

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, December 21, 2021
Video Conference Call through Teams
10:00 a.m.

ATTENDANCE

Members/Designees: Jennifer Chadukiewicz, CCAR; Maria Coutant Skinner, McCall Center; Shayn Ember, Wheeler Clinic; ; Katie Farrell, Public Defender; Tammy Freeberg, Village for Families and Children; Allison Fulton, CT Coalition; Ingrid Gillespie, CT Prevention Network; Matthew Grossman, YNHH; William Halsey; Mark Jenkins, GHRC; Barbara Lanza, Judicial; Justin Mehl, DMHAS; Nancy Navarretta, DMHAS; Gerard O’Sullivan, DOI; Dr. William Petit; Sandrine Pirard, Beacon; Surita Rao, UCONN; Gary Roberge, Judicial; Kris Robles, DCF; Scott Szalkiewicz, DCP; Sandra Violette, DOC;

Visitors/Presenters: Andressa Granado; Anna Gasinski; Luis Arroyo; Luiza Barnat; Kyle Barrette; Robert Lawlor; Carol Bourdon; Cheri Bragg; Rick Brooks; Heather Clinton; Deborah Daniel; David Borzellino; David Kaplan; Deborah Lake; Ines Eaton; David Fiellin; Gina Florenzano; Brian Foley; Gabriela Krainer; Julienne Giard; Zachary Green; Robert Heimer; Heather Hoynes; Kim Hriceniak; Jennifer Kolakowski; Joe Lindbeck; Julia Einhorn, Kara Sepulveda; Kim Karanda; Lisa Gray, Karonesa Logan; Lyne Stokes; Michael Makowski; Rodrick Marriott; Alice Martinez; Mary Milam; Karen McComb; Art Mongillo; Erin Mulhern; Scott Newgass; Nicole Hampton; Shelly Nolan; Shauna Pangilinan; Callyn Priebe; Diana Shaw; Shelly Nolan; Melissa Sienna; Janessa Stawitz; Suzanne Doyon; Shobha Thangada; Robin Tousey-Ayers; Sandy Valentine; Colleen Violette; Wende Cooper; Russell Wininger; Alison Wiser; Yashira Pepin

Recorder: Karen Urciuoli

The December 21st meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Interim Commissioner Navarretta, DMHAS. The meeting was co-chaired by Kris Robles, DCF.

Topic	Discussion	Action
Welcome and Introductions	Interim Commissioner Navarretta welcomed all in attendance.	Noted
Review and Approval of Minutes	Minutes were reviewed and approved as written	Noted
Moment of Silence in Memory of Charles Atkins, MD	A moment of silence was held in remembrance of Dr. Charles Atkins, a longtime member of the ADPC that recently passed away.	Noted
Results of Vote	The following recommendation presented by the Prevention Subcommittee Recommendation at the October 2021 meeting was approved. Use the established Cannabis Workgroup of the Prevention Subcommittee to advise the public education campaign and the policy and program recommendations to prevent usage by individuals under age 21, which will be due to the Governor and General Assembly in January 2023.	Noted
Update from HIDTA: Fentanyl and Cannabis	Robert F Lawlor Jr, CT HIDTA provided the following update: A situational awareness was sent out in November reporting a positive test for Fentanyl in marijuana. Beginning in mid-July The CT ORS and the Connecticut Department of Public Health, Office of Emergency Medical Services received reports of overdose patients who exhibited opioid overdose symptoms and required naloxone for revival. These patients denied any opioid use and claimed to have only smoked marijuana. As the number of reports grew, the CT ORS started to conduct outreach to police departments to see if they have any marijuana samples from similar scenes in their districts that can be seized and sent to the state forensic lab in Meriden for testing and confirmation. From July 1 st through October 26 th there were a total of 39 incidents where only marijuana use was reported but naloxone was required. In early October 2021, Plymouth, CT had several overdose incidents where naloxone was required for revival and patients claimed to have only smoked marijuana. At one of these overdose scenes, Plymouth Police Department was able to secure a sample of the marijuana for testing at the state laboratory. The Connecticut Department of Emergency Services and Public Protection, Division of Scientific Services Forensic Lab confirmed that the sample of marijuana obtained by Plymouth Police Department tested positive for Fentanyl, this was also confirmed by the DEA lab in New York. The State of CT Forensic lab was asked to go back to all plant marijuana samples submitted to the lab	Informational

