

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, April 18, 2023
Video Conference Call Through TEAMS
10:00 a.m.

ATTENDANCE

Members/Designees: Rebecca Allen, Co-chair Recovery Committee; Maria Coutant Skinner, McCall Center; Vanessa Dorantes, DCF; Katie Farrell, DOC, Tri-chair Criminal Justice; Allison Fulton, Tri-chair Prevention Subcommittee; Tammy Freeberg; Ingrid Gillespie; Claudio Gualtieri, OPM; William Halsey, DSS; Mark Jenkins, CT Harm Reduction Alliance; Representative Cristin McCarthy Vahey; Pamela Mulready, Co-chair Recovery Committee; Nancy Navarretta, DMHAS; Gerard O’Sullivan, DOI; Surita Rao, UCONN Health; Gary Roberge, Judicial; Judith Stonger, Wheeler; Scott Szalkiewicz, DCP; Colleen Violette, DPH; Sandra Violette, DOC, Tri-chair Criminal Justice Committee

Visitors/Presenters: Adele Cyr; Bridget Aliaga; Ana Gopoian; Ramona Anderson; Andressa Granado; Angela Duhaime; Carol Bourdon; Brendan Burke; Charity Benedict; Alyson Codner; Danielle Ebrahimi; Thomas J Fulton; Gabriela Krainer; Julienne Giard; Giovanna Mozzo; Claudio Gualtieri; Colleen Harrington; Neena Jacob; Jennifer Kolakowski; John Lally; Robert Kanehl; David Kaplan; Kara Sepulveda; Alison Karimi; Kasandra Rowe; Jack King; Lauren Kittle; Christy Knowles; Karonesa Logan; Jennifer Lombardi; Michael Makowski; Margaret Lancaster; Christopher McClure; Deidre Methe; Arthur Mongillo; Shauna Pangilinan; Rebecca Petersen; Erica Previti; Lisa Puglisi; Katherine Ramos; Kelly Ramsey-Fuhlbrigge; Andrea Reeves; Robert Heimer; Kris Robles; Rudy Marconi; Sarju Shah; Diana Shaw; Ece Tek; Jody Terranova; Shobha Thangada; Wende Cooper

Recorder: Karen Urciuoli

The April 18, 2023 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 Dorantes, DCF.

