**ALCOHOL & DRUG POLICY COUNCIL (ADPC)**
**Meeting of Tuesday, August 15, 2023**
**Video Conference Call Through TEAMS**
**10:00 a.m.**

## ATTENDANCE

Members/Designees: **Senator Anwar**; **Luiza Barnat**, Treatment Committee Representative; **Wende Cooper**, Designee for Senator Kissell; **Maria Coutant-Skinner**, McCall Center; **Vanessa Dorantes**, Commissioner, DCF; **Danielle Ebrahimi**, Criminal Justice Representative; **Ines Eaton**, Criminal Justice Representative; **Katie Farrell**, Criminal Justice Chair; **Tammy Freeberg**, The Village for Families & Children; **Mark Jenkins**, CT Harm Reduction Alliance; **Deborah Lake**, Prevention Committee Chair; **Barbara Lanza**, Judicial; Representative **Cristin McCarthy Vahey**, State Rep; **Justin Mehl**, Recovery Committee Representative; **Pamela Mulready**, Recovery Committee Chair; **Nancy Navarretta**, Commissioner, DMHAS; **Gerard O'Sullivan**, DOI; **Dr. Surita Rao**, UCONN Medical; **Gary Roberge**, Judicial; **James Rovella**, DESPP; **Melissa Sienna**, Treatment Representative; **Scott Szalkiewicz**, DCP; **Colleen Violette**, DPH; **Sandra Violette**, Criminal Justice Chair;

Visitors/Presenters: Bridget Aliaga; Allyson Nadeau; Ramona Anderson; Seth Baker; Kirsten Bechtel; Andrea Duarte; Angela Duhaime; Paulo Correa; David Kaplan; Fiorigio Fetta; David Fiellin; Andressa Granado; Christina Ghio; Ana Gopoian; Heather Ferguson-Hull; Anna Gasinski; Julienne Giard; Francis Gregory; Colleen Harrington; Robert Heimer; John Lally; Robert Lawlor; Alison Karimi; Christy Knowles; Jennifer Kolakowski; Margaret Lancaster; Robert Lawlor; Karonesa Logan; Michelene Longo; Keri Lloyd; Nicole Mason; Allyson Nadeau; Kevin Neary; John Lally; Shelly Nolan; Shauna Pangilinan; Kelly Ramsey-Fuhlbrigge; Vincent Russo; Kara Sepulveda; Kelly Sinko; Ece Tek; Elsa Ward; Jeremy Wampler; Kirsten Bechtel; Ana Gopoian; Jacqueline Weiss; Anna Gasinski; Lesley Mara; Rudy Marconi; Kasandra Rowe; Jacqueline Weiss;

Recorder: Karen Urciuoli

The August 15, 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.

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| **Co-Chair Welcome and Introduction** | Commissioner Navarretta welcomed all in attendance. | Noted |
| **Review and Approval of Minutes** | The June 20, 2023 minutes were accepted as written. | Noted |
| **Video: Secure Storage of Medications and other Substances** | Commissioner Navarretta shared a safe storage video. DMHAS worked with Wheeler and Next Day Animations to produce the video. Committee members are encouraged to share the video. | Video can be found on the DMHAS ADPC webpage |
| **Infant and Toddler Fatality Report Summary of Fentanyl Ingestions** | Dr. Kirsten Bechtel provided the following presentation:<br>The Child Fatality Review Panel was established in the late 70s, its purpose is to understand the mechanisms of child death, particularly unexpected and preventable ones, and to provide feasible prevention practice through policy and legislation.<br>There are about 1300 child fatality review panels in the United States, Connecticut is one of the longest serving panel and has been in place since the 1990s.<br>With respect to the report, the review panel looked at 97 children younger than the age of three who died from non-natural causes between January 2019 and August 2022 in Connecticut, 85 of those children were younger than 12 months of age and the median age of a child at the time of death was three months and the mean age was 5.5 months. What they've generally seen in Connecticut is that most of the preventable deaths usually happen in the first year of life.<br>Adolescence is where they've seen another peak of preventable deaths in terms of firearm related injuries, suicide and motor vehicle crashes along with some racial inequities, children who died were disproportionately male and more than 50% of the children were identified as black, Hispanic or both. This is consistent with national findings with respect to preventable deaths in children. Eighty-three of the child filialities were investigated by DCF and of those 3630 or 36.2% led to a substantiation for physical neglect, abuse, physical abuse, or medical neglect.<br>Fentanyl intoxication is a relatively new development in child fatalities. Eight of the 97 children ranging from 4 weeks to 27 months old, died from fentanyl intoxication, this is consistent with national findings. A recent article in JAMA cites a 30-fold | Informational |

