

Alcohol and Drug Policy Council
Prevention Subcommittee

Meeting Summary

Meeting Date / Location:		January 23,2023 1:30PM-3:30PM, Microsoft Teams Meeting			
Committee Members					
x	Alison Karimi (DCF Agency Support)		Giovanna Mozzo	x	Robert Kanehl
x	Allison Fulton	x	Ingrid Gillespie		Robert Lawlor
x	Andrew Lyon	x	Jennifer Sussman	x	Sarju Shah (DMHAS Agency Support)
	Anna Gasinski	x	Judith Stonger	x	Scott Szalkiewicz
	Carleen Zambetti	x	Kristi Olds	x	Shobha Thangada
x	Colleen Violette		Nancy Kingwood	x	Surita Rao
	Daniel Tobin		Nathaniel Rickles	x	Tom Fulton
	Deborah Lake		Rebecca Allen		Tom Russo
	Don Maletto	x	Rodrick Marriott		
Supporting Leadership & Other Participants					
x	Diana Shaw (presenter)	x	Alison Wiser	x	Stephanie Welch (presenter)
x	Samantha Allard	x	Allison Sullivan	x	Holly White (presenter)
x	Ramona Anderson	x	Kelly Leppard	x	Jack King
x	Karonesa Logan	x	Kris Robles	x	Alyson Codner
x	Steven Wolf	x	Wendy Mill	x	Cynthia Petronio-Vazquez
x	Robin-Tousey Ayers	x	Jeremy Wampler	x	Jacqueline Camposano
x	Hector Maldonado	x	Haley Brown	x	Kelley Edwards
x	Michael Harnois	x	Alyson Codner	x	Gregory Carver

TOPIC	DISCUSSION	ACTIONS / DECISIONS
Welcome Review of Minutes	<p>The meeting began at 1:32p.m.</p> <p>Approval of meeting minutes from last meeting. Judith Stonger motioned and Bob Kanehl seconded.</p> <p>Prevention Subcommittee Goals discussed: Committee members were asked to respond to the brainstorming document to identify new presenters and information that would be helpful for this subcommittee.</p>	<p>Minutes Approved</p> <ul style="list-style-type: none"> - At next meeting we will go over the suggestions. - Alison Fulton will pull out old subcommittee notes.
Quarterly Federal Grant Updates Prevention Framework for Prescription Drugs Presentation	<p>DMHAS – Stephanie Welch</p> <ul style="list-style-type: none"> • Provided an update on the Strategic Prevention Framework for Prescription Drugs (SPF-Rx) grant. The SPF-Rx 2021 initiative’s purpose is to reduce non-medical use of prescription drugs and prevent opioid overdoses. The focus for this initiative is around workforce development and data collection and analysis. • The grant is targeting developing a student learning program/ internship program for pharmacy, public health as well as allied health students. <ul style="list-style-type: none"> ○ Curriculum for the Student Learning Program has been developed and currently reorganizing 	<p>Contact: Stephanie Welch Stephanie.Welch@ct.gov</p>

<p>State Opioid Response (SOR)</p>	<p>the internship program from valuable feedback received from key partners.</p> <ul style="list-style-type: none"> ○ Student placements will occur at four health departments. Ledge Light Health District was the pilot sight and two students were placed there to implement primary prevention strategies, strengthen workforce and identify gaps and needs from the community that can be shared with key stakeholders to address. Students included one from the Pharmacy Program as well as the MPH program. <ul style="list-style-type: none"> ● A CPRMS Workgroup under the Statewide Epidemiological Outcomes Workgroup (SEOW) convened its first meeting in December 2022. The goal for this subcommittee is to review and identify how CPMRS data can better inform and support prevention strategies in impacted communities. 	
<p>Partnership for Success(PFS Grant)</p>	<ul style="list-style-type: none"> ● State Opioid Response (SOR) Grant – the prevention objectives for SOR grant is intended to decrease opioid and prescription drug misused and overdoses through the implementation of a broad collection of evidence based strategies. ● Partnership for Success (PFS) Grant – The objectives for PFS is to reduce underage drinking among 12-to-17-year old's through strengthening local capacity to implement primary prevention strategies. DMHAS is also partnering with DCP, Liquor Control Division to complete an alcohol compliance study within the 12 selected towns. Currently DMHAS is going through competitive bid process and additional information will be shared once contracts are executed. 	
<p>DPH Quarterly Report OD2A</p>	<p>DPH – Colleen Violette</p> <ul style="list-style-type: none"> ● Provided an update on the Overdose Data to Action Grant (OD2A). DPH entered into the Year 3 extension. DPH is working on initiatives with the following partners: ● Department of Consumer Protection, Department of Corrections, seven local health departments, Planned Parenthood of Southern New England, UConn Health Comprehensive Pain Center, the Connecticut Harm Reduction Alliance, NORA Saves, Yale School of Medicine, The Alliance for Living, and the Overdose Fatality Review Panel. ● DPH provided an update on the following activities: Working on a new campaign and message development with the Connecticut Harm Reduction Alliance. ● Alliance for Living – will be procuring Bruker instruments for real-time drug testing. Once instruments are procured, DPH hopes to be able to report out what is being seen in real time. 	<p>Contact: Colleen Violette Colleen.Violette@ct.gov</p>

