

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, October 18, 2022
Video Conference Call through Teams
10:00 a.m.

ATTENDANCE

Members/Designees: Luiza Barnat, DMHAS; Wende Cooper, Designee; Maria Coutant Skinner, McCall Center; Ebrahimi, Danielle, DMHAS; Vanessa Dorantes, DCF; Katie Farrell, DOC; John Frassinelli, DOE; Tammy Freeberg, Village for Families and Children; Allison Fulton; Ingrid Gillespie; Jill Griffin, Inspire Recovery CT; Barbara Lanza, Judicial; Justin Mehl, DMHAS; Nancy Navarretta, DMHAS; Gerard O’Sullivan, DOI; Sandrine Pirard, Beacon; Surita Rao, UCONN; Gary Roberge, Judicial; Kris Robles, DCF; Melissa Sienna, DCF; Sarju Shah, DMHAS; Scott Szalkiewicz, DCP; Sandy Valentine; Colleen Violette, DPH; Sandra Violette, DOC; Representative Toni Walker

Visitors/Presenters: Samantha; Allard, Allyson Nadeau; Andressa Granado; Anna Gasinski; Robert Lawlor; Cheri Bragg; Brendan Burke; Christopher Cardeella; Heather Clinton; Nicholas Cortes; Deborah Daniel; David Borzellino; Deborah Lake; Anuja Dhungana; Thomas Fulton; Julienne Giard; Hector Mata; Robert Heimer; Jennifer Kolakowski; Joee Linkbeck; Julie Einhorn; Kara Sepulveda; Kim Karanda; Kasandra Rowe; Karonesa Logan; Margaret Lancaster; Mary Mason; Art Mongillo; Caryn Olivieri; Ramona Anderson; Jared Rodriguez Cortez; Vincent Russo; Sarju Shah; Diana Shaw; Traci Green; Melissa Weimer; Alison Wiser; Karolina Wytrykowska

Recorder: Karen Urciuoli

The October 18th 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 Commissioner Vanessa Dorantes, DCF

Topic	Discussion	Action
Welcome and Introductions	Commissioner Navarretta welcomed all in attendance.	Noted
Review and Approval of Minutes	The October 18, 2022 minutes were accepted as written.	Noted
Syringe Exchange Program	<p>Sarju Shah provided the following report.</p> <p>Legislative Requirements Not later than January 1, 2023, the Alcohol and Drug Policy Council, jointly with the Departments of Public Health, Mental Health and Addiction Services and Children and Families, shall make recommendations to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health, the judiciary and finance, revenue and bonding regarding</p> <ol style="list-style-type: none"> 1. efforts to promote public health, science-based harm reduction, mitigate misuse and the risk of addiction to cannabis and the effective treatment of addiction to cannabis with a particular focus on individuals under twenty-one years of age; 2. the collection and reporting of data to allow for epidemiological surveillance and review of cannabis consumption and the impacts thereof in the state; 3. impacts of cannabis legalization on the education, mental health and social and emotional health of individuals under twenty-one years of age; and 4. any further measures the state should take to prevent usage of cannabis by individuals under twenty-one years of age, including, but not limited to, product restrictions and prevention campaigns <p>State Regulated Cannabis Program There are 37 states, three territories and the District of Columbia that have approved cannabis for medical use, 19 states, two territories and DC have also legalized for adult use cannabis, almost 40% of Americans have access to legal adult use cannabis. In a recent Gallup poll, around 69% of Americans support legalization.</p> <p>Cannabis Workgroup Formed under the Prevention Subcommittee of the Alcohol & Drug Policy Council to:</p>	Informational – the full presentation can be found on the DMHAS ADPC webpage.

