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Nashua Prevention Coalition

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Meeting Minutes March 1, 2017

Welcome

Janet Valuk, Kristine Austin, Jenn Pipkin, Susan Haas, Monica Gallant, Jamie Terra, Lisa Vasquez, Albee Budnitz, Marissa Carlson, Basil Tourlitis, Christie Tourlitis, David Gentile, Laurie Gentile, Nancy Keyslay, Pat Patten-Bulliner, Shayana Owen, Whitney Tave, Harmony Eberiel, Mike Apfelberg and Betsy Houde.

Minutes of February 1, 2017 were approved unanimously with those abstaining that weren't present.

Next meeting: Wednesday, April 5, 2017 will be facilitated by Albee Budnitz. Thanks Albee!

Announcements

- In-kind forms -- Monica shared that we need to have them filled out every month, so we can track coalition hours in prevention. We have to match 100% of the grant amount right now. Please remember that all of your ancillary activities count.
- Safe Families program in Amherst provides up to 30 days of safe housing as a new alternative for DCYF. See Monica for details.
- Congratulations to Aly McKnight on her new position with New Futures in Concord. Stay tuned for more information about the new Continuum of Care Coordinator for Nashua Public Health.
- SCREENAGERS workshop will be held on March 6 at Amherst Middle School. It will be coming to Elm Street later this spring. Sue indicated that cyber bullying has become a significant issue for teens. Please watch the documentary for more information.
- Nashua Public Library will be having a NARCAN training and follow up discussion on March 23 for young adults.

Substance Use Disorder Language Training with Lisa Vasquez

This term -- substance use disorder -- is the term now being used in the Diagnostic Statistical Manual (DSM) by clinicians to diagnose those whose natural production of dopamine is compromised due to prolonged substance use. In addition, since the brain turns off from front to back, the pre-frontal cortex is the first to shut down. That leaves people with black-and-white thinking -- everything is good or everything is bad.

As the brain adapts to the excess chemicals from the drug, it therefore needs more of the substance to achieve the same result. When stopping use abruptly, several withdrawal symptoms occur, causing people to take the drug again to minimize the discomfort.

Lisa indicated that there is a genetic predisposition for substance use disorder. An example was shared about different people using Percocet whose experiences may include: 1) vomit, 2) reduction of pain, 3)

euphoric feeling, more energy. Albee discussed the dynamic of nature and nurture. Introducing the developing teenage brain to a substance, causes it to be hard wired for the rest of your life. Tobacco addiction starts at age 14. Given the increase in number and size of dopamine receptors in the developing brain of an adolescent, they are more susceptible to substance use disorder in the future. In addition, people that are self-medicating due to other psychological disorders are also susceptible to substance use disorder.

Language used is critical to reduce stigma and subsequent discrimination. Please consider the following:

INSTEAD of addict, junkie, alcoholic USE Person with substance use disorder (first person reminds us that they are a person first.

- INSTEAD of Addiction. USE Substance Use Disorder
- INSTEAD of Clean. USE Abstinent
- INSTEAD of Former Addict. USE Person in Recovery
- INSTEAD of Relapse. USE Resurgence/Reoccurrence
- INSTEAD of Drug Abuse. USE Drug use or drug misuse
- INSTEAD of Dirty. USE Actively Using
- INSTEAD of Crazy. USE Experiencing a mental health crisis
- INSTEAD of Suicidal. USE Having through of self-harm/suicide

If people choose to use the old language within their safe spaces (AA, etc.), they certainly can, but the new language takes away the practice of labeling people and emphasizing that it's a preventable and treatable disease. There are 23 million people in the US in long term recovery!

We need to give people hope.

How to Administer Naloxone Training with Lisa Vasquez

Naloxone can reverse an opioid overdose only (not alcohol or other non-opioid medication) -- prescription meds or street drugs. Signs of overdose include: Not responsive, breathing is slow, body is limp, dark fingernails and lips, pulse is slow, snore-like gurgling, may be awake but can't talk.

Anyone using opioids are at high risk for overdose. Mixing them with alcohol, other drugs or those in remote areas with limited EMS services are especially vulnerable.

The risk of harm from administering Naloxone/Narcan is very low compared to the alternative (death). It's better to use it when you don't know why the person is showing the symptoms. If in doubt -- use it!

In June 2015, a law was passed that protects anyone that calls for emergency help. There is no liability for administering Naloxone.

LISA SHARED A VIDEO TO SHOW SPECIFIC INSTRUCTIONS

- **First, make sure you're in a safe situation; call 911 then administer Narcan.**
- **If you know CPR, administer it. 911 can help you. They will walk you through it all.**

- **Don't test-depress the plunger as you'll waste some or all of the medicine.**
- **Lay the person on their back.**

- **Tip head back and insert into one nostril until your fingers touch the nose, then depress.**
- **Roll person to their side and lift top knee up so they don't roll on their stomach in the "recovery position" and move their hands to support their head.**
- **After you administer one dose, wait 2-3 minutes to see if the person responds before administering a second dose.**

Each spray bottle of Naloxone has 4 mg per dose. We will each get a box with 2 spray bottles. **Store at room temperature -- not your car glove box.**

People **NEED** to get to a hospital, even after Narcan brings them back from overdose, since it will wear off quickly and they may go into cardiac arrest again. Also, people will go into immediate withdrawal after receiving Narcan, which may cause combativeness, nausea, nervousness, sweating, shaking, etc. Each person handles it differently.

If your box is close to the expiration date or you need additional doses of Narcan, contact Lisa to hold a training or to replenish your doses.

Please note that Lisa is available to come to your business or workplace to offer training to your staff.

Meeting ended at 4:28pm.

Next meeting, Wednesday, April 5, 2017