

# Vision Zero Council

6/20/24

10:00a.m. – 12:00p.m.

# Vision Zero Council – Welcome and Introductions



# Vision Zero Council – Meeting Agenda

- I. Committee Chair Welcome and Introductions
- II. Adoption of 3/27/24 Meeting Minutes
- III. Impaired Driving Data Update
- IV. Department of Consumer Protection – Liquor Control Division Update
- V. Department of Mental Health and Addiction Services Update
- VI. Department of Public Health Update
- VII. Sub-Committee Updates
- VIII. Public Comment
- IX. Adjourn

# Vision Zero Council – Adoption of 3/27/24 Meeting Minutes



# Vision Zero Council – Impaired Driving Data Update

Flavia Pereira- Transportation  
Supervising Planner, Office  
of Policy and Planning –  
Department of  
Transportation

# Impaired Driving in Connecticut

CTDOT Highway Safety Office





# Alcohol/Drug-Impaired Driving Crash Statistics

Year	Total Crashes	Impaired Driving Related Crashes	% Impaired Driving Related Crashes
2015	111,169	3,083	3
2016	115,935	3,328	3
2017	115,648	3,240	3
2018	114,156	2,959	3
2019	112,610	3,022	3
2020	83,791	2,650	3
2021	101,160	3,012	3
2022	102,798	2,920	3
2023	100,076	2,839	3
2024 (as of 5/31)	22,671	512	2

Source: Connecticut Crash Data Repository. 2023 and 2024 data is preliminary and subject to change

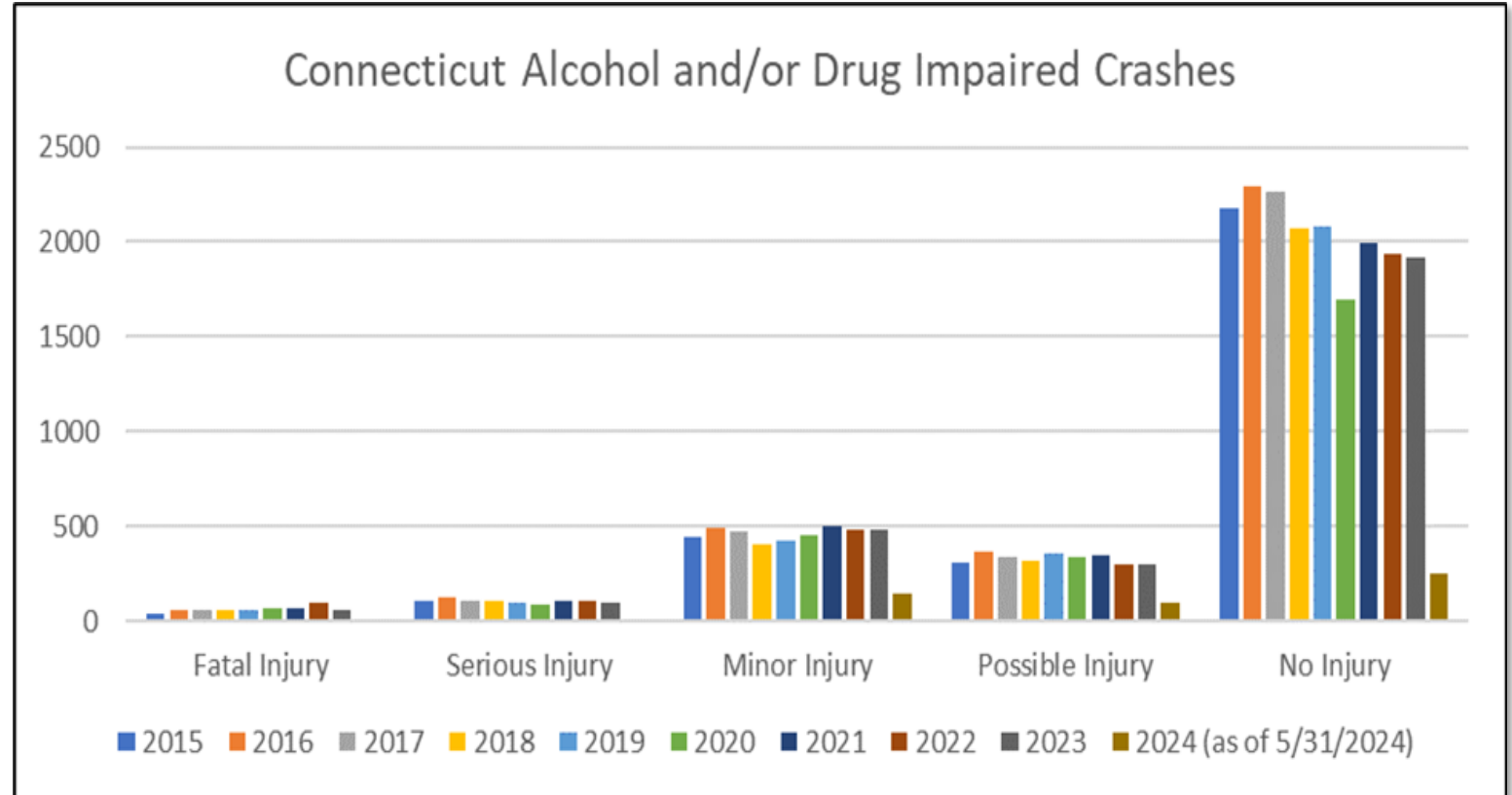
Year	Total Fatalities (Persons)	Impaired Driving Related Fatalities (Persons)	% Impaired Driving Related Fatalities (Persons)
2015	270	100	37
2016	304	114	38
2017	281	122	43
2018	293	120	41
2019	249	98	39
2020	299	123	41
2021	303	117	39
2022	359	127	35

Source: FARS 2015 -2021 Final File. FARS 2022 Annual Report File. 2022 data is preliminary and subject to change



# Alcohol/Drug-Impaired Fatalities & Injuries

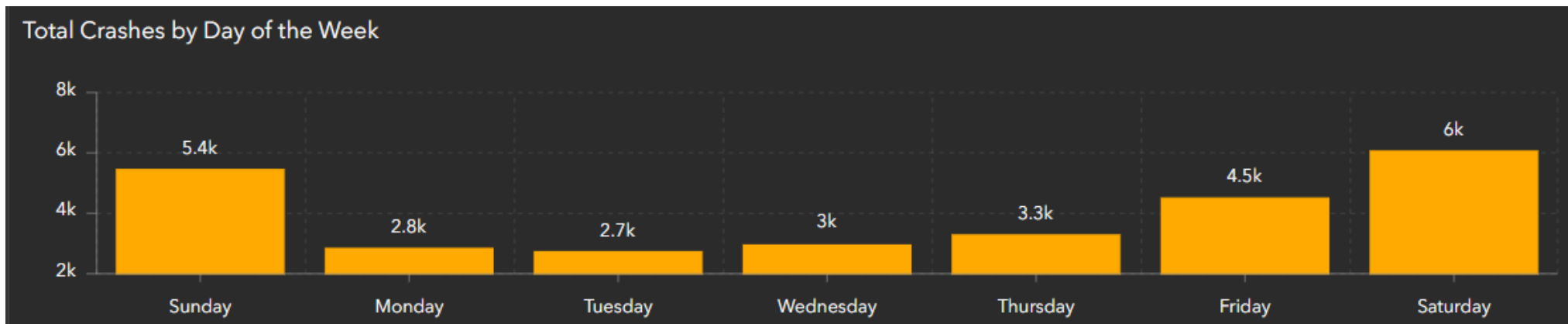
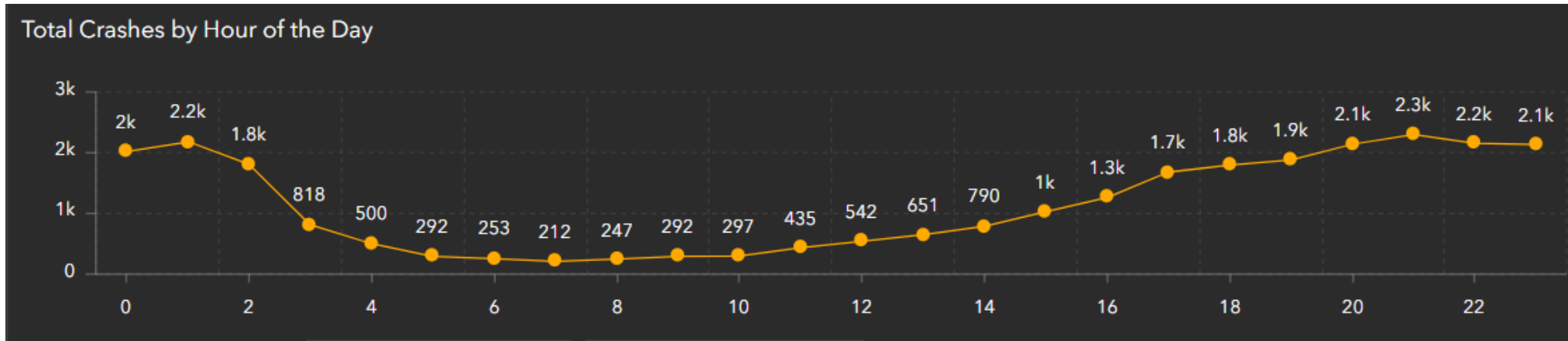
- Overall, injuries have remained stable or declined slightly
- Approx. 40-45% testing refusal rate



Source: Connecticut Crash Data Repository

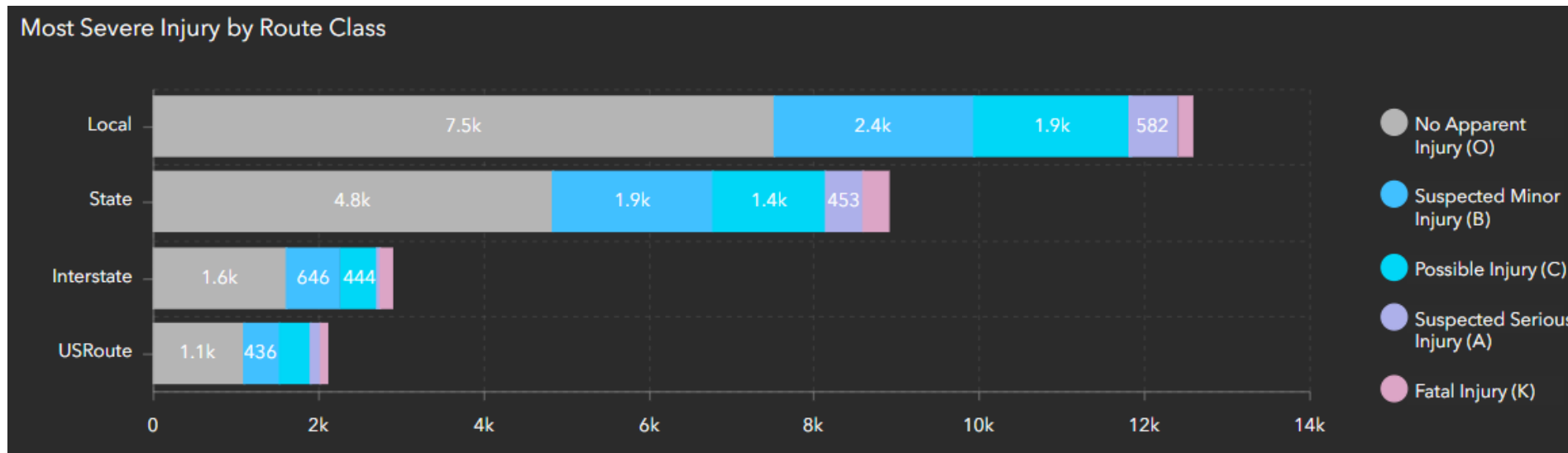
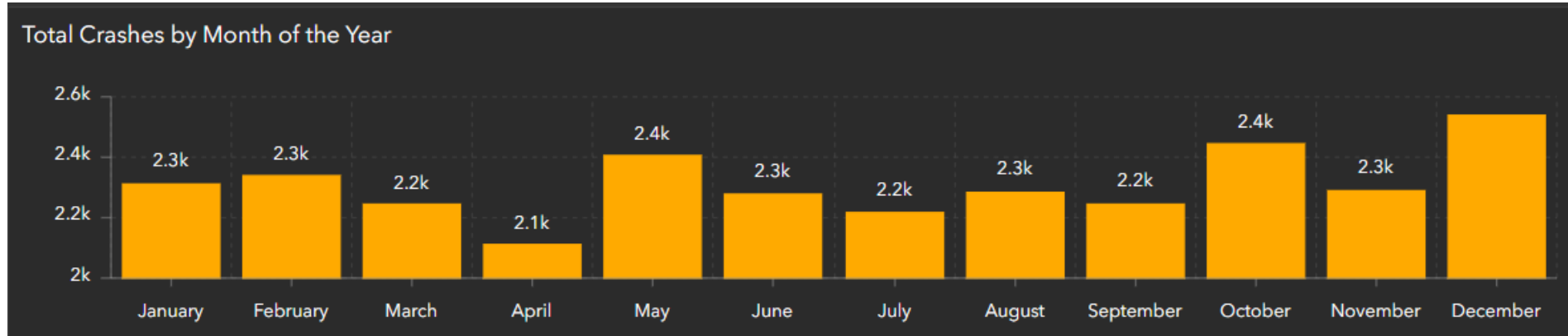


