

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, December 18, 2018
Legislative Office Building, Meeting Room 1D
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Charles Atkins, CMHA; Miriam Delphin-Rittmon, DMHAS; Marcia DuFore NCRMHB; Katie Farrell, Public Defender's Office; John Frassinelli, DOE; Ingrid Gillespie, CT Prevention Network; Matthew Grossman, Yale NH Hospital; David Guttchen, OPM; William Halsey, DSS; Shawn Lang, AIDS, CT; Barbara Lanza, Judicial; Amy Mirizzi, DPH; Nancy Navarretta, DMHAS; Monika Nugent, DESPP; Sandrine Pirard, Beacon; Gary Roberge, Judicial; Greg Shangold, Windham Hospital; Xavier Soto, DCP; Kristina Stevens, DCF; Judith Stonger, Wheeler Clinic; Phil Valentine, CCAR

Visitors/Presenters: Loel Meckel, DMHAS; Jennifer Chadukiewicz, CCAR; Mary Painter, DCF; Ramona Anderson, DPH; Scott Szalkiewics, DCP Drug Control; Yanike Whittingham, DOC; Juan Norman, DOC; Sandra Violette, DOC; Heather Clinton, DPH; Samantha Bailey, O'Donnell Co; Eileen O'Donnell, O'Donnell Co; Kristen Dunbar, O'Donnell Co; Mark Jenkins, GHRC; Gabriele Krainer, Family & Children's Aid; Abby Wood, Wheeler; Robin Tousey-Ayers, DPH; William Buller, UCONN SSW; Carol Cruz, Cornell Scott; Evan Dantes, Connection

Recorder: Karen Urciuoli

The December 18, 2018 meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Commissioner Delphin-Rittmon, DMHAS. The meeting was co-chaired by Deputy Commissioner Stevens, DCF.

Topic	Discussion	Action
Welcome and Introductions	Members of the Council introduced themselves and Commissioner Delphin-Rittmon welcomed all in attendance.	Noted
Review and Approval of Minutes	Minutes were reviewed and approved as written.	Noted
October 2018 Approved Recommendations	Deputy Commissioner Stevens noted that the Prevention, Screening and Early Intervention Committee and the Criminal Justice Committee recommendations presented at the October 16 th meeting were approved.	Noted
SOR Update	<p>Commissioner Delphin-Rittmon reported that the SOR update will be an ongoing agenda item. SOR is the 11.2 million funding received each year for two years, it will be used to continue the initiatives that were started under STR such as:</p> <ul style="list-style-type: none"> • Recovery coaches in emergency departments – there are currently on call recovery coaches at 12 hospital emergency departments around the state. • Continuing to disseminate Narcan, will be ordering 12,000 kits and will be providing some to the CT Hospital Association, the Department of Public Health, and the Regional Behavioral Health Action organizations. • Will continue a media campaign focused on engaging people into treatment. • Will add recovery coaches and vocational services at certain substance use clinics. <p>There is quite a bit of work that is being done through this initiative. DMHAS is tracking what is happening at the federal level and anticipates that as a function of the large omnibus bill that was passed, there may additional federal funding available. Should members have ideas for future funding please contact Lauren.siembab@ct.gov.</p>	Will continue to update.
SEOW Update	<p>Dr. Jane Ungemack from UCONN Health Center provided the following presentation regarding trends in substance use in Connecticut.</p> <p>The most recent data from the National Survey of Drug Use and Health (NSDUH) Shows the prevalence of use of various substances. The most commonly used substance is alcohol.</p> <p>Percent of Persons Reporting Use by Substance, Ages 12 and Older: NSDUH, CT 2016-2017</p> <ul style="list-style-type: none"> • 60.2% are reporting alcohol use in the past month - • 28.3% are reporting that they binge drink 	Informational The full PowerPoint presentation with all its data and graphs is available on the DMHAS ADPC webpage.

