

September 12, 2023

# Connecticut Opioid REsponse (CORE) Strategic Plan

*Draft Report Summary*

Presenter: David Fiellin, MD



# Overview

- CORE Team
- 2023 CORE Report Funding Priorities
  - Guiding Frameworks
  - Methods
  - Priorities 1-6 Summaries
- Appendices
  - Model Programs
  - Strategies not Recommended
- Comment Period

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# CORE Team



**David Fiellin, MD**



**Ben Howell, MD, MPH**



**Emma Biegacki, MPH**



**Will Becker, MD**



**Gail D'Onofrio, MD, MS**



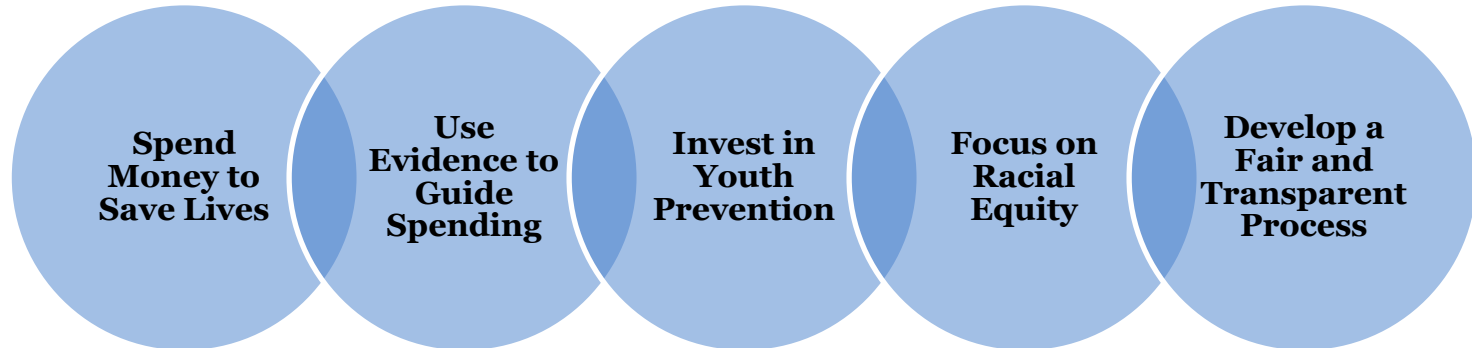
**Robert Heimer, PhD**

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# 2023 CORE Report Funding Priorities: Guiding Frameworks

- Exhibit E List of Opioid Remediation Use
- Principles for the Use of Funds from the Opioid Settlements



# Principles for the Use of Funds from the Opioid Litigation

<https://opioidprinciples.jhsph.edu/the-principles/>

- Endorsed by a coalition of 48 organizations across the spectrum of the substance use field including physicians, addiction medicine specialists, recovery, treatment, and harm reduction.
- Provides planning and process level guidance for state and local policymakers on how to effectively spend money from the opioid settlements.



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# Methods

- Review of progress on 2016 report recommendations
  - Updates on progress to-date, available data
- Literature Review
- Review of efforts in other states
- Key informant discussions and consultations

CT Department of Mental Health and Addiction Services  
Alcohol and Drug Policy Council subcommittees (Prevention, Criminal Justice, Treatment, Recovery)  
CT DOC  
Connecticut Poison Center  
SWORD  
Connecticut Harm Reduction Alliance  
Ledge Light Health District  
Alliance for Living  
New London, Department of Human Services  
GBAPP (Greater Bridgeport Area Prevention Program)  
Yale School of Public Health Modeling Unit  
Rhode Island Opioid Settlement Committee (Dr. Brandon Marshall)  
Dr. Srinivas Muvvala (Yale Department of Psychiatry, CT Opioid Settlement Committee Member)  
Maryland Addiction Consult Service (MACS)  
California Bridge  
Forthcoming: CT DPH, CT DCP, CT ASAM, CT OTP Directors, others

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# 2023 CORE Report Funding Priorities

