



## **Decisions at Every Turn Coalition**

### **Meeting Agenda**

**December 11, 2018**

**Ashland Middle School Library, 5:30 – 7:00 PM**

#### **Attendees**

Kelly Joseph, Mark Oram, Nancy Cleary, Kathy Silva, Dave DiGirolamo, Dave Muri, Claudia Rose, Ashwini Salvi, Saumya Sankhavaram, Kristin French

#### **Minutes**

The November 13, 2018 meeting minutes were accepted.

#### **Opioid Overdose Education/Narcan Training**

Through an initiative of regional health departments (Ashland, Framingham, Hudson, and Natick) to make Narcan more accessible to the broader community through local health departments, Kelly Joseph of the Framingham Health Department presented an opioid education/overdose prevention & Narcan training. The training covered what opioids are, what an overdose is, how to recognize/respond to an overdose, and how to administer Narcan.

Individuals who are interested in obtaining a Narcan kit and brief administration training may do so by calling the Ashland Health Department to arrange a private appointment. Ashland businesses, organizations, town departments, or other community groups who are interested in a staff training may contact the Ashland Health Department to arrange a training/presentation.

Please refer to the accompanying PPT attachment.

#### **Middlesex Partnership for Youth**

In response to ongoing parent concerns about vaping & e-cigarettes among teens, Saumya explored the possibility of hosting a student education presentation for middle school students through the Middlesex Partnership for Youth. While DAET is not a MPY member, Ashland Middle School is, and we could offer the training in partnership with AMS. Further discussion with AMS will need to take place to see if this is an option. Medway High School recently held the presentation for grades 9-12 (well received) and will host a January 25<sup>th</sup> presentation for grades 6-8. DAET staff has been invited to preview the presentation.

Dave Muri is currently conducting vaping & e-cigarette education sessions in the 9<sup>th</sup> grade health and wellness classes and views this smaller venue a more effective way to convey information and to build positive relationships with the students.

## **Board of Health Meeting Update**

At the BOH meeting in November the Board shared that they are reviewing their tobacco regulations and referring to best practices to make decisions. Amy Turncliff and Saumya were present at this meeting, and Saumya updated the Coalition on the board's discussion. The board was considering their regulations again because of the waiver of the 500-foot buffer zone for tobacco licenses given to a business selling tobacco products within 500 feet of Ashland Middle School. The Board discussed that buffer zones are best practice for tobacco policy. Ashland currently has a No Sale Under 21 policy. Ashland's policy has banned flavored tobacco, with the exceptions of Menthol, (spearmint, wintergreen). Mary Cole of the Greater Boston Tobacco Control Commission had also suggested to the board that one consideration could be to ban all menthol cigarettes/e-cigarettes as well. The Board had discussed possibly taking on a menthol ban in collaboration with other area Boards of Health. Somerville and Needham are also considering menthol bans, and the Board discussed keeping an eye on the decisions in those towns as well. The Board also discussed possibly decreasing the cap on tobacco licenses in town from the current 18 to 12 over time – i.e. if a business with a tobacco license closes and surrenders their tobacco license, then the cap would reduce to 17, and this would continue to happen till the cap was at 12.

## **CADCA**

Saumya and Kristin are taking 5 youth to Washington DC in February for the CADCA conference. There will be 1 Freshman, 2 Sophomores and 2 Juniors. Students will attend workshops, learn advocacy skills and create an Action Plan. After the conference, the students will present to the Coalition and to the Breaking the Barriers club. Ashwini also suggested that students might also want to present their knowledge in a classroom or school setting. Saumya said she would suggest this to the students attending the conference.

## **POWER events**

- Just Talk About it December 13<sup>th</sup> – Mental Health
- Courageous Conversations: Stress Management – January 7<sup>th</sup> (hosted by youth)

We discussed different formats for the POWER programs to increase participation by parents who often face multiple barriers to attend. A few ideas were mentioned, such as hosting fewer but longer programs or to create a “workshop day” where parents can select from multiple workshop/programs.

## **January Meeting**

At the January meeting we will review & discuss 2 draft documents. 1) The DAET Member Survey 2-pager highlighting survey results and recommendations for using/sharing the information. 2) Analysis report of the GRAPES sustainability activity and how community partners can use/implement the recommendations.