Topic	Discussion	Action
Co-Chair Welcome and Introduction	Commissioner Dorantes welcomed all in attendance.	Noted
Review and Approval of Minutes	The December 20, 2022 minutes were accepted as written.	Noted
Updated Membership List/Voting Members	Committee members were asked to review the ADPC membership list of voting members and provide Karen Urciuoli with any corrections.	Noted
DPH Cannabis Health Statistics	Jack King, MPH, Alyson Codner, MPH, and Stephanie Poulin, MPH, members of the DPC Cannabis Surveillance Program provided the following report: DPH Cannabis Surveillance The state of Connecticut Public Act 21-1 made cannabis legal and regulated its use. Section 146 directed DPH to establish a program for cannabis public health surveillance, and it made us the source of cannabis data and statistics on cannabis related illness, adverse events, injuries, pregnancy outcomes, childhood poisoning, adult and youth use, cannabis related, emergency room visits and urgent care, episodic mental health visits. Part of that section also required DPH to report annually on April 1st to the legislature with all the statistics and the information that was from the previous year. At the end of March, DPH published their first report. Data Sources DPH spent all of 2022 preparing, and studying the different data sources that they could use. They broke up the data sources used into two different categories: Survey Data and Hospital Administrative Data. The survey data is a variety of surveys that were used for public health purposes: the Behavioral Risk Factor Surveillance System, cannabis related data from 2017 and 2021; the Connecticut School Health Survey data from 2005 to 2021, which is a survey of high school students in Connecticut; the Pregnancy Risk Assessment Monitoring system cannabis related data from 2019, and; national data from the National Survey on Drug Use and Health, conducted by SAMHSA from 2010 through 2020. It should be noted that survey data collected in 2020 and 2021 was impacted by COVID-19. The second set of data is Hospital Administrative Data. All hospitals and emergency	Information – the full PowerPoint presentation that includes data can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action
	<p>departments in Connecticut submit data to DPH every year, they get records from every emergency department visit and every hospitalization. They come with billing codes, which allows them to look to see if there are any cannabis related billing codes in those visits. And lastly, they have the national Treatment Episode Dataset from SAMHSA that shows every publicly funded a substance treatment admissions from every publicly funded substance use treatment center across the country. They specifically looked at Connecticut's 2016 to 2020 data.</p> <p>Use and Risk Behaviors Looking at different age groups DPH found that overall cannabis use has increased over time for those age 12 to 17, cannabis use is also increasing among adults, with the highest use among 18–25-year-olds. They found that adolescents were more likely to use cannabis if they reported symptoms of depression, ate fewer meals with their family, and if they had poor academic achievement. Adults most likely to use cannabis include heavy drinkers & binge drinkers and those with poor mental health. Since edibles have increased in popularity, smoking has declined.</p> <p>Morbidity Approximately 738.8 per 100,000 ED Discharges were related to cannabis 2021. There has been an increase in ED visits over time among very young children and older adults. Cannabis as a primary for substance use treatment has declined over time. Non-Hispanic Black/African Americans had the highest rate of treatment admissions per 100 admissions compared to all other race/ethnicity categories.</p> <p>Conclusion</p> <ul style="list-style-type: none"> • Adult cannabis use has increased over time • Adolescent cannabis use has been relatively stable over time, but fewer young people are beginning to use it at a very young age • Adults: higher use among heavy drinkers, binge drinkers, those with poor mental health • Adolescents: higher use among students who had depression, ate fewer meals with family, or had worse academic achievement • Changes in preferred method of cannabis use • Young adults had highest rates of adverse health events and use but lowest perception of risk • Disparities in cannabis-related ED, inpatient and substance use treatment rates by race/ethnicity <p>Next Steps - Moving on to some other research questions. Some of those will be:</p> <ul style="list-style-type: none"> • Cannabis hyperemesis syndrome (CHS) • Cannabis-related injuries • Cannabis during pregnancy and birth outcomes • Cannabis-related mental health visits • Daily & near-daily use among Connecticut teens & adults • Cannabis-related calls to Poison Control <p>Questions regarding this presentation of the 2023 report can be directed to Jack King, jack.king@ct.gov; Alyson Codner, alyson.codner@ct.gov; or Stephanie Poulin, stephanie.poulin@ct.gov, members of the DPH Cannabis Surveillance Program. For more information or data requests please visit DPH's Cannabis Health Statistics Website.</p>	
Transitions Clinic Model	<p>Dr. Lisa Puglisi from Yale School of Medicine provided the following report:</p> <p>Prisoners are among the sickest members of society.</p> <ul style="list-style-type: none"> • Higher rates of chronic disease: hypertension, asthma, arthritis, cervical cancer • Higher rates of communicable diseases, such as HIV and Hepatitis C • Up to 50% have symptoms of mental illness 	Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.

