ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, December 15, 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; John Doyle, DOC; Marcia DuFore, John Kissel Designee; Shayne Ember, Wheeler Clinic: David Fiellin, Yale; Tammy Freeberg, Village for Families and Children; Ingrid Gillespie, CT Prevention Network; Matthew Grossman, Yale; David Guttchen, OPM; William Halsey; Mark Jenkins, GHHRC; Shawn Lang, AIDS CT; Nancy Navarretta, DMHAS; Gerard O'Sullivan, Dept. of Insurance: William Petit, Legislator;Gary Roberge, Judicial; Gregory Shangold, Windham Hospital; Judith Stonger, Wheeler Clinic; Scott Szalkiewicz, DCP; Sandra Violette, DOC; Toni Walker, Legislator

Visitors/Presenters: Alixe Dittmore; J. Dewitt; Nathaniel Rickles; Luiza Barnat; Margaret Lancaster; Deborah Daniel; Arthur Mongillo; Carmen James; Katherine LaWall; Allison Fulton; Zachary Green; Mary Phalstaf,; Melissa Sienna; Julienne Giard; Cheri Bragg; Danielle Ebrahimi; Ramona Anderson; Carol Meredith; Shobha Thangada; Robert Heimer; David Kaplan; Robin Tousey-Ayers; Amy Carter; Anuja Dhungana; Ines Eaton; Eli Mikael Chatah; Natalie DuMont; Sean Bradbury; Carol Bourdon; Erin Mulhern; Ana Gopoian; Sandy Valentine; Brian Foley; John Simoncelli; Justin Mehl; Christopher Burke; Thomas Fulton; Lauren Siembab; Christine Rodriguez; Gabriela Krainer; Ece Tek; Joanna Keyes; Kara Sepulveda; Andressa Granado; Kelvin Young; Mary Milam; Phil Valentine; Lisa Gray; Rick Brooks; Marsha Murray

Recorder: Karen Urciuoli

The December 15th 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.

Topic	Discussion	Action
Welcome and Introductions	Commissioner Delphin-Rittmon welcomed all in attendance.	Noted
Review and Approval of Minutes	Minutes were reviewed and approved as written.	Noted
New Council Member: Tammy Freeberg from The Village	Commissioner Delphin-Rittmon and Commissioner Dorantes welcomed Tammy Freeberg to this committee. Tammy works for the Village for Families and Children and represents child and family service providers on the Council .	Noted
Overview of Academic Detailing	Nathaniel Rickles, PharmD, PhD, BCPP Associate Professor of Pharmacy Practice UConn School of Pharmacy provided the following report. What is Academic Detailing? • An interactive educational outreach to physicians to provide unbiased, non-commercial, evidence-based information about medications and other therapeutic decisions, with the goal to improve patient care. • Based on effective communication/ behavior change/marketing approaches used by pharmaceutical industry sales representatives to increase use of products. Why Academic Detailing? • Difficulty to manage large volumes of drug information • Challenges with large group presentations and attention of audience • Need for information to be tailored to medical practices • Systematic overviews (Cochrane) cover selected fields, but are lengthy and hard to wade through – may not be recently updated • Important findings are not in journals – FDA alerts, 'Dear Doctor' letters – important trial data presented at clinical meetings Evidence for Academic Detailing • High rates of physician acceptance rate from 1:1 calls to physicians (Avorn & Soumerai, NEJM 1983) • Significant 14% reduction in inappropriate prescribing (Avorn & Soumerai, NEJM 1983)	Informational – The full PowerPoint presentation can be found on the ADPC webpage.

