ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, February 16, 2021
Video Conference Call through Teams
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Charles Atkins;; Jennifer Chadukiewicz, CCAR; Maria Coutant Skinner, McCall Center; Miriam Delphin-Rittmon, DMHAS; Vanessa Dorantes, DCF; Marcia DuFore, John Kissel Designee; Shayne Ember, Wheeler Clinic: Katie Farrell, DOC; David Fiellin, Yale; John Frassinelli, DOE; Tammy Freeberg, Village for Families and Children; Ingrid Gillespie, CT Prevention Network; David Guttchen, OPM; William Halsey; Mark Jenkins, GHHRC; Barbara Lanza, Judicial; Susan Logan, DPH; Nancy Navarretta, DMHAS; Gerard O'Sullivan, Dept. of Insurance: Sandrine Pirard, Beacon; Surita Rao, UCONN; Gary Roberge, Judicial; Judith Stonger, Wheeler Clinic; Scott Szalkiewicz, DCP; Sandra Violette, DOC;

Visitors/Presenters: Deborah Daniel; Shobha Thangada; Maria Brereton; Sunny Lu Williams; Luiza Barnat; Allison Fulton; Ana Gopoian; Kara Sepulveda; Joee Lindbeck; Robert Lawlor; Mary Milam; Anna Gasinski; Danielle Ebrahimi; Katherine LaWall; Arthur Mongillo; Cheri Bragg; Lisa Deane; Zachary Green; Amy Carter; Melissa Sienna; Andressa Granado; Natalie DuMont; Nicholas Hudobenko; Vincent Russo; Luke Bauer; Robert Heimer; Ramona Anderson; John Doyle; Mark Vanacore; Thomas Fulton; Rodrick Marriott; Lisa Gray; Colleen Violette; Carol Meredith; Justin Mehl; Carmen James; Ines Eaton; Michelle Chaudhary; Kelvin Young; Gabriela Krainer; Ceci Iliff; Heather Clinton; Lauren Siembab; David Borzellino; John Simoncelli; Suzanne Doyon; Lyne Stokes; Mary Mason; Margaret Lancaster; Andressa Granado; Kelly Sanchez; Robin Tousey-Ayers; Michael Makowski; David Kaplan; Kimberly Haugabook; Christine Rodriguez; J. Dewitt