1. Increase access to and support the most effective medications (methadone and buprenorphine) for opioid use disorder across diverse settings
2. Reduce overdose risk and mortality, especially among individuals at highest risk and highest need with linkage to treatment, naloxone, and harm reduction
3. Improve the use of existing data and increase data sharing across relevant agencies and organizations
4. Increase the size of the addiction-specialist workforce and improve non-specialist and community understanding of the scale and nature of OUD as well as evidence-based treatments to decrease stigma and promote treatment uptake
5. Simultaneously deploy and evaluate select primary, secondary, and tertiary prevention strategies
6. Address social determinants and needs of at-risk and impacted populations



# Priority 1: Increase Access to and Support the most Effective Medications for OUD (MOUD)

**Strategy #1:** Strategically expand access to and improve retention on methadone and buprenorphine via federally certified OTPs.

**Strategy #2:** Increase provision of MOUD for people in CT EDs and hospitals and support improved transitions of care.

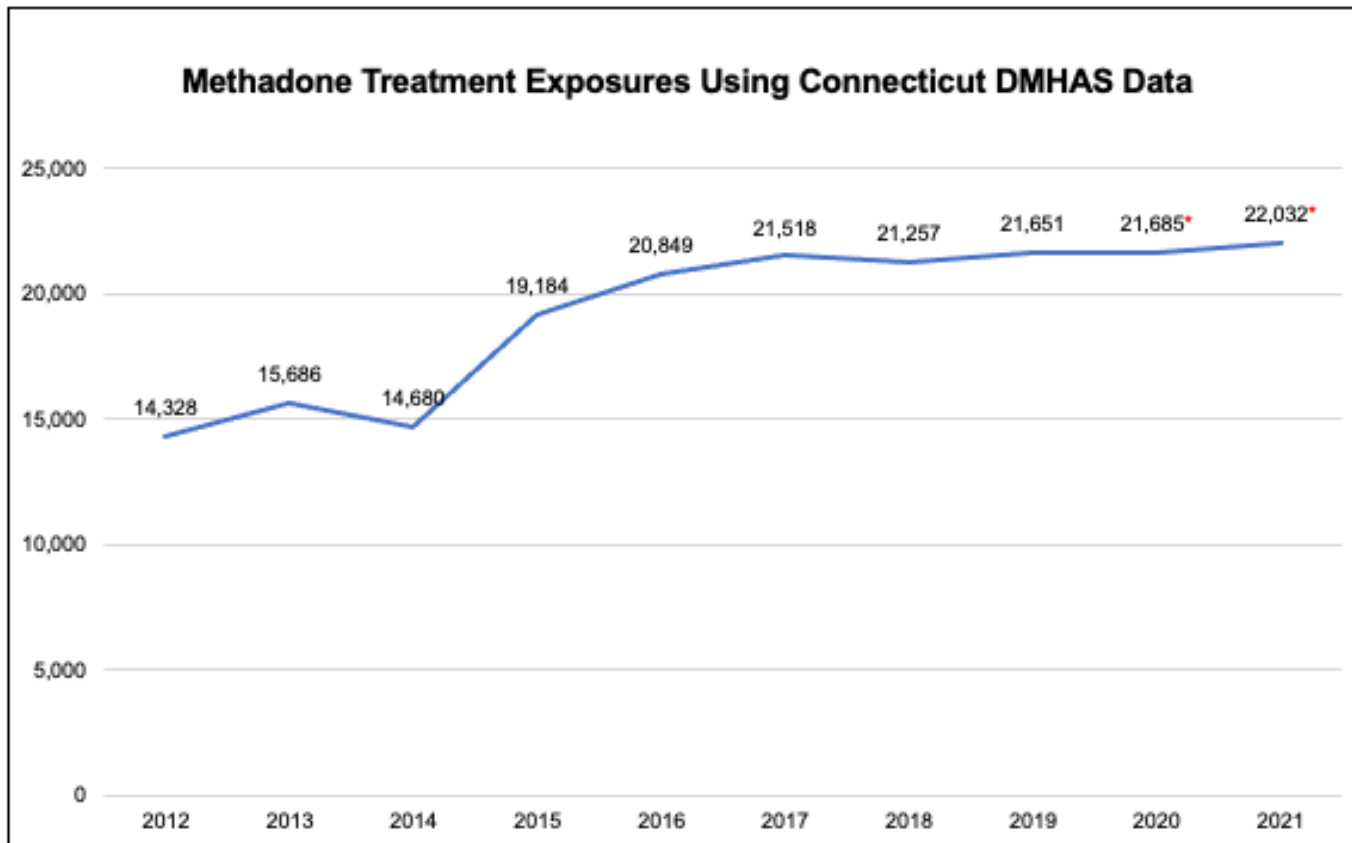
**Strategy #3:** Increase availability of buprenorphine in office-based settings of primary care, federally qualified health centers, hospital-based clinics, recovery support services, harm reduction services, and other settings.