## **Celebrations**

- Kathy commented that the Narcan training was excellent and prompted her to think of how to integrate the knowledge to support her summer staff.

## **Next Meeting**

January 8<sup>th</sup> 5:30PM – 7PM



# OVERDOSE PREVENTION

Framingham Health Department  
*Kelly Joseph, MS*

*Technical content provided by Justice Resource Institute ([jri.org](http://jri.org))*

# Acknowledgements

## *MetroWest Health Foundation*

161 Worcester Road,  
Framingham, MA



## *RISE*—a program of Justice Resource Institute

(508) 935-2960  
1 Grant Street, Suite 100  
Framingham, MA



# Learning Objectives

- Understand the definition of addiction
- Gain an understanding of how opioids work
- Learn how to recognize and respond to an opioid overdose



# ADDICTION IS A BRAIN DISEASE

---

*Characterized by:*

- Compulsive behavior
- Continued misuse of drugs despite negative consequences
- Persistent changes in the brain's structure and function

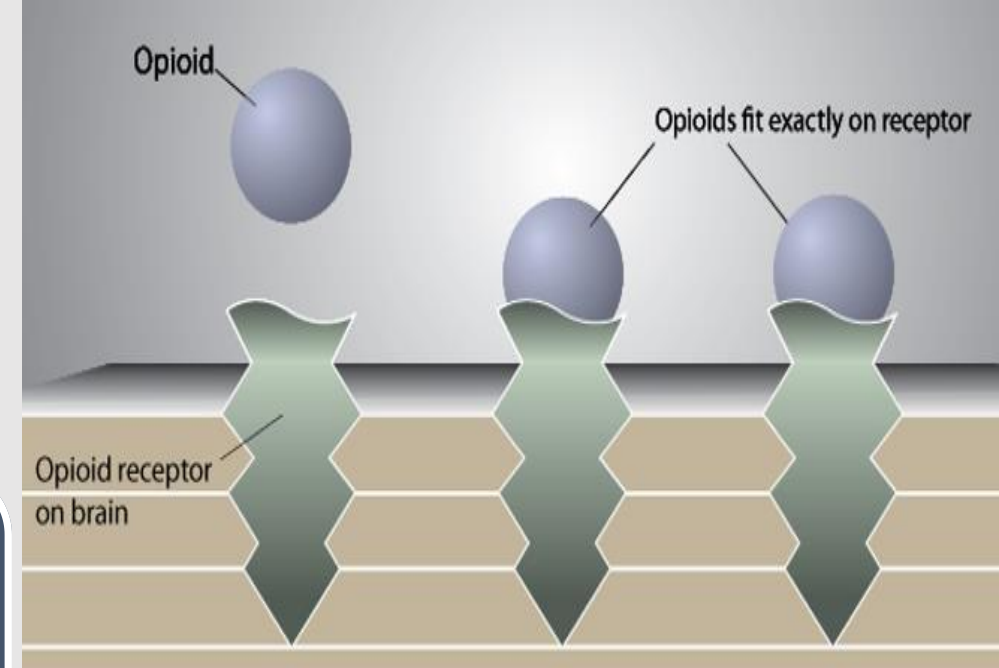
Like other diseases,  
addiction:

- Is preventable
- Is treatable
- If untreated, can last a lifetime

# What are opioids?

**Painkillers:** Drugs that act on the nervous system to relieve pain. Attach to opioid receptors in the brain, spinal cord, and digestive tract to block pain and boost pleasure (euphoria)

