

**ALCOHOL & DRUG POLICY COUNCIL (ADPC)**  
**Meeting of Tuesday, October 20, 2020**  
**Video Conference Call through Teams**  
**10:00 a.m.**

**ATTENDANCE**

**Members/Designees:** Craig Allen, Rushford; Charles Atkins; Richard Colangelo, Chief State's Attorney; Jennifer Chadukiewicz, CCAR; Maria Coutant Skinner, McCall Center; Miriam Delphin-Rittmon, DMHAS; Vanessa Dorantes, DCF; Shayne Ember, Wheeler Clinic; Katie Farrell, Public Defenders Office; David Fiellin, Yale; John Frassinelli, Education; Ingrid Gillespie, CT Prevention Network; Matthew Grossman, Yale; David Guttchen, OPM; William Halsey; Mark Jenkins, GHRC; Shawn Lang, AIDS CT; Barbara Lanza, Judicial; Susan Logan DPH; Nancy Navarretta, DMHAS; Cathy Osten, Legislator; Mary Painter, DCF; William Petit, Legislator; Sandrine Pirard, Beacon; Surita Rao, UCONN Health; Gary Roberge, Judicial; Gregory Shangold, Windham Hospital; Judith Stonger, Wheeler Clinic; Scott Szalkiewicz, DCP; Sandra Violette, DOC; Toni Walker, Legislator

**Visitors/Presenters:** Yvonne Addo; Alyssa Gilbert; Ramona Anderson; Luiza Barnat; Beth Capoblanco; Cheri Bragg; Rick Brooks; Bruce Baxter; Anuja Dhungana; Danielle Ebrahimi; Ece Tek; Brian Foler; Thomas Fulton; Gabriela Krainer; Julienne Giard; Zachary Green; Jane Ungemack,; Janessa Stawitz; Jenifer Wogan; Jennifer Clark-Lofters; Joe Lindbeck; John Simoncelli; Kara Sepulveda; Kim Karanda; Lisa Dean; Lisa Gray; Lyne Stokes; Sherry Marconi; Margaret Lancaster; Roderick Marriott; Mary Mason; Mayor Erin Stewart; Justin Mehl; Carol Meredith; Michael Askew; Arthur Mongillo; Erin Mulhern; Marsha Murray; Natalie DeMont; Nadine Repinecz; Robert Heimer; Scott Smith; Lauren Siembab; Melissa Sienna; Jasonda Guerrier; Mayor Erin Zoppo-Sossa; Shobha Thangada; Ana Gooopian; Mark Vanacore; Susan Yurasevecz; Zachary Steinbach, Sandra Valentine

**Recorder:** Karen Urciuoli

The October 20<sup>th</sup> 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 Commissioner Vanessa Dorantes, DCF.

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
<b>Welcome and Introductions</b>	Commissioner Delphin-Rittmon welcomed all in attendance.	Noted
<b>Review and Approval of Minutes</b>	Minutes were reviewed and approved as written.	Noted
<b>Update: Substance Use Trends in Connecticut, 2020</b>	<p>Dr. Jane Ungemack provided the following report:</p> <ul style="list-style-type: none"> <li>• Percent of Persons Reporting Use by Substance, Ages 12 and Older: CT vs. US, 2017-2018 - data, shows the historical reality of substance use in CT vs. the nation: CT typically has higher rates of use than found nationally with a few exceptions.</li> <li>• Percent of Youth and Adults Reporting Past Month Alcohol Use and Binge Drinking: Connecticut, 2008-2018 – alcohol use and binge drinking in 12-17-year-old adolescents has gone down, numbers pretty much stay the same for 18 – 25 and 26+ year olds.</li> <li>• Percent of High School Students Reporting Past 30-Day Alcohol Use and Binge Drinking: Connecticut, 2005-2019 - data sets show a decrease in underage drinking.</li> <li>• Past Month Tobacco Product Use by Age Group, Connecticut, 2008-2018 – tobacco use has gone down in all age groups.</li> <li>• Tobacco Sales to Youth in Connecticut: SYNAR, CDC &amp; DMHAS, 2008-2018 – data shows a decrease of sales to youth in CT.</li> <li>• Percent of High School Students Reporting Past 30-Day Use of Electronic Vapor Products vs. Cigarettes: Connecticut, 2011-2019 – data shows that e-cigarettes look to be replacing tobacco use in high school students.</li> <li>• Substances Used by E-cigarette Users in Vaping Devices Reported by Young Adults 18-25: Connecticut, 2020 – flavored liquids, nicotine, THC/marijuana oils, and CBD/hemp oil are being used vaping devices.</li> <li>• Past Year Marijuana Use by Age Group: CT vs. US, 2008-2018 – there has been an increase in marijuana use in all</li> </ul>	Information – the full PowerPoint presentation, which shows the full breakdown of data can be viewed on the DMHAS ADPC webpage.