**Strategy #4:** Ensure access to all FDA-approved medications for OUD for people incarcerated in and transitioning out of CT DOC.

**Strategy #5:** Improve analysis and timely reporting of existing data pertinent to provision of MOUD in the state.

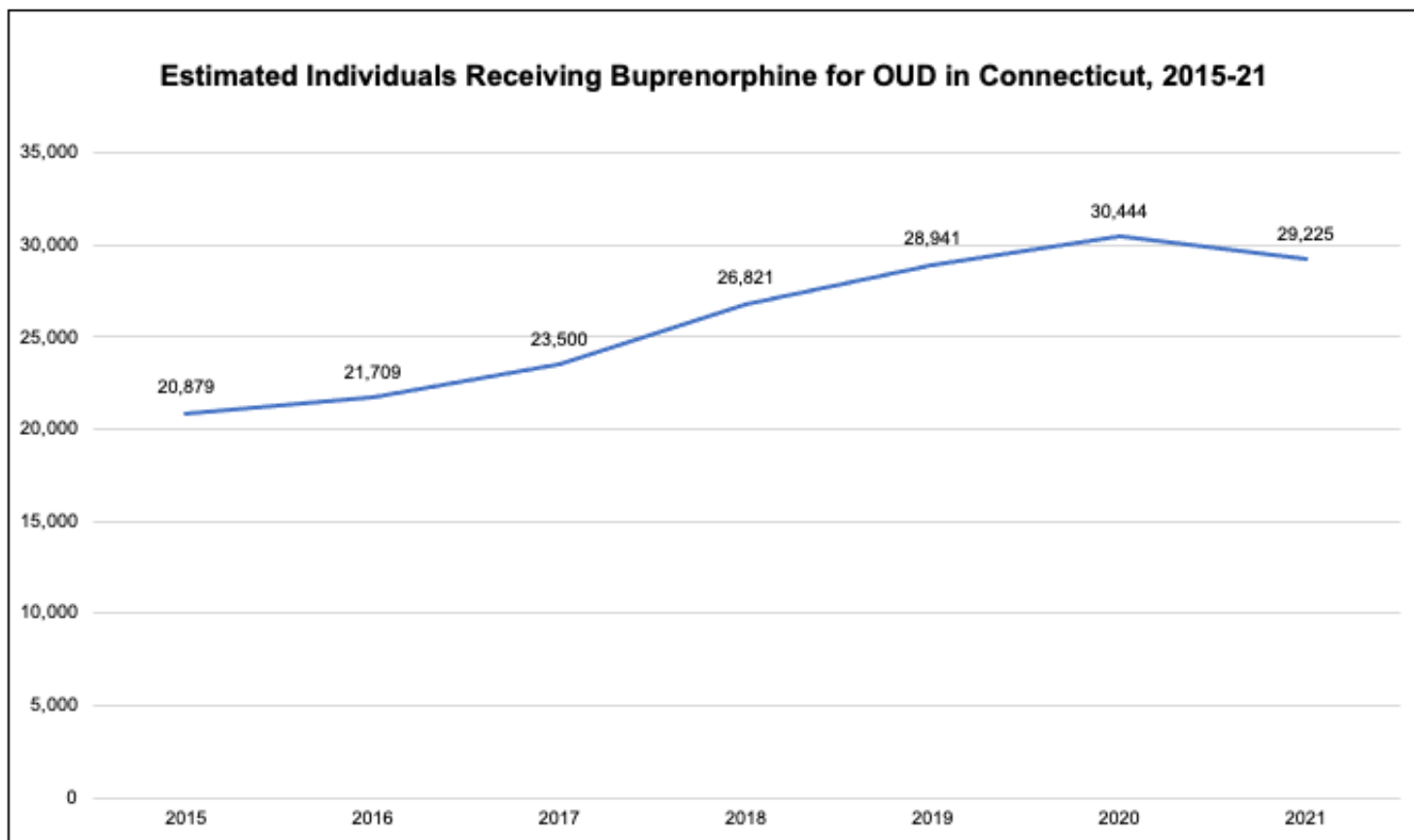


# Methadone Access 2012-2021



\*Estimated

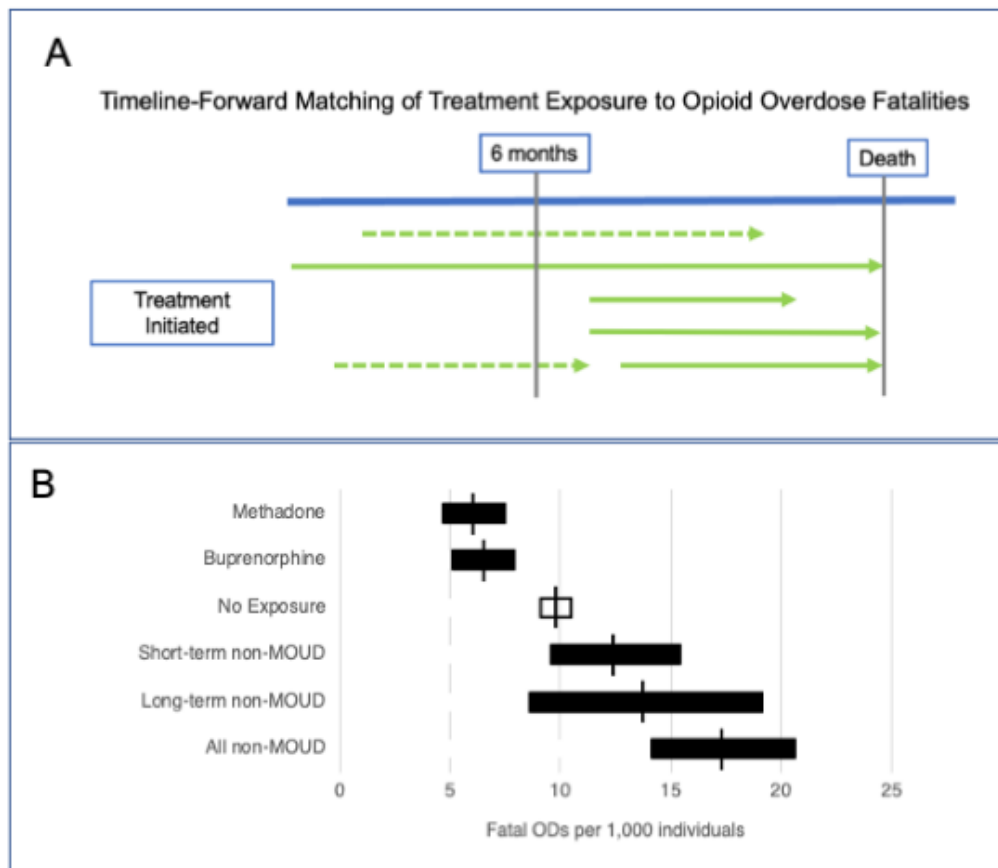
# Buprenorphine Access 2015-2021



YALE PROGRAM IN  
**ADDICTION  
MEDICINE**



# Which treatments decrease risk of fatal overdose in Connecticut?



**Figure C2. Effect of Exposure to Treatment for Opioid Use Disorder on Opioid Overdose Fatalities.**

## Priority 2: Reduce overdose risk and mortality

**Strategy #1:** Increase linkage to naloxone, drug supply testing, and syringe service programs for people at high risk of overdose