# Alcohol/Drug-Impaired Crashes 2015 -2024



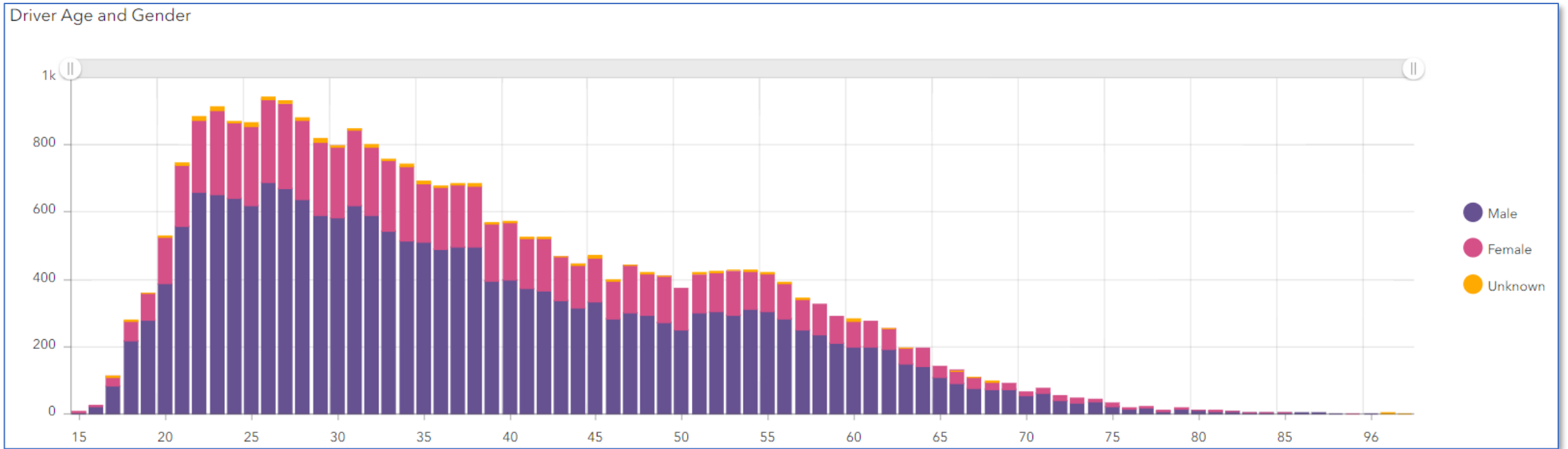
Source: Connecticut Crash Data Repository

# Alcohol/Drug-Impaired Crashes 2015 -2024



Source: Connecticut Crash Data Repository

# Alcohol/Drug-Impaired Crashes 2015 -2024

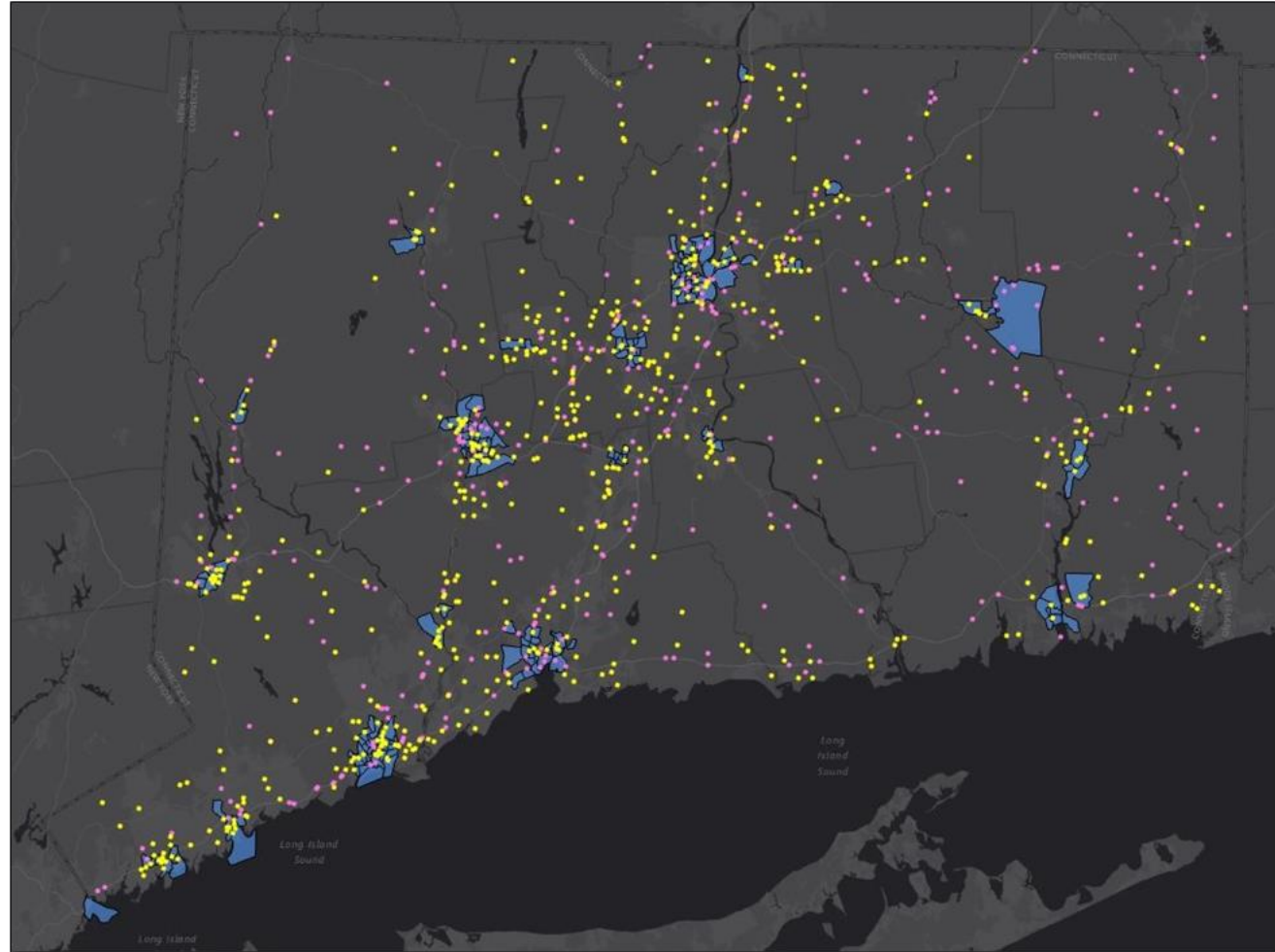


Source: Connecticut Crash Data Repository

# Alcohol/Drug Fatality and Serious Injury Crashes 2017-2021



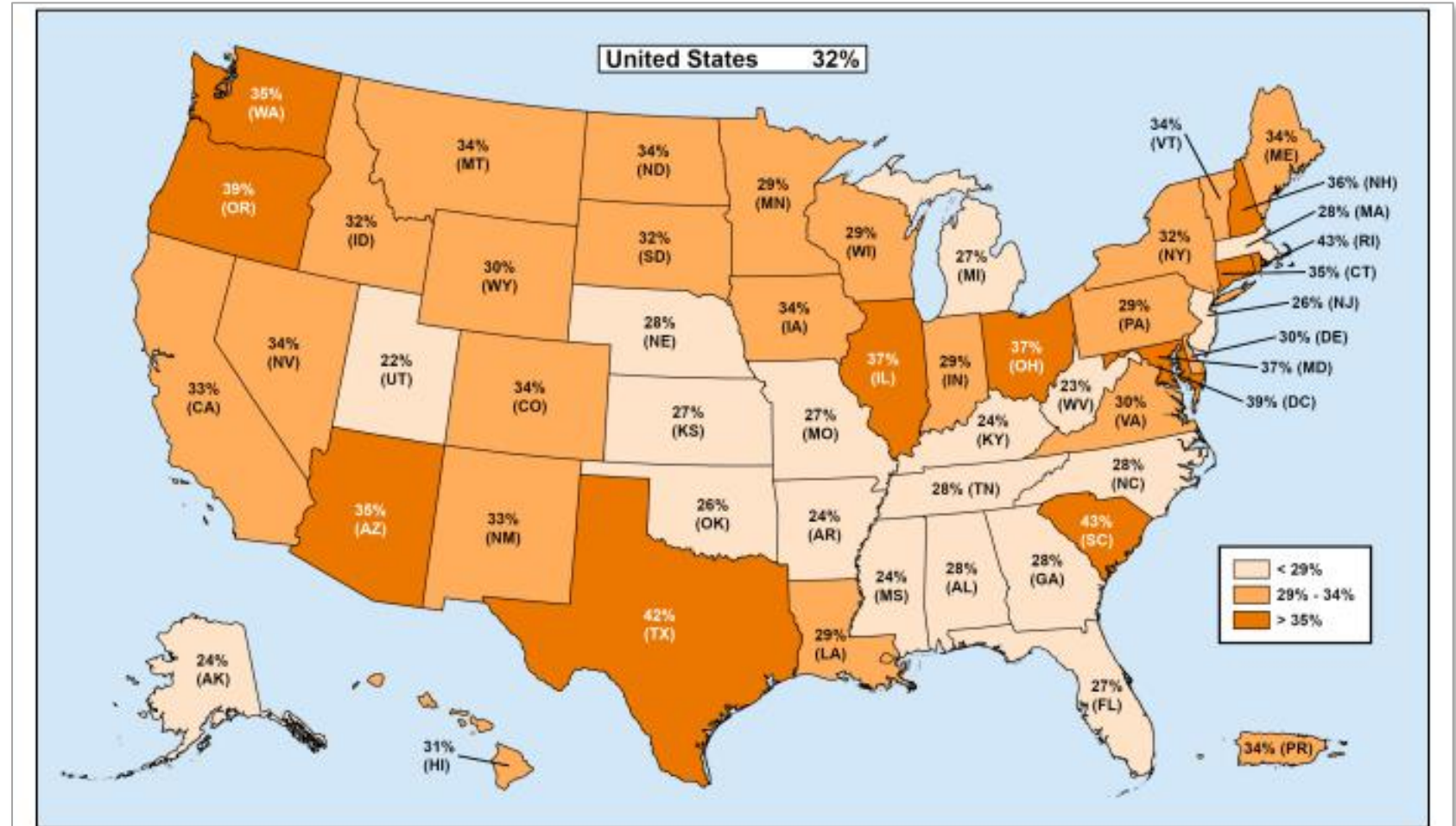
Notes: Red/pink points indicate fatal crashes; yellow points indicate serious injury crashes; blue polygons indicate Justice40 areas; some data points may overlap and may not represent the exact number



Source: Connecticut Crash Data Repository

# Alcohol-Impaired Fatalities 2022

- Connecticut continues to rank near the top 10 nationally for impaired fatalities
- At 35% for 0.08+ BAC, Connecticut was tied with Arizona and Washington state in 2022

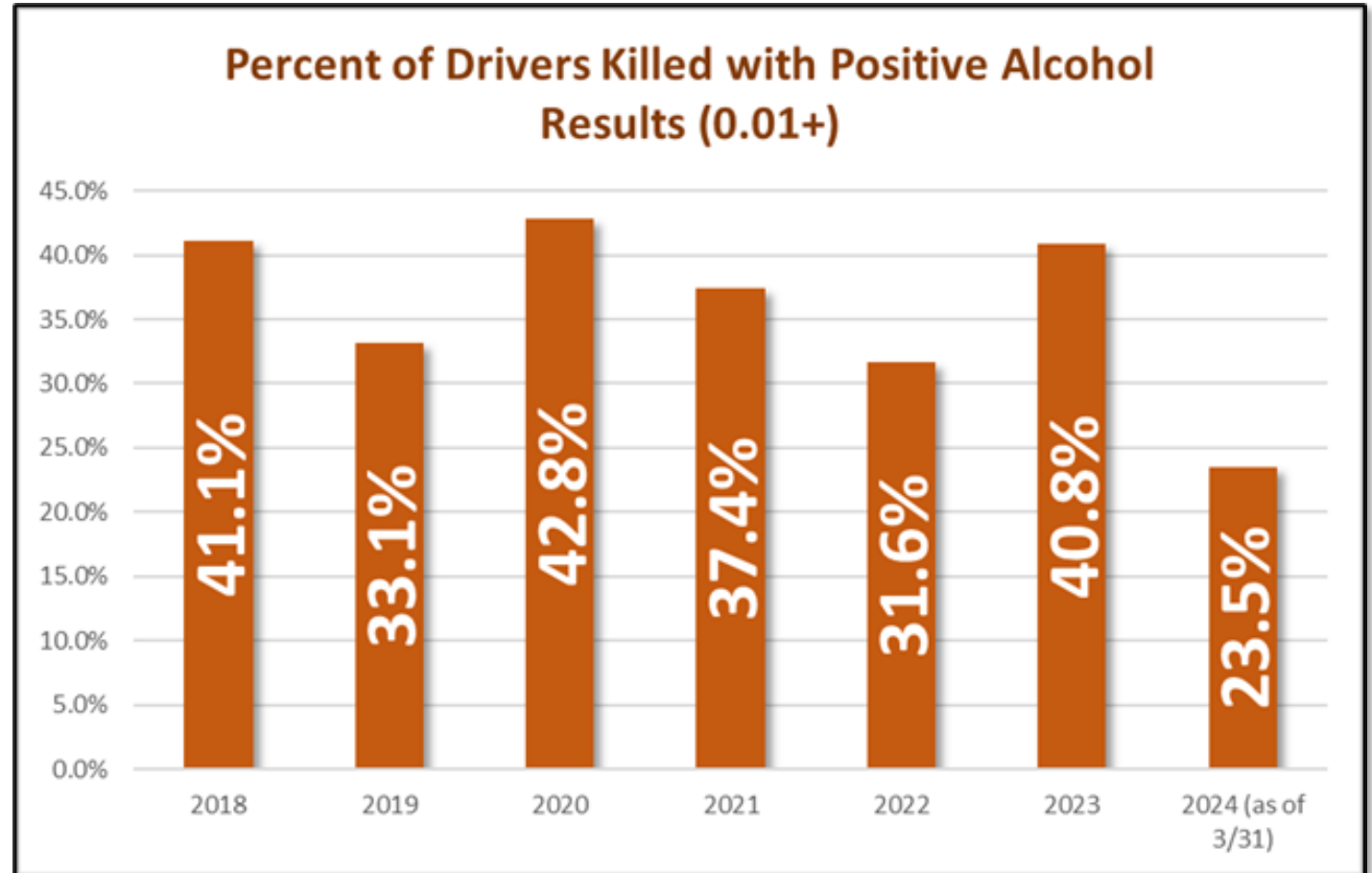


Source: FARS 2022 ARF

Note: NHTSA estimates BACs when alcohol test results are unknown.