Topic	Discussion	Action
	<p>age groups.</p> <ul style="list-style-type: none"> <li>• Percent of Persons Perceiving Great Risk from Smoking Marijuana Once a Month by Age Group: Connecticut, 2009-2018 – perceived risk from smoking marijuana has gone down in all age groups over the years.</li> <li>• Percent Reporting Past Year Cocaine Use by Age Group: Connecticut, 2009-2018 - 18-25 year olds and adults 26+ are the groups at increased risk of cocaine use. Data shows an increase of almost 50% since 2009-2010, adolescents are not sharing this risk; cocaine use among 12-17 year olds appears to have dropped slightly.</li> <li>• Cocaine-involved Overdose Death Rate (per 100,000) by 5 CT Community Type, 2012-2019 – Cocaine involved deaths have gone up.</li> <li>• Percent of Persons Reporting Past Year Non-Medical Use of Pain Relievers, by Age Group: Connecticut, 2009-2018 - the rates of prescription misuse appeared to decline among young adults</li> <li>• Percent of High School Students Reporting Ever Misusing Prescription Pain Medicine: CT vs. US, 2009-2019 – misuse in the high school population has gone down.</li> <li>• Number of Opioid Prescriptions per Year: Connecticut, 2014-2018 – prescription of opioids has gone down</li> <li>• Percent of Persons Reporting Past Year Use of Heroin by Age Group: CT vs. US, 2014-2018 – heroin use has dropped</li> <li>• Number of Opioid-related Emergency Department Visits and Hospital Admissions: Connecticut, 2013-2018 – opioid related ED visits have gone up, opioid related hospitalization have gone down.</li> <li>• Number of Overdose Deaths by Year: Connecticut, 2012-2019 – data shows that overdose deaths have gone up.</li> <li>• Multiple Drugs Involved in Opioid Overdose Deaths: CT, 2019 - 17% of Fentanyl-Involved Deaths did not involve other substances, 3% of Heroin-Involved Deaths did not involve other substances, 15% of Prescription Opioid-Involved Deaths did not involve other substances</li> <li>• Opioid Overdose Mortality Rate by Age Group: Connecticut, 2012-2019 - In the US in 2017, 68% of all overdose deaths involved opioids, compared to 92% and 93% of overdoses in CT in 2017 and 2018, respectively.</li> <li>• Opioid-involved Overdose Death Rate (per 100,000) by 5 CT Community Type: Connecticut, 2012-2019 – Opioid involved deaths have gone up in all communities.</li> <li>• Opioid Overdose Mortality Rate per 100,000 by Race/Ethnicity: Connecticut, 2012-2019 - Opioid involved deaths have gone up in all races/ethnicities.</li> <li>• Drug Seizure Submissions by Year: Connecticut, 2014-2019 – seizure of fentanyl-related substance, fentanyl, heroin, cocaine and methamphetamine has gone up.</li> <li>• Problem Substances of Greatest Concern for Age Groups, According to Key Informants: Connecticut, 2020 – see full report for breakdowns.</li> <li>• Prevalence of Increasing/Initiating Substance Use and Adverse Mental Health Outcomes Associated with COVID-19: US, June 24-30, 2020 – There has been an increase in substance use initiation or increase; there has been an increase in adverse mental or behavioral health symptoms</li> <li>• Young Adults Statewide Survey Health and behavior indicators that increased as a result of COVID-19 – boredom, anxiety, sense of isolation, depression, interpersonal/family conflict, alcohol and/or drug use, gaming/gambling.</li> <li>• Past Month Substance Use Among Young Adults 18-25: Connecticut, 2020 – alcohol (1+ drinks) is the leading substance being used.</li> <li>• Suspected Overdoses Since Onset of COVID-19 Impact: Connecticut, 2020 (ODMAP Submissions) - In the time following March 19, 2020, 61.8% of participating counties experienced an increase in overdose submissions</li> <li>• Overdose Deaths by Month: Connecticut, Jan 2018- July 2020 – From Jan-Jul 2020, there were 802 confirmed overdose deaths (with possible additional deaths pending confirmation) +20% compared to Jan-Jul 2019 (n=667)</li> <li>• Substance Use Treatment Admissions by Month: Connecticut, January 2018 - May 2020 – Substance use treatment plummeted in in March/April and began to rise again in May/June.</li> </ul>	