**Strategy #2:** Create harm reduction centers that provide ancillary support services for people actively using drugs.

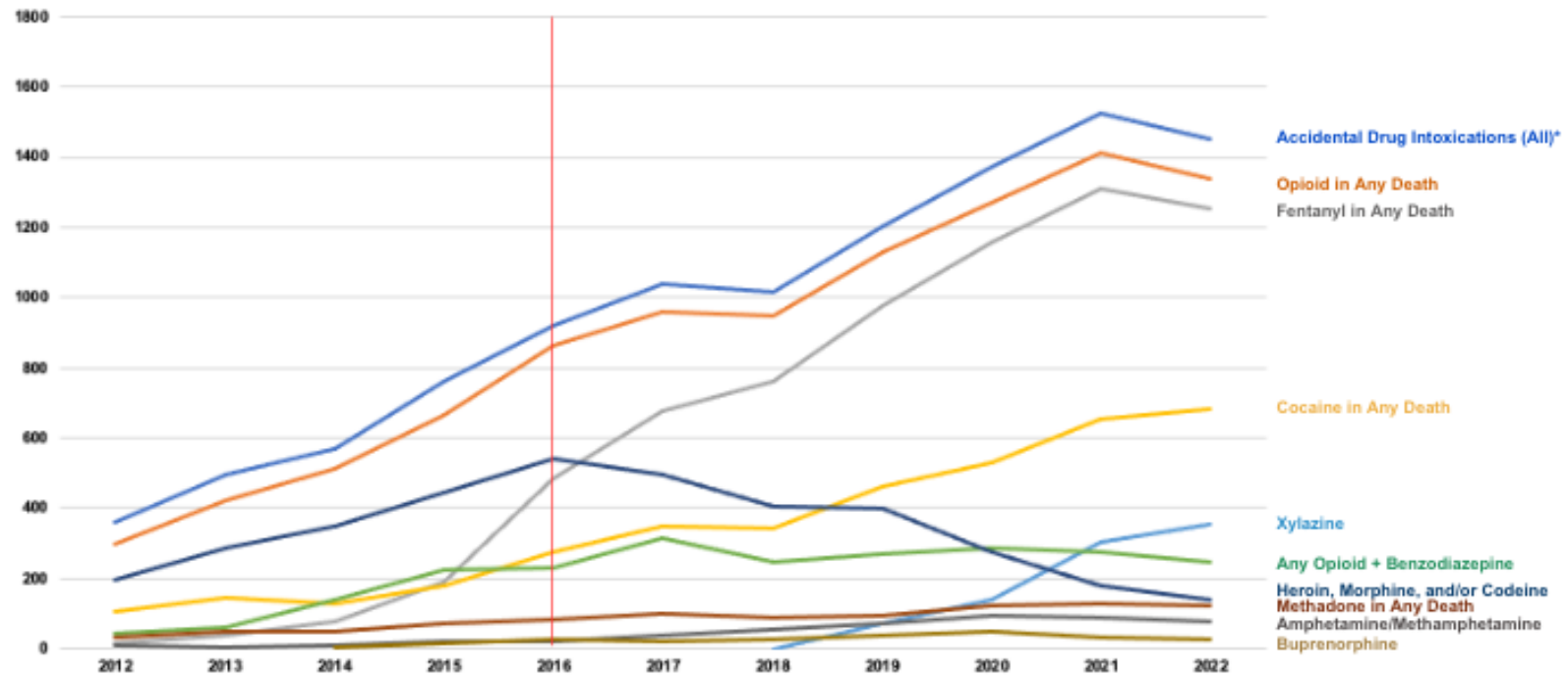
**Strategy #3:** Reduce solitary opioid use.

**Strategy #4:** Reduce unanticipated exposure to opioids among opioid-naïve individuals who use drugs.



# OD Deaths 2012-2022

**Connecticut Accidental Drug Intoxication Deaths, 2012-2022**  
Office of the Chief Medical Examiner



\*Some deaths had combinations of drugs; pure ethanol intoxications are not included.

