

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, December 17, 2024
Video Conference Call Through TEAMS
10:00 a.m.

ATTENDANCE

Members/Designees:

Rebecca Allen, Recovery Committee Co-chair; **Luiza Barnat**, DMHAS (Designee); **Brendan Burke**, Child Advocate (Designee); **Paulo Correa**, Carelon Behavioral Health; **Maria Coutant Skinner**, McCall Center for Behavioral Health; **Brian DeLude**, Tri-chair, Criminal Justice; **Katie Farrell**, Public Defender (Designee); **Tammy Freeberg**, The Village for Families & Children; **Ingrid Gillespie**, Liberation Programs; **Claudio Gualtieri**, OPM Designee; **William Halsey**, DSS (Designee); **Mark Jenkins**, GHHR; **Deborah Lake**, Prevention Co-chair; **Abigail Lieberman**, Prevention Committee Co-chair; **Leslie Mara**, CT State Colleges & Universities (Designee); **Pamela Mulready**, Recovery Co-chair; **Nancy Navarretta**, Commissioner, DMHAS; **Tammy Nuccio**, State Representative; **Gerard O'Sullivan**, DOI; **Cathy Osten**, Senator; **Erica Previti**, DPH (Designee); **Kris Robles**, DCF (Designee); **Gary Roberge**, Judicial Designee; **Cathy Sisco**, Wheeler Clinic; Sandra Violette; DOC (Designee)

Visitors/Presenters:

Bridget Aliaga; Samantha Allard; Allyson Nadeau; Michael Carone; Kristen Clyne-Mamitouche; David Fiellin; Krystin DeLucia; Danielle Ebrahimi; Kelley Edwards; Julianne Giard; Jeanette Goyzueta; Jennifer Buckley; Jennifer Kolakowski; David Kaplan; Kim Karanda; Christy Knowles; Kristin Bonilla; Karonese Logan; Michelene Longo; Rodrick Marriott; Christopher McClure; Sarah, Messier-Smith; Nita Asani; Shelly Nolan, Paul Zakarian; Rebeca Petersen; Dawn Rios; Rudy Marconi; Sarju Shah; Diana Shaw; Melissa Sienna; Nicole Taylor; Ece Tek;

Recorder:

Karen Urciuoli

The December 17, 2024, meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Commissioner Navarretta, DMHAS. The meeting was co-chaired by Dr. Nicole Taylor, DCF

Topic	Discussion	Action
Co-Chair Welcome and Introduction	Commissioner Navarretta welcomed everyone to the October meeting.	Noted
Review and Approval of Minutes	The October 15, 2024, minutes were approved as written.	Noted
Review Voting Member List Attached to Invite	Commissioner Navarretta reported that the membership list was recently reviewed and updated to alleviate confusion over who official voting members are for this committee. The membership list will be visited again in January and letters will be sent out to members who do not regularly attend asking that they appoint a designee to attend on their behalf. In addition, when recommendations are put forth for approval, voting on the recommendation will be by role call.	Noted
Opioid Settlement Advisory Committee	<p>Luiza Barnat provided the following update:</p> <ul style="list-style-type: none">As of November 19th, the State has received a total of \$158,299,575, with funding recommendations having passed for \$21,867,871 leaving a balance in the fund of \$136,431,704. CT is expected to receive over \$600 million but that is a project amount and is subject change due to ongoing litigation.The Opioid Settlement Advisory Committee (OSAC) was established to ensure the proceeds received by the state are allocated appropriately. They review all recommendations and approves them for funding.Opioid Remediation Recommendations are provided by various community organizations and groups to OSAC, who vets the recommendations via specialty committees, followed by a vote by OSAC members to approve the recommendations.Recommendations for consideration for Opioid Settlement Funding can be submitted to OSAC@ct.govFunding recommendation are funding suggestions, not applications for funding.Other settling parties in Connecticut, such as municipalities and tribal governments, receive their proceeds directly from the settlement administrator and report yearly receipts and expenditures.Reports were collected in October and November 2024; 100% of the municipalities submitted their reports. A review of the expenditures will be review in the January OSAC meeting.	Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.

