

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, February 17, 2026
Video Conference Call Through TEAMS
10:00 a.m.

ATTENDANCE

Members/Designees: **Dr. Craig Allen**, Treatment Co-chair; **Luiza Barnat**, DMHAS Designee; **Jacqueline Calayag**, Recovery Tri-Chair; **Paulo Correa**, Carelon; **Courtney Dollar**, Co-Chair Recovery Committee; **Brian DeLude**, Tri-chair, Criminal Justice Committee; **Danielle Ebrahimi**, Criminal Justice Representative (DMHAS); **Curtis Eller**, DESPP Designee; **Katie Farrell**, Public Defender Representative; **Tammy Freeberg**, The Village for Families & Children; **Ingrid Gillespie**, Liberations; **William Halsey**, DSS Designee; **Susan Hamilton**, Interim Commissioner, DCF; **Mark Jenkins**, GHHC; **Deborah Lake**, Prevention Committee Co-chair; **Keri Lloyd**, Prevention Representative (DCF); **Abigail Lieberman**, Co-Chair Prevention Subcommittee; **Cristin McCarthy Vahey**, State Representative; **Justin Mehl**, Recovery Committee Representative (DMHAS); **Nancy Navarretta**, Commissioner, DMHAS; **Gerard O'Sullivan**, DOI; **Shauna Pangilinan**, DPH Designee; **Dr. Surita Rao**, UCONN Health Designee; **Chris Robles**, DCF Designee; **Gary Roberge**, Judicial Designee; **Amy Rodriguez**, Criminal Justice Representative (DCF); **Sarju Shah**, Prevention Representative (DMHAS); **Morgan Suess**, Tri-Chair Criminal Justice

Visitors/Presenters: Michael Airlo, Bridget Aliaga; Chantelle Archer; Barbara Estrada; Luiza Barnat; Chlo-Anne Bobrowski; Heather Clinton; Dana Sullivan, Dave Glacinski; Kate Dormont; Kelley Edwards; Dionne Elizabeth; Erika Emeryonu; Fiorigio Fetta; David Fiellin; Julianne Giard; Kathryn Hanly, Robert Heimer; Katie Hill; Morica Hutchison; Jim Wallis; John Lally; David Kaplan; Kimberly Karanda; Kassandra Rowe; Christy Knowles; Karonesa Logan; Susan Logan; Carrie MacMillan; Chris McClure; Michaela McLeod; Sara Messier-Smith; Michael Dennis; Paul McNeil; Chandar Persaud, Rebecca Peterson; Dawn Rios; Nidia Rosario; Troy Ruff; Scott Olsen; Diana Shaw; Kelly Sinko; Ece Tek; Elsa Ward; Karolina Wytrykowska

Recorder: Karen Urciuoli

The February 17, 2026, 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 Interim Commissioner Susan Hamilton, DCF

Topic	Discussion	Action
Co-Chair Welcome	Commissioner Navarretta welcomed everyone to the February meeting.	Noted
Review and Approval of Minutes	December 16, 2025, minutes were approved as written.	Noted
OSAC Update	Sarah Messier-Smith, DMHAS Opioid Services Division provided the following report: Budget Update - Total amount received in OSAC fund to date: \$185,886,363 - Recent settlement payments received from Allergan, CVS, McKesson & Distributors, and Teva totaling approximately \$24 million - Total amount of funding approved by OSAC to date: \$111,691,813 - Estimated cost of continuation of current projects through FY 29: \$140,844,034 - Estimated cost of continuation of current projects through FY 30: \$169,209,632 OSAC Project Data Collection and Outcome Report - Provides overview of each OSAC-approved project including: - Implementation Updates - Reporting Type - Anticipated Data Points - Anticipated Report Dates - Data Collection and Output Reporting Summary - Anticipated data points and reporting dates are project-specific and collaboratively developed with the OSAC Research and Data Subcommittee, DMHAS Opioid Settlement Admin Team, Project Manager, and other key partners	Informational

