1. What did you learn from the gallery walk? What intrigued you?

* Availability of Recovery Center services.
* Runs the whole gambit – Prevention to Treatment
* Services are available
* Community response
* Positive possibilities
* Community rec. facilities/paths are being made
* Here to gather info – learned of different resources available.

1. Questions

* What is ongoing support for addicts not ready for treatment?
* Are prescribers monitored at state level?
* Individualized plans per smaller communities?
  + Use of Town Meeting, FPF, school Focused initiatives?
* How well does prevention coordinate with treatment?
* Is there an outline/process of referral that would work for professionals as well as citizens/community members?
* Why are other providers not here? (Treatment associates/other private providers)
* Where are the pharmacists/prescribing doctors/PCP in converasation?
* Can there be a conversation with private practices around their prescription practice and potential complications?
* Wait times
* What demographic is at most risk?
* What are barriers to health/treatment?
* Don’t think stats are right, seems like it is getting worse/hitting close to home. Increase in number going to rehab.
* Marijuana decriminalization seems safer?
* Cost is a barrier to getting help, may not have insurance, need ways to learn how to apply, counselor may not accept Medicaid?
* Rx monitoring system… is it being used?
* Ongoing support for addicts?
* Prescribers monitored at state level?
* Efforts before age 12?

1. What Connection will you take/make? How will you apply this info?

* Opportunity to help park/community center development.
* There are places working on the issue, had felt like there was no help.
* How to get a person to get help, could start with physician.
* Recovery center sounds like it has lots of resources.
* Looking for shift in attitude toward drug and alcohol use.
* Value of summit = change/networking
* Recovery networks
* Importance of trust in patient/doctor relationship
* Hub & spoke – works well, organized small community, pcps (med. Homes)
* Pleased with level of community support
* HCD – seeing connection/value
* Connecting faces/names of prevention organization = a greater comfort in calling/seeking our resources & partnering.

1. If you had a no cost or low cost strategy to combat the problem of opioid and prescription drug abuse, what would it be?

* Patient families wanting more information/communication. Reduce HIPPA restrictions?
* Required Well-Child Checkups by schools annually 0-18.
* Youth education in schools
* Big Brother/Big Sister Program
* Forum/dialogue in connection to prescribers and use. Ie. Grand rounds… uses of meds. Best practices
* Supporting this conversation with doctors affirming docs and getting their input.
* Social media campaigns to increase awareness.
* Using existing infrastructure - schools for community activities
* Family conversations
* Smoke free campus/community
* Expectations -> drug and alcohol
* Early education
* Physician, pharmacist & dentist (prescriber) education & research
* Law enforcement
* Tapping all available treatment options
* Prevention education young ones and parents.
* Cultural attitudes and stigmas changed
* Research
* Connect and engage faith community
* Low cost, addict built 2014 tech cord wood clean & sober houses.
* Recovery center is free
* Pills need serial #’s could track them – doctor has some responsibility

Kids get hurt and experience these meds. No accountability

* 5 New England Governors trying to block an extended pain reliever
* Medicaid need get info at \_\_\_? Not easy to access health connect.
* Kids ie. 18-26 not wanting to pay for ins. Or can’t afford. Some on parents’ insurance may not pay for rehab. Maybe rehab facilities could help connect people to Medicaid?
* Law Enforcement- We need to provide more support towards reporting pertinent information – more of a “Brother’s Keeper” attitude vs. “Ratting.”
* Re. Physicians & Providers – A supporting attitude is more effective than blame & criticism.
* Needle exchange.
* Treatment associations
* Discussions for providers & citizens meaningful exchange.
* Getting right level of care
* Behavioral theory, language more positive
* Doctor’s prescribe less narcotics
* Looking at attitudes now on tobacco vs. 10-20 years ago… apply similar strategies using science.
* Smoke free campuses
* Prevention education youth and parents
* Engage faith community
* Bus owners should be asked to help
* Mandated drug tests… test all drivers

Other Comments from table notes:

Opiates use you can se it where most kids are out of high school.

Concerns @ non-reported cases.

Prevention takes x

Awareness level is high, accept there is an issue

Heroin – see it on the news of day – it’s cheaper.

We have 600,000 people we should be able to do something at “tprob” (Prevent?)

In construction you could lose your help.

Concerned about pills. They can kill you.

Suboxone abuse a new issue or methadone/bup

Next Take Back Event –

September 23 – 10-2

Lamoille County Sheriff’s Dept. (Year-round)

Stowe Police Department

Kinney Drugs in Morrisville (Also Last Sat. of each month)

Hardwick Police Department