Recorder: Karen Urciuoli

The February 16th 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
Recommendation from December 2020	Approved Recommendation (CJ): 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.	Approved
Harm Reduction Approaches in Treatment Settings	Dr. Charles Atkins provided the following report. Harm Reduction 2020: Staying Alive in the Age of Fentanyl and COVID **Harm Reduction—What is it?** Harm Reduction Coalition - Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. World Health Organization - Harm reduction is a set of policies, programs, services and actions that aim to reduce the harm to individuals, communities and society related to drugs, including HIV infection. Harm reduction is key in the prevention of HIV infection among people who inject drugs (PWIDs) and their sexual partners. **Harm Reduction 2021**	Informational – the full PowerPoint presentation with data can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action
	• No single definition. • While the evolution of contemporary Harm Reduction began with people who use drugs, it has been an effective tool in battling the spread of HIV and Hepatitis and the core principals can be applied with any behavior, or situation, that increases a person's risk for injury/harm. **Harm Reduction Is not all Sex and Drugs** Risk Behavior – Risk - Risk Reduction **A Bit of Modern History** • First hints of HIV in individuals with IDU, but widespread testing is not available. • 1984 Amsterdam the Junkiebond (organization of drug users) initiated needle and syringe exchange programs to decrease the transmission of Hepatitis, and later, HIV (access to broader testing not available until 1985). • 1990 First International Harm Reduction conference in Liverpool. • 1997 International Harm Reduction Association • Harm reduction strategies often involve collaborations between activists and public health professionals and scientists. • The North American Syringe Exchange Network (NASEN) grew rapidly from approximately 50 programs in 1995 to over 100 programs by 1997. As programs spread so too did the opportunity to research and evaluate them. https://www.nasen.org/ **HIV/AIDS and the Demand for Action** **Abstract** - The clinical findings in eight young homosexual men in New York with Kaposi's sarcoma showed some unusual features. Unlike the form usually seen in North America and Europe, it affected younger men (4th decade rather than 7th decade); the skin lesions were generalized rather than being predominantly in the lower limbs, and the disease was more aggressive (survival of less than 20 months rather than 8-13 years). All eight had had a variety of sexually transmitted diseases. All those tested for cytomegalovirus antibodies and hepatitis B surface antigen or anti-hepatitis B antibody gave positive results. This unusual occurrence of Kaposi's sarcoma in a population much exposed to sexually transmissible diseases suggests that such exposure may play a role in its pathogenesis. **Article Info** Publication History - Published: 19 September 1981 Identification - DOI: https://doi.org/10.1016/S0140-6736(81)92740-9 Copyright - © 1981 - The Lancet Harm reduction has a history of people who are impacted (consumers) advocating on their behalf for change. Harm Reduction has Both Strong and Vocal Advocates and Critics • Effective alliances are often found between public health agencies, the scientific community, and consumers. • Critics and adversaries abound in political and fundamental arenas. Issues of race, poverty, and sexual discrimination often demonize the risk behavior and those perceived to most-engage in it. • The crack epidemic of the 80's. War on Drugs. Lock em up. • The opioid epidemic with a more racially diverse makeup, "you can't arrest your way out of the problem **Core Principles -** Meet the person where they are. **People are People** - Accepts that drug use, and many other risk behaviors, are part of being human and works to lessen the harms rather than ignore or condemn them. **Harm Reduction is Inclusive** - Drug use is complex. It's a continuum of behaviors from severe use to abstinence. Harm reduction acknowledges that some ways to use drugs are safer than others. **Outcomes Based, Science Driven, Person Centered** - Establishes quality of individual and community life and well-being–not necessarily cessation of all drug use–as the criteria for successful interventions and policies. **Coercion and Judgment Free** - Harm Reduction embraces a non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.	

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	Harm Reduction Means a Seat at the Table - Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them. **Empowerment -** Drug users and people with risk behaviors are the prime agents to manage and reduce the related harms. Harm Reduction empowers users to share information and support each other in strategies which meet their specific circumstances and behaviors. Underscores the importance of consumer and public health communication, collaboration, and free sharing of data-driven **The Longstanding culture of mutual self-help.** • AA/NA/Rational Recovery/Double Trouble in Recovery • Increased on-line presence - Intherooms.com; Squirrel recovery • Embedded peers in emergency rooms to work with people following overdoses and get them connected to treatment. (CCAR) • Peers as counsellors • Peers as advocates • Peers as navigators and case managers **Harm Reduction** acknowledges the realities of a person's entire life. This includes finances, class, racism, social isolation, family, past trauma, sex-based discrimination and social inequalities. All of these, and more, can affect both vulnerability to and capacity for effectively dealing with drug-related harm. • In what ways has COVID influenced this? • How do histories of trauma, depression and anxiety impact a person's choices? **Harm Reduction** steps away from Judgment-laden language. If we view substance related disorders as disorders, why use moralistic and judgment laden terms? • Would we describe a person with diabetes as having dirty blood sugar? • Would we terminate treatment for a person with high cholesterol who takes their medications inconsistently? • What other diseases will more readily land you in jail than in treatment? **Relapse is not the end… but it can be** • Relapses are expected, they should not be viewed as failures, but opportunities to learn. What led to the relapse and what came after? This will likely reveal areas of skills deficit, and/or other factors (people, places, things) that can be addressed to decrease the likelihood of a repeat. • Negative emotions of shame, guilt, anger, sadness, and such, serve purposes but can prolong a relapse if not addressed. • If treatment/recovery plans are well constructed there are logical responses to the relapse (contingencies)—increased frequency of visits, possible increase in level of care, need to modify the plan. **Bottom Line:** Abstinence Only Models are Dangerous in the Opioid Discussion…and elsewhere High-risk scenarios: • Release from corrections. Highest single group for fatalities. • Release from traditional detox programs where the person is not put on some form of MOUD. • People who have been opioid abstinent and have a relapse. **Recovery and a Life Worth Living** (Why stop drug use if that's all you enjoy?) • Wellness: Nutrition, daily exercise, restorative sleep, attention to medical problems… • Motivational Enhancement (Therapy) • All forms of Cognitive Behavioral Therapy include real-world practice (home-work, commitments). Tailor targets to the person and the diagnoses • Mutual Self-Help	