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<b>Update: DCF Parental Overdose Data</b>	<p>Commissioner Dorantes reported that overdose or substance use associated deaths of parents are not always reported to DCF, however, an increase of approximately 40% of parental deaths in the first quarter of this year were reported, about 38% had substance use associated with death. This is an area that needs to be followed. Data is also showing that use of marijuana is also on the rise, this is also an area that needs to be followed. It is urgent for us to think about the use and misuse of substances and impact of these death on families, Commissioner Dorantes will continue to highlight this as treatment modalities continue to be adjusted.</p>	Informational
<b>Municipalities Embracing Recovery Orientated Communities</b>	<p>Mayor Erin Stewart provided an overview on the City of New Britain's Opioid Task Force which was established January 2019. Their goal was to reduce opioid and heroin overdose deaths by 50% by the year 2021. Eight strategies were developed and implemented, and two sub-committees were established (data and public education). What does the community look like?</p> <p>Municipal Leadership</p> <ul style="list-style-type: none"> <li>• Open commitment to being recovery friendly</li> <li>• A Recovery "Champion" is leading efforts</li> <li>• A Local Prevention Council supports the Recovery Champion</li> </ul> <p>Community &amp; Resources</p> <ul style="list-style-type: none"> <li>• Volunteer and hiring opportunities</li> <li>• Recovery coaches, peer support groups, and family education groups</li> <li>• Transportation to treatment</li> <li>• Routine medication and Narcan</li> </ul> <p>Municipal Departments</p> <ul style="list-style-type: none"> <li>• Parks and Rec hosts recovery-friendly activities</li> <li>• Schools offer substance use education and support</li> <li>• Police, Fire, Social Services, and Health Departments know and encourage local recovery resources</li> <li>• Recovery housing and community centers</li> </ul> <p>Accomplishments</p> <ul style="list-style-type: none"> <li>• Secured funding</li> <li>• Branded the task force</li> <li>• Equipped partners with training</li> <li>• Developed a website with resources</li> <li>• Provided public education through social media campaign</li> <li>• Continue to advocate</li> </ul>	Informational
	<p>Mayor Ellen Zoppo-Sassu of Bristol provided an overview of Bristol's path to becoming a recovery oriented community: In 2017 Bristol was ranked #4 statewide in the number of overdose deaths. The Mayor's task for on opioid prevention was formed in the spring of 2018. They brought in individuals from outside their community to teach them about things they didn't know and to provide access to resources that could be replicated within their community, they began working on the rubric, received several grants, they began working with recovery coaches and brought them into Bristol Hospital Emergency Room. They looked at prevention, recovery, response and treatment as the areas they needed to work on, but first they needed to remove stigma, which was heavy in Bristol. They reached out to their community, to families that were most affected by substance misuse, those who suffered loss, those who were still struggling, and those with success stories of recovery. They produced a series of PSA's to create a stigma piece as a first obstacle to tackle. In the first 6 months of 2020 data shows they have decreased the number of female overdoses by over 53%, the male overdose data shows there was an increase of 18%. One area of the rubric that has not yet been completed is how people respond when hiring someone in recovery, they have partnered with the Chamber of Commerce to talk to businesses about what it means when there are gaps in resumes and now it should not be looked upon as a negative.</p>	Informational