Topic	Discussion	Action
	Naloxone Saturation • Naloxone is an opioid antagonist medication used to reverse an active opioid overdose • CT Saturation Plan: At least 45,000 Naloxone kits into the community • CT DMHAS provides Naloxone to a variety of entities that distribute Naloxone to the community • Since achieving the saturation goal, CT saw a significant decrease in overdose fatalities for four consecutive years, and that trend is on track to continue for 2025 LiveLOUD Public Awareness and Education Impact Summary • Raised awareness: Messages appeared across Connecticut more than 48.4 million times • Connected with target audiences: The campaign earned more than 879,000 social engagements in English and Spanish • Engaged audiences: Over 108,000 link clicks drove users to key information on the website • Expanded reach: Successfully launched on TikTok, generating 2.4 million impressions and reaching 671,730 unique users Key Performance Achievements • 115% improvement in Google Search Click Thru Rate (CTR) - significantly better relevance and targeting • 96% increase in Google impressions - enhanced digital presence • Platform diversification - added TikTok, Twitch, place-based media, and community print • Engagement quality - maintained strong engagement rates (25-30%) • Geographic expansion - broader OOH coverage across Connecticut communities with 64% increase in OOH impressions • Bilingual reach - strong performance in both English and Spanish across all channels LiveLOUD.org Website Metrics: 03/01/25 - 10/20/25 • New Users: 76,616 (+132.87%) • Pageviews: 109,543 pages viewed (+87%) 2026 OSAC Meeting Schedule • April 7 from 9:30-11 (Note date/time change for April meeting) • July 14 from 10-12 • October 13 from 10-12 CT Opioid Settlement Dashboard • https://portal.ct.gov/cosac	
Kratom Overview	Katherine Hill, PhD Candidate Epidemiology of Microbial Diseases provided the following report: History • Kratom: A Plant-based Product • Kratom Consumption in - not necessarily viewed as 'drug use' - • more like a cup of coffee. Kratom Use Indigenously / Traditionally in Southeast Asia Many indigenous uses of the plant • Most commonly used by male laborers to manage pain and boost energy during the work day • Used by men in the evenings in social settings (not accepted for use among women) • Used as a household remedy for various things such as fever, diarrhea, pain, anxiety, etc. • Occasionally used in religious ceremonies • Due to these uses, kratom use is not stigmatized in SEA the same way that other drugs/alcohol are	Informational – The full PowerPoint presentation that includes data can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action
	- Kratom use has been documented to serve as a withdrawal mitigation strategy / substitute for opium and/or heroin in Southeast Asia for almost 200 years (note the product is different than what is available in the US) - This history also points to the potential for kratom dependence, withdrawal, cravings, and addiction Kratom in the US - First reported to come to the US in 1980's or 1990's, but see kratom becoming having more mainstream use starting in 2010's - Estimated number of kratom consumers in the US: 3-15 million Kratom is Grown/Processed and Sent to the US - Leaves are harvested and dried in Southeast Asia - Leaves are processed into powders and sent to the US for distribution Variety of US Kratom Products/Vendors - Kratom products look very different in the US than in Southeast Asia - Most people are buying kratom online - Additionally, people access kratom at local stores: head shops / vape stores / gas stations / bodegas / organics stores - In some states, people can access kratom at specialized kratom/kava bars What Actually is kratom? The Key to Kratom's Impact - The kratom plant has "alkaloids," which are a plant-based class of organic compounds which have physiological / pharmacological effects on humans - Over 40 alkaloids have been isolated from the <i>Mitragyna speciosa</i> plant. Mitragynine is the most researched, primary, active alkaloid that causes the physiological effects seen in humans. Kratom Has Activity at Many Receptor Types - alpha-2 adrenergic receptors - kappa-opioid receptor (competitive antagonism) - dopamine receptors - adenosine receptors - serotonin receptors - delta-opioid receptor (competitive antagonism) - mu-opioid receptor (partial agonism) An Herbal Speedball? - Overall: Kratom is known for having stimulant-like effects at LOW doses and opioid-like effects at HIGH doses - Opioid activity → helps with acute/chronic pain - Kratom's alkaloids are often referred to as "atypical" opioids - Even if they bind to opioid receptors, they DO NOT activate the β-arrestin pathway (this is what is responsible for the respiratory depression seen in other opioids) - Studies in rats and case studies show the effects of mitragynine can be reversed with naloxone - Adrenergic activity → blocks pain signaling - Serotonergic, dopaminergic, adenosine receptor activity → unclear of the exact pharmacological impacts Harm or Harm Reduction? CASE STUDY: "In this case of a female in her 40s brought in... appearing hypoxic, obtunded, difficult to arouse, and cyanotic, differentials included substance use disorder (opioid versus benzodiazepines versus other substances that could cause respiratory suppression), stroke, respiratory failure secondary to infection, cardiogenic causes, and central nervous system infections.... Due	

