

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, February 20, 2018
State Capitol, Old Judiciary Room
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Charles Atkins, CMHA; Hope Auerbach, Recovery Health Management Subcommittee; Brian Austin, Criminal Justice; Maureen Dinnan, Representative for Rose Rebimbas; Marcia DuFore, NCRMHB; Katie Farrell, Public Defenders Officer; David Fiellin, Yale School of Medicine; Ingrid Gillespie, CT Prevention Network; David Guttchen, OPM; William Halsey, DSS; Shawn Lang, AIDS, CT; Susan Logan, DPH; Nancy Navarretta, DMHAS; Mary Painter, DCF; Sandrine Pirard, Beacon; Surita Rao, UCONN Health; Julie Revaz, Judicial; Xaviel Soto, DCP; Judith Stonger, Wheeler Clinic; Phil Valentine, CCAR

Visitors/Presenters: Loel Meckel, DMHAS; Jennifer Chadukiewicz, CCAR; Maura DeJoseph, OCME; Marsha Murray, UCHC/DCF; Joseph Riter; RSL; Barbara Lanza, CSSD; Rebecca Allen, CCAR; Julienne Giard, DMHAS; Robin Tousey Ayers, DPH; Heather Clinton, DPH; Shobha Thauyude, DPH; Betsy Branch, CSH; Evan Dantos, RC; Ece Tek, Cornell Scott Hill; Kim Jackson, United Way; Tanya Barrett, United Way; Richard Porth, United Way; Donna DeLuca, CARES Group; Matthew DeLuca, CARES Group; Ramon Anderson, DPH; T. Coper, GHRC; Mark Jenkins, GHRC; Catherine Wagner, CSMS; Bob Freeman, APT Foundation

Recorder: Karen Urcioli

The February 20, 2018 meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Commissioner Miriam Delphin-Rittmon. The meeting was co-chaired by Mary Painter, 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
Feasibility of Implementing a Statewide Program for Police Department to Refer People to Services for Substance Abuse Disorders	<p>Loel Meckel provided the following report.</p> <p>Public Act 17-131 requires the ADPC to conduct a study on the substance abuse treatment referral programs established by municipal police departments and to identify barriers they face and to determine the feasibility of statewide programs. A workgroup was formed and a small number of municipal police department were identified as having substance use referral programs. The CT State Police have also started SA referral programs. One of the most significant barriers identified was that police need to be able to hand identified individuals off to somebody, they need case managers. Another barrier is that individuals needing treatment do not have good housing or have no housing at all. The workgroup also surveyed what's going on around the country and found a lot of good information. Recommendations were based on what has worked with other jurisdictions and what would be appropriate for CT. What they found was that successfully implemented police referral programs work well when done in a two phase process. As part of the planning process, the workgroup recommends the following:</p> <ul style="list-style-type: none"> • Funding for a full time project director to plan, implement, and manage the program • Form an advisory committee consisting of all relevant stakeholders including providers (DMHAS, DCF, DSS, Dept. of Housing, Police Departments, the recovery community, and others). • There needs to be a program evaluation; there needs to be a process in place with people who can determine whether the program that's developed is actually having the impact we want it to have. • Create a model that is flexible, that incorporates a Harm Reduction approach, is adaptable to local needs, and should not be a mandatory program, each department should be able to decide how they want to implement their program. • Get technical assistance from national groups with experience in assisting in development of successful 	Informational – the full report was given to members in their meeting packet.

