

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, August 20, 2019
Legislative Office Building, Meeting Room 1D
Hartford, CT
10:00 a.m.

ATTENDANCE

Members/Designees: Craig Allen, Rushford; Charles Atkins, CMHA; Jennifer Chadukiewicz, CCAR; Marcia DuFore, NCRMHB; John Frassinelli, DOE; Ingrid Gillespie, CT Prevention Network; David Guttchen, OPM; William Halsey, DSS; Mark Jenkins, GHRC; Barbara Lanza, Judicial; Hector Maldonado, Wheeler; Kathleen Mauer, DOC; Amy Mirizzi, DPH; Gerard O'Sullivan, DOI; Sandrine Pirard, Beacon; Gary Roberge, Judicial; Judith Stonger, Wheeler Clinic;

Visitors/Presenters: Mary Painter, DCF; Suzanne Doyon, CT Poison Center; Kim Karanda, DMHAS; Deborah Daniel, DPH; Joan Norman, DOC; Rafaella Coler, DPH/OEMS; Dan Smith, CTARR; Jake Kochin, DPH; Shobha Thangada; Rebecca Allen, CCAR; Nadine Repinecz, DPH; Astha Joshi, DPH; Sheila Owen, Peach Tree Counseling

Recorder: Karen Urciuoli

The August 20th meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Commissioner Vanessa Dorantes. The meeting was co-chaired by Julienne Giard, DMHAS.

Topic	Discussion	Action
Welcome and Introductions	Members of the Council introduced themselves and Commissioner Dorantes welcomed all in attendance.	Noted
Review and Approval of Minutes	Minutes were reviewed and approved as written.	Noted
Recommendations Approved by Council (June Meeting)	The recommendations put forth by the Prevention Sub-committee and the Criminal Justice Sub-committee at the June 18 th meeting were approved.	Noted
Update EMS Statewide Opioid Reporting Directive (SWORD) and Syndromic Surveillance Projects	<p>Dr. Suzanne Doyon and Ralf Coler provided the following update on the SWORD project: Connecticut SWORD</p> <ul style="list-style-type: none"> • EMTs are required to report information about all suspected overdoses to poison control as part of the Statewide Opioid Reporting Directive (SWORD). • The poison control specialist asks the EMTs 10 questions. After the overdose, the information can be used to track outcomes. <ul style="list-style-type: none"> ➢ Patient Name ➢ Patient Age (DOB if possible) ➢ Incident address and type ➢ Opioid used (heroin, fentanyl, pill, unknown) ➢ Route (IV, IN, PO, smoked, unknown) ➢ Disposition (transport, refusal, dead, pt not found) ➢ Naloxone given (Y or N) ➢ Description of bag stamp and/or name ➢ Brief description of call <p>Utilizes EMS and the Connecticut Poison Control Center to:</p> <ul style="list-style-type: none"> • Surveille the opioid epidemic • Create an early warning system to overdose spikes and bad batches • Collect and share data with local communities <p>Spikes</p> <ul style="list-style-type: none"> • SWORD has ability to detect spikes during any 24 hour period and send out automatic notifications to prearranged email lists. 	Informational – both PowerPoint presentation with data/graphs can be found on the DMHAS ADPC webpage.

