

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, August 18, 2017
Legislative Office Building, Meeting Room 2B
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Charles Atkins, CMHA; Theresa Conroy, Representative for Terry Gerratana; Miriam Delphin-Rittmon, DMHAS; Katie Farrell, Public Defenders Officer; Ingrid Gillespie, CT Prevention Network; David Guttchen, OPM; William Halsey, DSS; Joette Katz, DCF; Shawn Lang, AIDS, CT; Gerard O'Sullivan, Dept. of Insurance; Surita Rao, UCONN Health; Ariel Reich, DESPP; Julie Revaz, Judicial; Betsy Ritter, Dept. on Aging; Gary Roberge, Judicial; Jerry Schwab, High Watch Recovery Center; Judith Stonger, Wheeler Clinic; Phil Valentine, CCAR

Visitors/Presenters: Hope Auerbach, Recovery Sub-Committee Member; Loel Meckel, DMHAS; Nancy Navarretta, DMHAS; Julienne Giard, DMHAS; Mary Painter, DCF; Lori Szczygiel, Beacon; Sandra Violette, DOC; Yanike Whittingham, DOC; Joe Ritter, RSL; A. Harris, GHRC; Robert Lawlor, New England HIDTA; Kelsey Opazda, New England HIDTA; Sandrine Pirard, Beacon; Bob Friedman, APT Foundation

Recorder: Karen Urcioli

The August 15, 2017 meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by DMHAS Commissioner Miriam Delphin-Rittmon. The meeting was co-chaired by Commissioner Joette Katz, 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
Medication Assisted Treatment (MAT) Video	Commissioner Delphin-Rittmon reported that this video was developed following discussions at this council meeting and forums. The video was created by Thomas Gugliotti of DMHAS.	Video is available for viewing on the DMHAS ADPC webpage.
New England High Intensity Drug Trafficking Area (HIDTA)	<p>Robert Lawlor, Drug Intelligence Officer and Kelly Opozda, provided the HIDTA presentation. HIDTA stands for High Intensity Drug Trafficking Areas, which was established in 1988 under the anti-drug abuse act at the height of the crack epidemic. It put mechanisms in place to try and get law enforcement to talk together, and share intelligence and resources to combat what was going on at the time. It started with a few HIDTAs on the SW border and the NY/NJ HIDTA. There are currently 32 HIDTAs across the country.</p> <p>More than 3 out of 5 drug overdoses involved an opioid in 2015. Since 1999, sales of prescription opioids quadrupled and with that the death rate involving all opioids also quadrupled. From research they know that among new heroin users, approximately three out four report abusing prescription opioids prior to transitioning to heroin use.</p> <p>In 2010 and 2011 there was a spike in heroin use because of the reformulation of oxycontin, which made it tamper resistant. During that time frame law enforcement realized they needed to partner with Public Health. With that, five HIDTA directors got together with Public Health. Currently there are eight HIDTAs, spanning 20 states partnering with Public Health with an additional 3 more states being added within the next couple of months. It is believed that once the program gain success it will expand further across the country. The goal of the program is not only to share information across the HRS network but also to build an in-state public health/public safety network. Each of the HIDTA HRS states has a drug intelligence officer and a public health analyst partnered to build out the network and basically, adapt to whatever the state's needs are, to share information, to build a network, and to identify emergent trends to share not only within the states but among the states also. Each state has the DIO PHA partnership. All of the New England HIDTA PHA and DIO's are imbedded in their fusion centers. One of the big partners</p>	Informational