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	<ul style="list-style-type: none"> In November a recommendation was approved to "Promote and Expand Opioid Overdose Education and Prevention in CT's Colleges and Universities". The total funding amount is \$631,777 over 2.5 years. All CT colleges and universities are invited to apply for funding and receive technical assistance and participate in monthly learning meetings where they build a recovery friendly campus. <p>Connecticut Opioid Settlement Fund Approved Recommendations Status</p> <ul style="list-style-type: none"> Expansion of Syringe Service Program (SSP) – The process has started, and funding has gone out to the SSPs, they have been able to purchase the harm reduction supplies. Funding is ongoing for the next three years. Pilot Mobile Opioid Treatment Program (OTP) – Mobile methadone vans – the RFP process has been completed. Two agencies have been identified to receive the contracts. Currently in the process of negotiating the contracts and working on a scope of work. The contracts are on tract to be executed in January 2025 for the work to begin in the 2025 calendar year. Treatment Pathway Program (TPP) – A collaboration with the Court Support Services Division. They have received the funding through a MOU. The project continues as scheduled. Department of Corrections Opioid Treatment Program Expansion – MOU has been established to build out opioid treatment dosing rooms at 4 addition DOC facilities. Naloxone Saturation – Purchase of Naloxone for overdose reversal to ensure an abundant supply is going into the community – distribution is actively happening. Prevention and Harm Reduction through Public Access – <ul style="list-style-type: none"> Pilot Harm Reduction Vending Machines - an MOU with DPH has been completed. They are working with their syringe services programs to establish these vending machines and are meeting with their partners to begin implementation. Primary prevention through education and reduction of opioid diversion – naloxone boxes are on hold for now to figure out the legislation and regulations from DCP. Looking to start as soon as possible and working with colleges to see where they can be placed. Campaign to mail opioid deactivation pouches to 50,000 homes in CT – contracts are being developed. Contingency Management – Funding to implement Evidence Based Contingency Management protocols – currently working on the contracting process and an MOU with the technical assistance provider. LiveLOUD Public Awareness and Education – Actively meeting with O'Donnell Company to determine the scope of work that will start in January 2025. There are some priorities identified, and they are looking to focus on a lot of messages going out in the Spring and again in the Fall. Treatment Bridge Model – Initiative with CT hospitals to increase low-barrier Emergency Department initiate MOUD – need to determine how to proceed with the treatment bridge model before posting the RFP or RFI. Promote and Expand Opioid Overdose Education and Prevention in CT's Colleges and Universities – the Friendly Recovery Friendly Campus initiative was recently approved. 	
Multisystemic Therapy Impaired Driving Media Campaigns: DMHAS/DOT Collaboration	<p>Postponed</p> <p>Kimberly Karanda, DMHAS, Section Chief, Statewide Services and Julianne Giard, DMHAS, Section Chief, Community Services provided the following report:</p> <p>The Situation</p> <p>There has been increased interest in how drugs other than alcohol may be affecting roadway safety due to several factors, including:</p> <ul style="list-style-type: none"> For the first time Americans were more likely to die from accidental opioid overdose than in a car accident. Connecticut legalized adult-use recreational cannabis on July 1, 2021. Both opioids and cannabis can affect your motor skills and reaction time, in similar ways to alcohol consumption. The 	Information – the full PowerPoint presentation that includes social media campaign slides can be found on the DMHAS ADPC webpage.