Topic	Discussion	Action
	<p>from July 1st to the end of November and make sure that there were no other positive Fentanyl tests, there were 75 samples and other than the one positive in Plymouth, all the rest were negative for Fentanyl. The SWORD committee conducted a deeper dive into the 39 cases reported from 7/1/21 to 10/26/22 and found that in most of the 39 cases the overdose victim also had a prior opioid history. This gives an indication that maybe it wasn't just the marijuana that caused some of these issues and that there are probably some other things going on. The chemist from the DEA that tested the positive sample indicated that based on their experience, the marijuana could have been stored in a container that was previously used to store Fentanyl or an opioid that contained Fentanyl. In addition, one concern lately has been vaping, there have been a couple of incidents in vaping overdoses. The forensic lab received 7 vaping cartridges including the ones from the latest Norwalk incident, none of them contained fentanyl, 3 contained nicotine, 3 contained Delta 9 THC and 1 contained Delta 8 THC in it.</p>	
Mobile Opioid Treatment Programs (OTPs)	<p>Gina Florenzano provided the follow report:</p> <p>Methadone System of Care in CT</p> <p>Opioid Treatment Programs (OTPs)</p> <ul style="list-style-type: none"> • Methadone Maintenance programs • Withdrawal Management programs if utilize methadone protocol • 21,903 individuals served in 2020 • 50 OTPs in CT <ul style="list-style-type: none"> • 11 withdrawal management programs • 32 methadone maintenance clinics <ul style="list-style-type: none"> • 1 located in VA • 7 OTPs located within DOC facilities (6 PNP, 1 DOC) • 7 provisional certifications (under 1 yr. in operation) <p>OTP Regulatory Standards</p> <ul style="list-style-type: none"> • Verification of Opioid Use Disorder • Physical examination at admissions, annually • A minimum of 8 toxicology screens a year • A minimum of 1 clinical contact a month (individual, group) • One dose a month must be administered at the clinic • Individuals have the ability to decrease daily visits to the clinic over time. • Take Home Bottles (THBs) can be earned based on the 8 point criteria standards <p>Impact of COVID 19</p> <ul style="list-style-type: none"> • Increased flexibilities granted regarding THBs based on the OTP Medical Director's discretion • Up to 14 THBs for individual less stable in treatment • Up to 28 THBs for stables individuals or individuals most at risk based on pre-existing medical conditions • Allowed for the OTPs to manage daily client flow and maintain social distancing guidelines • Allowed for the clinical contact via telehealth (this did not apply for the initial MD assessment) <p>DMHAS Oversight</p> <ul style="list-style-type: none"> • State Opioid Treatment Authority (SOTA) • Site Visits <ul style="list-style-type: none"> • Components include clinical chart review, physical space evaluation, client focus groups, data reconciliation, critical incident management • Tasked with ensuring compliance with the Federals Regulations (includes WM programs) • Contractual compliance monitoring for all OTPs receiving DMHAS grant funding <p>Current Barriers</p>	<p>Informational</p>

Topic	Discussion	Action
	<ul style="list-style-type: none"> • Transportation • Expectation of daily dosing during stabilization • Varying philosophies from providers regarding harm reduction • Geographic locations • Providing services while meeting all regulatory standards (DEA, SAMSHA, DPH, DMHAS) • Challenges in coordination of services while in residential setting (Skilled Nursing Facility, Substance Use Residential Treatment) <p>Mobile Narcotic Treatment Programs</p> <ul style="list-style-type: none"> • DEA released guidance on 6-28-21 regarding a change to federal regulations to allow mobile NTPs • This “final rule” was effective 7-28-21 • Any registered NTP (aka OTP) can apply to operate a mobile NTP under the registration of a brick and mortar location • The mobile NTP must return to the “home” location daily • Mobile NTPs must operate within the borders of State • The goal is to increase access to methadone as well as all formulations of medication for opioid use disorders (MOUD) for maintenance and withdrawal management • Outlines specifics regarding diversion control and contingency planning <p>Next steps for CT</p> <ul style="list-style-type: none"> • Collaboration between State Partners (DMHAS, DPH, DCP, DSS) • Program monitoring • Identify standardized practices, expectations & regulations • Identify new potential geographic locations • Exploring use of Mobile NTPs to provide methadone to SUD Residential and/or Skilled Nursing Facilities (decrease methadone stored in facilities) • Maintain focus on the DEA guidance while expanding access to MOUD 	
<p>Recovery Friendly Campus: UCONN</p>	<p>Sandy Valentine and Zachary Green provided the following presentation:</p> <p>What do we know?</p> <ul style="list-style-type: none"> • Half a million college students identify as being in recovery from alcohol or other drug use • 30.4% of college students have received psychological or mental health services in the last 12 months • Less than 5% of US universities offer collegiate recovery support <p>What makes a campus recovery friendly?</p> <ul style="list-style-type: none"> • Campus Leadership <ul style="list-style-type: none"> • Student Government and University President agree to develop a recovery friendly campus. • University identifies a recovery “champion”. • Students in recovery are acknowledged as a marginalized community. • Key Department Buy-in <ul style="list-style-type: none"> • Student Activities hosts recovery-friendly activities and events. • Schools/Colleges adopt recovery-friendly language into their curriculum. • Recovery Ally training and education around mental health and wellness, including stress reduction and positive coping skills is offered. • Alternative peer groups in place for students in or seeking recovery. • Community and Campus Attitudes <ul style="list-style-type: none"> • Campus departments are open to hiring people in recovery. 	<p>Informational</p> <p>The full report that includes data can be found on the DMHAS ADPC webpage.</p>