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| | increase across the country in pediatric deaths from fentanyl between 2013 and 2021, with a sixfold increase in deaths of children under five years of age, between 2018 and 2021, this period marked the beginning of a staggering rise in what we see in adults with opioid related overdose deaths. Data suggests over 110 newborns per year are exposed in utero to non-prescribed opioids. During their period of review for these deaths, there were eight infant taller fatalities due to fentanyl, there were nearly three times as many ingestions due to suspected fentanyl and opioid ingestions where the children survived. Many of these children survived because of the administration of naloxone.<br><br>The panel's recommendations for fentanyl deaths in children include some of the following.<br>1. Continuous update of the state's analysis of caregiver needs<br>2. Generational service availability<br>3. Address the emerging needs in different regions of the state.<br><br>Suggestions might include: scaling up of models of intervention, exploring Medicaid funding for certain substance use treatment services, and ensuring that all services consider the needs of the family and the child when applicable. | |
| **Emerging Threat: Fentanyl and Xylazine** | Robert Lawlor, Drug Intelligence Officer, New England HIDTA, provided the following presentation:<br>What is Xylazine<br>• Xylazine is an alpha-2 adrenergic agonist primarily used as a sedative, muscle relaxant, and analgesic in veterinary medicine. It's most commonly used in large animals like horses, cows, and deer but is not approved for use in human in the United States and other countries internationally.<br>Xylazine in Connecticut<br>• CT in one of the first states to observe and begin tracking Xylazine<br>• CT-DPH submitted a CDC MMWR that was published in September 2021<br>Where is Xylazine Entering the Illicit Drug Market?<br>• This is a legitimate intelligence gap<br>• It began in areas of the country with a high population of people with Hispanic or Caribbean heritage, like CT<br>• It is being added domestically, meaning in the United State and not at the cartel level.<br>How Xylazine Works<br>• Xylazine is used in veterinary practice as a sedative with analgesic and muscle relaxant properties.<br>• It produces bradycardia and respiratory depression.<br>• Effects usually begin within a few minutes and lasts up to 4 hours<br>• Xylazine produces its effects by stimulation of central Alpha 2-receptors and depression of norepinephrine release from peripheral nerve terminals.<br>• Xylazine can also cause unexpected changes in blood pressure, making it go up before it might go down.<br>How Xylazine Effects the Body<br>1. **Central Nervous System Depression:** Xylazine, when introduced into the human body, can depress the central nervous system. This can lead to drowsiness, slowed breathing (respiratory depression), and sometimes even coma.<br>2. **Respiratory Depression:** Xylazine can significantly slow down or even stop breathing, a condition known as respiratory depression. This is especially concerning when it's combined with other respiratory depressants like opioids.<br>3. **Cardiovascular Effects:** Xylazine can lead to a decrease in heart rate and a potential drop in blood pressure. In extreme cases, this can lead to shock or heart failure.<br>4. **Muscle Relaxation:** While this can be beneficial for sedating animals during certain procedures, excessive muscle relaxation in humans can be dangerous, especially when combined with other depressant drugs.<br>5. **Hypothermia:** There's potential for a drop in body temperature.<br>6. **Prolonged Sedation:** Xylazine can cause prolonged sedation, which can be dangerous if not monitored. | |