Topic	Discussion	Action
	<ul style="list-style-type: none"> Provides information about opioids, opioid misuse, overdose signs and how to access Narcan kits. 	
Overdose Deaths: Data Update	<p>Dr. Maura DeJoseph provided the following report The Office of the Chief Medical Examiner is the state agency responsible for the investigation of sudden, unexpected, or violent deaths in CT.</p> <p>Reportable Cases by Statute</p> <ul style="list-style-type: none"> Accidents, suicides, homicides. Poisoning, drug abuse, addiction Disease with potential public health threat. Deaths resulting from employment. Sudden and unexpected deaths not caused by a readily recognized disease. Dead on arrival or within 24 hours of admission to hospital. Death under anesthesia, in operating or recovery room, following transfusions, or during diagnostic procedures. <p>Autopsy and Investigations (In CT, Typical Year)</p> <ul style="list-style-type: none"> OCME Death Investigations: >20,000 OCME Autopsies: ~2,300 Deaths in CT per year: ~30,000 Population: 3,600,000 <p>Medical Legal Investigation</p> <ul style="list-style-type: none"> Death reported and MLI does initial investigation Hospital vs. Scene Death Writes report of circumstances, scene (photos) Next morning: MEs review cases and triage autopsies 24/7, 365 days a year <p>Drug Overdose Death Investigations</p> <p>Investigative Procedure</p> <ul style="list-style-type: none"> Scene Investigation Hospital Report of Death External Examination of the Body Autopsy Examination Toxicology testing on Blood Issuance of Death Certificate <ul style="list-style-type: none"> ~ Pending ~ Amended <p>Common Scenario</p> <ul style="list-style-type: none"> 30 year old found Dead at Home in the Bathroom History of Substance Abuse Scene Investigation <ul style="list-style-type: none"> ~ Drugs Packets / Markings ~ Spoon ~ Tourniquet 	<p>Informational Data can be found on the DMHAS ADPC webpage</p>

Topic	Discussion	Action
	<p style="text-align: center;">~ Needles / Pipes</p> <p>Autopsy Findings</p> <ul style="list-style-type: none"> • Typically non-specific <ul style="list-style-type: none"> ~ Congestion of Lungs ~ Distention of Bladder • Rule-out other Causes of Death • Rule-out Occult Trauma • Toxicology Pending <ul style="list-style-type: none"> ~ Average Turnaround 12 days, complexity dependent <p>OCME Death Investigation Trends (Drug Intoxication Related)</p> <ul style="list-style-type: none"> • 2,349 in 2017, 69% increase since 2012 <p>Accidental Drug Intoxication deaths, CT</p> <ul style="list-style-type: none"> • ~300% increase from 2012 <p>Fentanyl and Heroin Preliminary 2017 (Preliminarily)</p> <ul style="list-style-type: none"> • There have been ~1040 accidental drug deaths in 2017, <ul style="list-style-type: none"> ➢ ~ 675 (~65%) involved Fentanyl ➢ ~475 – 499 (~46%) involved Heroin • Several Final Death Certifications are Still Pending • In 2016 there were 917 accidental drug deaths, <ul style="list-style-type: none"> ➢ 483 involved Fentanyl (57%) ➢ 541 involved Heroin (59%) <p>Specific Drugs in Accidental Fatalities, CT</p> <ul style="list-style-type: none"> • Heroin • Fentanyl • Oxycodone • Cocaine 	
Sub-Committee Reports		
<ul style="list-style-type: none"> • Prevention, Screening and Early Intervention 	<p>Judith Stonger provided the following update: This committee has 3 new recommendations, they are:</p> <ul style="list-style-type: none"> • Make available age appropriate, evidence-based opioid curricula in public schools K-12. <i>Background:</i> CGS 10-19a requires instruction regarding the use of alcohol, nicotine and drugs to all students in grades K-12. <i>Action Steps:</i> <ul style="list-style-type: none"> ~ Research school –based NMUPD prevention programs (Think Smart, HEAT) that may be appropriate for adoption in CT schools K-12 ~ Build upon and infuse existing curriculum and identify the separate messaging for different developmental stages. ~ Explore legislation to require opioid education in schools K-12 • Provide guidance and encourage the stocking and reporting of naloxone use in schools. <i>Background:</i> While not unheard of in other states, overdoses of students at schools in CT have not yet occurred. However, the risks are greater for children who have easy access to a relative's drugs or who reside in communities where SUD is rampant. The lifesaving antidote naloxone is relatively inexpensive to stock and easy for trained personnel to use. 	