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	<p>opioid crisis, along with the legalization of cannabis, have prompted more research into what role these drugs may play in impaired driving and fatal car crash incidents.</p> <p>By the Numbers</p> <p>In 2022, the National Highway Traffic Safety Administration (NHTSA), conducted a study that helped identify alcohol and drug prevalence among seriously or fatally injured road users.</p> <p>Over half (55.8%) of the injured or killed roadway users tested positive for one or more drugs (including alcohol) on the study's toxicology panel.</p> <p>The prevalent drug categories among drivers using substances in the study sample were:</p> <ul style="list-style-type: none"> • 25.1% tested positive for cannabinoids (active THC) • 23.1% tested positive for alcohol • 10.8% tested positive for stimulants • 9.3% tested positive for opioids <p>Overall, 19.9% of the drivers tested positive for two or more categories of drugs.</p> <p>Addressing the Situation</p> <p>Recognizing the evolving landscape of substance use, Connecticut is actively investigating the potential role of recreational adult-use cannabis and opioids in impaired driving incidents.</p> <p>In an effort to reduce impaired driving and address the issue of polysubstance use, the Connecticut Department of Mental Health & Addiction Services (DMHAS) has integrated impaired driving topics into its broader public education campaigns:</p> <ul style="list-style-type: none"> • Alcohol Use Disorder (AUD) - CTStronger • Cannabis - Be In the Know CT • Opioids - LiveLOUD <p>Additionally, both DMHAS and the Connecticut Department of Transportation (DOT) have developed data and reporting systems, helping in the planning, coordination, and implementation of effective programs.</p> <p>AUD Insights</p> <p>Nationally</p> <ul style="list-style-type: none"> • 9.8 million young adults ages 18 to 25 reported binge drinking in the past month. • 2.7 million (28.7%) of these people were full-time college students. • Nearly one-third of Americans' alcohol consumption puts them at risk for alcohol dependence. <p>In Connecticut</p> <ul style="list-style-type: none"> • An average of 1,426 annual deaths in Connecticut are attributable to excessive alcohol use. • 55.2% of excessive alcohol use deaths in CT are from chronic causes, such as Alcohol Use Disorder. • 18.7% of Connecticut adults over 18 binge drink at least once per month. • The median number of drinks per binge is 5.2. • Connecticut averages one death from excessive alcohol use for every 2,529 people aged 18 and older or 4.97 deaths for every 10,000 adults. <p>AUD Campaign</p> <ul style="list-style-type: none"> • Alcohol Use increased by 54% during the pandemic: <ul style="list-style-type: none"> • greater accessibility of alcohol • lockdowns created and intensified stress and anxiety • widespread social isolation • job loss • evictions • DMHAS partnered with O'Donnell Company on campaign development 	

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	<ul style="list-style-type: none"> • Use of web analytics to track topics of interest • Searches increased on topics related to women's drinking <p>Women. Pregnancy & Safety</p> <p>Created content to address:</p> <ul style="list-style-type: none"> • Pregnancy/Breastfeeding risks and information on alcohol's other health and safety risks. • Incidents of intimate partner violence, with upwards of two-thirds of IPV perpetrators having consumed alcohol at the time of the incident. • Sexual Assault on college campuses. (50% of sexual assaults involve alcohol consumption). <p>CTSTRONGER / AUD Website</p> <ul style="list-style-type: none"> • In 2024, ODG created new "Health & Safety" content pages on CTStronger.org, home of the Alcohol Use Disorder (AUD) online content. This new section includes a "Personal Safety" page that addresses how alcohol, on its own or combined with other substances, can impair judgment and decision making, which can lead to accidents and injuries. • The impaired driving website content reminds Connecticut residents that it is not safe to drink and operate any type of vehicle. We address how alcohol impairs thinking, judgment, reaction times and coordination. We remind state residents that it is illegal to drive under the influence of alcohol and other substances, such as cannabis. This content links to the CT Department of Transportation's impaired driving online content. <p>Media Placements</p> <p>Social Media</p> <ul style="list-style-type: none"> • Facebook • Instagram • TikTok <p>Out-of-Home (OOH)</p> <ul style="list-style-type: none"> • Digital Billboards - in 4 geographies (Hartford, Waterbury, New Haven, Bridgeport) <p>Digital Ads</p> <ul style="list-style-type: none"> • Geofencing around locations - bars & nightclubs, casinos, wineries, etc. • Geotargeting during key holidays & celebrations involving heavy alcohol consumption – 4th of July, Labor Day, holidays <p>Dating Apps</p> <p>Audio</p> <ul style="list-style-type: none"> • Broadcast Radio • Streaming Audio • Gas Station Audio <p>DMHAS / BE IN THE KNOW Cannabis Awareness Campaign</p> <p>Website</p> <ul style="list-style-type: none"> • Driving under the influence of cannabis has been called out as being against the law in Connecticut, since the launch of the Be In The Know CT cannabis awareness campaign in November 2022. • For the current phase of the campaign, a new "Health & Safety" page will contain information on how cannabis can impact motor skills and reaction time, with a strong reminder that you should never use marijuana products and operate any motor vehicle, including cars, motorcycles, trucks, ATVs, and boats. <p>Media Placements</p> <p>Social Media</p> <ul style="list-style-type: none"> • Facebook • Instagram <p>OOH</p>	