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Topic	Discussion	Action
	<ul style="list-style-type: none"> • 65-80% have a history of substance use and abuse, compared with about 10% in the general population <p>Incarceration in CT</p> <ul style="list-style-type: none"> • Six Connecticut cities are home to more than 50% of the state's incarcerated population, but only 17 % of the state's total population • Release from Prison – A High Risk of Death for Formerly Incarcerated Persons – The leading causes of death: <ol style="list-style-type: none"> 1. Drug overdose 2. Cardiovascular disease 3. Homicide 4. Suicide 5. Cancer <p>Racial Disparities in Access to Opioid Use Disorder Treatment</p> <ul style="list-style-type: none"> • White people had a 80% increased odds of receiving buprenorphine than Black people <p>Racial Disparities in Opioid Use Disorder Treatment Disruption</p> <ul style="list-style-type: none"> • Black people are more likely to be arrested compared with White people on MOUD <p>Drug Overdose Deaths Rise, Disparities Widen</p> <ul style="list-style-type: none"> • In counties with more income inequality, overdose death rates for Black people were more than two times as high as in counties with less income inequality in 2020 • Overdoes death rates in older Black men were nearly seven times as high as those in older White men in 2020 • Overdose death rates for younger American Indian and Alaska Native women were nearly two times those of younger White women in 2020 <p>Transitions Clinic Network</p> <ul style="list-style-type: none"> • Provide primary care to 6000+ patients leaving correctional facilities with community health workers with histories of incarceration • 45 programs in 14 states & PR • Working with policymakers in community health systems and payers to implement the model <p>The Transitions Clinic Program works to solve this problem by:</p> <ul style="list-style-type: none"> • Building capacity for team-based, patient-centered care for chronically ill returning prisoners. • Leveraging the services within an existing community health center, located in neighborhoods with the highest rates of incarceration. • Hiring and integrating community health workers with a history of incarceration into the medical team, helping patients navigate healthcare and social services. • Partnering with both community organizations, and correctional and government agencies that work closely with the incarcerated community. <p>TCN Results</p> <ul style="list-style-type: none"> • TCN program reduces ED visits for patients in the TCN program. • TCN program is associated with fewer preventable hospitalizations. • TCN program patients referred by correctional partners had fewer acute care visits compared to those referred by community partners. • Reduces (Some) Criminal Justice Contact <ul style="list-style-type: none"> • The TCN group had fewer parole or probation technical violations (17% vs. 33%) compared with the control group. • TCN group spent fewer days re-incarcerated compared with the research control group. <p>TCN Provides Cost Savings to CT</p>	

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	<ul style="list-style-type: none"> • Data Sources: Connecticut Department of Correction, Medicaid, and Department of Mental Health and Addiction Services • Outcomes: 1) Criminal legal system (prison and jail incarceration, probation, parole, halfway house) costs and 2) Medicaid costs • Medicaid costs: similar between TCN and non-TCN groups • Criminal Justice System costs: lower in TCN group than non-TCN group, primarily through reduced probation costs. • Takeaway: Every \$1 dollar invested in TCN returned an estimated \$2.55 to CT, primarily through reduced criminal legal system costs. <p>Where we need to be</p> <ul style="list-style-type: none"> • TCN is currently being provided in Optimus in Bridgeport, Cornell Scott in New Haven and InterCommunity in Hartford. Services are being provided by 3 community health workers for the entire state. There are thousands of people leaving the DOC yearly as a low estimate 900 alone returned to New Haven every year. 	
<p>Opioid Settlement Committee Update</p>	<p>Commissioner Navarretta provided the following report: The CT Opioid Settlement Advisory Committee is lead by co-chairs Commissioner Navarretta and Mayor O’Leary, DMHAS Chief of Staff Chris McClure and Katie Ramos, who is the DMHAS Manager assigned to the committee.</p> <p>History and Background</p> <ul style="list-style-type: none"> • Connecticut has been a leader in ongoing multistate efforts to hold the entire addiction industry accountable. Those efforts to date have secured more than \$40 billion for states nationwide to fight the opioid epidemic. Connecticut could receive well above \$500 million over the next 18 years through the settlements. The municipalities are receiving 15% of the settlement funds directly. • Last year, Governor Ned Lamont signed into law An Act Implementing the Governor’s Budget Recommendations Regarding the Use of Opioid Litigation Proceeds, which establishes an Opioid Settlement Advisory Committee of state and local government experts, health care professionals, individuals and families with lived experiences, and a leader in racial equity in public health. The committee, in consultation with the Attorney General and relevant state agencies and stakeholders, will develop an investment plan and maintain transparency in the use of all settlement funds. • The Opioid Settlement Advisory Committee had its first meeting on March 14, 2023, and has a website with meeting information, resources, and updates. https://portal.ct.gov/COSAC <p>Opioid Settlement Legislation PA 22-48</p> <ul style="list-style-type: none"> • Evidenced based opioid/substance use disorder abatement strategies related to: <ul style="list-style-type: none"> • Harm reduction • Prevention • Treatment • Recovery supports <p>Expert Input CORE Report Update</p> <ul style="list-style-type: none"> • Dr. David Fiellin Yale School of Medicine - revising CORE Report/strategic plan <p>Alcohol and Drug Policy Council Role</p> <ul style="list-style-type: none"> • Subject matter experts • Council recommendations review <p>Opioid Settlement Advisory Committee Sub-committees</p> <ul style="list-style-type: none"> • Time Limited Process –virtual meeting 4/18/23 • Finance/Compliance – virtual meeting 4/20/23 • Research/Data- virtual meeting 4/19/23 	<p>Informational – the full report along with settlement amounts and committee membership can be found on the DMHAS ADPC webpage.</p>