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	<ul style="list-style-type: none"> • August spikes detected in New Haven and Hartford • SWORD able to analyze spikes in detail as well as analyze unusual occurrences. <p>Strengths</p> <ul style="list-style-type: none"> • Provides early warning of bad batches • Provides detail behind overdoses • Data up to date within 0-24 hours • Key Demographic information • Data Sharing with locals <p>Challenges</p> <ul style="list-style-type: none"> • Increase EMS Compliance (Currently unknown, Pilot Project showed compliance of 72%) • Improve time from EMS call to Entry into OD Map (Currently 0-24 hours) • Improve Automation of Collected Data <p>To share information and encourage EMS compliance, we publish a monthly SWORD newsletter.</p> <p>Susan Logan provided the following update regarding the Syndromic Surveillance Projects</p> <p>What is the EpiCenter Syndromic Surveillance System?</p> <ul style="list-style-type: none"> • Emergency departments and other acute care facilities feed patient-level (limited) data from IT systems to CT DPH EpiCenter. • Patient records classified as related to particular syndromes based on chief complaint, triage notes, and/or discharge diagnosis codes. • Syndromic surveillance offers near real-time situational awareness of conditions of public health interest. • What is a spike alert? • An automated warning that specific conditions are met • Must be defined prospectively • Data are assessed by EpiCenter at scheduled times/frequencies <ul style="list-style-type: none"> ~ Most alerts are run either daily or hourly ~ Compare count of ED records to a calculated threshold • Requires investigation, and potentially response <p>Does an alert mean I have a spike? Not necessarily, it could mean:</p> <ul style="list-style-type: none"> • Data quality issue • Coding error • Repeat patient – was discharged and overdosed again within hours • Suicide ideation or medication errors are identified as well <p>Determine the scope and magnitude of the overdose spike</p> <ul style="list-style-type: none"> • Is the incident ongoing or limited to a short time frame? • Is this a local or regional issue? • How many people are impacted? Who are they? • How serious are the illnesses/injuries? Discharged to home, hospitalized, or expired • Is this corroborated with other data sources? <ul style="list-style-type: none"> ~ CT Poison Control Center data and ODMAP data ~ Medical examiner data ~ Local health departments 	

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	<ul style="list-style-type: none"> ~ Community based organizations <p>If spike alert data are corroborated – take public health action</p> <ul style="list-style-type: none"> • SWORD: CT Poison Control Center data/ODMAP data indicate increased or unusual activity <ul style="list-style-type: none"> ~ During similar time period, location/region, with similar drug types ~ SWORD data have detailed narratives that are not available on ED data ~ SWORD data have specific information on neighborhoods and possible sources of bad batches that are also not available using ED data • Medical examiner data indicate increased number of suspected overdose deaths <ul style="list-style-type: none"> ~ During a similar time period, location/region, with similar drug types ~ ME can do preliminary urine toxicology test for presence of fentanyl, cocaine, heroin, others • Community based organizations (e.g. syringe exchange clinics, harm reduction outreach organizations) have “boots on the ground” knowledge of increased overdose incidents • If 1, 2, or 3 of these scenarios exist, implement a public health response <p>Public health action</p> <ul style="list-style-type: none"> • Alert the community to the rapid increase in opioid overdoses seen in emergency department and inform strategic plan and timely responses • Ensure an adequate naloxone supply • Increase availability and access to necessary services • Coordinate with key community groups to detect and respond to any changes in illicit drug use <p>Overdose alert response protocol in progress:</p> <ul style="list-style-type: none"> • Identify state and local public health staff to receive automated alert e-mails • The e-mail will contain limited information and the designated user(s) must have EpiCenter access to view alert details • Develop internal protocols (at state and local levels) for alert monitoring, evaluation, and response <ul style="list-style-type: none"> ~ Alerts may occur outside of normal office hours (nights/weekends) ~ State agencies can offer technical assistance, resources, naloxone, communications capacity, etc. <p>Future directions</p> <ul style="list-style-type: none"> • Continue with LHD and hospital trainings • Finalize and publish additional syndrome definitions • Finalizing automated reports and dashboards to support overdose surveillance • Turn on alerts tools for automated cluster/spike detection • Integrate syndromic surveillance with other data sources 	
<p>Survey of CT Police Chief's Association Opioid Presentation to Middle School Students</p>	<p>Chief Timothy Shaw from the Easton Police Department provided an overview of their opioid presentation shown to eighth graders. The PowerPoint presentation is used as a tool to engage the students and involves a high school student who joins in on the discussion. Chief Shaw noted that the presentation has been well received by the 8th graders.</p> <p>A survey was conducted last year, they received approximately 50 responses. They are working with Sarah Ali to see if part of the responses can be incorporated into the toolkit. They are currently working with the States Attorney's office to incorporate some of their initiatives also.</p>	<p>The full presentation can be found on the DMHAS ADPC webpage.</p>
<p>Sub-Committee Reports</p>		
<ul style="list-style-type: none"> • Prevention, Screening and Early Intervention 	<p>Judith Stonger provided the following update:</p> <ul style="list-style-type: none"> • This sub-committee now has three very active sub-groups, the resetting pain group <ul style="list-style-type: none"> ~ Resetting Pain Expectations Workgroup – they submitted a recommendation today for approval. They are looking at messaging and types of materials that might be helpful to healthcare providers such as messaging 	<p>Informational</p>