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	<p>1. Advise the Statewide Public Education Campaign focused on reaching youth, young adults, parents and trusted adults, pregnant and breastfeeding people, as well as other specific populations</p> <p>2. Inform the Policy and Program Recommendations to prevent cannabis usage by individuals under 21.</p> <p>Stakeholders</p> <ul style="list-style-type: none"> • State Agencies <ul style="list-style-type: none"> ○ Children & Families ○ Consumer Protection ○ Education ○ Mental Health & Addiction Services ○ Public Health ○ Transportation • Regional Behavioral Health Action Organizations • Substance Use Treatment Providers • Research/ Evaluation / Academic • Harm Reduction Providers <p>Workgroup Process</p> <p>Workgroup met over twelve meetings from September 2021 to September 2022.</p> <ul style="list-style-type: none"> • 2 meetings –establish membership, & common understanding of goals, objectives, and relevant information • 3 meetings –rapid deployment short-term high-traffic billboard campaign, and development & selection of vendor for the statewide public education and awareness campaign • 7 meetings –informed of public awareness campaign and members presented on the 6 domains of the policy analysis worksheet. Last meeting to review and begin to formalize recommendations to the ADPC <p>Policy Analysis Process</p> <p>The policy analysis worksheet was crafted of six domains to identify where current and proposed regulations and policies are strong and where there are more specific prevention informed approaches that could be needed or maybe needed. The worksheet was modified to fit the needs in Connecticut. The cannabis workgroup also came up with over 40 different concepts over the process of the last six months and throughout the discovery phase. Additional research was done and discussions occurred to identify this impact and feasibility of some of those recommendations.</p> <p>Public Health and Safety</p> <p>Suggested Recommendation / Policy / Best Practices</p> <ul style="list-style-type: none"> • Create a distinct program modeled after the DMHAS SYNAR Tobacco Prevention and Enforcement Program to: (1) Increase retailer awareness in preventing youth access to cannabis products through a “responsible vendor” training for retailers and their employees. (2) Conduct compliance inspections. (3) Create a secret shopper program. <p>Placement and Access</p> <p>Suggested Recommendation / Policy / Best Practices</p> <ul style="list-style-type: none"> • Recommend limited cannabis establishment hours of operation similar to alcohol establishments. (Monday through Saturday is 8 a.m. until 10 p.m.; 10 a.m. until 6 p.m. on Sundays.) • Recommend signage to inform individuals in shared living facilities such as apartment complexes, condominiums, and other lodging on updates to Clean Indoor Act on smoking or vaping of tobacco, cannabis, hemp. • Recommend education and information dissemination regarding public use of tobacco, cannabis, hemp to reduce youth access. • Recommend supporting school districts to revise tobacco free policies to update and/or strengthen their drug/ cannabis policies to reflect current laws. 	