	<ul style="list-style-type: none"> • Yale School of Medicine – contracted to evaluate the Good Samaritan Law and access to Narcan. DPH plans to initiate a new contract to develop a web-based interface to allow local health departments and other community partners to see how different prevention initiatives impact their communities • Fatality Review Panel – will be launching the launching the overdose Fatality Review panel shortly. <ul style="list-style-type: none"> • As of November 2022, there was 1284 confirmed fatal drug overdoses. The projected number of fatal drug overdoses for 2022 is around 1420 (based on data from January - June of 2022, data may change pending toxicology confirmation) • 95% of the deaths involved any opioid (either prescription or illicit opioid). • 85% of the death involved fentanyl. Per preliminary data, monthly average of fatal overdoses decreased in 2022 compared to 2021. Refer to DPH website for December updates. • The average number of drug overdose deaths per month. <ul style="list-style-type: none"> ○ 2019 - 100 deaths per month ○ 2020 - 115 deaths per month ○ 2021 - 128 deaths per month ○ 2022 - 113 deaths per month (preliminary data) 	
<p>FDA Tobacco Compliance (Preventing Youth Access to Tobacco)</p>	<p>DMHAS - Holly White</p> <ul style="list-style-type: none"> • DMHAS Tobacco Prevention and Enforcement Program consists of two initiatives to prevent youth access to tobacco – State SYNAR and the FDA Tobacco Enforcement. The FDA enforces federal law and Synar enforces state laws. DHMAS houses the Synar tobacco investigators. • DHMAS has five FDA commissioned state employee investigators who conduct 5,000 inspections of stores annually. The team conducts (1) undercover buys - where trained undercover youths are sent into stores to purchase tobacco and (2) advertising and labeling inspections –where they check for advertisements without warning labels as well as loose cigarettes. • Retailer/Clerk Violations range from warning letters for first time offenses to civil money penalties (up to \$13,000) to No Tobacco Sale Order (NTSO). (Note: NTSO are rare.) • For youth investigators, the program has about 20 kids and can have up to 40. Youth Investigators range from 16 – 20 years of age and are extensively trained in undercover buys, safety, situational awareness, tobacco product, knowledge, and inspection protocols. 	<p>Contact: Holly White Holly.White@ct.gov</p>

Connecticut
Department of
Consumer
Protection(DCP)
Presentation on Adult
Cannabis Use

DCP - Diana Shaw, Supervisor, Adult Use Cannabis Program

- Diana Shaw presented an overview of the Adult Cannabis market place, packaging information, the seed-to-sale tracking, and other guidelines.
- Overview of the legalization of cannabis in CT
- All products must be lab tested and meet packaging and labeling standards
- Must be in child safe packaging
- Must not appeal to children
- Adult use cannabis products are subject to a potency cap, including edible cannabis products being limited to 5 milligrams of THC per serving.
- Seed to sale tracking
 - Every cannabis establishment license in Connecticut is required to participate and provide data into DCP's seed to sale tracking. This is a real time inventory system where, at any given time, we can see how much cannabis is available and can track and actual plant.
 - The seed to sale tracking system does not collect consumer information. When the product is sold to a consumer, the age is verified, but no information is collected of the consumer.
- There are three taxes available based on cannabis products, one being the state sales tax, second is municipal tax and the third is a THC tax. There is no tax on medical marijuana as it is considered medicinal.
- Medical marijuana was legalized in 2012 with the first six dispensaries opening in 2014. There were eighteen dispensary facilities and four producers at about 49,000 patients registered in the program. As of last July, there are 1600 prescribers in the system that are allowed to certify patients as being qualifying patients or having one of the qualifying diagnoses.
- Effective July 1, 2023, there will no longer be patient/caregiver registration fees for medicinal marijuana in the DCP system.
- In the adult use cannabis framework, there are different types of establishments – including those that grow and those that sell. Growing includes cultivators and micro cultivators. The sales portion includes hybrid retailers – those that sell both medical and adult use cannabis, and then the retailers that solely sell adult use cannabis. There is a technical type of license types for manufacturing vape products, as well as for food and beverage.
 - There are currently seven hybrid retailers and two more are about to convert.
 - There are four current medical marijuana producers who have applied to convert and grow adult use marijuana.
- Adult use cannabis sales began on 01/10/23
- On the first day, Adult use Cannabis had over \$350,000 in sales. In a week, the sales was \$1.8M and to date

Contact: Diana Shaw
Diana.Shaw@ct.gov

there is about \$3.1M in sales. At this time, Medical marijuana use sales continues to outpace adult cannabis sales.