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	• Benefit-cost analysis based on actual expenditures: saved $2 for every dollar spent (Soumerai & Avorn, Medical Care 1987) • Significant reductions in inappropriate medications in nursing homes & improved patient memory (Avorn et al., NEJM, 1992) • Cochrane Review (2007) 69 studies evaluated educational outreach visits and found these visits, overall, improve the care delivered to patients. Steps in Academic Detailing • Introduction – Who you are, why you are at visit, how you can assist • Needs Assessment – How do you deal with opioid misuse and overdose prevention and monitoring in your practice? • Key Messages/Features/Benefits – Are a limited number of important points that are relevant, compelling and succinct, and are generally specific practice recommendations. – Illustrates why topics are critical for clinician's practice, emphasizes both key characteristics and benefits of the target behavior • Understanding Barriers and Enablers – Anticipate potential challenges (barriers) to message acceptance and how to overcome concern (enablers) – Resistance due comfort with current practices that seem to work in most cases/ not seeing the benefits of change. – Feel change will have negative effects on practice (workflow, time, difficult patient encounters, etc.) – Lack of understanding of what is needed and the confidence/time to engage in change. • Identifying and Handling Objections – Manage different types of objections- clinician stalling decisions (stalls), not sure (on the fence), indifferent to change, and stops (clear objections based on evidence/expert opinion) • Summary – Overview of key messages that the clinician agreed, and a general sense of where the conversation concluded. – Check to make sure that the key concerns have been covered. – Answer questions and avoid repeating messages not well received. – Allow the clinician to take ownership of the change and visualize how it might be implemented. • Close – Set up a future appointment and highlighting topics for next visit Academic Detailing on Opioid Safety (ADOPS) • Prescribers and pharmacists have been inconsistent in their use of Connecticut Prescription Monitoring and Reporting System (CPMRS).1-4 • There is a clear need to continue to promote opioid safety to CT prescribers and pharmacists such as through greater use of the CPMRS, naloxone prescribing and dispensing, and timely referral for Medication-Assisted Treatment (MAT) Opioid Use Disorders. The involvement of health district staff is an untapped resource that could also help bridge local prescribers and pharmacies to their health districts on critical topics such as opioid safety. • We have trained 9 health district staff in academic detailing (involved districts: North Central District Health Department, East Shore District Health Department, Torrington Area Health District, Ledge Light Health District, Uncas Health District). • Two modules have been developed: 1 on the CPMRS and 1 on Naloxone. Both have been approved for 1.5 hours of	