# Alcohol Impaired Fatalities - Toxicology Results

- Driver toxicology results for fatal crashes were analyzed for alcohol levels
- Over the past 6 years, alcohol detection has ranged from 32% to 43%

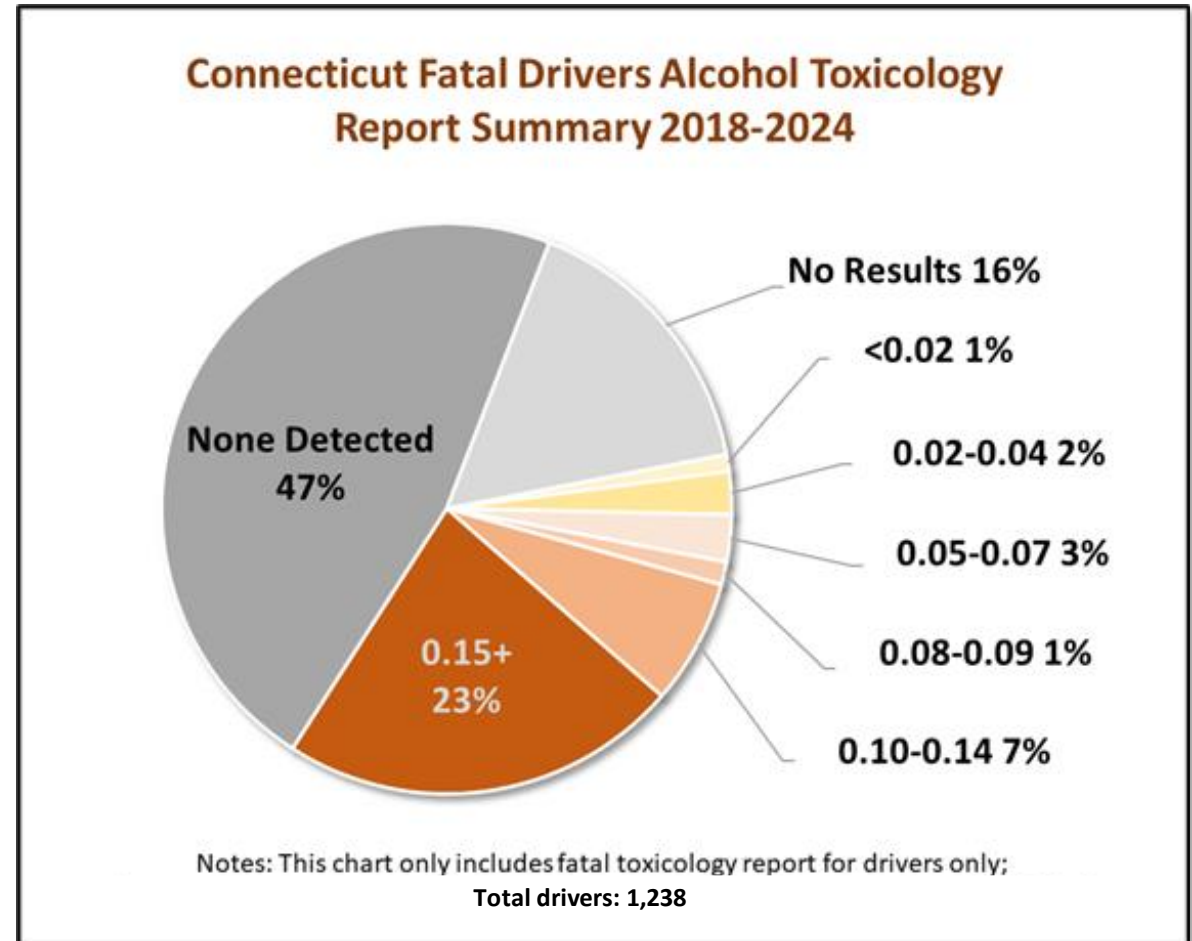


Source: CTDOT



# Alcohol Impaired Fatalities - Toxicology Results

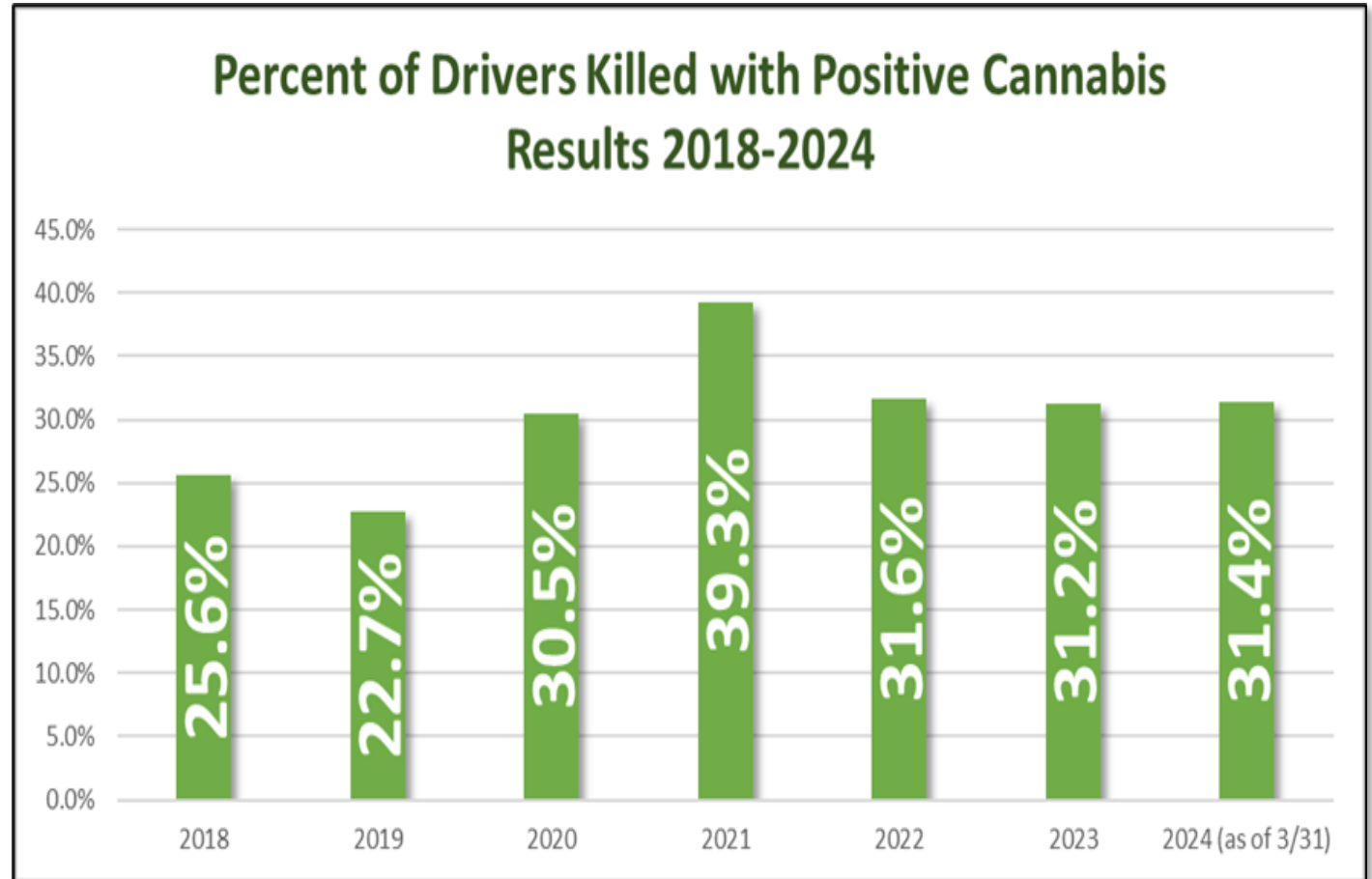
- Nearly 50% of toxicology reports show no alcohol detected
- No results were received for 16% of drivers killed
- Of those where alcohol was detected, the majority of drivers had a BAC level at 0.15 or higher, double the legal limit of 0.08



Source: CTDOT

# Toxicology Results – Cannabis

- Driver toxicology results for fatal crashes were analyzed for cannabis
- There was an increase in positive results (THC and metabolites) in 2020-2021 during the COVID-19 pandemic
- Since then, rates have settled into the 31% range