Topic	Discussion	Action
	to the patient's responsiveness to naloxone, high on the differential was opioid use disorder with overdose. However, the patient's urine toxicology was negative for opioid or fentanyl use. Fortunately, the patient became alert shortly after interventions and was able to give a history of large volume kratom consumption." Source: Ahmed et al, 2023 Common Kratom Use Side Effects • Constipation, dizziness, nausea, drowsiness, confusion, agitation, vomiting Rare Adverse Outcomes / Toxicity (if used in high doses, concentrated products, etc.) • Seizures, coma, respiratory depression, cardiac arrests, rhabdomyolysis, renal failure, bradycardia, respiratory arrest, overdose, death Common Kratom Withdrawal Symptoms • Muscle spasms, diarrhea, lack of appetite, fever, pain, runny eyes/nose, mood swings, restlessness/disturbed sleep, sadness Reported Benefits from Use • Increased focus, elevate mood, manage depression, manage PTSD, reduce use of opioids, relieve chronic pain, relieve acute pain, manage anxiety, increase energy, manage withdrawal symptoms Kratom as a Tool if Limited MOUD Access? • Hard to evaluate specifics... there have been no rigorous clinical trials published to date (largely due to product inconsistencies) ... information based on self-report / case studies Emerging Kratom Research 4 Classes of Kratom Consumers in the US • Pain Treatment • SUD Treatment • Low Anxiety/Depression • High Anxiety/Depression Kratom In the Context of Polysubstance use • Kratom is often used by people who also use other substances • Most kratom-related overdose deaths have another substance involved (e.g., fentanyl, opioids, benzodiazepines, etc.) Synthetics and Semi-Synthetics • 7-hydroxymitragynine (7-OH) is the oxidized derivative of mitragynine • This is of growing interest due to providing analgesic effects via the mu-opioid receptor • 7-OH has 10-22 greater binding affinity at the mu-opioid receptor than morphine • There is also interest in mitragynine pseudoindoxyl • This ALSO is of growing interest due to providing analgesic effects via the mu-opioid receptor • Pseudo is nearly as potent as fentanyl! • The safety of these molecules in humans have NOT been studied. • These products are often mislabeled as "kratom" when sold. • There are very few regulations on the sale of 7-OH or pseudo products in the US Key Takeaways • Kratom is a complicated plant that does numerous things to the brain/body • Indigenous use in Southeast Asia looks very different from use in the US • Kratom use disorder is prevalent, though largely mild • Some researchers/physicians support use of buprenorphine for treating KUD • There is still much we do not know about kratom and its impacts! • There are a growing number of 7-OH and pseudo products online	

Topic	Discussion	Action
	market These are highly potent products → emerging public health concern that needs more research	
Adolescent Substance Use Data - Preliminary Findings from the 2025 Connecticut GAIN Data Set	Michael Dennis, Ph.D., Chestnut Health Systems provided the following report: Purpose, Sample and Methods - Purpose: To provide a quick summary of findings from DCF's implementation of the Global Appraisal of Individual Needs Quick version 4 (GAIN Q4) and how it relates to patient placement and treatment planning recommendations. The GAIN Q4 was aligned with the American Society of Addiction Medicine's (ASAM) Patient Placement Criteria version 4 to be in alignment with the states SUD 1115 Demonstration Waiver. - Sample: The data set is based on 1,096 DCF clients ages 10-25 interviewed at intake between 10/23/2023 to 12/8/2025. - Method: Data are aggregated across 14 treatment providers in Connecticut providing one or more evidence-based practices including: Adolescent Community Reinforcement Approach (ACRA); Helping Youth and Parents Enter (HYPE) Recovery: Multidimensional Family Therapy (MDFT); Multisystemic Therapy (MST); and Substance Screening, Treatment, and Recovery for Youth (SSTRY). Most of these are intensive in-home services for youth and their families. Data have been de-identified for individuals and clinics. Global Appraisal of Individual Needs (GAIN) - The GAIN is a family of instruments (ranging from screening to quick assessment to full biopsychosocial and outcome monitoring tools), workforce development protocols, software applications (including administration, scoring, interpretation, and analysis) - Designed to integrate clinical and research assessment to support a) clinical decision making at the individual client level; b) management, evaluation and development at the program level; and c) to support secondary analyses and comparisons across individuals and programs - The GAIN Quick Version 4 (Q4) is approximately 30-45 minutes and designed to predict diagnosis, ASAM level of care placement, and treatment planning statements with fewer questions than the full GAIN Initial. - Connecticut DCF has used variations of the GAIN since 2003 and the GAIN Q4 since 2023. Age Distribution of Youth 14 and under – 37% 15 – 17 – 54% 18 – 25 – 9% Prevalence of Substance Use Disorders (SUD) in the 90 Days Prior to Intake - All ages have issues with alcohol and cannabis - Adolescents are less likely to present with use of opioids or other drugs which are primarily Xanax and or other benzos and multiple substance. Prevalence of Mental Health Disorders in the Year Prior to Intake - The prevalence of mental health disorders is quite high across all age groups. - Adolescents are likely to have ADHD or conduct disorder. - Adolescents are less likely to have other internalizing disorders, depression, anxiety, and early psychosis. Other disorders tend to have an onset as you age up into young adulthood. - Suicidal thoughts, early psychosis symptoms, and hearing or seeing things are likely to start showing up in adolescence. While less common than some of the other disorders, these symptoms are often huge triggers for some kind of mental health crisis intervention. Prevalence of Other Individual Problems in the Year Prior to Intake - Needle use, sexual risks, and victimization are increasing with age.	Informational