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	<p>within the HRS in CT specifically has been the Office of the Chief Medical Examiner. It is information from that office regarding overdose deaths that shows not only how the epidemic is evolving throughout the state of CT, but helps to keep on their radar the emerging trends that are impacting the state.</p> <p>Opioid Deaths 2013 – 2016:</p> <ul style="list-style-type: none"> • 2013 – 391 • 2014 – 492 • 2015 – 657 • 2016 – 860 <p>The number one issue today is counterfeit pills. Intel sharing has shown that the Fentanyl that is being seen today is primarily not pharmaceutically diverted, it's clandestine Fentanyl. They are also seeing that most deaths are caused by illicit drugs from other countries.</p> <p>Looking forward they are starting to see an increase in the use of ADHD meds, cocaine, and methamphetamines and are trying to help law enforcement stay on top of all these trends.</p>	
Sub-Committee Reports		
<ul style="list-style-type: none"> • Prevention, Screening and Early Intervention 	<p>Judith Stonger provided an update of the Prevention Sub-committee goals:</p> <ul style="list-style-type: none"> • Dr. Tobin from Yale has planned six Scope of Pain trainings statewide; three are planned for this fall and 3 for next spring. He is actively working with the CT State Medical Society and others to market the trainings. • The drugfreect.org website was relaunched on June 29th to improve ease of access and ease of use. Since then, the site has been visited approximately 9 times a day; in addition, people are staying on the site longer, approximately 7 minutes. They will continue to look at the utilization and user satisfaction and will make changes to the webpage if necessary. • A two day prevention recovery opioid conference was held in July. A panel of prevention professionals shared information on the topics of drug enforcement, medication storage, and disposal of safe prescribing of medication. • Two addition workshops regarding prevention were also held, one was a demonstration of the PDMP and how it's being integrated into the electronic medical record and the other was a group of prevention practitioners discussing strategies that are being used with youth families and communities to address opioids and other prescription drug use and misuse. • Four health districts around the state have been identified to submit an application for \$35,000 to implement comprehensive prescriber school and community social marketing education campaign. • The Department of Consumer Protection has done a number of things, they've created a "How to Dispose of Your Medications" YouTube video; have licensed additional law enforcement drop boxes, drafted language for drop boxes for pharmacies, and they have provided brochures for distribution called "Secure Your Meds" and "Safe Storage and Disposal of your Prescription Medications". • The sub-committee reviewed a series of CDC produced fact sheets and posters directed at patients and families and medical settings. They identified materials and mailed them to more than a thousand health care agencies across the state. • The vendor DrinkCaffeine has been procured to: 1) create an integrated, statewide communications plan for messaging and tactics that will address all audiences about opioid use, misuse and overdose; 2) develop a targeted campaign for prescribers to increase their utilization of the CPMRS; and 3) develop and distribute an educational campaign that decreases stigma, promotes treatment uptake and increases awareness among general public. 	Informational

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	<ul style="list-style-type: none"> • August 31st is International Overdose Awareness Day; there are a number of events planned around the state. <ul style="list-style-type: none"> ~ Wheelers CT Clearing House will host two Naloxone trainings as well as a prevention program called Hidden in Plain Site, during this event individuals will have the opportunity to make quilt squares for the remembrance quilt. ~ Fighting Against Drugs Everywhere (FADE) will host a sunset memory 5K run, a 1 mile fun run, or a 1-2 mile health walk followed by a candlelight remembrance service. ~ The New Canaan Parent Support Group and the New Canaan Community Foundation will be hosting a overdose awareness day along with a candlelight vigil. ~ Sarah Howard reported that there will be an Overdose Awareness Day recognition event at LOB . ~ Aids CT will be holding two events; one will be in the morning at the South Green in the South End of Hartford. They will be providing overdose training, they will be handing out kits to uninsured people, and there will be a pharmacist there to provided prescriptions to those that do have insurance; insurance will be billed and AIDS CT will cover the cost of the co-pay. The same event will be held in the afternoon in the north end at Sigourney Square Park. • Seven healthcare institutions are currently negotiating with Apriss around the integration of the PDMP with their electronic medical health records. No additional contracts have been executed but there are negotiations. • On July 25th sub-committee members convened a meeting to discuss and develop protocol for the purchase, storage, distribution and tracking of Naloxone kits that will be purchased through the SAMHSA STR Grant. <p>Wheeler Clinic was awarded a 3 year, \$300,000 federal grant from the Office of Women's Health and the US Department of Health and Human Services. They will be working in collaboration with DMHAS, DCF and the CT Prevention Network with a goal of increasing the use of Adolescent SBIRT.</p>	
<ul style="list-style-type: none"> • Treatment 	<p>Dr. Charles Atkins provided an update of the Treatment Sub-committee Goals</p> <ul style="list-style-type: none"> • It is the goal that all state owned, funded and operated LMHA's will be able to provide MAT. Moving forward, there is a learning community and learning initiative (two separate groups) that are meeting on a regular basis to try and get all of the LMHA's up and running providing medication assisted treatment. • The July conference provided one day training for prescribers where they were provided the 8 hours of training needed to be able to prescribe buprenorphine; APRNs and PAs that attended will need to do an additional 16 hour of on-line training. The two day training that followed was for non-prescribers and had expert panels, workshops on women and opioids, and MAT. Everyone that attended was given a zip drive that had all the policy and procedures someone would need to be able to run a MAT program such as patient agreements, policy and procedures for use of buprenorphine, signage on benzodiazepine and overdose information. The event was funded largely through the SAMHSA MAT grant and close to 300 people attended. • Upcoming events - Through the Women's Consortium and in Collaboration with Quinnipiac University, an event will be held on November 15th and will focus on women and opioids. Also, for International Overdose Awareness Day on August 31st, the Greater Hartford Harm Reduction Coalition (GHHRC) will hold two overdose prevention trainings one will be held in the morning at the Hartford Library and during the evening at the Albany branch, people will be able to obtain overdose prevention kits at that time. In addition, every Thursday, GHHRC provides to the public, overdose training, attendees will be able to obtain a kit at that time. • Contracts have been issued for MAT in Hartford Correctional Center and York Correctional Institute in Niantic. An RFP for a pre-release AMT program at Osborne and Statewide Reentry System for methadone has also been released. The Bridgeport and New Haven methadone programs continue and are in the process of starting a second Living Free program in conjunction with CMHA for individuals with significant substance use issues that are coming toward the end 	Informational