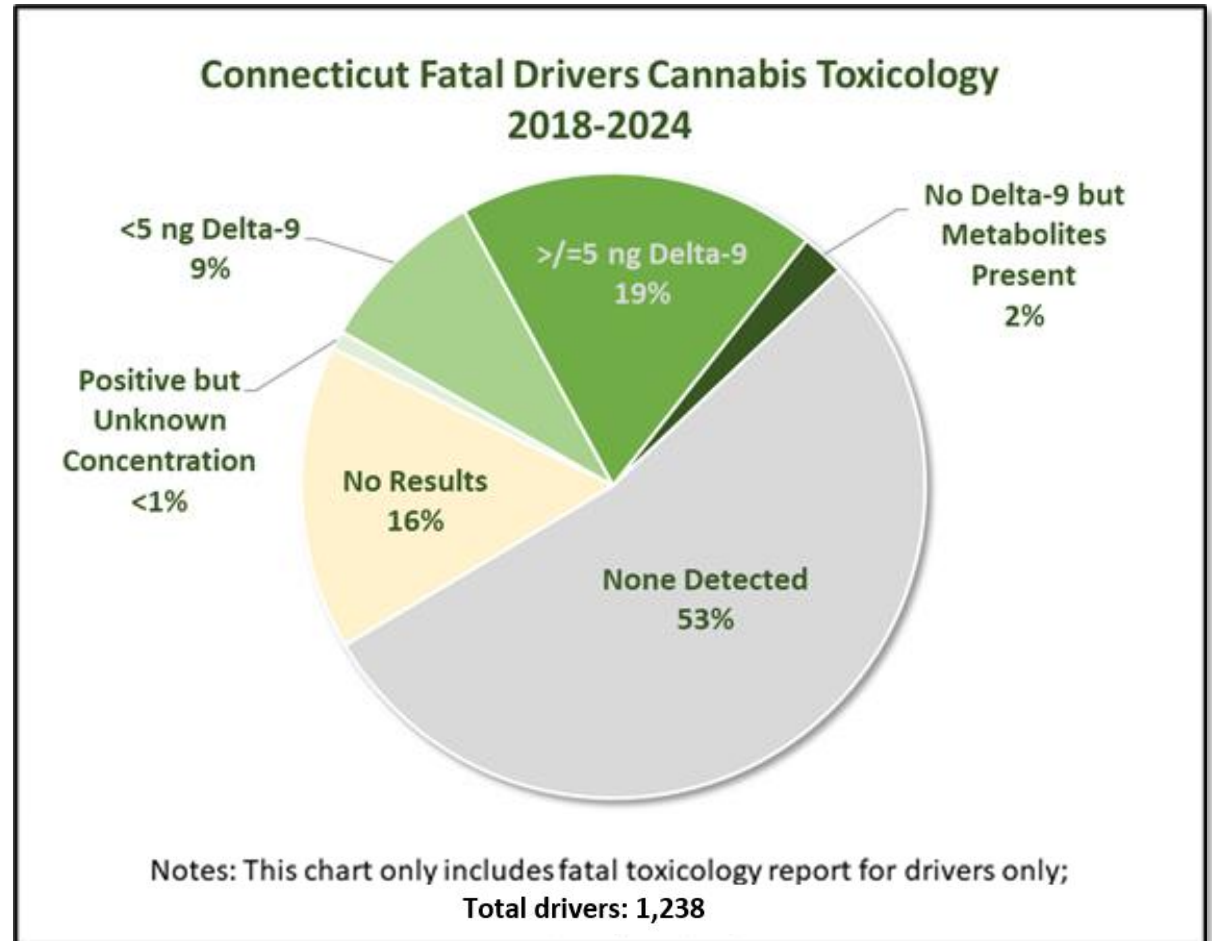


Source: CTDOT



# Toxicology Results – Cannabis

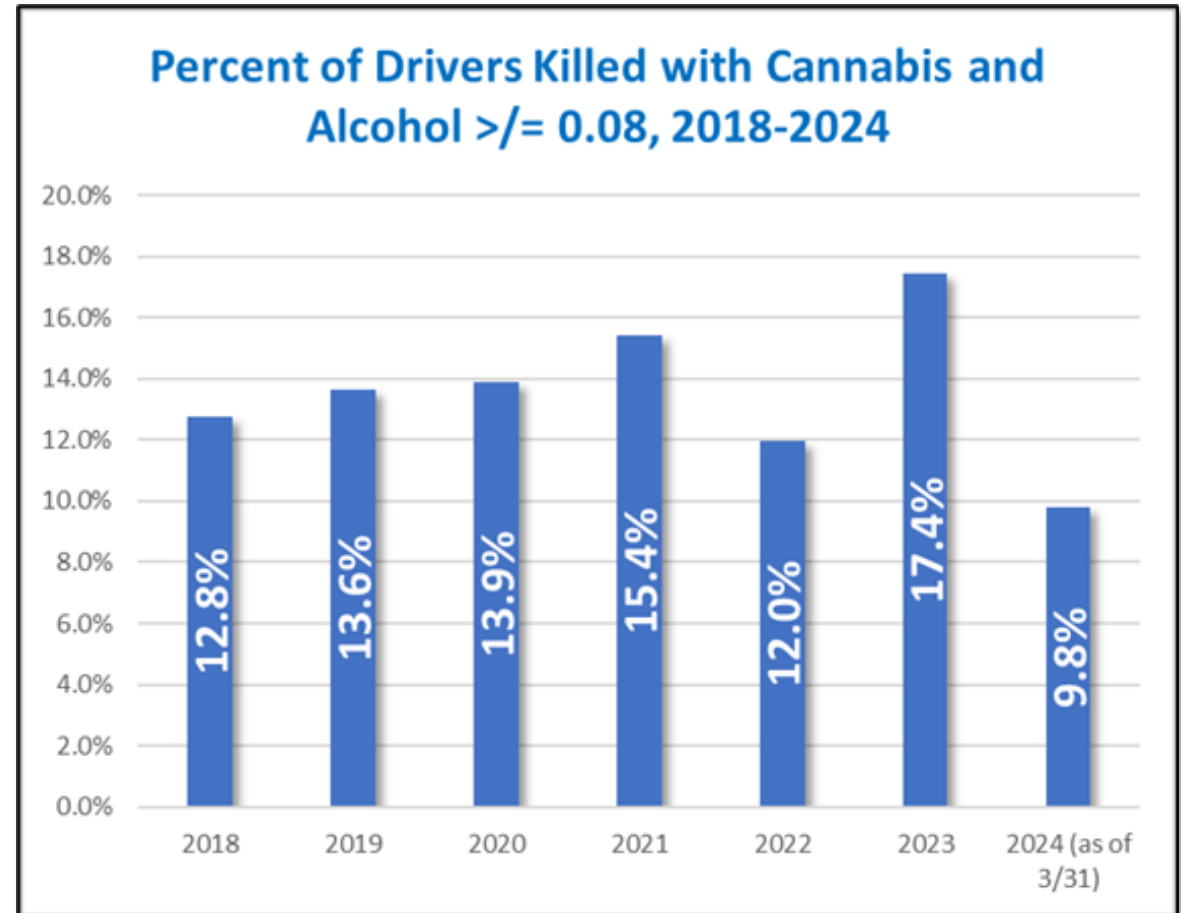
- Of the drivers that tested positive for cannabis, nearly 20% had a concentration at or above 5 ng THC
- Note: Presence of drugs does not imply impairment



Source: CTDOT

# Toxicology Results – Alcohol and Cannabis

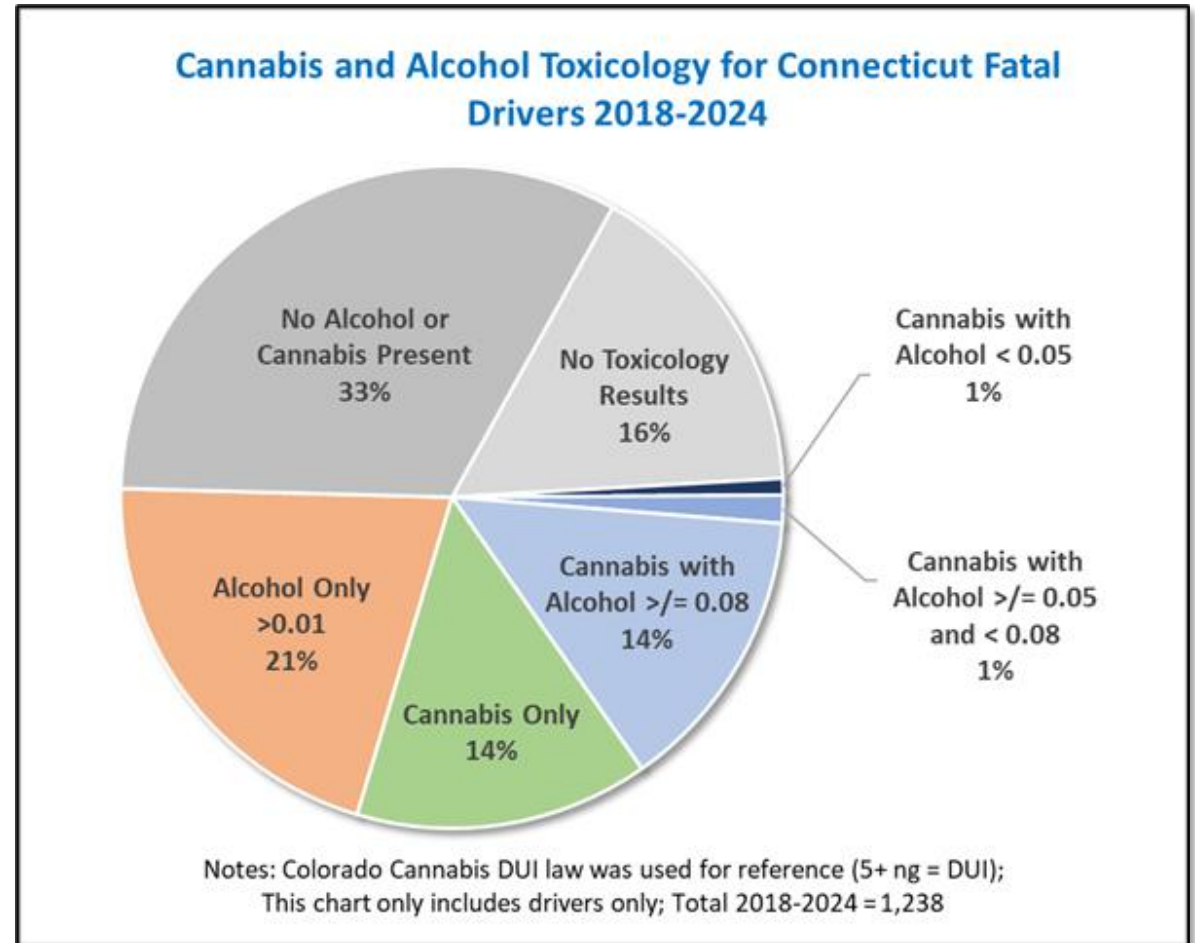
- Driver toxicology results for fatal crashes were analyzed for a combination of alcohol and cannabis
- There has been a range of drivers killed with both alcohol and cannabis present
- The presence of cannabis does not imply impairment



Source: CTDOT

# Toxicology Results – Alcohol and Cannabis

- Nearly 50% had no alcohol or cannabis present or had no toxicology report
- 16% of drivers killed had a combination of cannabis and alcohol
- 21% tested positive for alcohol and not cannabis while 14% tested positive for cannabis and not alcohol
- Note: Presence of drugs does not imply impairment



Source: CTDOT



# Wrong-Way Fatal Crashes

- Connecticut experienced a sharp increase in wrong-way fatal crashes in 2022
- In 2024, wrong-way fatal crashes in the first half of the year have surpassed all of 2023
- Alcohol was a factor in most fatal crashes with some including other drugs

Connecticut Wrong-Way Fatal Crashes*			
Year	Fatality Total	Crash Total	% Drivers with Alcohol BAC $\geq 0.08$ and/or Drugs
2024	11	4	50**
2023	7	5	80**
2022	23	13	85**
2021	4	4	75**
2020	4	2	100
2019	11	6	100
2018	6	5	100
<b>Total</b>	<b>66</b>	<b>39</b>	

Source: CTDOT data  
\*As of 5/31/2024  
\*\*Unknown test/test result for some surviving drivers or results may not be available at this time for deceased drivers  
Notes: Wrong-way crashes are crashes that occur on divided roadways; the numbers above do not include wrong-side crashes.



# Thank You

## Contact Information

Flavia Pereira, Ph.D.

[Flavia.Pereira@ct.gov](mailto:Flavia.Pereira@ct.gov)

# Vision Zero Council – Impaired Driving Data

- **Questions from Council**

# Department of Consumer Protection

Caitlin Anderson - Director  
of Liquor Control Division





Liquor Control's Role in  
Combating Drunk Driving



# Introduction

DCP and Liquor Control





## Department of Consumer Protection

- Liquor Control
- Drug Control
- License Services
- Gaming
- Investigations
- Occupational & Professional Licensing

# Department of Consumer Protection

Liquor Control Division –Our Mission

- Safeguarding public health and safety
- Regulating all persons and firms involved in distributing, selling, and dispensing alcoholic liquor
- Aim to prevent sales to minors and intoxicated persons, maintain product integrity, and ensure that licensed premises are safe and sanitary

# Liquor Control Functions

Derived From Title 30

## Licensing

- Restaurants and bars
- Manufacturers
- Shippers
- Wholesalers
- Restaurants and bars (on-premise)
- Package stores and grocery stores (off-premise)

## Enforcement

- Sales to minor
- Sales to intoxicated persons
- Pricing violations
- Hours/Days
- Illegal acquisition of product
- Fire safety
- General unlawful conduct

# Enforcement

How Liquor Control can assist locally







# Enforcement Areas

## Contact Information

*\*Remember FOIA\**

### Area 1 (Lower Half)

Supervising Agent Robert Willard

- [Robert.Willard@ct.gov](mailto:Robert.Willard@ct.gov)
- 860-305-5802

### Area 2 (Upper Half)

Supervising Agent Kevin Mercado

- [Kevin.Mercado@ct.gov](mailto:Kevin.Mercado@ct.gov)
- 860-306-5495

**Submit By E-Mail:** Submit a copy of the [Complaint Form](#) to [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov). Attach any photos, videos, or documents to the email.

**Submit Online:** Visit [www.eLicense.ct.gov](http://www.eLicense.ct.gov). Scroll to the bottom of the webpage to "More Online Services" and click "File a Complaint." You may choose to include your name and contact information, or to proceed anonymously. **This is the only way to submit a fully anonymous complaint.** Follow the prompts to fill out the required information and upload any pictures or documentation. Although you do not need an eLicense account to submit a complaint, you may log into your account if you have one or create an account before you begin if you'd like to save a copy of your complaint. For more information on how to submit an online complaint, please find instructions in this [announcement](#).

**Submit By Mail:** Send a copy of the [Complaint Form](#) and any supporting documentation to:

Department of Consumer Protection  
Liquor Control Division  
450 Columbus Blvd., Suite 901  
Hartford, CT 06103

### General Inquiries/Complaints

- General inquiries and complaints:
  - [DCP.LiquorControl@ct.gov](mailto:DCP.LiquorControl@ct.gov)
  - 860-713-6210
- <https://portal.ct.gov/DCP/Liquor-Control-Division/Liquor-Control-Complaints>

# Enforcement Jurisdiction

When Liquor Control can assist

- **Only** have jurisdiction over locations with an active liquor permit or where an application pending
- The sale of alcohol without a permit is **criminal**
- We do not regulate BYOB
- We do not regulate social hosts



# Verifying a Permit

- Your own records: all permits must be recorded
- Verify a permit in real time at: [www.elicense.ct.gov](http://www.elicense.ct.gov)

## License Lookup & Download

Lookup a License

Generate Roster(s)

Public Reports

## LICENSE LOOKUP: Search for License, Permit, Certification, or Registration

### Search Criteria

All data within License Lookup is maintained by the State of Connecticut, updated instantly, and considered a primary source of verification.

License Type:	<input type="text" value="LIQUOR - DRUGGIST"/> LIQUOR - FARM WINERY LIQUOR - GOLF COUNTRY CLUB LIQUOR - GROCERY BEER LIQUOR - HOTEL	
License Number:	<input type="text" value=""/> - - -	License Status: <input type="text" value=""/>
Business Name/DBA:	<input type="text"/>	
First Name:	<input type="text"/>	Last Name: <input type="text"/>
Address:	<input type="text"/>	State: <input type="text" value="- select one -"/>
City:	<input type="text"/>	Zip: <input type="text"/>
Country:	<input type="text" value="UNITED STATES"/>	

Submit

Clear Form

-Liquor - Commercial (Manufacturing, Shipping, Distribution and Brands)

+Liquor - Retail Outlets (On Premise and Off Premise permits)

- Beer Manufactures and Craft Cafes (No Fee Required) ?
- Cafe Liquor Permits (No Fee Required) ?
- Caterer (No Fee Required) ?
- Connecticut Farm Winery and Manufacturers of Cider Mead and Wine (No Fee Required) ?
- Grocery Beer Permits (No Fee Required) ?
- Off Premise Liquor Establishments (No Fee Required) ?
- On Premise Liquor Establishments (No Fee Required) ?
- Package Stores (No Fee Required) ?
- Package Stores: Number Allowed By Town And Current Count (Active and Requested) (No Fee Required) ?
- Restaurant Liquor Permits (No Fee Required) ?