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	<p>Lisa Coates reported that Bristol’s Diversionary Program which was rolled out in November 2019, it is a program that has been helpful within the community and getting to reduce barriers to treatment. The link below is for a video that summarizes the diversionary program.</p> <p><a href="https://vimeo.com/user24894198/review/373592874/9c69f0db48">https://vimeo.com/user24894198/review/373592874/9c69f0db48</a></p>	
<b>Sub-Committee Reports</b>		
<ul style="list-style-type: none"> <li>• <b>Prevention, Screening and Early Intervention</b></li> </ul>	<p>Ingrid Gillespie provided the following report:</p> <ul style="list-style-type: none"> <li>• This group continues to be an advisory committee for a number of federal grants, will provide an update in the near future as a number of the grants will be coming to an end.</li> <li>• The Governor’s Prevention Partnership recently provided this subcommittee with a presentation regarding alcohol use during the pandemic.</li> <li>• Beginning to discuss committee format, membership, agenda items and topics, and the relevance of this subcommittees work in relevance to hot topics. Will continue to discuss at future meetings.</li> <li>• Substance exposed and fetal alcohol syndrome workgroup – a presentation was provided on October 15<sup>th</sup> to the CT Women’s Legislative Caucus, this was one of the goals of this workgroup and was very well received. The women legislatures are very open to a collaboration. This workgroup is also planning a virtual forum in February 2021 for healthcare professionals to educate them on substance use trauma, pregnancy screening and recovery.</li> <li>• The media and stigma work group have met a number of times and is planning a training on December 10<sup>th</sup> titled The Power of Media: Changing the Narrative on Substance Use.</li> <li>• The DrugfreeCT.org website now has information about the Fentanyl campaign and the Change the Script resource van.</li> <li>• A survey was conducted about schools and vaping which shows that schools are looking at the Minnesota model which is less punitive around vaping and really looking at how to support kids who are addicted.</li> <li>• Shawn Lang met with AG recently and highlighted some of their work on syringe exchange.</li> <li>• National Take Back Day will be on October 24<sup>th</sup></li> <li>• Red Ribbon Week is October 23<sup>rd</sup> – 31<sup>st</sup> and will give people the opportunity to highlight their work.</li> <li>• Have looked at and shared a report on a very simple approach that has had a significant effect which shows that doctors connecting through chat box to deliver psychotherapy helped decreased opiate use after surgery. This help to provide 33% decrease in the use of opioids and their pain level.</li> </ul> <p>Judith Stonger provided an overview of the Recovery Friendly Workplace Toolkit that can be accessed through the <a href="http://DrugfreeCT.org">DrugfreeCT.org</a> webpage. The goals of the Recovery Friendly Workplace Toolkit are:</p> <ul style="list-style-type: none"> <li>• To help employers to recognize addiction as a disease that it should be treated like any other medical condition that employees might have.</li> <li>• To reduce the stigma discrimination</li> <li>• To encourage employers to hire people in recovery</li> <li>• To encourage use of employee assistance programs and other services that do support recovery</li> <li>• And to offer alternatives to the zero tolerance policies regarding substance.</li> </ul> <p>The toolkit provides steps to becoming a recovery friendly workplace.</p> <ul style="list-style-type: none"> <li>• DO AN INTERNAL ASSESSMENT - Examine your current workplace culture, policies, and practices</li> <li>• BUILD CONSENSUS - Enlist the support of key stakeholders, especially managers and supervisors.</li> <li>• MAKE A DECLARATION - Use the toolkit to craft a policy statement, declaration and company-wide email</li> <li>• MOBILIZE STATE AND LOCAL RESOURCES - Work with experts who know the issues and the necessary actions that can help</li> <li>• DESIGNATE A PEER CHAMPION - If possible, use employee volunteers as on-site recovery coaches.</li> </ul>	<p>Informational</p>