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	<ul style="list-style-type: none"> Recommend DCP update its policies and procedures under Policies and Procedures Section 21a-421j-33(a)(2)(H) to include a warning on the dangers of exposure to second hand smoke, aerosol and passive consumption required for adult-use cannabis product labels. <p>Products and Potency Suggested Recommendation / Policy / Best Practices</p> <ul style="list-style-type: none"> Reevaluate potency limits should more data become available. <p>Promotions and Advertising Suggested Recommendation / Policy / Best Practices</p> <ul style="list-style-type: none"> Amend Public Act 21-01 to exclude “treatment and services related to treating cannabis disorder” from cannabis services advertisement regulation. Current law identifies facilities which require a buffer zone for advertising including schools, daycares, places of worship, etc. Recommendation is to extend distance requirements to substance use disorder treatment centers as well. <p>Other Considerations Suggested Recommendation / Policy / Best Practices</p> <ul style="list-style-type: none"> Recommend DMHAS lead and support the following activities to support general education and prevention: <ul style="list-style-type: none"> (1) Include retailers on the importance of preventing youth access (2) Support regional trainings for local prevention programs implementing positive youth development strategies (3) Coordinate to align key messaging across state agencies and integration of information and campaign and website. Evaluate awareness and education campaign to understand targeted short-term outcomes (e.g., reach and recognition), intermediate outcomes (e.g., knowledge, attitudes, self-efficacy, behavioral intentions), and ultimate desired outcomes (e.g., cannabis use patterns) <p>Other Considerations – Data & Evaluation Suggested Recommendation / Policy / Best Practices</p> <ul style="list-style-type: none"> Recommend monitoring patterns of use, methods of consumption, source of purchase, number and types of cannabis offenses, and general perceptions of cannabis and its related risk among adolescents and young adult populations. Fund participation in International Cannabis Policy Study to supplement population-based data sources since it is more frequent and data is available sooner. This survey is solely focused on cannabis and largely of cannabis consumers. Recommend utilizing the State Epidemiological Outcomes Workgroup (SEOW) as a means to facilitate and connect with data surveillance bodies across the state that monitor changes in drug use patterns, monitoring hospitalizations and use of health care services related to cannabis, as well as diagnosis of admissions to treatment for cannabis use disorder. Additionally, monitoring of penalties, arrests, prosecutions, distributions or trafficking of cannabis products, including age, race, gender, country or origin, state geographic region and average sanctions of the persons charged. Commission a study to examine the association between density of cannabis establishments with cannabis use over time by youth and young adults. <ul style="list-style-type: none"> - Proximity of outlets to one another should be examined. <p>Public Education Campaign An initial high traffic prevention campaign was conducted right in the beginning, focusing on the laws and making sure people know what is coming. The initial campaign was done by the Clearing House. There is also a larger statewide public education campaign that is coming out. The messaging was informed by research, and is equitable, has inclusive language. It is really about educating the audiences about the Connecticut laws and some of the health effects of cannabis</p>	
<p>Report and Call for Commentary to the ADPC from the Cannabis</p>	<p>Robert Lawlor and Traci Green provided the following report: Community Drug Checking Programs with Streetcheck in Massachusetts, Connecticut, & Vermont - A Police Community</p>	<p>Informational – The full presentation including</p>

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<p>Workgroup</p>	<p>Public Health Partnership with the Overdose Response Strategy, New England High Intensity Drug Trafficking Area (ORS/NEHIDTA)</p> <p>Drug Supply</p> <ul style="list-style-type: none"> • Drug supply is a major determinant of drug related death • Knowing a drug's content informs public health and public safety responses • Only known after a death, hospitalization, arrest, and often way too late to be informative • A strategy that boosts samples to toxicology and forensic labs risks overwhelming and delaying an already taxed and critical structural lab system • Field-based tool exist and people can be trained to use them <p>Why Do Drug Checking</p> <ul style="list-style-type: none"> • Improves safety of the drug supply (Evidence: European, darknet studies) - Decreases violence in drug transactions Improves consumer knowledge and confidence Increases safety of supply (fewer unsafe adulterants/cuts, increases purity) Stabilizes market • Provides an opportunity for empowerment, health promotion, and consumer behavior change (Evidence: Fentanyl Test Strip studies) - Promotes health and dignity of people who use drugs. With knowledge and interaction with harm reduction staff, people can change behaviors • Engagement tool for new, hard to reach populations (Evidence: RIZE MA evaluation, Peiper et al.) <p>Community Drug Checking</p> <ul style="list-style-type: none"> • Monitoring the illicit drug supply in partnership with public health and public safety is feasible • Trends detected through illicit drug supply monitory are meaningful for public health and public safety, and may be important for clinical practice • Disseminate results/detected trends more quickly to consumers, communities, and other stakeholders • Triangulate and validate trends and alarms with existing systems; syndromic surveillance (hospitals/EDs), drug seizures, medical examiner, media mentions • Community drug checking focuses on supply effects for people using drugs <p>Community Drug Checking Overview</p> <ul style="list-style-type: none"> • Collect sample from community partner/police department and gather situational and subjective information • Scan sample with FTIR (on-site), test with fentanyl test trips (on-site), send for GC/MS confirmation testing (off-site) and review by medical toxicologist • Report out findings to partners, communities and the state <p>Community Partner Leads, Public Safety Supports</p> <ul style="list-style-type: none"> • Community partner responsibilities <ul style="list-style-type: none"> • Site has FTIR and does own scanning • Sends out for confirmatory testing • Receives Brandeis team Technical Assistance • Brandeis team analyzes, community partner disseminates info • Public Safety responsibilities <ul style="list-style-type: none"> • MOU/memo reflecting support of program in community • Review reports and disseminate to internally, other first responders, to stakeholders • Optional opportunity to provide "for destruction" samples for testing <p>Process</p> <ul style="list-style-type: none"> • Collect sample from participants/police departments • Talk to the donor/review the case file to learn more! 	<p>data can be found on the DMHAS ADPC webpage.</p>