	Tax Town (Max Allowed Package Stores)	FIRST NAME	LAST NAME	STORE NAME	STORE ADDRESS	CITY	PERMIT NUMBER	STATUS	EFFECTIVE DAT	EXPIRATION
2	ANDOVER (1)	TUSHAR	SHAH	WHISKEY & WINE WORLD	144 ROUTE 6	ANDOVER	LIP.0015779	ACTIVE	5/27/2023	5/26/20
3	ANSONIA (7)	DEVANG	CHAUHAN	ANSONIA WINE & LIQUOR	100 DIVISION ST	ANSONIA	LIP.0014176	ACTIVE	7/26/2023	7/25/20
4	ANSONIA (7)	GAGANDEEP	SACHDEVA	QUICK STOP LIQUORS	47 PERSHING DR	ANSONIA	LIP.0015251	ACTIVE	11/30/2023	11/29/20
5	ANSONIA (7)	GAGANDEEP	SACHDEVA	RIVERSIDE PACKAGE	27 MAPLE ST UNIT #19	ANSONIA	LIP.0016079	ACTIVE	10/24/2023	10/23/20
6	ANSONIA (7)	HARSHADBHAI	PATEL	NORTH MAIN PACKAGE STORE	141 N MAIN ST	ANSONIA	LIP.0013735	ACTIVE	6/3/2023	6/2/20
7	ANSONIA (7)	HITESHKUMAR	PATEL	VALLEY DISCOUNT	555 MAIN ST	ANSONIA	LIP.0012581	ACTIVE	6/28/2023	6/27/20
8	ANSONIA (7)	RAJESHKUMAR	PATEL	PARTY TIME	150 WAKELEE AVE	ANSONIA	LIP.0013798	ACTIVE	3/8/2023	3/7/20
9	ANSONIA (7)	TYRONDA	SINGLETON	WALDI'S DISCOUNT LIQUORS	340 Main Street	Ansonia	LIP.0015789	ACTIVE	3/30/2024	3/29/20
10	ASHFORD (1)	KATHLEEN	THALLER	ASHFORD SPIRIT SHOPPE	215 POMPEY HOLLOW RD	ASHFORD	LIP.0013859	ACTIVE	5/12/2023	5/11/20
11	ASHFORD (1)	VIKAS	PATEL	ROUTE 44 BEER WINE AND SPIRITS	5 NORTH RD	ASHFORD	LIP.0016149	ACTIVE	8/2/2023	8/1/20
12	AVON (7)	ANDREW	SCHWAB	AVON SUPER CELLAR WINE & SPIRITS	332 W MAIN ST	AVON	LIP.0015537	ACTIVE	8/28/2023	8/27/20
13	AVON (7)	GAURAV	BISHNOI	LIQUOR OX	55 CLIMAX RD	AVON	LIP.0016192	PENDING		
14	AVON (7)	GAUTAMKUMAR	PATEL	CHEERS 2U WINE & SPIRITS	427 W AVON RD	AVON	LIP.0014847	ACTIVE	6/24/2023	6/23/20
15	AVON (7)	HITESHKUMAR	PATEL	BOTTLE STOP WINE & SPIRITS	260 W MAIN ST	AVON	LIP.0015176	ACTIVE	12/17/2023	12/16/20
16	AVON (7)	MATTHEW	DEAN	M & R LIQUORS	214 W MAIN ST	AVON	LIP.0012013	ACTIVE	12/3/2023	12/2/20
17	AVON (7)	MEGAN	MIHAI	WINE BEER MART	70 E MAIN ST STE C	AVON	LIP.0016073	ACTIVE	11/1/2023	10/31/20

# Types of Enforcement

Relevant to Drunk Driving

## 1. Sales to Minors and Intoxicated Persons

- Stings or at request
- On-premise or off-premise
- Usually generally inspect

## 2. Hours and Days

- Stings or at requests
- On-premise or off-premise
- Usually generally inspect

## 3. Quality of Life Concerns

- Require coordination
- Usually related to another violation

# Types of Enforcement

## Sales to Intoxicated Persons – Key Points

1. Difficult to prove
  - Person was served **and**
  - Person was showing signs of intoxication at service **or**
  - Quantity of service was negligent/such that intoxication inevitable
  
2. Common problems with cases
  - Cannot pinpoint drinking trail
  - Someone else ordered drinks
  - Cash payments
  - No visible signs of intoxication (“holds their liquor”)
  - Drank before bar (“Pre-gamed”)
  - Left bar but continued with a social host

(Cont. next slide)

# Types of Enforcement

## Sales to Intoxicated Persons – Key Points (cont.)

### 3. Tips for success referrals

- Notify us
- Be timely
- Provide as much information as possible

### 4. Still value in reporting even if we cannot substantiate; prompts other investigations

# Thank you!

M. Caitlin Anderson, Director, Liquor Control Division

- [Caitlin.Anderson@ct.gov](mailto:Caitlin.Anderson@ct.gov)
- 860-937-6976

# Department of Consumer Protection Update

- **Questions from Council**



# Department of Mental Health and Addiction Services

Julienne Giard, LCSW  
Section Chief,  
Community Services





THE  
CHARTIS  
GROUP

# Department of Mental Health and Addiction Services

Julienne Giard, LCSW

Section Chief, Community Services

**Vision Zero Council Meeting**

**6/20/24**



# Overview of DMHAS Substance Use Services

Prevention

Pretrial Intervention Program

Media Campaigns

# Department of Mental Health & Addiction Services (DMHAS)

## Agency Snapshot



- **Lead state agency for adult mental health and substance use services**

- 93,627 clients served by DMHAS system of care in FY23
- Prevention, Treatment, and Recovery Support
  - ↳ Treatment and support for adults only (18+)
  - ↳ Prevention services across the lifespan

- **Operates and funds 3,334 beds**

- 547 MH hospital beds
- 1,221 MH residential beds
- 152 SUD hospital beds (including Withdrawal Management / Rehab Connecticut Valley Hospital)
- 1,414 SUD residential beds

- **Contracts with 134 non-profit agencies** to provide individuals with substance use and mental health services

# Access to Behavioral Health Care

## Overview

There is “no wrong door” to access the DMHAS behavioral health system. The system has numerous points of access, each of which emphasize patient choice.



### Phone Access

- **24/7 Access Line for SUD** information, referrals, and connection to services with transportation: ~3,500 calls/month
- **988 / DMHAS ACTION Line** answered by CT United Way: ~10,000 calls/month



### Online Access

- **Bed access webpages:** [www.ctaddictionservices.com](http://www.ctaddictionservices.com) and [www.ctmentalhealthservices.com](http://www.ctmentalhealthservices.com)
- DMHAS **“Finding Services” webpage**



### Programmatic Umbrella

- **13 Local Mental Health Authorities**, each with a general catchment area
- **Statewide programs:** SUD Withdrawal Management, Outpatient, Residential Treatment, Recovery Housing

# Adult Substance Use (SUD)

## Program Summary

DMHAS is the state's lead agency for the prevention and treatment of substance use, administering over 230 community-based substance use treatment programs and one SUD facility with hospital-level of care. DMHAS provided SUD services to 46,383 clients in SFY23.

### Treatment

- Residential treatment: Intensive, Intermediate, Long-term, and Transitional
- Outpatient and Intensive Outpatient Program (IOP)
- Medication Assisted Treatment (MAT): Methadone, Buprenorphine, Naltrexone and Mobile MAT



### Support Services

- Recovery Centers
- Case Management
- Naloxone distribution
- Transportation

### Recovery

- Recovery Coaches
- Recovery Housing
- Sober Housing
- Telephone Recovery Support Program
- Outreach and engagement



### Peer Support

- Recovery Coaches with lived experience provide outreach and support in hospital EDs to people with substance use disorders, including opioid and alcohol use disorders
- Achieved 90% connection to post-hospital services
- Peer supports are integrated at every level of DMHAS services

# Integrated Care for Co-Occurring Conditions

## Mental Health, Substance Use, and Physical Health

In addition to screening and treating clients for co-occurring conditions across all DMHAS levels of care, DMHAS has developed services for people with co-occurring conditions and implemented best practices for integrated care across its system.

### Intensive Residential Treatment ENHANCED

- 30+ day intensive residential treatment programs for people with co-occurring mental health and substance use conditions
- Minimum of 30 hours per week of substance use and mental health services are provided to each individual

### Co-Occurring Capable Expectations

- Developed guidelines for clinical and non-clinical services to better serve people with co-occurring conditions, including:
- Promotion of best practices for integrated treatment and
- Promotion of competencies among DMHAS staff for integrated treatment

### Whole-Person Services

- Behavioral Health Home: Care coordination model related to physical medical care & mental health services for those with severe mental illness
- Integrated Care- primary health within the systems that are trusted and familiar to individuals with significant mental health issues increase access to health care and improve quality of care

### Programs for Special Populations with Co-Occurring Conditions

- Programs for pregnant and parenting women (PPW): 5 SUD residential programs, IOP and OP programming statewide, CAPTA, Plans of Safe Care training initiative, REACH navigator coverage statewide, SAMHSA PROUD grant serving women in regions w greater rates of late/no prenatal care and high opioid use

# Prevention and Health Promotion Division

- The DMHAS' prevention system is designed to promote the overall health and wellness of individuals and communities by **preventing or delaying substance use**.
- Utilize primary prevention strategies and interventions to **reduce alcohol, cannabis and other drug use** among Connecticut residents across the lifespan.
- **Create change in the community** through a combination of regional and coalition level work, community-wide strategies that are grounded in prevention science and data-driven approach.



# Prevention Strategies – Alcohol Use

## Facts:

- Youth and young adults under 21 who drink alcohol are more likely to have negative effects on their health, safety, and well-being.
- Underage drinking can affect families, friends and community members
- Using proven strategies can help youth reach their potential

The DMHAS Prevention and Health Promotion Division priority to reduce access to alcohol by youth and young adults through the following initiatives:

- **Prevention in CT Communities (PCC)**  
10 community coalitions  
funded until June 2026
- **Partnerships for Success (PFS)**  
12 community coalitions  
funded until September 2027

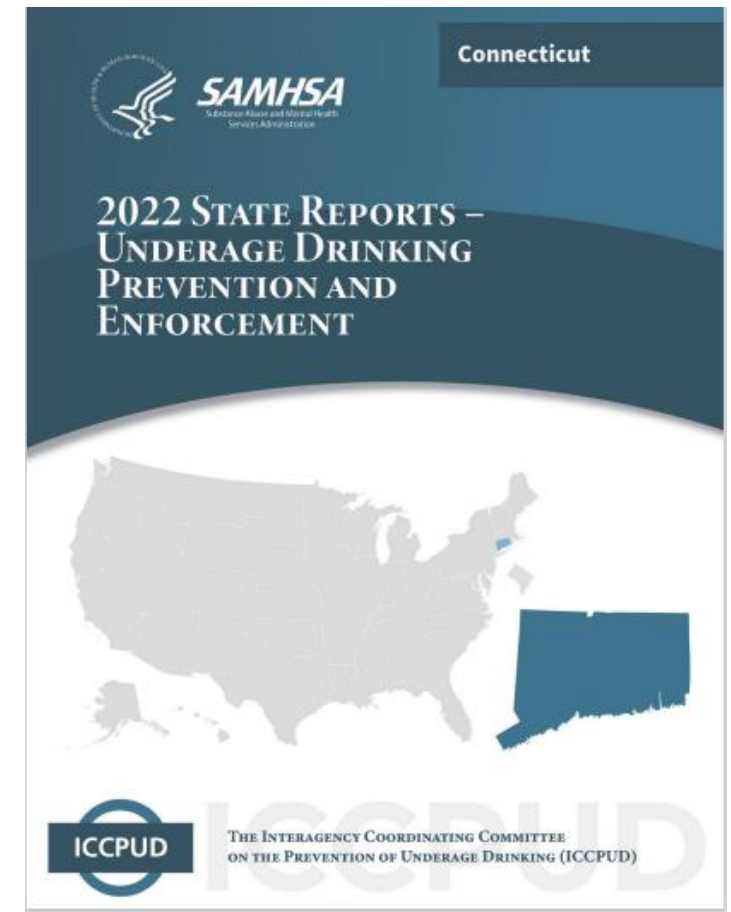
DMHAS and the communities utilize community prevention strategies to reduce underage drinking including

- Making alcohol less available to youth
- Enhancing enforcement of laws of alcohol sales to minors
- Raising awareness of alcohol-related harms

# Underage Drinking Prevention

## Sober Truth on Underage Drinking Act (STOP Act) Survey Annual Report to Congress

- Report provides national and state data on the policies, programs, and practices related to underage drinking prevention and treatment.
- Focus on Laws, Enforcement, and Programs.
- DMHAS is lead agency for survey completion with support from DCP.
  - Looking to expand programmatic information reported from other state agencies.