Topic	Discussion	Action
	continuing education credits for pharmacists and prescribers. Another has been recently developed on MAT. • Detailing packets have been provided to each detailer along with portfolio cases, pens, and other small gifts. Packets include: a letter describing the project, an action plan to use to guide and track visits, flyer to promote project, prescriber/pharmacist resources for to use on each module, and information resources to distribute to patients. Detailers were also given flash disks of all content to give each person detailed and for themselves. ADOPS Implementation & Results • Detailers started detailing in November 2019. the detailers have completed modules on approximately 12 prescribers and 9 pharmacists (as of this past summer 2020). • COVID-19 created delays given restrictions. All current detailers have been provided materials on how to conduct virtual visits and several detailers attended webinars held by the National Resource Center for Academic Detailing (NaRCAD) on best practices on how to conduct virtual visits. 1-2 detailers have conducted visits virtually and shared their positive experiences with the project team. • We have also conducted interim analyses of data from the action plans, and prescriber and pharmacist evaluation data. Responses very positive reflecting knowledge gained during visits, positive experiences during visits, and identification of key concerns around CPMRS and naloxone use. Pharmacist Survey Responses (n=8) • On a scale of 0 to 10 with 0 being not likely and 10 being extremely likely, how likely are you to CONSISTENTLY use the Connecticut Prescription Monitoring and Reporting Program (CPMRS)? Mean= 9.75 • On a scale of 0 to 10 with 0 being not likely and 10 being extremely likely, how likely are you to CONSISTENTLY identify patients needing naloxone and either prescribe or recommend prescribing of naloxone? Mean 8.0. • Have qualitative data/comments on CPMRS, naloxone, and other aspects. Prescriber Survey Responses (n=8) • On a scale of 0 to 10 with 0 being not likely and 10 being extremely likely, how likely are you to CONSISTENTLY use the Connecticut Prescription Monitoring and Reporting Program (CPMRS)? Mean= 9.7 (n=7) • On a scale of 0 to 10 with 0 being not likely and 10 being extremely likely, how likely are you to CONSISTENTLY identify patients needing naloxone and either prescribe or recommend prescribing of naloxone? Mean= 8 (n=7) • Have qualitative data/comments on CPMRS, naloxone, and other aspects. • Prescribers were asked to complete a knowledge assessment across both the CPMRS and Naloxone modules and all 7 respondents got the correct answers on 4 of the 6 questions. One of the questions one person got an incorrect answer and another question two individuals got incorrect answers. Conclusions • ADOPS appears to be feasible to implement and received thus far positive evaluations. • Feasibility is partly due to bringing the education to the busy clinicians and it being 1:1. The program's infrastructure ensures fidelity to the education process. • There might be consideration of applying academic detailing concepts to other agency initiatives. We are exploring the expansion of the program to other health districts. • ADOPS may also be a useful approach that can be used as a requirement of a plan that may reduce the extent of disciplinary actions against a licensee related to high risk dispensing and/or prescribing.	
Update from Hartford Harm Reduction – SUD During the COVID Pandemic	Mark Jenkins, Executive Direction, Greater Hartford Harm Reduction Coalition (GHHRC) provided the following report. GHHRC Mission • The Greater Hartford Harm Reduction Coalition (GHHRC) is dedicated to promoting the dignity and wellbeing of individuals and communities impacted by drug use. Through advocacy, training and service, GHHRC aims to ensure the availability, adequacy, accessibility and acceptability of services and resources that remediate the adverse	Informational – The full PowerPoint presentation can be found on the ADPC webpage.

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	consequences of drug use. Basic Principles • We are dedicated to serving the most vulnerable in our communities • Basic principles of harm reduction "meet people where they are at" • We are different things to different people depending on the level of their need GHHRC Programs/Services • "557 The Drop" (Drop-in Center) • 559 Meeting, Testing and Program space (DPH OSATx License pending) • Mobile-1 Outreach Fleet: 1 RV (MAT resources); 2 Outreach Vans • 28 Grand Street (Resource Center / HQ): Homeless Outreach; Cold Weather Shelter (Best Western Hotel); Syringe Outreach Response Team (SORT) • Rovers: Onboard all Mobile-1 vehicles; Low threshold access to harm reduction best practices • Food/PPE Distribution: 500 lunches / week; Carter Cares Bulk food collaboration Some of the Services Offered: • Shelter/housing referrals; Questions about substance use/abuse/Opioid Use Disorders; Provide treatment; referrals/transportation; Syringe exchange; Condoms/safe sex kits/lubricants; Specialty condoms "Magnum, Rough Ryder, Non lubricated Flavors; Safe crack use kits/ supplies; Wound care and safe injection techniques; HIV/HCV screenings; Narcan/Naloxone; Overdose prevention training; Assistance obtaining Identification; Syringe Outreach Response Team (SORT) Programs: "557 The Drop" • September 2018: Greater Hartford Harm Reduction Coalition, Inc. (GHHRC) has operated "557 The Drop" • The Drop: a low-threshold drop-in center developed to engage and provide harm reduction services to at-risk individuals in Hartford "557 The Drop" – Overview • Our average Monday-Friday traffic at "The Drop" was running between 75-110 visits per day, and 35-50 on weekends • Due to physical restrictions we are only able to accommodate approximately 25-35 people per day, primarily for exchanges "557 The Drop" – Impact • Aug-31-2018 - Aug-31-2019 o 12,819 visits o 642 new intakes o 74 referrals resulting in admission and/or transportation to TX. o 3683 SSP transactions o 2119 Safer crack kits o 400+ Safer Sex kits/ 16k+ from open dispensers o 3489 uses of OPS bathroom o 440 Naloxone kits "557 The Drop" – Safe Spaces • Most importantly we are a "safe space" & overdose prevention site. • We are not a "SIF," as SIF's are illegal • Responding to reality that many public consumption spaces include businesses like McDonald's, Burger King, Dunkin' Donuts, Starbucks and your local library o These spaces are unsupervised and as a result have seen many unnecessary deaths occur in these and other	