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| | Skin Wounds Associated with Xylazine<br>• Can cause blood vessels to constrict (narrow). If the blood flow to a certain area of the skin becomes significantly reduced, it can lead to tissue death, resulting in ulcers or wounds<br>• Persons who use sedatives or opioids might not move for extended periods. This can cause pressure sores or ulcers, particularly if someone remains in one position for too long<br>• Any time a person uses intravenously, there's a risk of introducing bacteria or other pathogens into the body, especially if they are using non-sterile techniques or equipment. This can lead to localized infections, abscesses, or cellulitis, which can result in wounds or exacerbate existing ones.<br>Why People May Be Looking for Xylazine<br>• Xylazine, as an alpha-2 adrenergic agonist, enhances and prolongs the effects of fentanyl. This may reduce the frequency of redosing for individuals who use these substances<br>Naloxone<br>• While Naloxone doesn't not work on Xylazine, we do not see Xylazine in CT without Fentanyl. It is imperative that when someone is experiencing an overdose that Naloxone is administered, 911 is called, and rescuing breathing is started, if possible to do safely.<br>Community Drug Checking – Why Do Drug Checking<br>• Improves safety of the drug supply (Evidence: European, darknet studies)<br>• Provides an opportunity for empowerment, health promotion and consumer behavior change (Evidence: fentanyl test strips studies)<br>• Engagement tool for new, hard to reach populations (Evidence: RIZE MA evaluation, Peiper et al.)<br>Program Sites<br>• This is a New England wide project, with a lot of different sites throughout.<br>CT Community Drug Testing Sites<br>• Bridgeport – Liberations Program (Brandeis/HIDTA)<br>• New Haven – YSSP (Brandeis/HIDTA) Part of a Brandeis Study on Xylazine Test Strips<br>• Hartford – CTHRA (CT-DPH)<br>In progress:<br>• New London – LLHD/AFL (CT-DPH)<br>• Litchfield/Torrington – McCall (DESPP Grant Funding) | |
| **Opioid Settlement Advisory Committee (OSAC)** | Luiza Barmat, Director Opioid Services DMHAS provided the following presentation:<br>History and Background<br>• An Act Implementing the Governor's Budget Recommendations regarding the use of Opioid Litigation Proceeds – Public Act 22-48<br>• Connecticut could receive approximately $600 million over the next 18 years through the settlements, municipalities are receiving 15% of the settlement funds directly.<br>Changes to the Opioid Settlement Advisory Committee (OSAC)<br>Public Act 23-97 (SB 9) §35 - An Act Concerning Health and Wellness for Connecticut Residents<br>Adds 8 members to OSAC (increasing from 37 to 45 members):<br>• 4 municipal representatives appointed by the Governor<br>• 2 members with experience supporting infants and children affected by the opioid crisis appointed by the DMHAS commissioner<br>• the Public Health Committee chairs or designees (designees must have experience living with a substance use disorder or have a family member with such disorder) | |

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| | • On or before October 1, 2023, requires towns that receive opioid settlement funds directly from a settlement administrator to annually report preceding fiscal year expenditures to the Opioid Settlement Advisory Committee until all funds are spent<br>• Requires the Department of Mental Health and Addiction Services (DMHAS) to post the reports received on the Committee's website<br>Connecticut Opioid Response (CORE) Strategic Plan<br>• Revised CORE report<br>• Guiding Principles<br>• Identify key funding priorities<br>Opioid Settlement Advisory Committee (OSAC)<br>• Meets bi-monthly<br>• Established 6 subcommittees which meet in between<br>Opioid Settlement Advisory Subcommittees<br>• Time Limited Process<br>• Referral<br>• Research and Data Evaluation<br>• Finance and Compliance<br>• Public Participation Guidelines<br>• Governance Committee/Bylaws<br>Opioid Settlement Advisory Committee (OSAC) Referral Subcommittee<br>• Summarizes recommendations received<br>• Embedded in the ADPC Subcommittees<br>• ADPC- subject matter experts<br>• Pass prioritized recommendations to the OSAC Research and Data subcommittee<br>Alcohol and Drug Policy Council Subcommittees - OSAC Embedded Members<br>• Prevention: Municipal Representative, Dawn Niles, Windham<br>• Treatment: Family Member with Lived Experience, John Lally<br>• Recovery: Municipal Representative , First Selectwoman Tracey Hanson , Voluntown<br>• Criminal Justice: Municipal Representative , First Selectman Rudy Marconi, Ridgefield<br>Opioid Settlement Advisory Committee (OSAC) Research and Data Subcommittee<br>• Determines if recommendation is an evidence-based practice or a promising practice<br>• Determines if program evaluation is needed?<br>Opioid Settlement Advisory Committee (OSAC) Finance and Compliance Subcommittee<br>• Determines if recommendation is an allowable strategy<br>• Exhibit E- List of remediation uses<br>• Presents recommendation to OSAC<br>Opioid Settlement Advisory Committee (OSAC) Public Participation Guidelines Subcommittee<br>• Developed public participation guidelines<br>• Working on developing the framework for public input<br>Opioid Settlement Advisory Committee (OSAC) Governance Committee/Bylaws<br>• Developed the committee bylaws to include : Purpose, responsibilities, membership and duties of OSAC<br>• OSAC approved July 11, 2023 | |