Topic	Discussion	Action
	<ul style="list-style-type: none"> Billboards Bus Exteriors <p>Digital Ads</p> <ul style="list-style-type: none"> Geofencing around locations - bars & nightclubs, college campuses Geotargeting during key holidays & celebrations - 4th of July, Labor Day, holidays <p>Dating Apps</p> <p>Audio</p> <ul style="list-style-type: none"> Broadcast Radio Streaming <p>Place-based Media</p> <ul style="list-style-type: none"> Posters Vinyl Clings <p>Outreach Materials</p> <ul style="list-style-type: none"> Fact Sheets Posters <p>DMHAS / LiveLOUD Life with Opioid Use Disorder</p> <p>Website</p> <ul style="list-style-type: none"> For the current phase of the LiveLOUD campaign, the "Stay Safe" content page on LiveLOUD.org has been updated to remind people that opioid use can cause dizziness, drowsiness, and sedation, which can harmfully impair their ability to drive. New "Harm Reduction" intro calls out the importance of understanding the effects that opioids or other substances can have on driving any type of motor vehicle. New dedicated social media messaging in both English and Spanish highlights the potentially fatal risks of combining opioids and driving. 	
Sub-committee Reports		
<ul style="list-style-type: none"> Prevention, Screening and Early Intervention 	<p>Deborah Lake provided the following update:</p> <ul style="list-style-type: none"> New co-chair Abby Lieberman was introduced and welcomed to this committee. Continue to receive updates from DCF regarding their training for naloxone project. Received a presentation from Bobby Lawlor, NE HIDTA and Shobha Thangada, DPH on current data. Continue to receive OSAC updates, the latest was from the CT Prevention Network. Spent time looking at the cannabis work that is happening, the different phases of the rollout, and how this committee can support that work. Recovery Friendly Workgroup - Continues to meet. There are several things underway in terms of the review of items, they are happy to have so many various people from both within the committee and other committees and organization working together making it a nice interagency workgroup. In the new year, there are plans to look at their recommendations list from the past and looking at what they want to do in the future. 	Informational
<ul style="list-style-type: none"> Treatment 	<p>Maria Coutant Skinner provided the following update:</p> <ul style="list-style-type: none"> This group met twice since the last full council meeting. They established two work groups, one for children/adolescents and another to look at adult in home evidence-based practices. Both are ad hoc groups to look at some of the OSAC recommendations and do some deeper dives into the data and research, and to make sure that they are not duplicating any efforts. Looked at policies around youth SUD screenings. They are planning on meeting with multiple organizations, 	Informational