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>• MAKE RESOURCES AVAILABLE - Involve appropriate support groups (such as AA, NA, &amp; LiveLOUD) for peer-to-peer help</li> <li>• TRAINING &amp; EDUCATION - Recovery Friendly Workplace training for all levels is available, online or in-person.</li> <li>• DO AN ANNUAL ASSESSMENT - Measure progress by identifying and tracking key metrics each year.</li> <li>• KEEP GOING - Like recovery itself, becoming a Recovery Friendly Workplace is a process. Keep at it.</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Treatment</b></li> </ul>	<p>Dr. Craig Allen provided the following report</p> <ul style="list-style-type: none"> <li>• This subcommittee is currently reviewing their membership list to see who wants to stay actively involved, they also want to make sure they have the right representation. The list is being narrowed down and some new members have been invited to join this subcommittee.</li> <li>• Hospital Induction recommendation – have begun having discussions regarding this recommendation and provided feedback around language put forth by DPH. The CHA and Beacon Health cosponsored an educational event in December for people who are interested in doing this in their hospitals.</li> <li>• Will follow-up with DPH and issue guidance for people in nursing homes and their ability to keep people on medication assisted treatment.</li> <li>• Want to look to expand involvement with harm reduction and to clearly identify harm reduction strategies as part of a treatment process and a way to engage people who ultimately could be in treatment, may reach out to the Prevention sub-committee and potentially put together a presentation looking at recommendations that speak to expanding harm reduction approaches.</li> </ul>	Informational
<ul style="list-style-type: none"> <li>• <b>Recovery and Health Management</b></li> </ul>	<p>Jennifer Chadukiewicz provided the following report:</p> <ul style="list-style-type: none"> <li>• Met in September and October, discussed the recovery friendly campus initiative that will be a presentation to this committee in the near future. Zach Green and Sandy Valentine are doing some great work reaching out to college campuses.</li> <li>• Continue work with recovery friendly community initiative.</li> <li>• Provided feedback on the recovery friendly workplace toolkit.</li> <li>• Provided feedback on the LiveLoud Family initiative.</li> <li>• Will begin to look revisit the Language Matters document in order to include updated recovery friendly language.</li> </ul>	Informational
<ul style="list-style-type: none"> <li>• <b>Criminal Justice</b></li> </ul>	<p>Katie Farrell provided the following report:</p> <ul style="list-style-type: none"> <li>• Currently reviewing their membership, have recruited 7 new members</li> <li>• MAT in DOC is going well, Methadone is available in 9 out of 13 facilities. Vivitrol and Buprenorphine are available at York.</li> <li>• Continuing to be in support of the Early Screening Initiative that is available in 6 courts around the state. DMHAS has been providing funding and will continue to do so through 2022. UCONN is reviewing the data.</li> <li>• Continue to look at a police toolkit to try to develop a statewide resource that police can use to offer guidance when they encounter people who are struggling with substance use.</li> <li>• Programs and initiative resources continues to be under review.</li> <li>• In September Marsha Murray met with this group to talk about the ASSERT Treatment Model.</li> </ul>	Informational
<b>Other Business</b>		Informational

**NEXT MEETING** – Tuesday, December 15, 2020, Video Conference Call Through TEAMS

**ADJOURNMENT** – The October 20, 2020 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.