**Respiratory Depressants:** Slow down the nervous system and make it difficult to breathe



# Types of opioids



**NATURAL:** *derived from the opium poppy plant*

- Morphine
- Codeine



**SEMI SYNTHETIC:** *created in labs from natural opiate*

- Heroin
- Oxycodone
- Hydrocodone



**SYNTHETIC:** *Completely man-made*

- Methadone
- Fentanyl



# A closer look



## Prescription Painkillers

- Oxycodone, Percocet, Vicodin



## Heroin

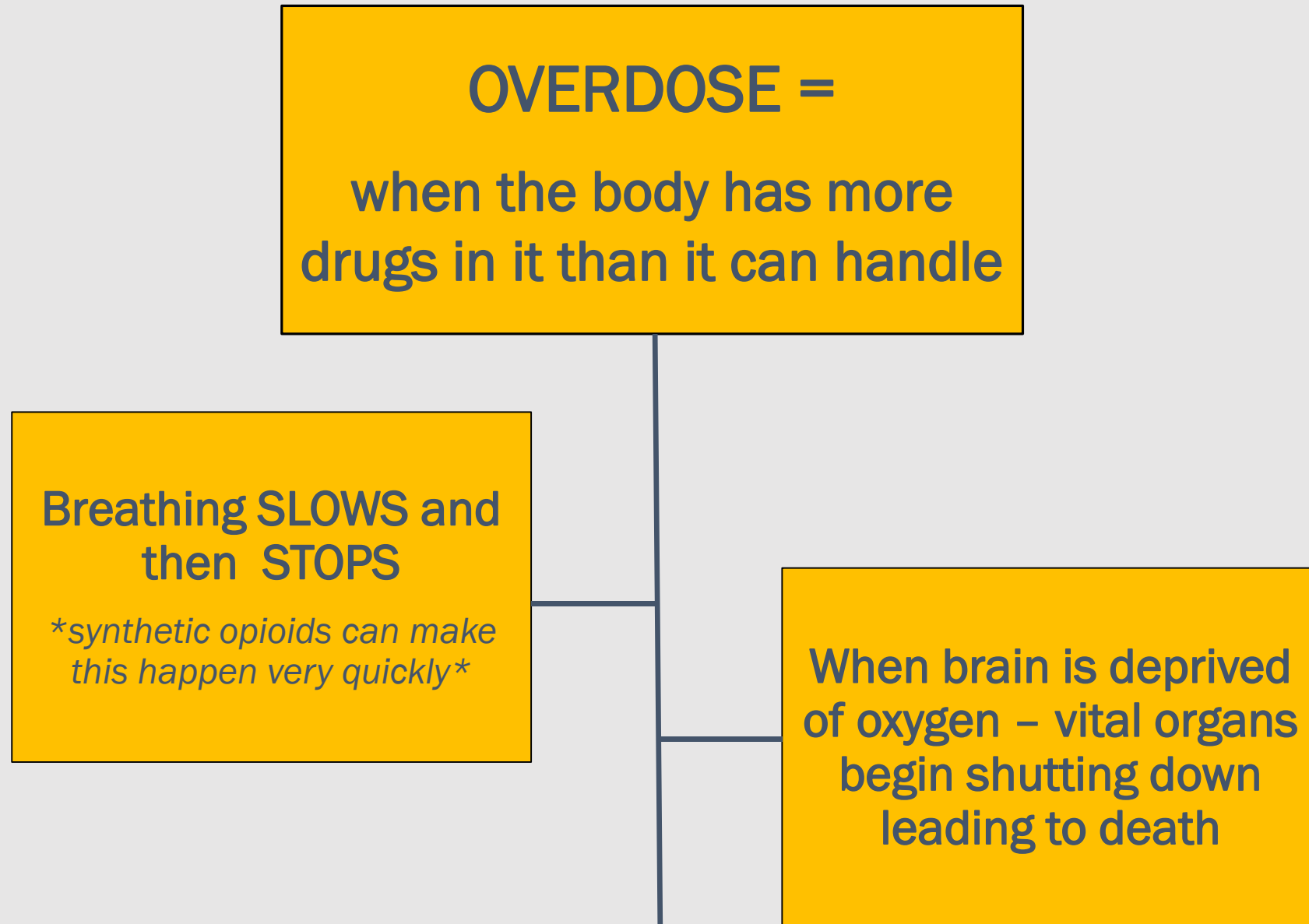
- Easily available in New England
- Pill use can lead to heroin