Topic	Discussion	Action
	- Co-occurring legal, violence and victimization are all common; and key features of youth who stay in the system Prevalence of Environmental Problems in the Year Prior to Intake - All age groups had high rates of legal system involvement. - Younger patients are more likely to present with stress and use in the home; but less likely to be literally homeless. Recommended Placement by ASAM Patient Placement Criteria - Younger ages groups are more likely to need outpatient/IOP or non-SUD mental health services Other Placement/Service Specifiers - 1 - Youth typically have lower rates of other issues. - Tobacco use (and need for cessation) goes up during early to late adolescence Other Placement/Service Specifiers – 2 - Consistent with jump in opioid use disorders, high rates of need of MOUD Tx - While less common, clinical significant need for psychosis, withdrawal and suicide intervention Take Away Points - Clients presenting to the DCF funded participating programs present with high rates of multiple substance use, mental health, health, legal, victimization, environmental and other needs. - These needs are typically getting more severe among the subsets who stay in/enter the system at later ages. - Rates of suicidal thoughts and/or early symptoms of psychosis are reasons why many of the youngest clients present for treatment. - Intervening at earlier ages allows the use of behavioral health outpatient and intensive outpatient placement over residential treatment. - There are some significant gaps in the system, including the lack of residential treatment, co-occurring mental/physical health, and other issues. - These findings illustrate the importance of screening for multiple needs and providing staff with technological assistance to help identify multiple diagnoses, problems, and needs, as well as to make better placement and treatment planning recommendations.	
DMHAS' Substance Use Legislative Proposals	Kelly Sinko, DMHAS, Chief of Governmental Affairs and Policy and Chandra Persaud, DMHAS, Legislative Program Manager Legislative Timeline / Overview of Proposal Journey - Fall 2025 – Agency submit to OPM - January 2026 – Final Proposals approve to share with stakeholders - February 4, 2026 – First day of Session (short session) - February 20, 2026 - Need bill concept to be raised by appropriate committee - February – March 2026 – Public hearing is held - End of March 2026 – Deadline to pass out of committee - May 6, 2026 – Last day of Session, needs to pass both chambers DMHAS Proposes 2 Bills for Consideration Promoting person-centered, recovery-friendly language - Adds DMHAS to list of agencies DESPP coordinates with for deployment of behavioral health professionals in certain emergency situations - Updates state facility advisory council language to reflect current practice - Repeals outdated references to Catchment Area Councils An Act Expanding Access to Opioid Overdose Reversal Medication Removes barriers to access for opioid antagonists by: - updating education statutes to conform with changes in FDA designations	Informational