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	<p><i>Action Steps:</i></p> <ul style="list-style-type: none"> ~ Issue guidance letter for superintendents about considerations in stocking naloxone ~ Survey schools to assess barriers against stocking and/or using naloxone ~ Explore legislation that will require the availability of naloxone in schools <ul style="list-style-type: none"> • Expand naloxone education and availability for high risk populations. <i>Background:</i> Use of the overdose antidote naloxone is one of the most successful approaches in reducing death, disability, and other negative consequences associated with the non-medical use of prescription drugs and opioid misuse and overdose. Distribution of, and education on recognizing and preventing opioid overdoses to individuals, usually current or former opioid misusers, and those likely to be in contact with individuals at risk for an overdose must be expanded. <p><i>Action Steps:</i></p> <ul style="list-style-type: none"> ~ Work with other subcommittees to: 1) review core training information needed; and 2) priority populations to be trained (partners will include DOC, OUD treatment centers and recovery programs). ~ Identify types of training needed and how to track and record distribution of Narcan. <p>Update on Current Recommendations</p> <ul style="list-style-type: none"> • An opioid conference for law enforcement will be held on April 5, 2018. • The CT Health Campus initiative has funded 13 campuses for Opioid education activities around prevention strategies. • The cross initiatives have funded 8 agencies with 10 awards to start smart recovery groups for youths and family and friends groups as well as alternative care group activities. There are 5 family support groups happening around the state with 1 in each region. • The remembrance quilt continues to be shown in various locations. A new quilt has been completed by the Plainville Senior Center. There are now 4 completed quilts. • There will be a number of activities in May related to National Prevention Week. On May 14th there will be a health and wellness fair and press conference at the State Capitol. On May 19th there will be an event at the Hartford Yard Goats stadium to celebrate the end of National Prevention week. • The Governor's Prevention Partnership has submitted an application to AmeriCorp for Vista members to work in 5 regions of the State around opioid issues. • Two more locations have integrated their electronic health records software with the PDMP. 	
<ul style="list-style-type: none"> • Treatment 	<p>Dr. Charles Atkins provided the following update: This committee has 1 new recommendation</p> <ul style="list-style-type: none"> • Increase access to substance use services. <p><i>Action Steps</i></p> <ul style="list-style-type: none"> ~ Increase access to MAT at all DMHAS-funded outpatient clinics. ~ Increase access to MAT at DCF-funded adolescent substance use treatment programs. ~ Increase access to MAT at DCF-funded child guidance clinics. ~ Increase access to co-occurring capable and enhanced programming for adults and adolescents. ~ Make recommendations based on analysis of SA bed website availability trends. <p>Update on Current Recommendations</p> <ul style="list-style-type: none"> • On March 6th CMHA will be hosting a Naloxone distribution event. • Another 3 Day Opioid conference is being planned for this year. 	<p>Informational</p>

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	<ul style="list-style-type: none"> Will continue to promulgate SBIRT and A-SBIRT. 	
<ul style="list-style-type: none"> Recovery and Health Management 	<p>Phil Valentine provided the following update:</p> <ul style="list-style-type: none"> This committee continues to meet and is making progress with creating recovery friendly communities. They continue to try to recruit new members for this committee. They recently had a community conversation in Wethersfield that explored the concept of recovery friendly communities. They continue to look for a community that will pilot this program. 	Informational
<ul style="list-style-type: none"> Criminal Justice 	<p>Loel Meckel and Julie Revaz provided the following update:</p> <ul style="list-style-type: none"> Barbara Lanza will be replacing Julie Revaz as a tri-chair of this committee. Committee members feel they need to become more familiar with State system of services and needs before they can come up with some goals/recommendations. They will focus on goals/recommendations at their next meeting. At a previous committee meeting, some Yale Law students presented on expanding MAT in corrections. They talking with stakeholders around that State about promoting legislation that would create the expansion of MAT in the correctional system. 	Informational
Vote on Recommendations	<p>Committee members were asked to vote on the new recommendations presented by the Prevention, Screening and Early Intervention subcommittee, and the Treatment sub-committee. All votes will be tallied, and reviewed by the co-chairs prior to the next ADPC meeting.</p>	
Other Business	<p>Suggested recommendation's for future meetings:</p> <ul style="list-style-type: none"> There continues to be great work happening in different pockets of the state, we should try to identify those groups and have representation present at future ADPC meetings in addition to having a summit or conference to bring all the parties together so that we all have a better sense of what is happening statewide. It was suggested that there be a presentation on marijuana and adolescents. Discussions around the role of insurance as a barrier to effective care. It was suggested that every sub-committee identify their insurance related barrier/questions that come up. The role that housing plays in prevention and treatment. The FDA has bumped up their interest around packaging, the national healthcare packaging council is more than happy to present to this committee. Presentation around issues related to women/pregnant women, and CAPTA legislation. 	

NEXT MEETING – Tuesday, April 17, 2018, 10:00 – 12:00, State Office Building, Old Judiciary Room

ADJOURNMENT - The February 20, 2018 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.