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	<ul style="list-style-type: none"> • Input data and receive results with the community designed Streetcheck application • Test on site for preliminary, send out for complete testing • Test with tools, interpret with care 	
Sub-Committee Reports		
<ul style="list-style-type: none"> • Criminal Justice 	<p>Barbara Lanza provided the following update:</p> <ul style="list-style-type: none"> • This committee continues to meet on a monthly basis. Over the last two months, they had a couple presentations. The first presentation was from the Connecticut River Comprehensive Overdose Engagement Project. Through that grant, they provide services such as prevention and response, which includes working with post overdose outreach, following up with survivors of family members and family members and survivors, overdose outreach and trying to reduce the stigma by education. Harm reduction is also provided, which includes targeting naloxone distribution and enhancing substance use disorder resources and services via a van. Access to treatment. Is also a part of the grant, which is connecting individuals to treatment and MAT services, providing referrals and support to decrease barriers to substance use and access treatment. Those services are provided in in the Middlesex County and Connecticut River Valley. • Bobby Lawler provided an overview of the launching of the drug checking initiative, which we just heard about. • This committee was introduced to Julia Horan, who is an employee of the CDC. She is working at the Connecticut Department of Corrections and her role is to work as a care coordinator. She will be working on linking families of discharging offenders to overdose awareness information and resources in the community. She will also be working with the DOC Narcan coordinator and she will also be a support to us on the ADPC Criminal justice subcommittee. • MAT continues to be provided in 10 of the facilities, methadone is offered in those facilities and Suboxone is offered in a subset of those facilities. They are continuing to roll out Suboxone in additional facilities in the future. • With regard to the early morning screening initiative, they will be having a presentation on the outcomes next month. They are seeking to expand their contract that expired September 30th. They are looking for additional funding for an additional two years. • Two sub workgroups have been formed. The first one is recovery coaches and the criminal justice population and the second group is to evaluate and review training requirements of criminal justice professionals. That will include looking at police, probation, parole, DCF and DMHAS forensic subcommittees to look at what training are available, are there gaps in services, are there things that need to be updated. Literature and substances change over time so these two committees were formed. Several people have volunteered to participate and the initial meetings have already been scheduled. Will continue to update on the advancements of the two new groups. 	Informational
<ul style="list-style-type: none"> • Recovery and Health Management 	<p>Sandy Valentine provided the following update:</p> <ul style="list-style-type: none"> • This committee took the month of August off, but had the pleasure of meeting in person at UCONN's Hartford campus in September with some reporting virtually during the session. The focus was on what the key priorities were for this group over the coming fiscal year and immediately focusing in the work around recovery friendly campuses. This group hopes to present a full recommendation to this council in an upcoming meeting. • Leveraging input that was conducted via focus groups over 2021 as well as the April 8th building Recovery Friendly campuses event that was held, will be sharing a toolkit that's very complementary to the recovery friendly communities and the recovery friendly workplace efforts. Had presentations from members of the Recovery Friendly Workplace Group as well as presenting recovery friendly campuses to that group. Working together and seeing where efforts can be combined in addition to reaching out to some Connecticut campuses to become recovery friendly workplaces as well. • Looking into some of the key legislation for college campuses that might be supportive or maybe an opportunity for refinement at a policy level and that includes Edgar Part 86, which requires a documented campus wide substance 	Informational