- Currently there is a limit to ¼ ounce transaction for adult cannabis while medical marijuana is limited to 5 ounces per month per month for qualifying patients.
- There is also a limit to the amount that can be carried, taxes, different potency restrictions and product types between medical and adult use cannabis. For example capsules, pills, tablets, suppositories- medicinal use - is not permitted in the adult use cannabis program, but permitted in the medical marijuana program.
- Packaging
 - Diana provided examples of what is permitted and not permitted in adult use cannabis packaging. This included the shape and size of gummies, how THC is clearly labeled on the product, and that the serving size can be no more than 5 milligrams.
 - Beverages containing cannabis must be packaged in no more than one single serving size.
 - Packaging cannot appeal to anybody under the age of 21, they are tamper and light resistant and for edibles they have to be in an all-white package and they cannot look similar to other products, whether to a non-cannabis product or a medical marijuana product that could be marketed to someone under 21.
 - There are very specific guidelines for packaging and labeling for edibles. All edibles are in plain packaging and plain, flat face fonts. Labels must include the name of the cannabis that is registered with DCP, expiration date, serving size, directions for storage, active ingredients listed as well as any known allergens are also included.
 - Strict warning statements are also required. This includes that it is for those over 21, contains THC, that the product can be intoxicating and not to operate machinery. It also states to keep away from children.
- DCP has developed materials around accidental ingestion, secure storage and proper disposal. These items have been vetted by DMHAS and DPH and are currently being translated into several languages.
 - Additional materials that are being developed include: information about how much can be purchased, differences between adult use and medical marijuana, as well as “go slow and start

	<p>low” messaging, cannot use in cars, how to read labels, potencies, benefits of purchasing cannabis from a regulated market, as well as other public safety messages.</p> <ul style="list-style-type: none"> • Cannabis delivery is permitted under legislation; however at this time there are no services available. There are very strict rules as far as delivery goes or policies and procedures have very strict rules. • Steven Wolf shared that Cannabis continues to be federally illegal so most transactions are all cash sales. It was reported that local debit cards work with local banks but not Interstate. • Greg Carver asked for clarification on what can be sold outside of the licensed cannabis establishments. Diana Shaw shared that any product with more than 0.3% THC needs to be sold in a licensed cannabis establishment. Products with less than 0.3% THC is not regulated by DCP. In the event of retailers selling products that contain more than 0.3% THC then to contact DCP. • Greg Carver then asked a clarifying question regarding vaping sales. Diana Shaw reported that the cannabis flower is the most common cannabis product being purchased; vaping sales is about 10-12% similar to that of capsule and pill sales. 	
<p>Workgroup Updates</p>	<p>Media and Stigma Work Group</p> <ul style="list-style-type: none"> • Power of Media: Change the Narrative – the third virtual forum will be held on 02/10/23. They have close to 100 people registered to participate. <ul style="list-style-type: none"> ○ Stephanie and Diana thought it would be great to inform the media not to interchange Adult Use vs Recreational Use because they might not be aware of the language being used. • Naloxone Workgroup: Is currently look at what is happening in CT, what are people doing for training, is the training consistent, and what are training best practices that can be included in Connecticut. <ul style="list-style-type: none"> ○ Also the FDA is looking into approving Naloxone for OTC. ○ Steven Wolf (DCP) asked if anyone is concerned that if Naloxone gets over the counter approval, then insurance wont pay. ○ Recommendations no later than August 2023. • Cannabis Workgroup recommendations were submitted to the General Assembly and will be emailed out to the Prevention Subcommittee. • Additionally since the launch of the Be In the Know CT campaign during Thanksgiving, it has over 80K views. Marketing of the campaign can be seen on billboards, social media, bus tails, radio, streaming services and recently at UConn athletic games. 	<p>Contact: Judith Stonger jstonger@wheelerclinic.org</p>

Future topics presentation	N/A	
Other / Member updates	N/A	
	<p>The meeting adjourned at 3:15 pm.</p> <p><u>Next Prevention Subcommittee Meeting:</u> Monday, February 27, 2022, 1:30 – 3:30pm</p> <p><u>Next Full ADPC Meeting:</u> Tuesday, February 21, 2023, 10:00 am – 12:00 pm</p>	