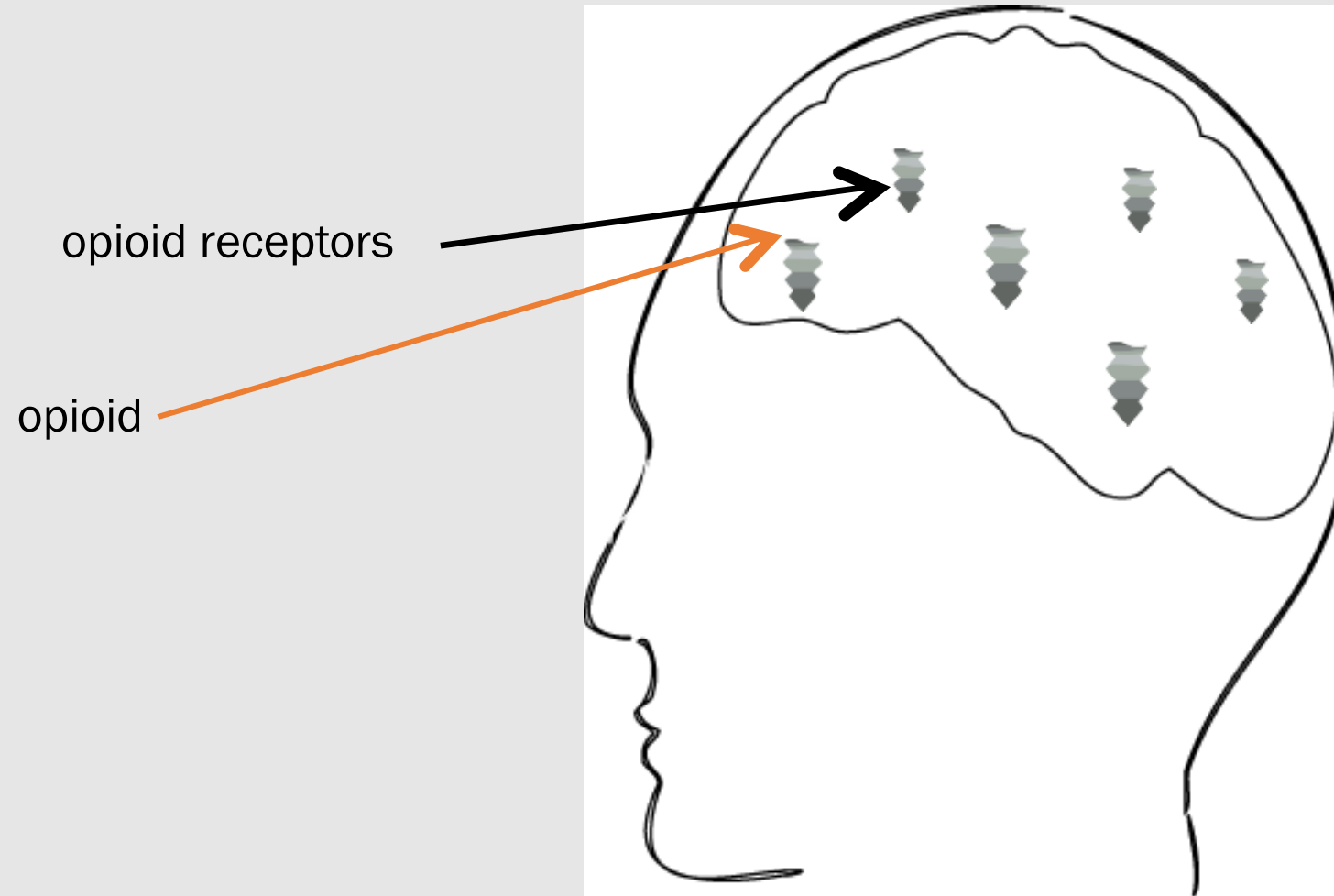
## Fentanyl

- 80-100x more potent than heroin, shorter half life
- Causes more deaths

# What is an opioid overdose?



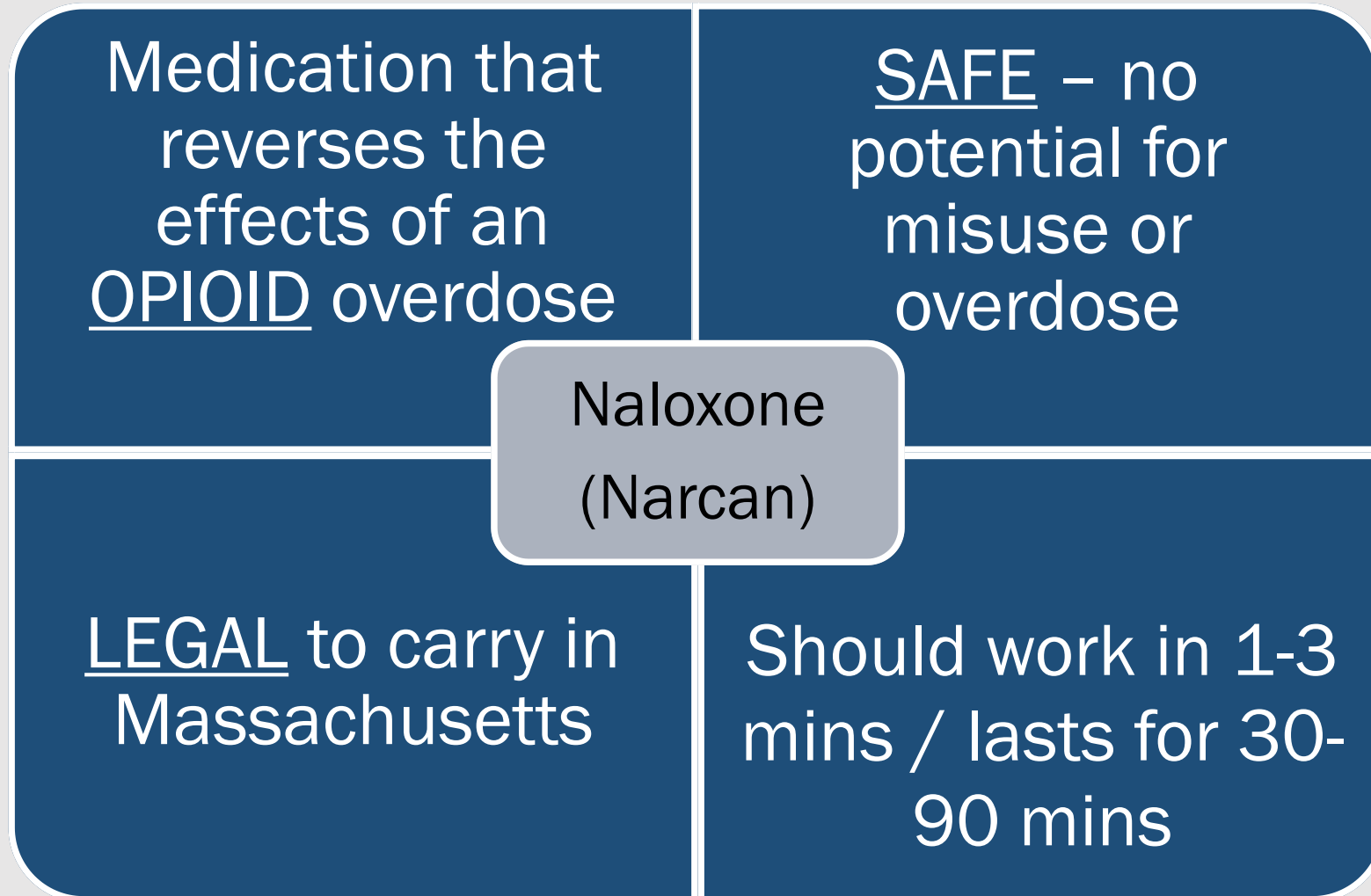
# How opioids cause an overdose



# Opioid Reversal – Naloxone (Narcan)

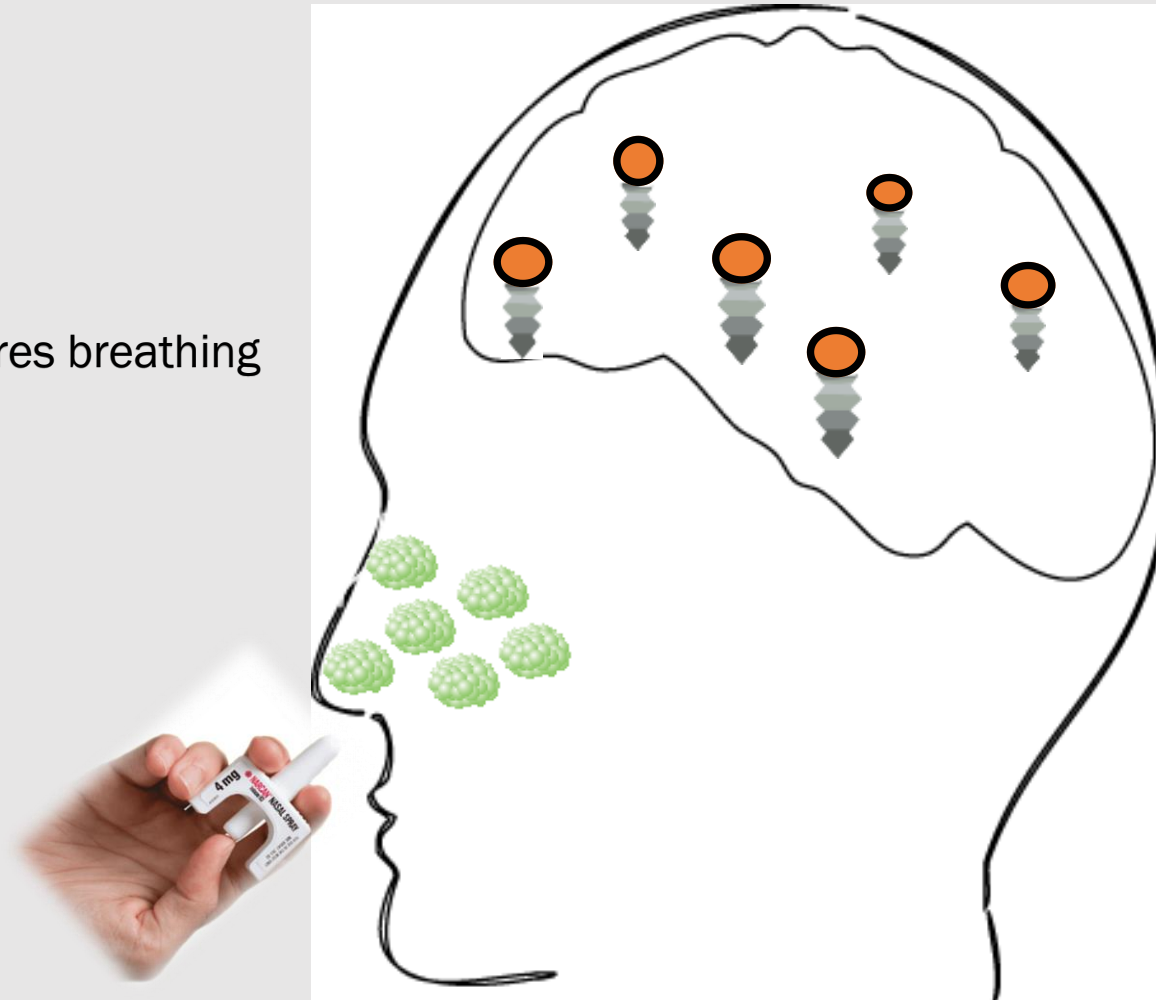


# Opioid Reversal – Naloxone (Narcan)



# How does Naloxone (Narcan) reverse an overdose?

restores breathing