# PCC and PFS initiatives

- **Goal:** To reduce underage drinking through implementing evidence-based strategies and reducing access to alcohol among 12- to 20-year-olds.
- **Strategies include:**
  - Social Marketing / Raising Awareness (campaigns targeting parents and youth)
  - Coalition & Capacity Building (increasing community sector engagement)
  - Training & Education (LifeSkills, professional development, webinars, in person events)
  - Policy Change (school and town / city policies)
  - **Enforcement (alcohol compliance checks, social host law)**
  - Youth Development (sticker shock campaign, youth peer advocate, youth groups)
  - Data Collection & Monitoring (school or community survey every 2 years)

# Prevention Strategies – Cannabis Use

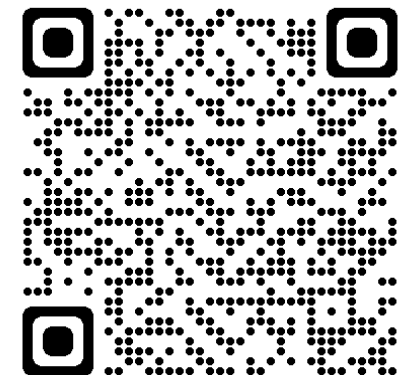
## Facts:

- Most commonly used federally illegal drug with over 61 million using in 2022
- Cannabis effects – heart health, lung health, brain health, mental health, driving

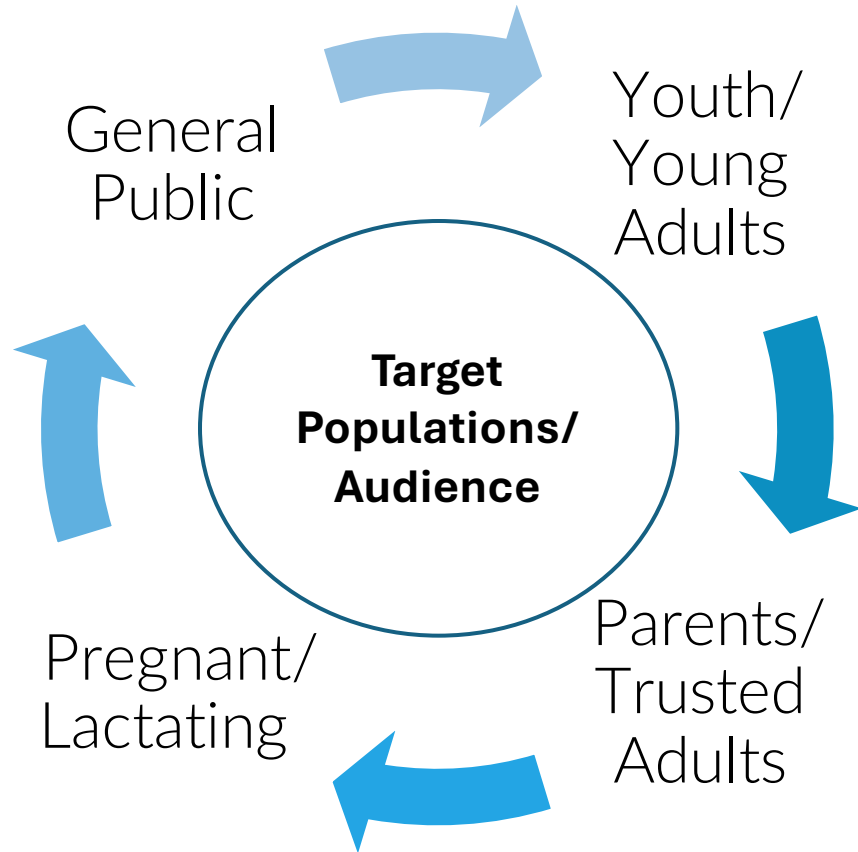
The DMHAS Prevention and Health Promotion Division developed Cannabis Education and Awareness Campaign to:

- To increase knowledge of laws related to possession and use of cannabis in CT
- To increase knowledge of impacts of cannabis use among target populations and deliver prevention messages and strategies, services and support related to cannabis misuse

Convened a time limited cannabis workgroup to inform campaign messages, outreach and youth prevention strategies



# Connecticut's Statewide Cannabis Education & Awareness Campaign



## Key Messages connected to Impaired Driving

- Cannabis impaired driving
- Cannabis use and mental health
- Addiction (Cannabis Use Disorder)
- Cannabis use and adolescent brain development
- Safe storage of cannabis
- The risks of using cannabis while pregnant or breastfeeding/chest feeding

# Be In the Know Campaign Creatives



## Placements

- Billboards
- Bus tails
- Dating Apps
- Posters & Vinyl adhesives in bars & Restaurants
- Dating Apps
- Meta: Facebook / Instagram
- Google
- Radio
- Podcasts
- Gas station Audio



# PreTrial Intervention Program

The Impaired Driving Intervention Program (IDIP) and the Drug Intervention and Community Service Program (DICSP) comprise PTIP. Both are diversionary programs offered by the courts.

The courts determine eligibility for both programs, as prescribed in Public Acts, Spec. Sess., June 2021, Public Act No. 21-1 § 166 and 167.

DMHAS contracts with 5 Private-Non-Profit agencies across the state to provide evaluations and educational groups.



# Impaired Driving Intervention Program (IDIP)

This program is available to adults arrested for the first time for operating a motor vehicle, boat, all-terrain vehicle, or snowmobile under the influence of alcohol and/or drugs (often called OUI, DUI, DWI). It is also an option for those individuals previously arrested for these offenses who used a similar program to avoid a conviction provided that the original offense was over ten years ago without any intervening arrests or convictions.

Individuals under the age of 21 who have been arrested for operation of a motor vehicle, boat, all-terrain vehicle, or snowmobile under the influence of alcohol (0.02 BAC or higher) or drugs under zero-tolerance are eligible for the IDIP program.



# Pretrial Drug Intervention and Community Service Program (DICSP)

This program is available to persons arrested for possession of drugs or drug paraphernalia. The program may be used twice and, with the court's permission, a third time.

DICSP includes a community service component that is managed by the Court Support Services Division of the Judicial Branch

# IDIP and DICSP

The requirements for both IDIP and DICSP are the same:

1. Clients are referred for an evaluation to determine the appropriate level of care.
2. If the recommendation is the 12 educational session group, the client will be referred you to a PTIP contract agency.
3. If the recommendation is substance use disorder treatment, the client will be required to complete 15 sessions of the recommended treatment level.

# 12-Session Educational Group

- The program consists of twelve 90-minute sessions for a total of 18 hours.
- DMHAS recently implemented a new curriculum that was developed for the CT PTIP program and is evidence-based.
- Groups are facilitated by staff who meet DMHAS and DPH requirements.
- Only clients who actively participate and complete all assignments are successfully discharged.

# Treatment requirement

If clients need a higher level of care, they can be ordered by the court to complete at least 15 sessions of:

- Standard Outpatient Treatment, typically 1 hour once or twice a week
- Intensive Outpatient Treatment, 3-hour sessions, 3 times per week
- Partial Hospitalization, a minimum of 4 hours per day
- Residential Treatment, a minimum of 15 days.

Treatment providers must be approved by DMHAS.

# Successful Completion

Once a client successfully completes PTIP requirements, a report is submitted to the court.

Upon successful completion of all IDIP/DICSP requirements, the client may apply for dismissal of the charges.

# LIVE LOUD

Live Life with Opioid Use Disorder





2018

- LiveLOUD media campaign launched
- Information about opioids and overdose crisis

2020

- Anti-stigma campaign
- Faces of recovery living with OUD
- Buses, highway billboards, social media

2022

- Harm Reduction focus
- Messages of recovery and hope
- Social media posts, buses and billboards

2024

- Created short videos shared on social media platforms
- Geofencing to target areas
- Focus on harm reduction, medications for OUD, and naloxone being safe for all ages

LIVE  
LOUD

PLEASE TEST FOR FENTANYL...

**BEFORE  
YOU  
TRY.**

1.800.563.4086  
liveloud.org/staysafe

dmhas

LIVE  
LOUD

THERE'S NO WAY TO KNOW...  
UNLESS YOU TEST

**WHAT'S  
IN THE  
BAG.**

dmhas

LIVE  
LOUD

**MANY**

**PATHS**

LIVE  
LOUD

ONLY USE WHEN SOMEONE'S...

**GOT  
YOUR  
BACK.**

1.800.563.4086  
liveloud.org/staysafe

dmhas

LIVE  
LOUD

REMEMBER, RECOVERY TAKES TIME...

**CHANGE  
TAKES  
PATIENCE.**

1.800.563.4086  
liveloud.org

dmhas

LIVE  
LOUD

**MUCHOS**

**CAMINOS**

dmhas

LIVE  
LOUD

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DMHAS

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# Alcohol Use Disorder (AUD) phase 3

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website

[www.ctstronger.org](http://www.ctstronger.org)

**CTSTRONGER**



If One is  
**NEVER ENOUGH**

Reach for Support. [CTStronger.org](http://CTStronger.org)

CTSTRONGER



Daily Drinking Can Harm  
**YOUR HEALTH**

Get support and cut back. [CTStronger.org](http://CTStronger.org)

CTSTRONGER



**MORE DRINKING** may mean  
**LESS HAPPINESS**

Get support now. [CTStronger.org](http://CTStronger.org)

CTSTRONGER

# Questions?

[Julienne.giard@ct.gov](mailto:Julienne.giard@ct.gov)

860-418-6946

# Department of Consumer Protection Update

- **Questions from Council**

# Department of Public Health

Susan Logan, MS, MPH  
Supervising Epidemiologist  
Community, Family Health, and  
Prevention Branch, Chronic Disease  
and Injury Prevention Section Injury  
and Violence Surveillance Unit

Alyson Conder,  
Epidemiologist 1  
Epidemiology Unit  
Community, Family Health &  
Prevention





# Injury Surveillance & Cannabis Surveillance

Chronic Disease and Injury Prevention Section

Community, Family Health and Prevention Branch

# Injury and Violence Surveillance Unit

## OVERVIEW OF PROGRAM

- Provides epidemiological support to DPH Office of Injury and Violence Prevention (OIVP)
- Sends data annually to the CT Transportation Research Center at UConn to link with the CT Crash Data Repository
  - Injury related emergency department and hospitalization related injury data
  - Emergency medical services (EMS) data
  - Trauma center data
- Partnerships: DOT, CT Traffic Safety Research Center (CTSRC) at UConn, TRCC, DMHAS, DCP
- Appointment to Vision Zero Council
  - Program staff sit on the Council and several subcommittees of the Council: Equity, Engineering, Education, and Enforcement
- OIVP Appointment on the Alcohol and Drug Policy Council
  - Cannabis Workgroup in the Prevention subcommittee
- DPH Appointments to the CT Highway Safety Plan (CHSP) Executive and Steering Committees



## DPH Website on Traffic and Motor Vehicle Related Injuries Contains Fact Sheets and Links to Resources

- [Traffic and Motor Vehicle Accident Prevention Program \(ct.gov\)](#)
- [Microsoft PowerPoint - 2021 Motor Vehicle Injury Fact Sheet .pptx](#)
- New Fact Sheet with 2023 Injury Data coming out in September 2024

**DPH**  
Connecticut Department  
of Public Health

**MOTOR VEHICLE INJURY IN CONNECTICUT:  
A FACT SHEET – 2021 UPDATE**

ACCREDITED HEALTH DEPARTMENT  
PHAB  
Advancing  
public health  
performance  
PUBLIC HEALTH ACCREDITATION BOARD

**INJURY AND VIOLENCE SURVEILLANCE UNIT • March 2023**

**What We Know About Motor Vehicle Injury In Connecticut:**  
Motor vehicle injury includes crashes from 2-, 3-, and 4-wheel motorized vehicles, heavy trucks, and buses and includes crash-related injury to pedestrians and cyclists. Fatal injury rates appear to be on the rise while non-fatal injury rates appear to be declining. In 2021, these crashes accounted for 9% of all fatal (n=328) and 17% of all non-fatal (n= 31,555) injuries in Connecticut. The CDC estimated nearly \$335 billion in medical, work loss, and quality of life costs were incurred from Connecticut crash-related injuries in 2020. Non-Hispanic Blacks carried a disproportionate burden of risk for both fatal and non-fatal crash-related injuries. Although social, environmental, and

**Key Points:**

- The recent pandemic may have altered rates by which individuals have been injured by crash.
- Fatal crash-related injury rates for males are rising.
- Year-to-year trends in both Fatal and Non-fatal crash-related injury rates fluctuate over time.
- Middle-aged Non-Hispanic Blacks and Hispanics of all races carry the

# Cannabis Program

## OVERVIEW OF PROGRAM

- CGS, Sec. 21a-422e (Public Act 21-1) directed DPH to establish a program for cannabis public health surveillance
- Produce Annual Report-April 1
- Cannabis Program Webpage: [Cannabis Health Statistics \(ct.gov\)](https://www.ct.gov/dph/cannabis-health-statistics)
- Presenting Data form the Cannabis Program to:
  - Alcohol and Drug Policy Council (ADPC)
  - State Epidemiological and Outcomes Workgroup (SEOW)
  - Others as requested