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	locations COVID-19 Response – Evolving Service Delivery • GHHRC sought formal approval by the CT Department of Community and Economic Development as an organization that delivers "essential services" • While the premium on physical/social distancing has altered our services delivery significantly, there has been a notable increase in the demand for our services over the last several months COVID-19 Response: A Changing Landscape • Since the onset of the pandemic and the resulting local restrictions, we have had to take" Standing in the Gap" to a whole new level. Programs: The Resource Center @ 28 Grand Street • Recently added homeless street outreach programming • Homelessness prevention partnership w/ South Park Inn, includes providing programming space, with plans to add Rapid Re-Housing component soon • Weekly OEND (Overdose Education Naloxone Distribution) trainings to the public • Rover distribution center • Harm reduction supply depot Programs: • GHHRC Rover - We have been developing this model for the past three years, attending various community, town and Mayoral task force meetings to introduce HR best practices in community settings. Placed them in CBO's, FQHC's, clinics, volunteer's cars • Food Distribution - Collaboration with the House of Bread allowing us to use their space to produces 500+ sandwiches per week. • COVID-19 Response – Educational Materials • COVID-19 Response – PPE Kits • COVID-19 Response – Food Distribution - Since the start of the pandemic, we have expanded our capacity to become a food provider literally given out tons of food. Partnership w/ United Health at onset of pandemic (500 breakfasts & 500 lunches / week). Transitioned into our own sandwich operation in partnership w/ HOB, still distributing 500 sandwiches/week • COVID-19 Response – SORT - Lots of drug waste, in spaces normally not encountered. • COVID-19 Response – Cold Weather Shelter - Best Western 22 beds targeting vulnerable & older adults (60+), December 1 – March 31. Rover stationed at Best Western	
Sub-Committee Reports		
• **Prevention, Screening and Early Intervention**	Judith Stonger provided the following report: • Media, stigma and substance use workgroup held a very successful forum last Thursday called The Power or Media, Changing the Narrative on Substance Use, there were 48 participants, many were from media, and communication organizations. The workgroup will meet in January to discuss next steps and how to continue this work. • Workplace policies workgroup - this work is essentially done, they talked about the recovery friendly toolkit at their last meeting, the toolkit is available at drugfreect.org. People continue to use the toolkit. There may be some funding available for incentives to incentivize some businesses to implement the recovery friendly toolkit as well. • Substance exposed infants and fetal alcohol spectrum – a conference is planned for healthcare professionals in April 2021; they presented to the women's legislative caucus in October; will continue to collaborate on legislation. • The change the script mobile resource van is out and about, it was at 26 events in the fall providing information on opioids and other substance use prevention. Currently the change the script messaging running on streaming services	Informational