# Responding to an overdose

1. Assess the person / try to wake them
2. Call 911
3. Give Naloxone/Narcan
4. Rescue Breathing
5. Stay with the person

# 1. Assess the Person/Try to Wake them

## Signs of Opioid OVERDOSE

Breathing will  
be slow or  
absent



Pupils  
are tiny



Person is not  
moving



Person may  
be choking



Lips and nails  
are blue



You can hear  
gurgling sounds  
or snoring



Can't be  
woken up



Skin feels cold  
and clammy





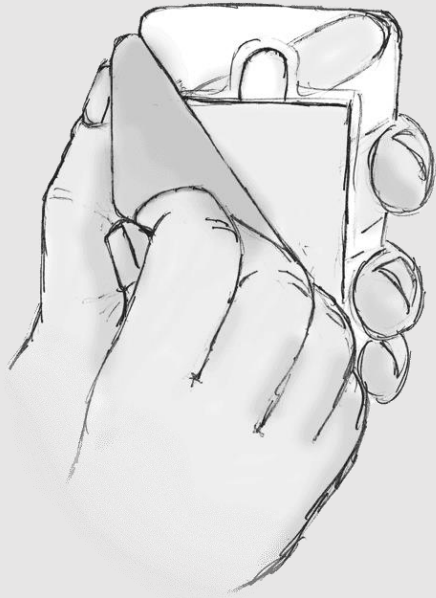
## 2. Call 911

- *“There is a person that is unresponsive and not breathing”*
- Provide exact address
- Once on scene, tell first responders what happened

**Good Samaritan Law:**  
Protects people who  
overdose or seek help  
for someone  
overdosing from being  
charged or prosecuted  
for drug possession

### 3. Give Naloxone/Narcan

#### PEEL



Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle.