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	<p>around the fact that you need to work together with your provider on the best pain solutions and that pain may not be 100% relieved and that some pain is functional. A small survey of physicians was conducted through the CT State Medical Society that's informing this work asking them about messaging and also what kinds of materials will be helpful to them and their work.</p> <ul style="list-style-type: none"> ~ Work Place Policies Workgroup – they presented a recommendation at the last ADPC meeting that was approved. They are researching work place policies and practices that are more compassionate and less punitive. The goal is to develop a work place toolkit that they will pilot with some organizations. They will be collaborating with the recovery group. ~ Substance Exposed Infants Workgroup – This group has recently been formed, the focus will largely be on policy change and legislation, and recommendations regarding pregnant women and substance use. They are currently researching what other states have done, and hope to have recommendations for the next ADPC meeting. <ul style="list-style-type: none"> • International Overdose Awareness Day is happening on August 31st, there will be numerous events happening around the state. • The NORA application developed by DPH will soon be available in Spanish, other languages will be added. • DPH has new federal funding, beginning on September 1st of this year for the next 3 years; they will be funding communities and health districts around opioid prevention awareness. • The Department of Consumer Protection reports that approximately 40 organizations have integrated the CPMRS with their electronic medical records; they also said that CT is connected with 37 other states and their CPMRS data. • DCP said they have had 21 applications for prescription drop boxes and pharmacies to date. They hope to have a total of 50 per year moving forward. • Wheeler has some funding through DMHAS and were able to purchase some quantities of prescription medication disposal bags, they have been disseminated through the regional behavioral health organizations, through the DMHAS funded coalitions and also to the CT Funeral Directors Association. • Efforts continue in New Haven in response to last year's overdose incidents on the Green, the work, largely with the New England HIDTA, the Regional Behavioral Health Organizations, the policies department, DMHAS, DPH and others. They are working on three things; signage for the streets, around the Green, additional polices training in New Haven and dissemination of the harm reduction kits for those leaving detention centers and the court house. • Change the Script materials continue to expand. There's new materials and new messaging that's available on the drugfreect.org website for order. A video PSA is being shown at movie theatres around the state and is also on the ESPN website, and will soon be at the DMV on their screens in locations around the state. . 	
<ul style="list-style-type: none"> • Treatment 	<p>Dr. Atkins provided the following update regarding issues they have been looking at and discussing:</p> <ul style="list-style-type: none"> • A small ad hoc group met and was looking at issues related to harm reduction and the approach statewide to various strategies including Narcan distribution. • CT will be holding its first harm reduction conference on September 12th, there will be nationally recognized experts presenting. It's being sponsored by DMHAS, DCF and the CT Women's Consortium, and is being funded through a SAMHSA grant. • In July, medication assisted training was provided to over 60 prescribers who are now able to get their credentials to be able to prescribe buprenorphine, which is a form of medicated assisted treatment. • The group has been spending time with members of skilled nursing facilities looking to potential barriers to treatment for individuals who may be living in nursing homes and how able they are to get methadone, buprenorphine or naltrexone for treatment of opioid use disorders. • Their next meeting will focus on what housing options are available to people who are struggling in early recovery, 	