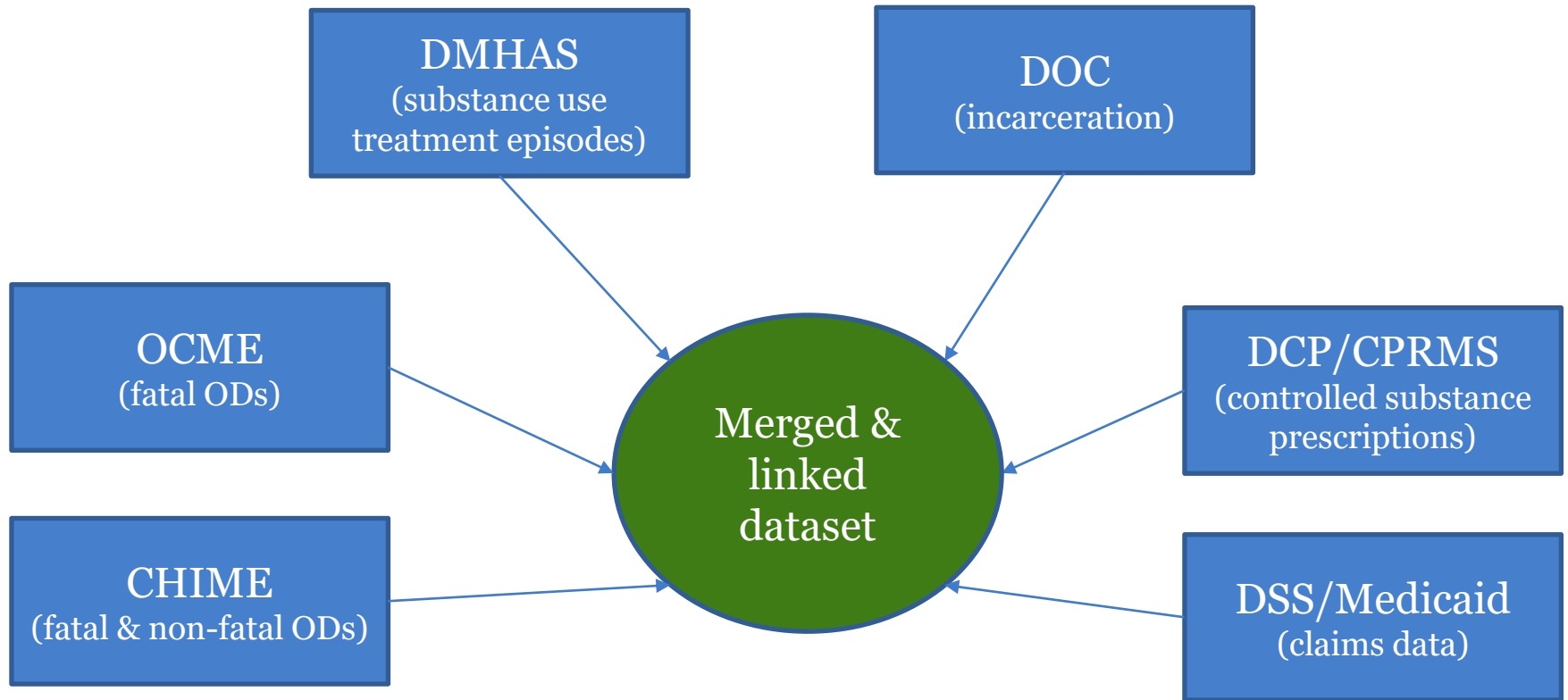
# Priority 3: Improve the use of existing data and increase data sharing

**Strategy #1:** Develop and publicly report timely updated metrics pertinent to reducing overdoses and overdose mortality in the state, especially around provision of MOUD and distribution of naloxone, with special focus on at-risk populations.

**Strategy #2:** Improve access, analysis, and timely reporting of existing data pertinent to reducing overdoses in the state.

**Strategy #3:** Develop metrics, benchmarks, and reporting systems for programs focused on reducing overdose deaths in the state, especially those funded by opioid settlement funds.