Topic	Discussion	Action
	• Mindfulness-based therapies • Faith based resources • Peer supports • Enhancement of sober networks, including family and friends. • Meaningful activities: Work, hobbies • Medication	
DMHAS and DCF SUD/OUD Legislative Update	Vincent Russo and Mary Kate Mason, provided the following update: GOVERNORS BILLS IMPACTING SUBSTANCE USE • SB-888 REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9. 'AN ACT RESPONSIBLY AND EQUITABLY REGULATING ADULT-USE CANNABIS', to implement the Governor's budget recommendations. (related: HB-6377, HB-5313) – this Bill will be heard on February 26th – the ADPC is named in this bill as the body who should look at the ramifications of the legalization of marijuana including making prevention and treatment recommendations. The governor's budget also includes some prevention and education money for cannabis when it becomes legalized. • HB -6439 REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9. 'AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2023, AND MAKING APPROPRIATIONS THEREFOR', to implement the Governor's budget recommendations. – the DMHAS hearing is Feb 23rd, the public hearing is March 2nd at 2:00pm. • HB-6450 REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9. 'AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING PUBLIC HEALTH', to implement the Governor's budget recommendations. (related: SB-326, HB-5582, SB-40, SB-41, SB-44, SB-113, SB-115) – this bill looks to remove flavored vapes from sale, with the exception of flavors that were grandfathered in by the FDA (mint, menthol and tobacco flavor). DMHAS also has a hand in some of the enforcement of this bill should it pass. Please refer to the DHMAS ADPC webpage for the full list of bills. https://portal.ct.gov/ADPC In person testimony will be handled differently this year, people will need to go to the bulletin, which is published daily, to find the link to sign up for "in person" testimony, once you sign up, you will be sent an exclusive Zoom link that will allow you the opportunity to testify. If you don't have Zoom capability you will be able call in, or provide written testimony. Weekly legislative updates for both DMHAS and DCF are sent out weekly, if you would like to receive these weekly updates please contact Mary Mason/DMHAS and Vinny Russo/DCF.	Informational - The full list of bills can be found on the DMHAS ADPC webpage.
Sub-Committee Reports		
• **Prevention, Screening and Early Intervention**	Alyson Fulton provided the following update: • Stigma and Media Workgroup – held a conference on December 10th, they continue to meet and reach out to media outlets offering opportunities to train staff using the curriculum developed for the conference. Kevin Nathan from NBC30 reached out to one of the panelist from the forum and did a follow-up piece for the news. • Substance exposed infants and fetal alcohol spectrum – continue to monitor proposed legislation regarding pregnant women and substance use. A conference is being planned for April 12th, to educate medical professionals about women and substance use and the impact of trauma and stigma and available resources in CT. • Recovery Friendly Workplace workgroup – the states of New York and Massachusetts reached out to this group regarding the recovery friendly workplace toolkit. • Reviewed past recommendations - Dr. Tobin reported the skill book Scope of Pain Training is now on line and said he would personalize it for the state of CT so that individual resources available in CT will be readily available to viewers. • CT School Naloxone survey – looking to make some revisions to the survey and launch it again.	Informational