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	<p>committees, coalitions, consortium, etc. that are doing work in this arena to make sure that all work going into programming, and service delivery around kids and adolescent is being intentional about incorporating screening for substance use disorder.</p> <ul style="list-style-type: none"> OSAC recommendations continue to come in. They continue to identify top priorities and what is most urgent by using their matrix scoring system. Two recommendations have been moved forward. One is a review of youth evidence based in home treatment. The other is for an expansion of methadone hours, there is a need to develop a standard of care and best practices around this. 	
<ul style="list-style-type: none"> Recovery and Health Management 	<p>Rebecca Allen provided the following update:</p> <ul style="list-style-type: none"> This subcommittee met in November and had a presentation from Alice Minervino from DMHAS regarding the housing voucher program. There is an urgent need for housing right now, which is also reflected in many of the public input comments that were received. This housing voucher program is something that can be scaled up to include additional vouchers and increase eligibility, especially for the special populations identified in the CORE report as being the most at risk. They also received an update from Sarah Messier Smith on what has currently been approved by OSAC and the recommendation from this subcommittee on technical assistance for the opioid education and collegiate settings. It was voted and approved by the OSAC at the previous committee meeting. Met in December and had a presentation from Carleen Zambetti from DMHAS on the basic needs' insurance expansion program for sober housing that allowed individuals that had any type of Husky insurance to be eligible for that basic need to cover up to 60 days of sober housing. The expansion allowed for an additional 600 individuals to access sober housing that otherwise would not have been eligible, unfortunately, funding for the program was tied with ARPA dollars and ran out quickly. Recovery Friendly Campus and School Work Group – Meets bi-weekly. There will be a focus group opportunity that's going to be provided to campuses in November to help better inform the recovery friendly campus toolkit. This work group is being informed by efforts from the Prevention Subcommittee and has been meeting with them around their statewide recovery friendly initiatives. They also actively collaborate with other subcommittees on some of these recovery friendly initiatives. Recovery Housing Workgroup - Meets bi-weekly. Working to lift up the housing voucher program and expand the basic needs program. Working towards a recommendation to forward to the OSAC committee. Continuing to review the remaining proposals that were submitted through the OSAC public portal. 	
<ul style="list-style-type: none"> Criminal Justice 	<p>Brian DeLude provided the following update:</p> <ul style="list-style-type: none"> This committee met one time since the last full council meeting. They had a presentation from Tasha Hunt, CSSD, Director of Juvenile Probation. She reviewed some of the finer points of juvenile probation, including how a GPO gets assigned, and what probation assessment tool juvenile probation uses to assess the risk of reoffending or recidivism of a youth. She talked about some of the barriers, such as court history, poor emotional regulation, and negative peers, all the things that are addressed on the youth assessment. She shared how a reentry plan is developed to address those risks or needs for that youth, and how some of those services may start before discharge from a facility as well so they can have warm hand offs. Her presentation showed how GPOs serve as case managers linking the youth to behavior health services or other things that the client may need to stay pro social in the community, including, mentoring services, vocational opportunities and things of that nature. Probation is ensuring that the educational needs are addressed and any credits obtained count at their school districts for any facility that they're in. Talked about juvenile probation challenges and the economic conditions of the family as a whole and how to work with those situations so that they can sustain engagement by the youth, and the family as well, so that it's a system or a family unit that can hopefully help engage the client and get them through. Continue to work on the reentry recommendation from the OSAC committee. Some committee members meet with 12 young men between the ages of 18 and 21 at Manson Youth Institute. When asked what they would need to remain 	Informational

Topic	Discussion	Action
	<p>pro social upon their release, there was, some common themes.</p> <ul style="list-style-type: none"> • Relocation, which can be challenging if not somewhat impossible to do. A lot of them mentioned that their situation, their environment, their local home culture would be the thing that they need to get away from. • Jobs and training opportunities. Paid training was one of the things that they discussed, and the need to gain financial independence while learning a trade. • Mentorship, somebody who they can talk to while they're being challenged with making decisions about things that are going on in their lives. • Mental health treatment was something they alluded to as well. <p>Will finalize all the feedback and make some recommendations to the OSAC.</p>	
Other Business		

NEXT MEETING – Tuesday, February 18, 2025 – Virtual

ADJOURNMENT – December 17, 2024, meeting of the Alcohol and Drug Policy Council adjourned at 11:00am.