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| | Next Meeting - Tuesday September 12th, 2023, 10am -12pm, Microsoft Teams | |
| **Sub-committee Reports** | | |
| • **Criminal Justice** | Katie Farrell provided the following report:<br>• This subcommittee met in August, they were joined by Selectman Marconi who introduced them to the OSAC process. The meeting mainly consisted of a presentation from SCRIPT (Second Chance Reentry Initiative Program), based out of Hartford and is comprised of a care house for people reentering from the DOC. They are there for 9 to 12 months with wrap around services, with career development and programming. They have a 15-week program called ASCEND, which is an evidence-based practice that deals with trauma with a focus on urban trauma and what has led to recidivism, substance abuse, et cetera, and has individual therapists attached to it. They have very positive outcomes of people who have left the program and have been successful in the Community, reconnecting with their family and maintaining employment. Goodwin College has agreed to issue 6 to 9 credits for anybody who has completed the program. They are hoping to expand around the state and hopefully to the pretrial program. | Informational |
| • **Treatment** | Maria Coutant Skinner provided the following update:<br>• This subcommittee met in June and July and focused on recommendations from the Treatment Committee for the OSAC, and they have been working closely with John Lally who is their embedded member. They met Dr. Fiellen and his team and shared their comprehensive aggregated list from their June and July meetings with Dr. Fiellen and his team as they finalize the core strategic plan.<br>• Will be conducting a further in-depth dive into assessing the service systems abilities to offer treatment for people with co-occurring diagnosis. Will be inviting Ken Minkoff to a future Treatment sub-committee meeting.<br>• Will be looking at investing in existing programs and promising practices and making sure there is the funding for evaluative research attached to that.<br>• Looking at a host of programs that look at point of entry and access, to hopefully divert people into treatment and not into criminal justice.<br>• Looking at the continuum of care for adolescence, that includes more acute care and MAT.<br>• Looked a lot at workforce development and recruit retention as well as training and examining the perceived disparities in quality of care for the state service system.<br>• Looking in depth at family recovery, coaching, family supports, training around that for the workforce, funding for harm reduction supplies.<br>• Looking further into ED initiation of MAT with a particular focus on rural health and what those particular needs are and making sure that there's thought, intention and resources around that.<br>• Looked broadly at programs that are grant funded, and what are the sustainability models around that, especially if it's a promising practice and there's no option for a fee for service | Informational |
| • **Recovery and Health Management** | Pamela Mulready provided the following update:<br>• The most recent meeting was on August 10th, they received an update from Katie Ramos on the OSAC. They are considering potential evidence-based recommendations for OSAC, which has been the focus of this committee and specialized work group meetings.<br>• Special populations workgroup - working towards a recommendation to have a consultant complete resource mapping for identified subpopulation, some of which are veterans, BIPOC, LGBTQ plus, youth and elderly people with disabilities.<br>• Looking around the States to potentially have a consultant complete an environmental scan. Have been working with the DMHAS Office of Recovery, Community Affairs and colleagues across the state to ascertain if other resources are already in process. This is being done in collaboration with the Connecticut Healthy Campus initiative and may potentially provide a presentation in October to all twelve of the community colleges to inform them about recovery | Informational |

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| | friendly campus practices.<br>• Some of the committee members have spent, part of the summer going to an 8-week summer series to receive technical assistance from a national program called Safe Projects. This will help with obtaining resources that are vetted at the national level to upgrade campuses and the recovery efforts and will also help with continuing work on recovery friendly communities.<br>• Exploring housing needs and some of the challenges for those in recovery and considering whether to add a full work group on this topic and see if there can be recommendations created around housing. | |
| • **Prevention, Screening and Early Intervention** | Deborah Lake provided the following update:<br>• Spent time at their last meeting hearing legislative updates from DMHAS' Legislative Liaison Kelly Ramsey-Fuhlbrigge, which included information on drug use, harm reduction centers, the new opioid antagonist bulk purchase fund and some of the changes to the opioid settlement fund as well as the new drug impaired driving campaign from the DOT and the wrong way, driving education campaign. Also discussed the safe storage and disposal requirements around prescriptions and cannabis products. Most of the meeting focused on the Connecticut Opioid Response initiative and updates from the OSAC Committee, discussed the core strategic plan and ways that this committee can provide recommendations and additional insights around the prevention strategies. Also heard from the Naloxone work group, they are continuing to try and determine which guidelines make the most sense to be worked on through the ADPC council especially now that there's the transition to over-the-counter naloxone availability. Spent some time discussing individual insurance providers and the fact that most individuals probably will not be getting Naloxone on their own but using public distribution programs and how those programs will continue to be funded. Learned that some EMS programs are going to start administering buprenorphine after a patient has been given Naloxone. There is one program that has already started as of the beginning of July.<br>• International Overdose Awareness Day is coming up at the end of this month and various events will be held including the event in New Britain at Walnut Hill Park and then also the upcoming Harm Reduction Conference in September. | Informational |
| **Other Business** | | |

**NEXT MEETING –** Tuesday, October 17, 2023 – Legislative Office Building, Room 1D

**ADJOURNMENT –** August 18, 2023 meeting of the Alcohol and Drug Policy Council adjourned at 11:30am.