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	<p>looking at sober houses and having representatives from various agencies that provide services to those people.</p> <ul style="list-style-type: none"> • DPH has been very involved in recent meetings as they have been looking at barriers to getting people into treatment and possibly developing some care paths that can be disseminated through the CT Hospital Association. • Will be looking into some additional guidance on how and when to obtain urine drug screenings. 	
<ul style="list-style-type: none"> • Recovery and Health Management 	<p>Jennifer Chadukiewicz provided the following update:</p> <ul style="list-style-type: none"> • This committee continues the support of youth recovery supports within the State. They have been learning about gathering resources and have been hearing presentations organizations that are doing really good work in their communities. One of the organizations that they heard a presentation from is The Children’s Center in Hamden, they have specific efforts that have targeted substance use and recovery gaps specifically for youth, recognizing that they have very different needs that adults when it comes to recovery. Their target audiences are youths not linked to services that need navigation support and also support networks outside of treatment. They wrote a grant and received funds to create a non-clinical recovery team to link to treatment and recovery supports. The component is a recovery team of people in recovery ages 13 to 19 that live in the catchment area. The youth involved created a social group call Peace and Chill, they created the guidelines and the vetting process for what their definition of what recovery is for their peer group. They also have a smart recovery group onsite. • This committee continues to see success for the Recovery Friendly Community program. If anyone would like to see this within their community, feel free to contact one of the subcommittee members. A new logo coming out that just says “we are recovery friendly” so that they can be available to individuals, organization or businesses. • They are working on a new rubric for recovery friendly employers. • There will be harm reduction conference in September 12th, and CCAR’s 20th anniversary recovery walk will be held on September 21st. 	Informational
<ul style="list-style-type: none"> • Criminal Justice 	<p>Sara Ali from the New England HIDTA provided an overview of the police toolkit.</p> <ul style="list-style-type: none"> • The toolkit was borne out of the CT Bar Association Opioid Summit, and was brought to the ADPC Criminal Justice Subcommittee. This subcommittee is trying to focus their efforts on figuring out what really needs to be included in a toolkit, and who needs to be around the table to be part of the development. They will also look at all the different resources available to put them all into one place. They are also looking at different prevention materials that can be shared. They will be meeting with the Governor’s Prevention Partnership to look at a conference that they will be putting on in the fall around encouraging partnerships between police departments and community resources. They would like to collaborate the development of the toolkit to synchronize with how the conference is being developed so that it’s a reinforcing message. <p>Dr. Mauer provided an update on the Department of Correction Initiative</p> <ul style="list-style-type: none"> • Expanding MAT Across DOC – there are currently six programs running every day, they are treating between 200 and 275 patients daily, mostly with methadone, a few with suboxone or a buprenorphine containing drug. They have installed automated dispensing equipment in the York Correctional Facility. They are an independent functioning DEA licensed, NCCCHC accredited, and SAMHSA certified OTP at York. 	Informational
<p>Other Business</p>	<p>Dr. Doyon reported that there is currently a vaping issue going on in the country right now, many states are reporting acute lung injuries in young people who vape. There are currently 2 patients in the state of CT who are suspected of having acute lung injuries due to vaping. The CDC and the State Health Department is involved, they don’t know if it’s a toxin chemical related issue or if it’s an infectious disease. Commissioner Dorantes feels this might be an issue that should be discussed further at a future ADPC meeting. John Frassinelli from the State Department of Education said they are working with DMHAS, and DPH and have gone out to a couple of districts to talk to them about vaping, they have also done some education at Wheeler Clinic for their clearinghouse. They also sent out a memo to districts in the spring about the vaping issue, and provided a number of DPH, DMHAS and CDC requirements and resources that they can access. They have a presentation that can be shared with this</p>	Noted

Topic	Discussion	Action
	committee at a future meeting. Dr. Allen also volunteered to offer a presentation regarding Hartford Healthcare's efforts in addressing vaping issues.	

NEXT MEETING – Tuesday, October 15, 2019, 10:00 – 12:00, Legislative Office Building, Meeting Room 1D

ADJOURNMENT – The August 20, 2019 meeting of the Alcohol and Drug Policy Council adjourned at 12:00 p.m.