providing parents with the skills needed to keep their children away from drugs. Another type of family-based prevention focuses on teaching family skills with parents and children together. Kim discussed the social norms campaign in Alaska and highlights youth engaging in positive activities while sharing the normative message that 78% of Alaskan youth don't drink. In Massachusetts offenders with more than one drunken-driving conviction are required to install an ignition interlock device on their vehicles for a period of 2 years as a condition of having their licenses reinstated. Almost half of the states require this on the first offense.

Patterns and consequences of youth drinking are closely related to the overall extent and patterns of drinking in the society and are affected by the same factors that affect the patterns of adult consumption. One of the most effective ways to reduce the extent and adverse consequences of underage drinking would be to reduce the extent and consequence of adult drinking. Across many individual organizations, communities and within the RSAC there are many educational tools being used to educate and bring awareness of this issue. Our social norms campaign, My Choice Matters, highlights how the Cape Cod community is united in its choice to address the substance use issue. More schools on Cape Cod are implementing prevention curriculum. In March 2016, Gov. Baker signed HB 4056 requiring schools to have a written policy in place around prevention curriculum. Gosnold currently provides the Guiding Good Choices family program across the Cape. Cape Cod Children's Place offer parenting programs that empower parents to raise healthy, resilient children.

Vaira reviewed U.S. data on alcohol use as well as Barnstable County data. She also discussed excessive drinking in Massachusetts data and overall substance use data in Barnstable County. She noted that the focus needs to be on alcohol as well as other drug use and that alcohol statistics are much higher than all other drugs combined.

Discussion: What is the role of RSAC in combating substance use issues.

- Education w/ adults including senior population.
- Look at economics of alcohol use
- Prevention initiatives
- Working group to focus just on alcohol related issues

- Data-driven enforcement for OUI's
 - Look at outdated laws pertaining to alcohol
 - Harm reduction – policy side
- **Legislative Event:** RSAC will be holding a Legislative Forum on February 24, 2017 at 8:30 AM in the Harborview Conference Room. Working groups are working on format for this forum. Recommendations to include State budget line item #'s, dollar amounts and recommended language for pending legislation.
- **RSAC Working Group and Action Plan Updates:**
- **Prevention Work Group:** Patty Mitrokostas reported that the group will take the top 3 priorities and form working groups to look at these. Priorities include: athlete & parent education, build on the first Parent Summit, and how can the RSAC support local coalitions and activities.
 - **Recovery Work Group:** Sam Tarplin reported on a presentation from Stephanie Briody at the Recovery night school. The PIER Recovery Center is looking at opening a Recovery Center on the upper/lower Cape. The group is in the beginning phase of discussion for a small event in the Spring 2017.
 - **Treatment Work Group:** Heidi Nelson that the group is reworking their work plan. They are looking at treatment capacity, data and out-patient component of treatment.
 - **Intervention Work Group:** Donna Mello reported that the group is planning a "Train the Trainer" workshop in March/April of 2017. They are also discussing the need for overdose education for the Cape & Islands. Group will be creating overdose materials for medication toxicity. Assisting with developing a PSA for the 911 Good Samaritan Law. The Dept. of Human Services received a \$13,000 grant from Bank of America Cornerstone Charitable Foundation to support the 911 Good Samaritan Law Video and PSA production.
- **Partner Spotlight:**
- **New Employee Assistance Plan – Wendy Northcross, Cape Cod Chamber of Commerce:** In response to the opioid and substance abuse crisis in Massachusetts, the Cape Cod Chamber of Commerce and Rogers & Gray Insurance announced an affordable Employee Assistance Plan (EAP) for employers to help colleagues and their families struggling with work or personal life issues. A special group rate of \$9.50 per employee per year for the REACH EAP by Diamond Healthcare was rolled out and employers were invited to learn more at a series of workshops, webinars or consultation with Rogers & Gray Insurance. An EAP is a confidential, short term, counseling service for employees and their families with problems that affect their work performance or their personal life. EAP's grew out of industrial alcoholism programs of the 1940's and are often part of a larger company plan to promote wellness.
 - **Cape Cod Healthcare \$2.5M Investment in Substance Use – Lisa Guyon, Director of Community Benefits, Cape Cod Healthcare:** Cape Cod Healthcare will distribute \$2.5 million in grants over the next three years to programs that treat and prevent substance use disorder. The grants will support key community programs that are addressing substance use intervention and treatment, and education and prevention efforts. The grants distributed in the first year amount to \$874,000 and were awarded to Gosnold on Cape Cod, Duffy Health Center, Community Health Center of Cape Cod and Outer Cape Health Services. Another \$150,000 was distributed to

various Community Benefits programs related to substance use and co-occurring mental health issues. The remaining \$1.5 million of the CCHC investment is in an established fund at the Cape Cod Foundation for distribution in years two and three. CHCC will closely monitor the program outcomes prior to each year's distribution to ensure the desired results are being achieved.

- **Adjournment:** 5:30 PM.
- **Next meeting scheduled for March 6, 2017 @ 4 PM in the Harborview Conference Room in the County Complex**

Respectfully submitted: Kathie Callahan, BCDHS