

Fairfield Cares Community Coalition
October 21, 2015
8:30am – 10:00am

Attendees: Phil Dwyer, Nina Chanana, Beth Irizarry, Jennifer Owen, Wendy Bentivegna, Janice Kessler, Terry Giegengack, Denique Weidema-Lewis, Cristin McCarthy Vahey, Liz Decker, Pam Paulmann, Joanne Ryan, Bob Esposito, Andrea Leonardi, Santina Galbo

1. Welcome

2. Approval of September Minutes Postponed

3. LPC Funding - \$7111 allocated to LPC funds for FCCC; a sub-committee will meet to discuss funding allocation in the next month. Phil requested to add to the minutes a summary of how the LPC funds have been spent over the past 3 years.

4. Key Informant Interviews – As part of the CSC needs assessment we will be conducting KII in the next month; 8 to 10 members have offered to assist with the KII and co-chairs will email individuals who have volunteered to conduct interviews for the coalition. Interviewees will have a list of questions to cover and a brief ‘guide’ to help with the process. Interviews need to be completed by the first week in November and write ups will be entered into Survey Monkey. A link will be sent to those doing the interviews.

5. MADD Walk – Fairfield County Walk Like MADD at Fairfield Ludlowe HS; 8:30am registration, 5k walk starts at 10:00am and goes through downtown Fairfield. Everyone encouraged to attend and flyers were passed out. Incentivizing youth who attend with ice cream social and pizza party prizes. Students from Fairfield are encouraged to attend.

6. Announcements –

- Janice Kessler – now on the advisory board for CT Healthy Campus Initiative
- Denique Weidema-Lewis – RYASAP is hosting a regional legislative breakfast in early December; RYASAP will be conducting the Search Institute youth survey in February.
- Beth Irizarry – just passed the one year mark with the Juvenile Review Board (citizens, school personnel); works with first-time non-violent offenders; conduct background checks and send civilian investigators into homes if it seems safe to go into home. Have had 12 cases in the past 12 months (approx. 13 to 17yos). Getting rave reviews from families – youth typically have to participate in programs, community service, etc. JRB process supports the family.
- Phil Dwyer – Reported on BOE budget. Looking at essential program priority beginning in November. If anyone wants to make input speak out on November 17th as opposed to waiting until January.
- Terry Giegengack - Thanks to all who participated in the first Mental Health Breakfast. Great event.

7. Needs Assessment Data Review and Priority Problem Discussion – Wendy passed out data summaries on demographics, school, substance use, alcohol consequences. Members had time to review the data and consider the following questions: Magnitude, Severity, Trends, and Changeability. In addition, members were asked to consider what they agree with and what they disagree with in terms of the story the data is telling. We also need to note data limitations. Group input

A. In terms of magnitude -alcohol and MJ; MJ use is growing at a faster pace; people think it is safe and it is easy to get. Need to focus on Middle school and High school years where you will have the greatest

impact; college kids arrive at school with behaviors already set. The 2013 to 15 discipline data shows the impact (2 others in agreement).

B. Agrees and disagrees - people die from alcohol poisoning and not MJ; both toxic but there is less known about MJ; kids at College are dabbing and waxing (Hash oil), she thinks it is important to focus on both substances and not put one in front of the other. Interesting to note that rate of MJ use of HS seniors is higher than college use.

C. Would choose MJ over alcohol b/c it is easier to get and kids don't die from MJ use; not as much impacts their choice.

D. Will we be getting data on abuse of RX drugs? Asked on the survey in 2013 for the first time. Absolute numbers are low.

E. Interested to see the next round of data on RX use because it is leading to higher addiction issues and more rapidly.

F. Re arrests for RX- not one kid under 21 that we have arrested for RX drug that has not had a prior MJ arrest. Telling kids you don't know what you are getting with MJ; not monitored by the FDA

G. Many kids at College smoke MJ and don't go on to other drugs; gateway term is useless and a turn off to students; many of the students she sees don't go on to other drug use; it is a lower percent that do continue on to other drug use.

H. How do we represent the mental health component? At the schools we see so many students on prescription medication for depression, anxiety, etc.

I. A lot of kids on prescription drugs are not educated about mixing their RX with other substances (alcohol, mj). Huge increase in mental health issues with all age students – (agreement by all in room). A lot of self-medication from students.

Still see alcohol as the major issue. – started breathalyzing at dances a few years back; that has reduced issues at dances. See kids drinking and smoking at games and that is a huge issue. Vaping has also become a major issue at the schools. Statistics for seniors don't surprise me; such pressures on seniors; "this is the rest of your life", AP exams, getting into college. The sticker you put on the back of the car is all that matters. That they have to decide what they will be for the rest of their life.

J. From a coalition standpoint will also have other funds for us to focus on other substances.

K. Bottom line is MJ; because how kids are perceiving it is not an issue; get to the students when they are younger. Perception and paradigm shift that we can get to these kids.

L. Concern from 9/10th to 11/12th and the big shift in use. Concern is when you pass from regular drinking to binge drinking. Big shift in behavioral and mental health. Need to get the youth when they are young (before that shift)

M. What happens in 11/12th grade that shifts from use?

N. Development shift that happens among youth from 10th to 11th grade. Adults influence them through 10th grade; peers influence them 11th and 12 grade. Have to shift our influence from adults to peers.
Kids get mobility by junior year

O. Data supports alcohol use is drug of choice.

P. Surprising to see that perception of risk has decreased in MJ use.

Q. Severity issue of alcohol use.

R. Alcohol.

We will conduct KII and determine what the group selects as priority problem.

Next meeting, November 18th, 2015