Topic	Discussion	Action
	• DCP reported that there are more than 100 organizations that have now integrated the CPMRS with their EMRs. • Continue to discuss membership, recently had 2 new members join. • Reviewed some legislative proposals and talked about how to track them/navigate the CGA website in order to follow what is happening this legislative session. • If you know of someone that is interested in becoming a member of this subcommittee please contract Judith Stonger or Allyson Fulton.	
• **Treatment**	Dr. Craig Allen provided the following report • In light of the ongoing escalation in opioid overdose deaths this group has been looking into and leaning towards evidenced based strategies around prevention. They are looking at a 4 step approach to pushing prevention into the treatment community. 1. Dr. Atkins presentation to this council 2. Presentation of the following recommendation for this council's approval: ***"The Treatment and Recovery Support sub-committee recommends that the Alcohol and Drug Policy Council endorses a public health-oriented approach to the treatment of substance use disorder that is focused on harm reduction (as well as abstinence), and that the appropriate state agencies and their contractors implement such an approach."*** 3. Conduct one or two virtual 2-hour training events for treatment providers and hospitals encouraging the use of harm reduction/risk reduction strategies to keep substance users engaged in services. 4. Recommend DMHAS utilize the SOAR funds to conduct a statewide conference on substance use harm reduction treatment settings over the coming year as a follow-up to the harm reduction conference that was held in 2019.	Informational
• **Recovery and Health Management**	Jennifer Chadukiewicz provided the following report: • Met virtually in January and February • Welcomed new members into this subcommittee. Approximately 75% of members are in recovery. • Continue to support existing initiatives, specifically focusing on young people in recovery. • Beginning to revisit Language Matters document and update it, will look at harm reduction language as well. • Continue to support the development of the Recovery Friendly Campus checklist rubric. • Exploring ways to support the growing recovery movement for young people. Getting monthly updates on 3 important youth focused initiates happening in the state: the CT Recovery Oriented Support System for Youth; the expansion of CCARs Young Adult and Family Groups; and the recovery services being offered at DOC's Manson Youth Facility. • Continue to be available to communities for the Recovery Friendly Community rubric • Continues to be asked to provide recovery perspective on a variety of initiatives around the state. • If anyone is interested in joining this committee, they can contact Jennifer.	Informational
• **Criminal Justice**	Katie Farrell provided the following report: • Trainings are being scheduled with the ATM model that was approved at the last ADPC meeting. They are hoping that different agencies will start to learn about it and be able to access the ATM model of treatment. • Collaborating with police departments and trying to find out what type of resources they are lacking when it comes to finding resources for substance users. Recently had a presentation about a program in Massachusetts which is a "living room" model, that is staffed entirely by peers, and is utilized by individuals with SA or SA psychiatric disorders and is an alternative to crisis assessments in the hospitals. • Have been informed that there have been 2 grants granted to the police ($150,000) to go towards diversion and re-entry. The diversion aspect will include 6 police departments in the shoreline area that will work with BH Care to enhance the existing crisis services from 5:00pm to 8:30am and will include telehealth interventions, interventions in	Informational

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	lock-up and will be adding peer navigators. The re-entry aspect includes Southeastern CT utilizing the National Association of Mental Health Program Directors in the New London area, there will be in-reach to inmates in York Correctional facility regarding intimate partner violence. • MAT is going live in a couple of weeks to provide treatment to offenders in Bridgeport Correction Center, after that, Hartford Correctional, Carl Robinson will be next, and all 3 approved medications will be provided in the facilities with in-house equipment, utilizing outside prescribers. Four more facilities will be added in the Spring for a total of 9 that will be up and running by the end of the summer.	
Ongoing discussion regarding priority areas for Council follow up in CY 2021	The following recommendations were made for future council presentations. - Jennifer Chadukiwiez – Youth recovery supports initiatives around DOC, recovery friendly campus initiatives - Dr. Rao – UCONN E-consults for pain - Susan Logan - UCONN Comprehensive Pain Center - Lisa Gray – More detailed presentation regarding Proposed Bills impacting substance use (once bills make it out of committee) - MDR - Imani Break Through Update - Maria Countant-Skinner – Impact of trauma as it relates to racism and marginalized populations - Dr. Fiellin - Hospital based addiction standards, Addiction Medicine Consult Services - Ana Gopoian – Families that have had loved ones die and those left behind - Susan Logan - Progress update from the UConn Comprehensive Pain Center and School of Dental Medicine on provider education and training needs and updating curriculum: Most recent update to DPH: Health care provider surveys were given to assess knowledge and determine focus areas for case-based pain management training curriculum. Responses to surveys revealed providers have a high level of interest in acute pain prescribing guidelines and also recommendations for substance use disorder treatment resources as learning modules.	Deputy Commissioner Nancy Navarretta will take recommendations for presentations at any time.
Other Business		

NEXT MEETING – Tuesday, Tuesday, April 20, 2021, Video Conference Call Through TEAMS

ADJOURNMENT – The, February 16, 2021 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.