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	<ul style="list-style-type: none"> • 16.2% are reporting that they've used marijuana in the past year • 4.2% report non-medical use of pain relievers • 2.7 reported using cocaine in past year • 0.7 reported using heroin in past year <p>High School Students Reporting Past 30-Day Alcohol Use and Binge Drinking</p> <ul style="list-style-type: none"> • Underage drinking has steadily reduced for the last decade, it looks like from the data that it's beginning to bottom out. CT is still higher than the national average across all age groups. Approximately 2/3's of adults age 18 and older are drinkers, binge drinking by 18-25 year olds accounts for almost half of this percentage. <p>E-Cigarettes Use</p> <ul style="list-style-type: none"> • Use of e-cigarettes is one of the fastest growing substances and mechanisms for getting tobacco. Among high school and middle school students it is the most common way that tobacco is delivered. <p>Past Year Marijuana Use</p> <ul style="list-style-type: none"> • Marijuana use is going up for young adults; almost half of young adults report past year use and approximately 1/3 of all young adults are past month users. Adults 26 and older are also increasing their use. <p>Past Year Cocaine Use</p> <ul style="list-style-type: none"> • 18-25 year olds and adults 26+ are the groups at increased risk of cocaine use. Adolescents do not appear to share this risk; cocaine use among 12-17 year olds in 2016-2017 is half the 2009-2010 rate. <p>Past Year Non-Medical Use of Pain Relievers</p> <ul style="list-style-type: none"> • Uniformly over time young adults ages 18-25 have the highest rates of non-medical use of prescription drugs compared to adolescents ages 12-17 and adults 26 and older. There has been a slight increase in recent years among adults 26 and older. <p>Past Year Use of Heroin</p> <ul style="list-style-type: none"> • Heroin use within CT is approximately twice the national average in reported heroin use. <p>Opioid Overdose Mortality Rate</p> <ul style="list-style-type: none"> • Residents of the urban core areas have a higher mortality rate. <p>Opioid-Involved Overdose Deaths by Fentanyl/Heroin Combinations</p> <ul style="list-style-type: none"> • There is a steady rise of Fentanyl involved deaths. <p>Substances Involved in Heroin Overdose Deaths</p> <ul style="list-style-type: none"> • 6% were Heroin only • 70% involved Fentanyl • 36% involved Cocaine • 39% involved prescription drugs • 30% involved Benzodiazepine's • 28% involved alcohol <p>Substances Involved in Fentanyl Overdose Deaths</p> <ul style="list-style-type: none"> • 15% were Fentanyl only • 49% involved Heroin • 33% involved Cocaine • 37% involved prescription drugs • 28% involved Benzodiazepine's • 27% involved alcohol 	
DMHAS' Media Campaign Update	The O'Donnell group presented DMHAS' campaign to reduce stigma. In order to better understand the journey of those who	Information

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	<p>have opioid use disorders (OUD), members of the O'Donnell group met with focus groups that consisted of families, active users, those in treatment, those in longer term recovery, recovery coaches, harm reduction thought leaders, treatment center teams, law enforcement officers and leaders, the insurance department and the Office of the Healthcare Advocate. Data was collected to in order to develop a profile to understand who their target audience is and how to approach the campaign. To best tell the story of every individual affected by this crisis in our state they took their qualitative information and their quantitative information and pulled it together to develop Connecticut's primary audience for the basis of their campaign. They found the audience was mostly males ages 20-55 which mirror the national average. The highest levels were in the state's larger cities (Hartford, New Haven, Bridgeport, and Waterbury). They also found, by looking at information from the office of the medical examiner that many of the individuals with opioid use disorder were living and dying in the same county. They identified that there were many high risk periods such as after treatment/relapse, after losing pain medication prescription or after being released from prison. Some of the things they heard in the focus groups:</p> <p>From active users and people who have gone into treatment</p> <ul style="list-style-type: none"> • We feel defeated, lonely, beaten, no one cares, • We need help, withdrawal is hell, we need treatment not judgment. <p>From families:</p> <ul style="list-style-type: none"> • There's a lot of shame, and I haven't told my best friend about my son's addiction. • We had no idea where to turn, there's no one place to get information, to be a mother desperate to get help for your child, it's hell. <p>From law enforcement:</p> <ul style="list-style-type: none"> • Arrests don't work, if you see it from a moral issue people will keep dying, people need help right when they need it, hospitals need to take all comers. <p>From doctors:</p> <ul style="list-style-type: none"> • OUD is a disease, there's no heroin on the streets, it's all Fentanyl, • You can live a normal, productive life with MAT support while you rebuild your life. <p>The following barriers to OUD recovery were identified:</p> <ul style="list-style-type: none"> • Knowing where to turn • Knowing treatment options • Lack of connection • Lacking support/follow up • Can't keep up work and treatment • Insurance drops/changes/won't cover • Everyone expecting them to fail • Life problems, no coping skills • Feel no value to society <p>Found incredible work being done by DMHAS and its partners:</p> <ul style="list-style-type: none"> • Clinic-based medication assisted treatment • Recovery coaches in hospital emergency departments • Real time detox and rehab bed availability website • Partnership with doc: pre-release and post-release • Treatment and od prevention • Weekly opioid education and family support • Meetings in 6 locations statewide 	<p>Full PowerPoint presentation can be found on the DMHAS ADPC webpage.</p>