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	such as Hulu • Quilt Folk Magazine contacted us a few months ago and said they wanted to feature the CT quilting project in their next magazines. There is a digital remembrance quilt on drugfreect.org for people that can't get together to make a physical quilt. • DMHAS was awarded a 3 month no cost extension for its partnership for success grant that ended in September, funds will be used to develop a campaign regarding alcohol use during the pandemic. It will build on a current campaign called Let's Mention Prevention and will be used to support campus efforts on college universities across the state to conduct focus groups to inform the campaign messaging. • The governor's prevention partnership is hosting a virtual forum regarding home delivery of alcohol and some of the risks that poses for youth. The forum will be archived and available for viewing later. • The CCAR ORCA projects continues to go well, building community by providing service opportunities to people in recovery and others with a focus on cleaning up our oceans, beaches and waterways. • This subcommittee serves as an advisory committee to serval grants, they provided a report out yesterday. • There will be a change in leadership for this subcommittee, Allison Fulton, Executive Director of the Western CT Coalition will be replacing Ingrid Gillespie as this subcommittee's co-chair. Ingrid was thanked for all her contributions to this subcommittee and the full council. Ingrid will continue as a member of this subcommittee.	
• **Treatment**	Maria Coutant-Skinner provided the following report • Looked at committee membership, asked for a recommitment from subcommittee members, some members elected to drop off, and new committee members were found. • Been having discussion about the increasing opioid overdoses and how we can expand the state's understanding of an employment of harm reduction strategies for people not yet ready for treatment, as well as across the service system and developing a toolkit for harm reduction. Harm reduction conversations have to happen and need to be integrated through all the stages of change and harm reduction conversations need to be normalized. Dr. Atkins will provide a presentation at the next full council meeting regarding harm reduction. • Continue to discuss fentanyl use and being able to test for that. • Continue to discuss social justice and health disparities as it relates to minority populations as it relates to treatment and care.	Informational
• **Recovery and Health Management**	Jennifer Chadukiewicz provided the following report: • Met virtually in November and December • Welcomed two new members to their subcommittee, Calvin Young and Lynette Stokes • The Recovery Friendly Campus Initiative Workgroup – is building on the DMHAS Prevention unit healthy campus initiative by supporting the development of the recover friendly campus rubric. UCONN continues to deploy the recovery ally training program. • Recovery Friendly Community initiative – work continues with individual towns reaching out to members to initiate a recovery friendly initiative. Conversations have picked up in the last year. RBHAO's are also beginning to initiate conversations with individual towns within their regions with support from this subcommittee. • Recovery Friendly Employer Initiative – this subcommittee continues to contribute and support this initiative, which is a DOL and DMHAS and Prevention subcommittee working group. • This subcommittee is devoted and interested in supporting every commission and agency initiative having to do with recovery friendly initiatives. • Recovery Employment Program – Middlesex Chamber of Commerce has initiated this, Charles Mitchell provided a report to this subcommittee about the initiative. Will provide a report to this council in the future. • A formal decision was made to revisit the language document and reissuing it.	Informational

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	• Subcommittee is officially more than 50% people in recovery representing this subcommittees messaging.	
• **Criminal Justice**	Sandra Violette provided the following report: • Have new members, individuals with lived experience have joined along with representation from primary care providers. • The police subgroup has formed, they have been able to apply for a grant, the grant will enhance collaboration between mobile crisis services and local police departments and will provide access after-hours from 5:30pm to 8:30am. **The following recommendation was put forth for approval:** Enhance access to the ATM model to a targeted population of youth and young adults who are transitioning out of the Department of Correction and/or who are under the supervision of the Juvenile/Adult Probation. Provide information to referral sources and develop an effective referral process that meets the needs of the clients. Referral sources will be educated on the specialized programming available through ATM with an emphasis on services not currently available through the Department of Correction or the Court Support Services Division contracts. Examples of these services include Recovery Management Checkups and Support (RMCS) and 12-month post discharge client and family support. While the Department of Correction and Court Support Services Division already offer MAT at several of their facilities and are connecting inmates with MAT services post discharge, the utilization of ATM will expand the continuum of services for youth and young adults. The focus will be on client centered recovery services to reduce opioid use and commonly associated substance use problems.	Informational
Discussion regarding year in review and SUD/OUD and suggestions for Council follow up in CY 2021		Tabled to February 15, 2021 meeting.
Other Business		

NEXT MEETING – Tuesday, Tuesday, February 16, 2021, Video Conference Call Through TEAMS
ADJOURNMENT – The December 15, 2020 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.