Topic	Discussion	Action
	<p>prevention plan and also looking at the opioid overdose prevention and awareness policy. Hoping to be able to tag along recover friendly campus work with some of that legislation to make it clearer.</p> <ul style="list-style-type: none"> • Had the privileged to have an overview from Jamie Lacurto and Gianna Bracy from the Child at Health in Development Institute on Project Aware, which was all about their efforts on advancing wellness and resilience and education, which tied in nicely to what this group has been working on. 	
<ul style="list-style-type: none"> • Treatment 	<p>Maria Coutant-Skinner provide the following update:</p> <ul style="list-style-type: none"> • Took the month of August off from meeting. Met virtually in September. • Continue to look at the time between when somebody meets criteria for a substance use disorder, when they first get involved in treatment, when they achieve recovery and then remission, and how do we make sure to lower the barriers, increase access, reduce harm and take the best care of people to keep them alive during that very significant length of time. Had a presentation from Liz Evans who talked about the history and efficacy of safe consumption sites. She talked about Vancouver's healthcare system and their four pillars strategy. Harm reduction was written into that policy and was an important step towards safe consumption sites and reducing overdose deaths. Have been looking at stabilization and engagement centers and looking at crisis care as well as safe consumption. Gathering a lot of data and being really encouraged by what they are seeing. Will continue to update with next steps. • Thanked Bobby Lawlor for his continued support of this council and it's subcommittees by always being available to provided updates/presentations. • Congratulated Mark Jenkins for being the recipient of the National Harm Reduction Coalition Dan Bigg Any Positive Change award. 	Informational
<ul style="list-style-type: none"> • Prevention, Screening and Early Intervention 	<p>Allison Fulton provided the following update:</p> <ul style="list-style-type: none"> • In September, they had their quarterly updates on all of the federal grants. A lot of time in the September and October meeting was devoted to the Cannabis work group information, all the data gathered, and all of the policy recommendations. They also, in September, had a very lengthy discussion about Naloxone which led to today's recommendation. During October's meeting they had a MOUD presentation from Debra Daniel from the Department of Corrections. It was very thorough, really interesting, and highlighted the positive changes going on at DOC. • This group recently learned of was a new award at DMHAS, the Partnership for Success award was a federal award and will be focusing on underage drinking prevention at targeted communities. The RFP has not gone out yet, however, Stephanie Welch provided an overview of that. • There have been a number of discussions around access to naloxone, and recognizing that this it is just one more tool in our way of reducing the number of drug related deaths in the state. It's not the end all and be all, but it is a method that's been saving lives and we've really put a lot of very concerted, organized coordinated efforts in getting it into the hands of people who need it. It's been a few years since we started to distribute it, and so the group was talking about who's training, who's doing the training, who's distributing it?, and is there a consistent manner in which we're educating people on how to administer naloxone? And what happens if somebody's under 18? All of which led to the following recommendation. <p><i>Convene a Naloxone Workgroup of the Prevention Subcommittee to research and develop policy and program recommendations that increase public awareness of naloxone as a lifesaving medication, establish standard minimum training requirements, eliminate barriers, and improve access to naloxone statewide. Review current policies and practices to determine their effectiveness; and identify and recommend new policies and strategies.</i></p>	Informational

Topic	Discussion	Action
Other Business	Commissioner Dorantes would like to think about future meetings, and how to elevate or highlight what DCF has been seeing. The Office of the Child Advocate has also been paying close attention to fentanyl ingestions by children. The other piece to think about is the impact to children following overdose deaths of parents. Brendan Burke from the Office of the Child Advocate reported on this in their annual report that came out a couple weeks ago. In 2021, there were six children under the age of two that passed away from fentanyl intoxication. It is very concerning when you think about how kids may have access to substances that are lethal. There are also children who have been treated with naloxone in the field and have survived those incidents. For those of you who have information that might lend itself to a broader discussion related to this particular topic, we will continue to discuss the data and prevention activities put in place.	Noted

NEXT MEETING – Tuesday, December 20, Video Conference Call through TEAMS

ADJOURNMENT – The, October 18, 2022 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.