Topic	Discussion	Action
	<p>of their sentence.</p> <ul style="list-style-type: none"> • Adolescent SBIRT Trainings were provided at the workshop in July. Ongoing resources are available around that. Also there is a new program called ASSERT which will be launched October 1st using a form of family therapy and combining it with MAT and recovery management checkups and will target adolescents and young adults between the ages of 16-21. There are four providers who will be involved in that. • DCF has an RFP out for youth recovery support, which will be looking at 18 and under communities of peer support. They are currently in the process of reviewing applications. • With regard to decreasing barriers to treatment access and additional co-occurring problems, the State is in the process of reviewing a contract for what will be a real time, online, bed access instrument. • There is going to be a provider forum at CVH on September 11th, in Lee Auditorium. DCF will be doing something similar but will be going through Beacon Options. • The group continues to look at ways to meaningfully address some of the barriers between the substance abuse/mental health divide. 	
<ul style="list-style-type: none"> • Recovery and Health Management 	<p>Hope Auerbach provided an update of the Recovery Sub-committee Goals: Today's presentation underscored the extreme importance of this subcommittee in terms of the fact that recovery needs to have a lot of resources that engage people in the early month of recovery. This sub-committee continues to work on the following:</p> <ul style="list-style-type: none"> • Consolidating the language of recovery document into a simple, info graphic one page document. • Working to identify other goals for this sub-committed. They have talked about the fact that recovery is very integrated with treatment especially for those people who are on medicated assisted treatment and who have co-occurring mental health issues. • This sub-committee has several members in long term recovery but they would like to remember those who are just beginning their journey and hope to create tools to help people get on the right path. Even though recovery is a lifelong commitment, the early days and months are very critical and a dangerous time where relapse can lead to death very quickly. Having a strong support system in place directly from in-patient or out-patient treatment is truly necessary for survival. Thankfully, more and more information is becoming available to the general public on overdose awareness and medicated assisted treatment but a missing piece seems to be what to do after being discharged from treatment. This is an area that this sub-committee would like to work on. They would like to find a way to connect people coming from treatment to things that are fundamental to survival such as food, safe affordable housing, employment and vocational training, health and well-being including on-going treatment, medications and mental health services, reconnecting with family, which should include education to teach them how to best help their loved one. This sub-committee wants to identify resources that already exist so that people who are struggling with recovery will be able to find them. Most people know about the 12-step programs but there are many other ways to connect to the sober community such as Sober Cafes, which is another way for people in early recovery to connect with those who have experience with sobriety. Consolidating resources into an app or social media site and sharing information with health care providers, recovery coaches, law enforcement and the media would help to get that information out there to those people who don't know what to do when they come out of treatment. <p>As a reminder, September is National Recovery Month. The 18th Annual Recovery Walk will be held on Saturday, September 23rd at Bushnell Park. In addition, the recovery community centers will be hosting special recovery events at their respective sites throughout the month. Also, lavender ribbons were made available to council members today, lavender signifies recovery, hope and healing from addiction. All committee members are asked to wear the lavender ribbon during the month of September and to help promote the upcoming walk as a show of support to the recovery community.</p>	Informational
<ul style="list-style-type: none"> • Criminal Justice (New) 	<p>Loel Meckel provided a Criminal Justice Sub-committee update: At the request of the ADPC co-chairs, Ines Eaton (DCF) and Loel Meckel (DMHAS) are forming a Criminal Justice subcommittee</p>	Informational