# Merged & Linked Data



<sup>1</sup>Becker WC, Heimer R, Dormitzer CM, Doernberg M, D'Onofrio G, Grau LE, Hawk K, Lin HJ, Secora AM, Fiellin DA. Merging statewide data in a public/university collaboration to address opioid use disorder and overdose. *Addiction science & clinical practice*. 2021 Dec;16(1):1-7.

## Priority 4: Increase the size of the addiction-specialist workforce and improve non-specialist and community understanding of OUD

**Strategy #1:** Increase the addiction specialty workforce in CT.

**Strategy #2:** Increase the ability of non-specialist clinicians to provide screening, treatment, and linkage to evidence-based addiction treatments.

**Strategy #3:** Increase public-facing educational efforts regarding OUD and high potency synthetic opioids such as fentanyl, to increase dissemination of accurate, evidence-based and non-stigmatizing information. Public-facing educational efforts should include the causes, manifestations, and treatments pertaining to OUD and MOUD.



# Priority 5: Simultaneously deploy and evaluate select primary, secondary, and tertiary prevention strategies

## Address social determinants

### *Primary Prevention*

- **Strategy #1:** Fund primary prevention of opioid use among youth
- **Strategy #2:** Expand access to programs that address social determinants and community mental health to decrease opioid initiation and progression to OUD
- **Strategy #3:** Support safe opioid prescribing, limit diversion of prescription opioids, and decrease the transition to OUD in those receiving chronic long-term opioids

### *Secondary Prevention*

- **Strategy #4:** Expand access to MOUD treatment, provide of multimodal chronic pain treatment, and prevent injection-related infectious risks.

### *Tertiary Prevention*

- **Strategy #5:** Expand access to naloxone, syringe service and other harm reduction services

# Priority 6: Address social determinants and needs of at-risk and impacted populations

**Strategy #1:** Ensure that individuals at risk for overdose engaging in addiction treatment have access to transportation, insurance, employment services, and childcare.

**Strategy #2:** Ensure access to all FDA-approved medications for OUD for people incarcerated in CT DOC

**Strategy #3:** Provide affordable supportive and transitional housing for people with substance use disorders; increase access to “Housing First” models and other models of affordable, supportive, and transitional housing to unhoused people with and at high risk for OUD .

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# Appendix A: Model Programs for OSAC To Highly Consider Funding to Replicate in Connecticut

- CA Bridge
- Maryland Addiction Consultation Service
- Project ASSERT
- OnPoint NYC
- Chapter 55 Health Data Warehouse
- Lifeskills Training and Project Toward No Drug Abuse (*sic*)
- U.S. Department of Veterans Affairs Housing First Initiatives





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# Appendix B: Strategies Not Recommended

- Increasing the proportion of individuals with OUD exclusively receiving “detoxification” or inpatient and residential services as a treatment for OUD
- Increasing the number of programs that exclusively or preferentially treat people with naltrexone (instead of methadone or buprenorphine)
- Enhancing criminal legal efforts to reduce illicit drug supply
- Increasing use of mandated addiction treatment or civil commitment
- Increasing investment in novel formulations or new medications to reverse opioid overdoses
- Funding primary prevention programs targeting youth substance use that are not based on evidence of efficacy or are not tied to ongoing rigorous evaluation
- Funding public health programs that are not based on evidence of efficacy

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# Draft Comment Period

A 60-day public comment period is now open. The comment period will close on **November 12, 2023**.

You will have an opportunity to review the draft report in full and provide commentary to the CORE team to inform preparation of the final report to be issued February 2024.

Comment Form Link:

[https://yalesurvey.ca1.qualtrics.com/jfe/form/SV\\_d5SmccjWJAAAD70](https://yalesurvey.ca1.qualtrics.com/jfe/form/SV_d5SmccjWJAAAD70)



# Discussion

Further questions and requests for our team relevant to the 2023 CORE Strategic Plan Update may be directed to **Emma Biegacki, MPH**, at [emma.biegacki@yale.edu](mailto:emma.biegacki@yale.edu).