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	<ul style="list-style-type: none"> • Public Participation Guidelines – virtual meeting 4/24/23 • Governance Committee to develop Bylaws- virtual meeting 4/21/23. <p>Opioid Settlement Advisory Committee PA 22-48</p> <ul style="list-style-type: none"> • Public Involvement • Accountability • Transparency in allocating and accounting of fund • All meetings, minutes, agendas, reports, policies, procedures, records of votes to approve expenditures of moneys from the fund, recipient agreements, and committee’s annual report published https://portal.ct.gov/COSAC <p>Opioid Settlement Advisory Committee Support</p> <ul style="list-style-type: none"> • Katie Ramos, Opioid Settlement Advisory Committee Administrator – Katherine.Ramos@ct.gov 	
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"> • March was problem gambling month, Jeremy Wampler and Haley Brown attended a subcommittee meeting and shared information about what’s going on with problem gambling services, including a statewide gambling impact study that was being conducted by Gemini Research. Concurrently, there’s a study being done at some of the Connecticut colleges about gambling prevalence. There’s a media campaign that’s in development that will go statewide. It will be targeting the general population, but also have specific parts for BIPOC and LGBTQIA. Also, there is a new gambling van “Responsible Play the CT Way”, it will go on location when there are events to bring information about problem gambling awareness. • Bobby and Ana provided HIDTA update in the month of March with a particular focus on some of the current trends. • During April, Jack King provided the same presentation shown this morning on the cannabis health statistics. • They also had a presentation from the coordinator of the Prevention Corps, which is an arm of AmeriCorps located in Bridgeport. Since 2017, they’ve been bringing prevention workforce to that area. • The Media and Stigma workgroup held their annual program that had over 100 people in attendance. • The Cannabis workgroup is on hold right now. • The Naloxone workgroup consist of 20 committed individuals representing several state agencies, community nonprofits, associations, and the Naloxone industry. They meet monthly and have two subgroups that are focusing on distribution, current policies, what other states are doing, and increasing public awareness. • In May they will be hearing from the director of the Connecticut School Safety and Crisis Preparation Center. • The DEA take backs are this weekend, on Saturday from 10:00-12:00. You can go to DEA.gov to find a location near you. 	Informational
<ul style="list-style-type: none"> • Recovery and Health Management 	<p>Khris Robles, DCF liaison for the ADPC Recovery Subcommittee introduced two new Recovery Co-chairs; Rebecca Allen from CCAR and Pamela Mulready From Wheeler. Rebecca, provided the following update:</p> <ul style="list-style-type: none"> • The Recovery subcommittee continues to meet monthly. • They continue to work on the recovery friendly community initiative and have a tracking document that they are using for outreach and follow up. • There’s been some movement among the subcommittee regarding membership, they continue working on getting new members • They are following up with recovery friendly communities, as well as communities that are in process of becoming recovery friendly communities and are planning to hold joint meetings in order to network and share successes and challenges. • The recovery friendly campus work group is meeting monthly. On April 13th they provided a presentation to the Connecticut Healthy Campus Initiative Group. They presented the assessment and rubrics with the hope that they can 	Informational