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	<p>to provide recommendations relevant to justice-involved individuals. Additionally, per Public Act 17-131 the subcommittee will also develop a report of substance abuse treatment referral programs that have been established by municipal police departments to refer persons with an opioid use disorder or persons seeking recovery from drug addiction.</p> <p>Current ADPC members Julie Revaz (Court Support Services Division), Katie Farrell (Office of the Chief Public Defender), and Dr. Kathleen Maurer (Department of Corrections) have agreed to be subcommittee tri-chairs. The subcommittee will include individuals with “lived” experience of addiction and justice involvement, community providers, local police, and state criminal justice agencies. The first meeting will be convened in September.</p>	
Other Business	<p>Phil Valentine reported that CCAR has been putting Recovery Coaches in emergency departments since March 1st, and the early data is remarkable. Of the 161 people that showed up in the ED for an addiction issue, 151 were connected to ongoing care. In addition, all 161 people received a minimum of six calls for the immediate following 10 days after they were engaged with a recovery coach. That is the window of opportunity to move people into recovery. Phil would like to be put on an upcoming ADPD agenda to be able to report, complete with data and some stories about what’s going on in the ED’s.</p> <p>Ingrid Gillespie reported that the CT Prevention Network was able to secure Tommy Rosen, who is well known in the recovery community for looking at different pathways to recovery, for their annual recovery luncheon.</p> <p>Dr. Surita Rao reported that she will be traveling to Washington, DC to take part in a SAMHSA expert panel, looking at people with opioid use disorders and agonist maintenance therapies and also comorbid use of benzodiazepines and alcohol. She also reported that the Cape Cod symposium on addictive disorders is taking place in September. The New England chapter of ASAM will be running a physician oriented track.</p> <p>Dr. Craig Allen reported that he will be on a panel in Chicago, which will be looking at psychotropic medication adherence his input will be around adherence to medication for substance abuse disorders and will include MAT.</p> <p>Commissioner Ritter asked that information be provided to this council regarding consumer’s ability to pay for substance use services (i.e. Medicaid, Medicare, private insurance). Dr. Atkins said that is something the Treatment sub-committee could look at providing once the bed website is up and running. Gerard O’Sullivan from the Insurance Department said he may also be able to provide some information.</p> <p>William Halsey, DSS, offered to provide a summary/review of what the Medicaid agency does cover in terms of substance use treatment, how many people are accessing those services, and expenditures related to that in addition to things being done within the Medicaid program specifically related to the opioid crisis.</p> <p>Susan Logan reported that DPH, through a CDC grant, will be providing funding for 5 physicians to attend a two day training in Boston at the National Center for Academic Training. They will then be able to talk with other physicians throughout the state about how to manage pain appropriately using opioids as well as buprenorphine. The training will be held on September 25th and 26th.</p>	<p>This item to be added to the next ADPC agenda.</p> <p>Will send out luncheon information.</p> <p>Informational</p> <p>Informational</p> <p>Noted</p> <p>Will present at the December meeting.</p> <p>Informational</p>

NEXT MEETING – Tuesday, October 17, 2017, 10:00 – 12:00, Legislative Office Building, Meeting Room 1D

ADJOURNMENT - The August 15, 2017 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.