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	<ul style="list-style-type: none"> • Campus supports the admission of formerly incarcerated individuals. • Co-located businesses are thoughtful about the timing and content of their advertising. • Community and Campus Resources <ul style="list-style-type: none"> • Campus community knows how and where to obtain naloxone. • Student Health and Wellness are recovery informed and know how to connect students with recovery coaches and/or mental health professionals. • Faith-based organizations are promoted as a recovery resource. • Campus community knows how to access peer support and mutual aid groups and are aware of the multiple pathways of recovery. • Transportation is available to individuals' seeking treatment or a support group. • Campus physicians are supportive of medication assisted treatment and either prescribe medication or connect individuals with resources who can prescribe medication. • Family education and support groups are available for caregivers and other family members who are connected to campus community. • Resources related to grief and loss are known and promoted. • Basic needs such as food, clothing, and other basic supports are available. • Recovery Friendly Campus Workshop <ul style="list-style-type: none"> • When: Friday, April 8th, 9:00 a.m. to 4:00 p.m. • Where: University of Connecticut, Storrs Campus or Attend Virtually • Keynote Sessions, Breakout Sessions, Resource Fair 	
Sub-Committee Reports		
<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"> • Continue to have quarterly updates on the various prevention related federal grants. • At the last meeting had a presentation by Shoba on OCME data analysis, it was a good presentation that help generate discussion around where prevention possibilities exist, what can be enhanced and what can be started. It helped to identify specific high risk populations. • The media and stigma workgroup held a forum in December and it was well attended and well received. • The cannabis workgroup met, there was a survey conducted among the people who had joined the group to make sure that there was appropriate representation and that they could address a variety of sub populations who are risk. Some materials were drafted for billboards, and were sent to various groups and committees for feedback. Final products were identified along with a vendor. Hoping to have some billboards up by the end of the year. 	Informational
<ul style="list-style-type: none"> • Treatment 	<p>Maria Coutant-Skinner provided the following update:</p> <ul style="list-style-type: none"> • On December 8th the Medication for Alcohol Use conference was held, there were over 300 attendees and included people from Main, New Hampshire, Illinois and Georgia. The entire conference was excellent and provided valuable information. • A harm reduction webinar was held on December 6th, it addressed practical applications of harm reduction in treatment settings, harm reduction for adolescents, and involving families in harm reduction. • Have been discussing at length fentanyl found in marijuana and implications for treatment. • Have been discussing CT's opioid settlement, and the recommendation that the ADPC be the guiding body that informs how those dollars are directed. • Have been spending a lot of time on mapping overdoses. Looking at spike alerts and spike alert Responses. • Talking about workforce challenges and strategies that look at diversity equity, inclusion, early cultivation of behavioral health providers and keeping people in CT. 	Informational

Topic	Discussion	Action
<ul style="list-style-type: none"> Recovery and Health Management 	<p>Jennifer Chadukiewicz provided the following report:</p> <ul style="list-style-type: none"> Continued efforts to support and include special populations. Expanding and building on previous efforts to meet with commissioners to understand how the voice of the recovering community can be heard. Recovery friendly campus initiative workgroup is continuing along. Youth in Recovery initiative continue to support the planning and messaging around the recovery oriented young person's conference that will be held in 2022. Dr. Shayn Ember has resigned from the co-chair position, Jennifer thanked them for being a part of this committee. 	Informational
<ul style="list-style-type: none"> Criminal Justice 	<p>Barbara Lanza provided the following report:</p> <ul style="list-style-type: none"> At the last subcommittee meeting they had a presentation by police workgroup and they reported out on the 2 police diversion from arrests grants that were launched in November and covers six locations from East Haven up to the shoreline. It provides police with 24/7 telephonic support when a police officer encounters somebody with a substance abuse disorder or a psychiatric episode. The grants are held by BH Care and CommuniCare who will provide further engagement and follow-up. DOC and MAT – by the end of December Osborne Correctional will begin dosing methadone, by January 2022 Corrigan Correctional facility will be dosing methadone and by spring of 2022 Garner Correctional facility will begin dispensing methadone. By Spring of 2022 10 of the 13 correctional facilities will be dispensing methadone. In addition, the extended release of Vivitrol has been rolled out to all 8 male facilities and 1 female facility. Parole and Community Services within the DOC has finalized their policy regarding NARCAN distribution, which means that a parole officer can identify someone on their caseload who is at high risk of an overdose and can provide them education and training as well as a NARCAN kit. DOC has added an email address to a generic email account which allows friends and family of inmates to contact the NARCAN coordinator for training and education about overdose and how to administer NARCAN. DOC will be purchasing 22 NARCAN boxes to be installed in their halfway house programs. Some of the boxes will come with alarms and will be placed on the individual floors within the facility. CSSD is also requiring all of their transition housing programs to have these alarm boxes, they will all be installed by February 2022. Spent time at the last meeting brainstorming about some initiatives for 2022. Looking to have a presentation by Eastern CT State University regarding an internship program to have their social workers ride along with police officers, the committee is looking at that to find out if there are more ways that that can be expanded. 	Informational
Other Business		

NEXT MEETING – Tuesday, February 15, 2022, Video Conference Call Through TEAMS

ADJOURNMENT – The, December 21, 2021 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.