#### PLACE



Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

#### PRESS



Press the plunger firmly to release the dose into the patient's nostril.

# Remember...

If the person doesn't respond in 1-3 minutes – administer 2<sup>nd</sup> dose

Narcan wears off in 30-90 minutes  
Opioids can last longer, and a person could OD again

Naloxone spray only works in the nose

A person revived with naloxone will begin experiencing withdrawal symptoms

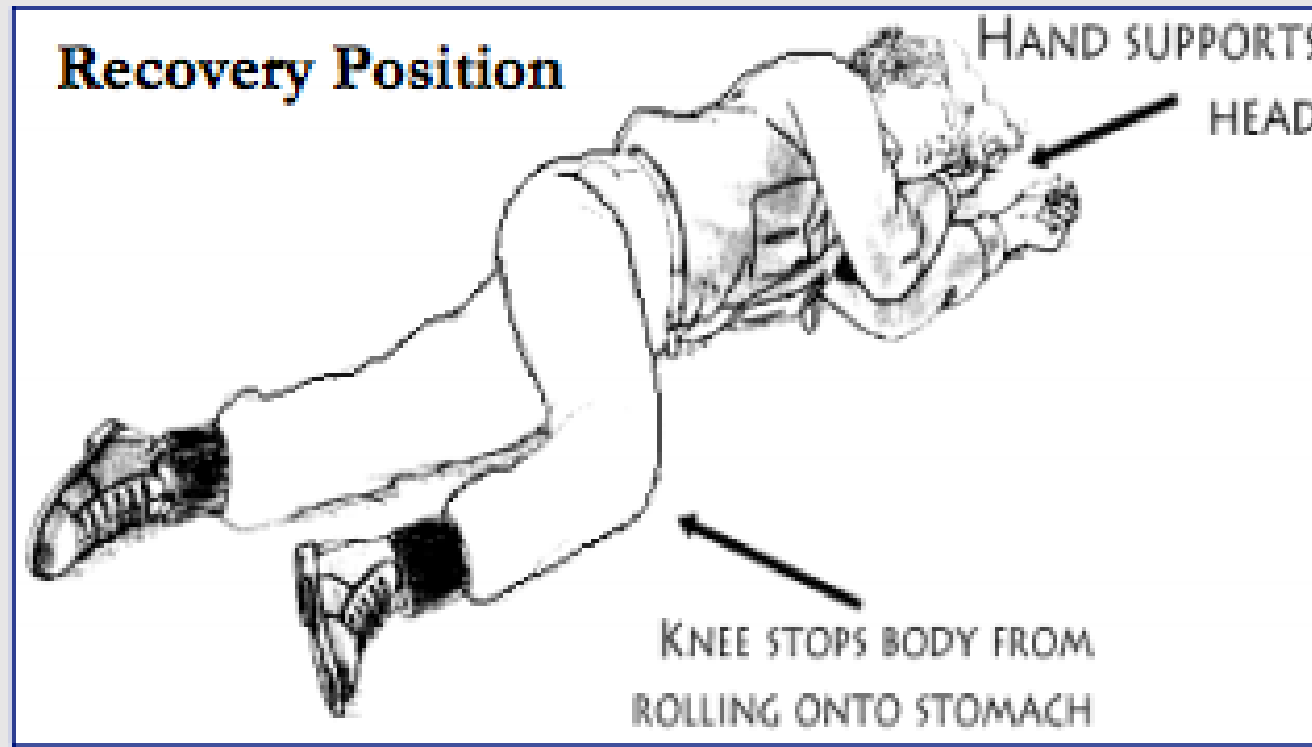
## 4. Rescue Breathing



<http://www.mass.gov/eohhs/docs/dph/substance-abuse/core-competencies-for-naloxone-pilot-participants.pdf>

## 5. Stay with the Person

### Recovery Position



<http://www.mass.gov/eohhs/docs/dph/substance-abuse/core-competencies-for-naloxone-pilot-participants.pdf>

# ■ Questions?

# ■ Thank you!

*Kelly Joseph, MS*

Program Coordinator

Massachusetts Opioid Abuse Prevention Collaborative

City of Framingham

508.532.5470

[kej@framinghamma.gov](mailto:kej@framinghamma.gov)