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	- clearly allowing distribution of over the counter (OTC) opioid antagonists by state agencies and other organizations - exempting free distribution from the non-legend drug permit requirement AAC Recovery Friendly Language and Various Revisions to Mental Health and Addiction Statutes Sections 1-110 – Recovery - Friendly Language - Inclusive and supportive environments - Diagnostic Statistical Manual (DSM) Updated terms - State affirmation of commitment to dignity and recovery Principles - When “substance abuse” was used as an adjective to describe services, treatment, facilities, etc, we changed it to “substance use”. - When “substance abuse” referred to a diagnosis/disorder, we changed it to “substance use disorder” - When “substance abuse” referred to the act of consuming/taking substances, we took it case by case: - For example, when referring to the use of prescription drugs in a way not intended, we said “substance misuse”. An Act Expanding Access to Opioid Overdose Reversal Medication Context for Sections 1 & 2 – Education Statutes 2023 – US FDA approved the first over the counter (OTC) naloxone nasal spray - OTC status indicates that consumers can understand how to use the drug safely and effectively without the supervision of a health care professional or specialized training - This action necessitated updates to statutes regarding reference to “training” requirements or clinician/pharmacist prescriptive authority - Collaborated with SDE, DPH, and DCP Section 1 & 2 – Education Related 4 main changes to education statutes relating to opioid antagonist administration: - remove outdated language that narrowly identifies who can administer opioid antagonists on school grounds. - expand immunity to those who can administer an opioid antagonist. - add DMHAS to the list of agencies advising on the guidelines for storage and administration of OTC opioid antagonists in schools used by local and regional boards of education; and - limit training requirements only to those who are using opioid antagonist delivery mechanisms not yet approved by the FDA to be OTC. Context for Section 3 – Expanding Overdose Reversal Drug Access in Communities - Overdose deaths have declined for four consecutive years, yet continued efforts are needed. - In 2025, DMHAS distributed nearly 80,000 kits, exceeding its saturation goal. - While this work has contributed to a significant, multi-year decrease in overdose fatalities, perceived legal or regulatory barriers to distribution and liability remain. - Updates the opioid antagonist Good Samaritan law by extending liability protections to those distributing OTC opioid antagonists - Exempts free distribution from the non-legend drug permit requirement	
Sub-committee Reports		
Criminal Justice	Brian DeLude provided the following update: - Met a twice since the last ADPC meeting. - Had a presentation from a group called Hang Time, which is an organization located in the New Haven / Bridgeport area. The organization provides an opportunity for those that are criminally justice-involved to meet at least once a month to discuss resources, find support in one another, and stay connected to pro social individuals and pro social	Informational

Topic	Discussion	Action
	programming. Since the presentation, CSSD and their AIC team have been looking to partner with them and use them as a resource after they have completed the AIC programming. • CSSD is in the midst of developing their next adult behavioral health services RFP, discussed what that could look like with regard to upcoming practices or emerging promising practices. • This sub committee will meet again on March 4th at 1:00.	
• Recovery and Health Management	Courtney Dollar provided the following update: • Met virtually in January and discussed ongoing initiatives and emerging priorities and recovery harm reduction statewide collaboration. Tri chair Jacqueline Kayag delivered a comprehensive overview of the overdose prevention programs, including guidance on 1st responder engagement, expanded use of naloxone kits, and the shift towards person centered stigma reducing language. The discussion outside the role of family has improved 911 communication and increased awareness of resources such as safe spot, 988, and the Nora app. • The Language Matters Work Group reported continued progress towards updating the document to incorporate inclusive and harm reduction, and to align language to more accurately represent diverse pathways to Wellness. The group will continue revising the document collaboratively with plans for expanded review and will be finalized in the coming months. • This committee continues to work on identifying potential 2026 priority areas, including ongoing support of the Recovery Friendly Community and Education Initiatives through partnerships with the Prevention subcommittee and RBHOs to support recovery-oriented environments statewide. • Other virtual meeting topics included peer support, Medicaid billing, a Safe Spot update and drug checking surveillance and monitoring. • Community partners provided updates on legislative forums, employment service expansion, youth peer support, development and program activities from organizations such as Tri Circle and DMHAS.	Informational
• Treatment	Dr. Allen provided the following update: • Met in January. Will meet again this week. • Katie Hill provided an overview of Kratom. They had a chance to discuss who they are seeing use Kratom. They discussed the lack of standardized guidelines across the state and different strategies for managing Kratom use. • Discussed the harm reduction policy in light of the evolving federal guidance and funding constraints. • Discussed Naloxone and primary care and how they treat DMHAS distributed Naloxone. • MOUD prescribing across the state have gone, opioid deaths have also gone, will continue to look into both of	Informational
• Prevention, Screening and Early Intervention	Abigail Lieberman provided the following update: • The cannabis work group has been meeting, any interests or questions about this group can be directed to Danique Lewis of DMHAS • The Recovery Friendly work group has been working on the redesign and revamping of that website. They are making great progress with content development and visuals and are excited to be able to share some of the content in the next couple of months as things are finalized. • Next meeting is scheduled for March 16th.	Informational
Other Business	John Lally reported that on Wednesday, February 18th, there will be a public hearing at the LOB on SB195, which concerns the prevention of accidental overdoses and improving access to treatment and recovery services substance use disorder.	

NEXT MEETING – Tuesday, April 21, 2026 – Virtual

ADJOURNMENT – February 17, 2026 meeting of the Alcohol and Drug Policy Council adjourned at 11:30am.