Topic	Discussion	Action
	<p>get some input and feedback from the group. They will be working to finalize a recommendation for the June full Council meeting.</p> <ul style="list-style-type: none"> The special populations work group meets monthly. They are putting together a comprehensive list of resources. They are updating the Language matters document and are planning to have it ready for the June full Council meeting. 	
<ul style="list-style-type: none"> Treatment 	<p>Maria Coutant-Skinner provided the following update:</p> <ul style="list-style-type: none"> This committee had a presentation from Shatterproof, about putting tools in the hands of providers as well as family members and people with substance use disorders so that they can be educated consumers. A tool called Atlas has been developed and DMHAS has been working closely with Shatterproof to begin the roll out the new tool in October of 2023, it will not take the place of a clinical assessment, but it will guide a person to take an online quiz based on ASAM criteria, either as a first person experience or as a loved one who's looking for treatment. It recommends a level of care and will show treatment centers within a geographic region that can accessed. The presentation was great and they are pleased that DMHAS is partnering with Shatterproof to make that happen. On the child and adolescent and family side, Chris Robles, from DCF, talked about the AIM, the assisted intervention matching tool that functions very similarly for connecting youth and families to in home services and provides that best fit recommendation. They also looked at a lot of the barriers related to adolescents who might need medication, assisted therapies and other treatments. Looked at the increase in people who meet criteria for Co-occurring diagnosis and making sure that our workforce is well trained and educated in being able to adequately treat people, especially because we're seeing more and more inpatient of psychiatric crises. Organizations that are licensed for substance use disorder, need to be able to scale up their ability to take care of people with Co-occurring diagnosis. Looked at House Bill 6913 which has many additions around supporting pregnant and parenting persons with a substance use disorder including housing access, childcare support, and the inclusion of treatment plans to prevent the removal of children from homes. They had a lot of conversation around accidental ingestion of fentanyl, which resulted in 8 deaths in Connecticut of children under five since 2020. They looked at the important and delicate balance between protecting and safeguarding children and not stigmatizing access to treatment, particularly for mothers. They are looking to support the newer language around House Bill 6913. There was also information in that bill about mobile methadone clinics and supporting that. They looked at the Senate Bill 9 for harm reduction centers and supporting access to harm reduction. 	Informational
<ul style="list-style-type: none"> Criminal Justice 	<p>Sandra Violette provided the following update:</p> <ul style="list-style-type: none"> The subcommittee had several presentations, including one from Dr. Puglisi's Transition Clinic. They had a presentation from the Care coordinator who works for the Department of Correction through the CDC Foundation, she provides a linkage to care to family members, including a lot of overdose awareness information. This is a new initiative that the DOC has never been able to connect to incarcerated or discharging family members. She provides a lot of linkage to care and provides information on overdose awareness, where to get Narcan, and provides information on substance use, etc. She provided an excellent presentation at their February meeting. In March, they also were provided a presentation from Child Health and Development Institute of Connecticut on the substance use screening, treatment, and recovery for youth presentation. They developed two new work groups. Recovery Coaches and the Criminal Justice Population, this subcommittee was able to distribute a survey to find out which agencies were using recovery coaches. Through the data collected, they found that they need to develop some best practices on hiring and supervision of recovery coaches within the criminal justice population. They also created a Training Workgroup that is looking at what information around substance use abuse do different agencies provide to their new hires and ongoing training; they will be having presentations from DOC, DCF, and DMHAS to see what kind of information is given to their new hires and what kind of ongoing training is 	Informational

Topic	Discussion	Action
	given around substance use and abuse. once those presentations and once those presentation are done, they will be able to compile some information on what is being provided to different agencies.	
Other Business		

NEXT MEETING – Tuesday, June 20, 2023 - Virtual

ADJOURNMENT – April 18, 2023 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.