Topic	Discussion	Action
	<ul style="list-style-type: none"> • Support harm reduction drop in center Hartford • Narcan training and distribution statewide • Treatment vouchers for residential treatment <p> OUD Campaign Plan – Media and Outreach <ul style="list-style-type: none"> • Year round - continuous interaction through Facebook, Google, YouTube • Fall & Spring outbursts through radio and transit • Year round digital interaction, video content, outreach and a website with support video, search features, educational content and login and e-news </p> <p> OUD Campaign Concepts – Concept Development – Concept Testing <ul style="list-style-type: none"> • Considered all research, inputs, and focus groups • Developed a range of concepts • Worked closely with DMHAS to develop final visuals & messaging • Tested concepts thoroughly with audiences including those with OUD, recovery coaches, treatment professionals, community members, conference attendees </p> <p> Final Concept <i>Lead Brand // Live Loud :: Life With Opioid Use Disorder</i> <i>Concept //</i> Imagery & Messaging To Show Our Community Cares Work To Reduce Stigma, And Celebrate The Wins Allow Those Who Need Help To Come Forward, Knowing They Have Support And Treatment Options <i>Supporting Brand // Croud :: Connecticut's Recovery For OUD</i> <i>Concept //</i> Create A Connection Point For All Of Connecticut's Work Invite Our Entire Community To Be A Part Of Positive Change </p>	
Sub-Committee Reports		
<ul style="list-style-type: none"> • Prevention, Screening and Early Intervention 	<p>Judith Stonger provided the following update.</p> <ul style="list-style-type: none"> • Continuing Medical Education – On November 29th in Hartford there was a combined Scope of Pain and MAT Waiver Training with approximately 70 participants. • Drugfreect.org – continues to be the focal point for the Change the Script Campaign; it's being redesigned to be more informative, user friendly and up to date. • Change the Script Campaign – continues and is being revised to address different audiences and new messages. • National Prevention Week 2019 – Planning and educational forum on May 13th at the New Britain Museum of American Art; on May 16th there will be an educational and informational health fair at the Capitol. • School Naloxone Survey – was disseminated approximately 2 weeks ago, it was sent to all school nurses around the state. Approximately 250 responses have been received. • Working with the State Education Resources Center (SERC), they will be implementing opioid education curricula in grades K-12, through the SOR funding. • Narcan Kits – working with RBHOs and the health districts to provide naloxone education and dissemination. • Academic Detailing Pilot Project – staff at 4 health districts will be trained to provide academic detailing (face-to-face 	Informational

Topic	Discussion	Action
	education) to prescribers regarding opioids.	
<ul style="list-style-type: none"> • Treatment 	<p>Dr. Charles Atkins provided the following update:</p> <ul style="list-style-type: none"> • This group continues to focusing on access at all points, all of the LMHAs can now offer some form of MAT. • The bed availability website is getting better and now includes sober houses and residential programs. • Another waiver training is being planned. • The ongoing access to Naloxone continues. • Continues to look at going between levels of cares. • Looking at involving models of MAT inductions in emergency rooms. • Trying to figure out how to reach people that we are currently not reaching, and how to get them into treatment. • A conference is being schedule for the fall. 	Informational
<ul style="list-style-type: none"> • Recovery and Health Management 	<p>Jennifer Chadukiewicz provided the following update:</p> <ul style="list-style-type: none"> • There is a lot of momentum around the Recovery Friendly Community. It has been facilitated in the Danbury Region, New Canaan, Wilton, Stamford Region, and the New London Region. Schedule facilitations have been planned for Durham, Waterbury, Branford, Guilford, Madison, Southington, and Bristol. • Work continues on the Recovery Friend Community logo. Subcommittee members and Sandra from the Department of Corrections have offered collaboration with the graphics department at Osborne. Incarcerated recoveries' will have a input and participatory collaboration in this project. • Will be putting forward a new initiative around employment. • Will be expanding opportunities with DOC for incarcerated recoveries being able to receive recovery coach training. • Want to explore long term recovery housing. • Want to expand support and visibility for youth recovery supports. • September 21, 2019 will be the 20th Annual Walk for Recovery. 	Informational
<ul style="list-style-type: none"> • Criminal Justice 	<p>Katie Farrell provided the following update:</p> <ul style="list-style-type: none"> • Continues to review the justice system inventory. Looking for duplication and gaps in services in the justice system for substance abuse treatment. • Received an update from the CT Police Chiefs Association, they conducted a survey around the state of all the programs that the police are involved in with regard to substance abuse. They have received approximately 50 responses so far. • A new program is now up and running in the New Britain and Berlin Police departments where people can go into the police department and ask for resources and then they can get referred to treatment. 	Informational
Other Business		

NEXT MEETING – Tuesday, February 26, 2019, 10:00 – 12:00, State Capitol, Meeting Room 310

ADJOURNMENT - The December 18, 2018 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.