1. Alcohol and Other Substance Risk Behaviors and Injuries

# Table of contents

## Alcohol Surveillance

### BRFSS Survey Questions on Driving Under the Influence of Alcohol, Adults 18+ Years

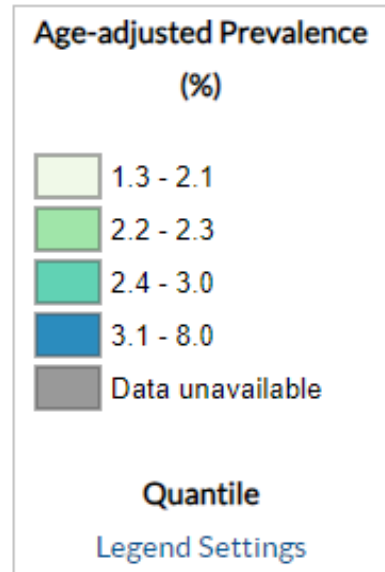
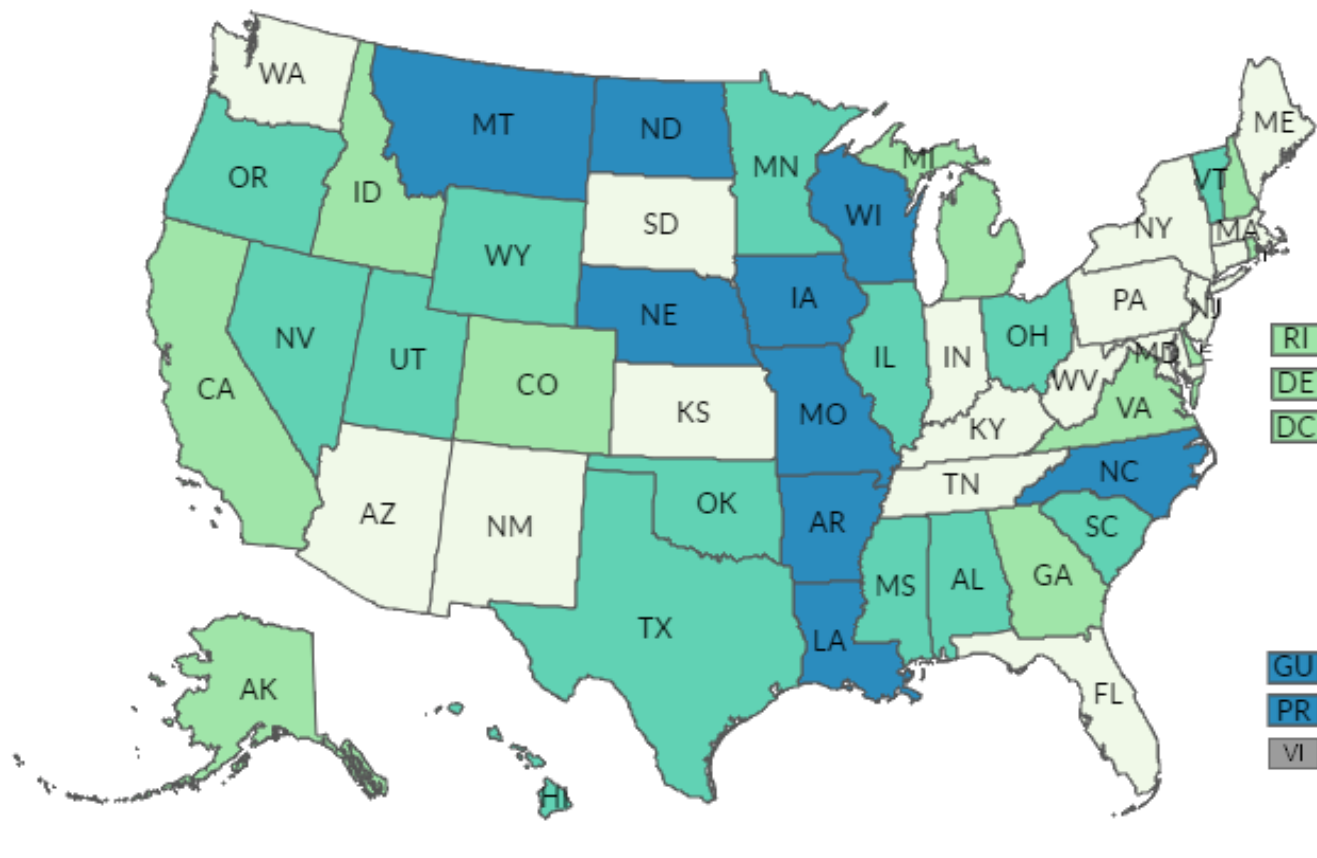
9. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
10. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. I did not drive a car or other vehicle during the past 30 days
  - B. I drove a car or other vehicle, but not when I had been drinking alcohol
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times

2020

Respondents who have reported having driven after drinking too much (variable calculated from one or more BRFSS questions) (Age-adjusted Prevalence)

View by: Overall

Response: Have driven after having too much to drink



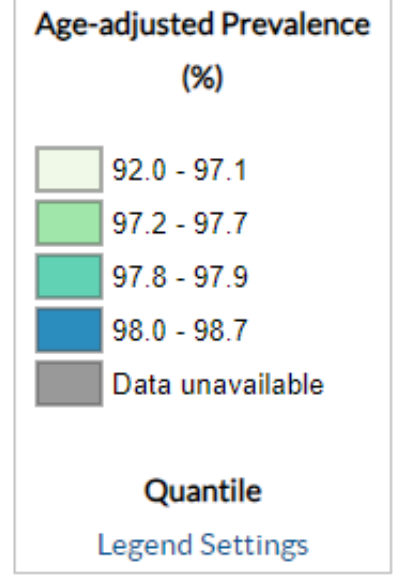
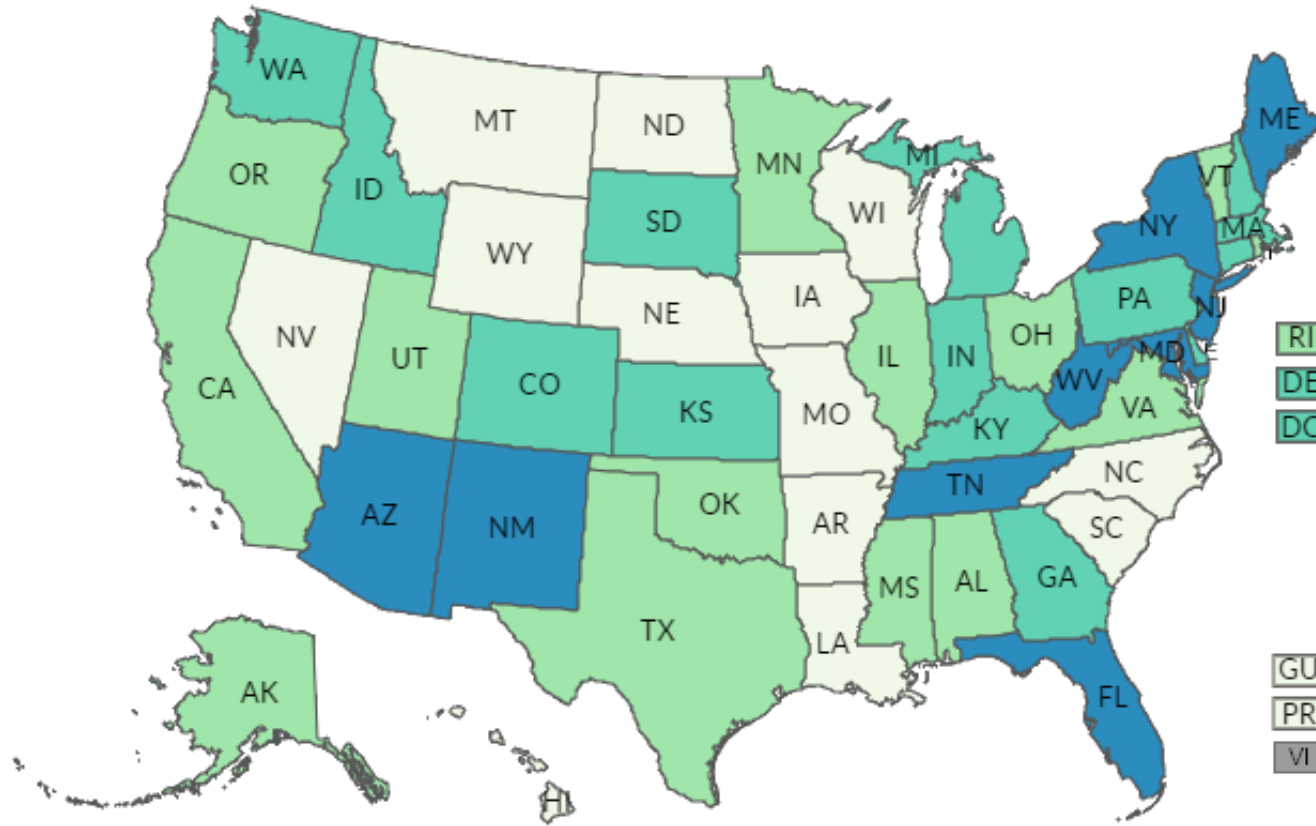
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

2020

Respondents who have reported having driven after drinking too much (variable calculated from one or more BRFSS questions) (Age-adjusted Prevalence)

View by: Overall

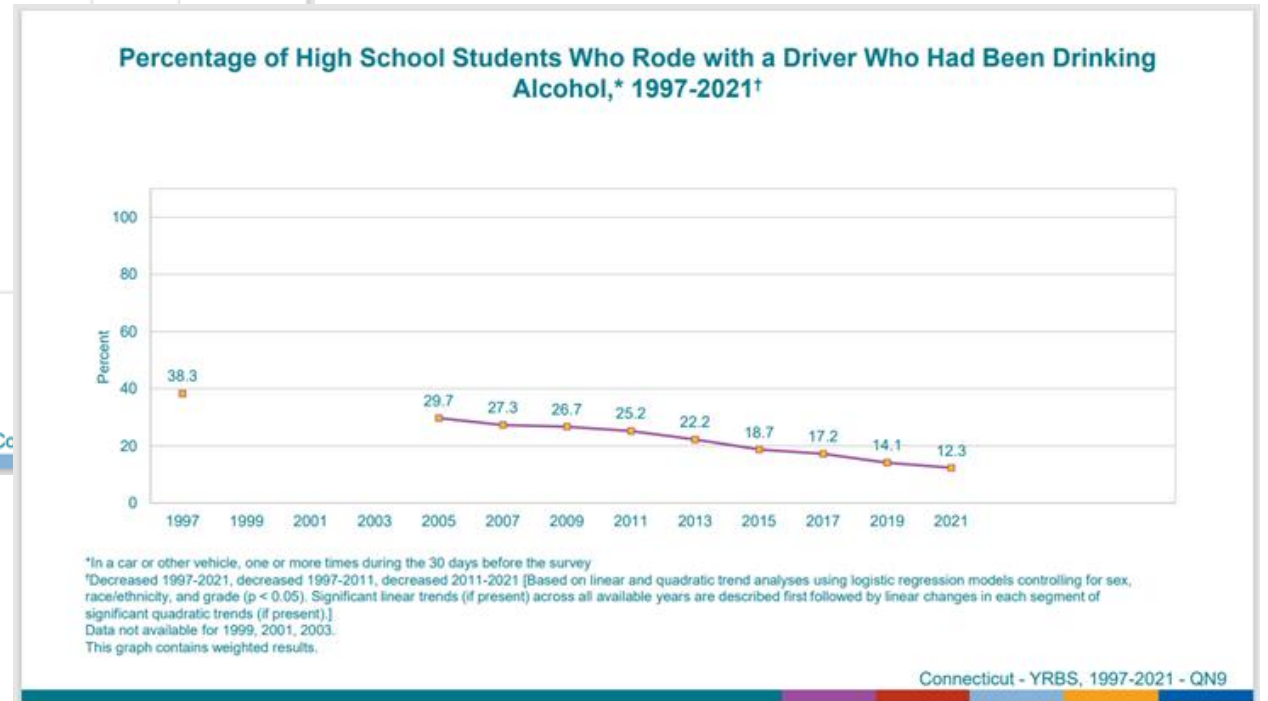
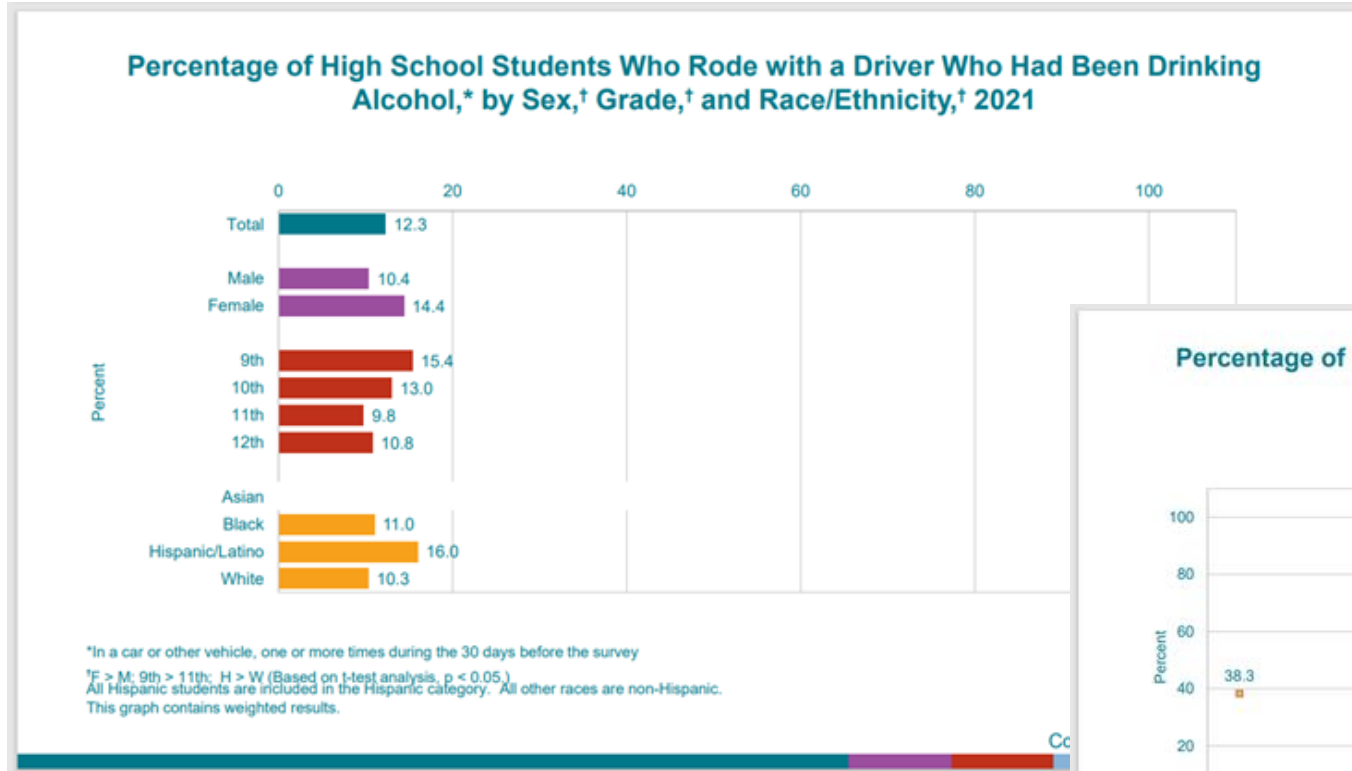
Response: Have not driven after having too much to drink



Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

# Teen Alcohol Use and Driving Statistics, CT School Health Survey Results (Grades 9-12), 2021

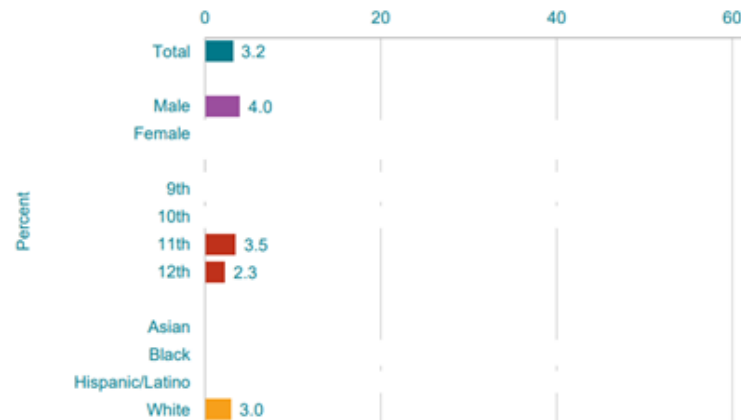
## Rode With a Driver Who Had Been Drinking



# Teen Alcohol Use and Driving Statistics, CT School Health Survey Results (Grades 9-12), 2021

## Drove After Had Been Drinking Alcohol

Percentage of High School Students Who Drove a Car or Other Vehicle When They Had Been Drinking Alcohol,\* by Sex, Grade, and Race/Ethnicity, 2021



\*One or more times during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey.  
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.  
Missing bar indicates fewer than 30 students in the subgroup or is an unreliable estimate.  
This graph contains weighted results.

Percentage of High School Students Who Drove a Car or Other Vehicle When They Had Been Drinking Alcohol,\* 2013-2021†



\*One or more times during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey.  
†Decreased 2013-2021 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ( $p < 0.05$ ).]  
This graph contains weighted results.



# Table of contents

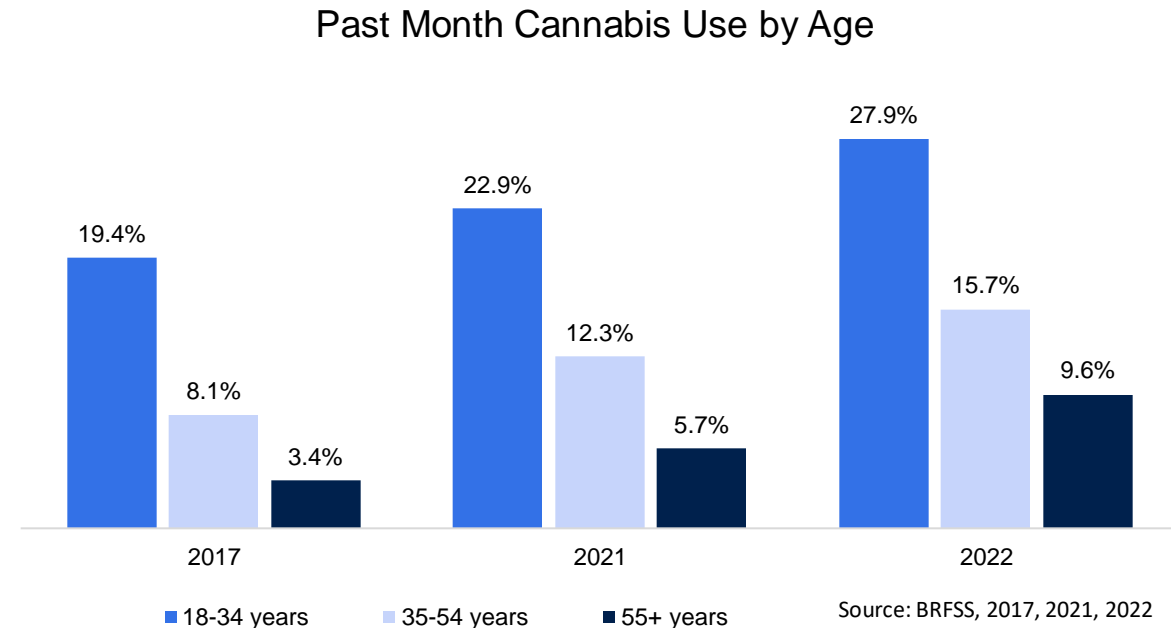
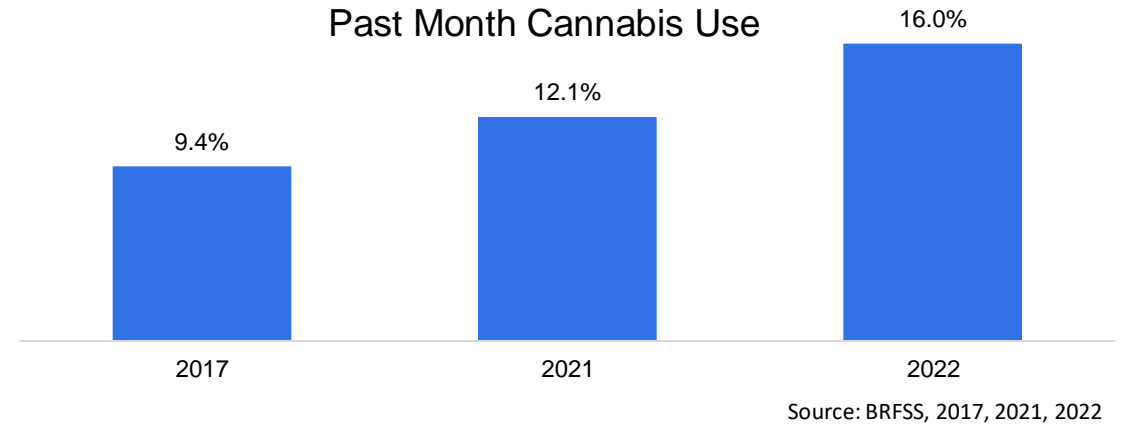
## 1. Cannabis Burden, Use & Risk Behaviors

# Cannabis Surveillance

- Source of cannabis data & statistics:
  - Illness
  - Adverse events
  - Injury
  - Pregnancy outcomes
  - Childhood poisoning
  - Adult and youth use
  - Cannabis-related emergency room visits and urgent care episodic mental health visits

# Cannabis Use & Risk Behaviors

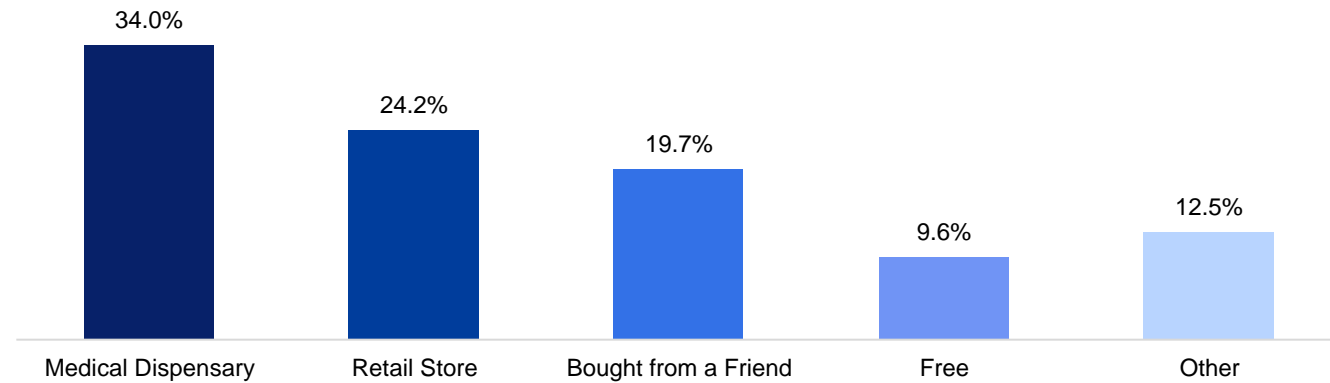
- Adult use increased 2.7% from 2017 to 2021
- Cannabis use greatest amongst 18-34 year-olds
- Reasons for use:
  - 41% non-medical
  - 23.5% primarily medical use
  - 35.5% both medical & non-medical cannabis use



# Cannabis Use & Risk Behaviors

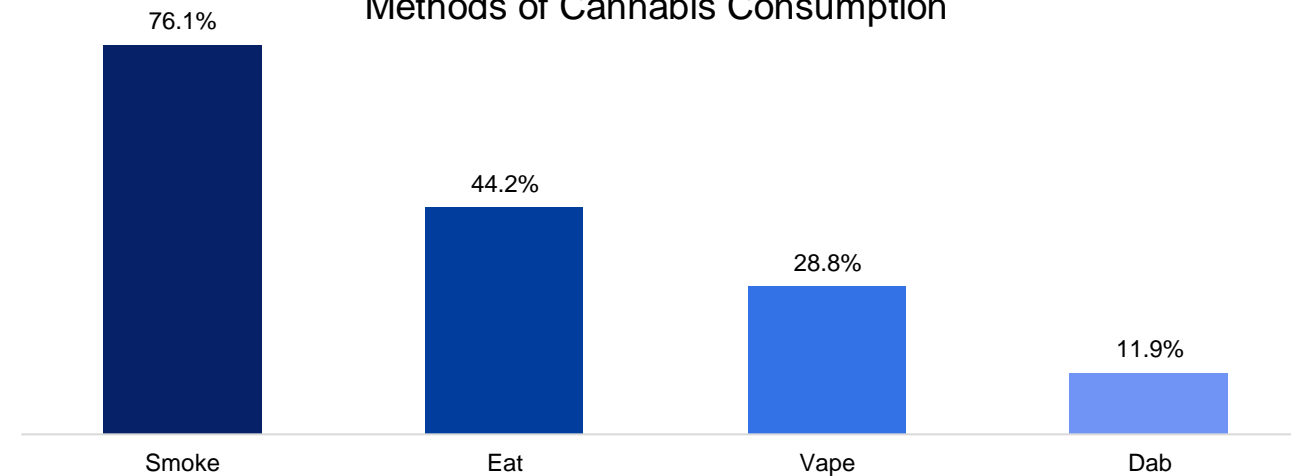
- 1/3 of cannabis users usually obtain from medical dispensary
- Most common method of consumption was smoking (76%)
- One in six contemplated quitting or had attempted to do so without success
- **One in five reported driving within 3 hours of using**
  - Proportion greatest amongst 18-34 year-olds

Sources of Cannabis from Past Month Cannabis Users



Source: BRFSS, 2022

Methods of Cannabis Consumption

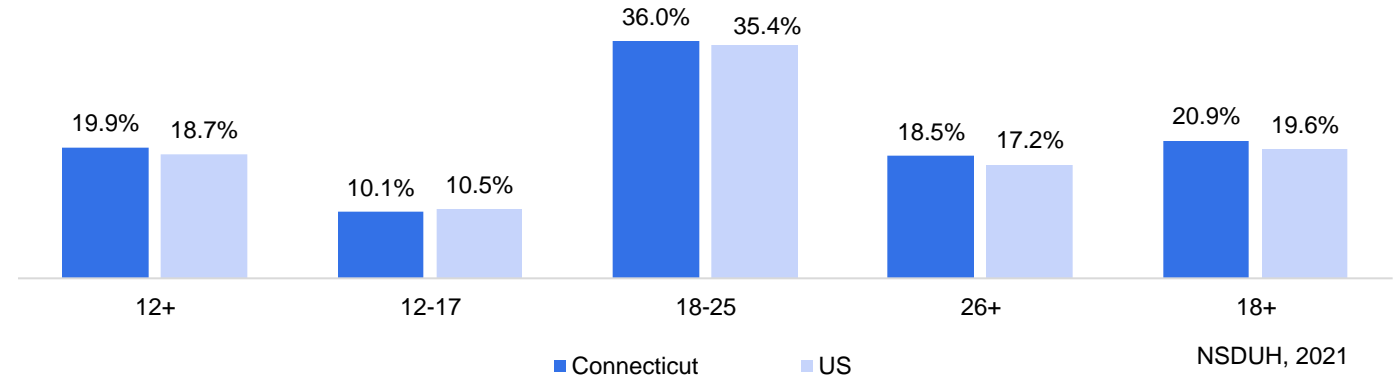


Source: BRFSS, 2022

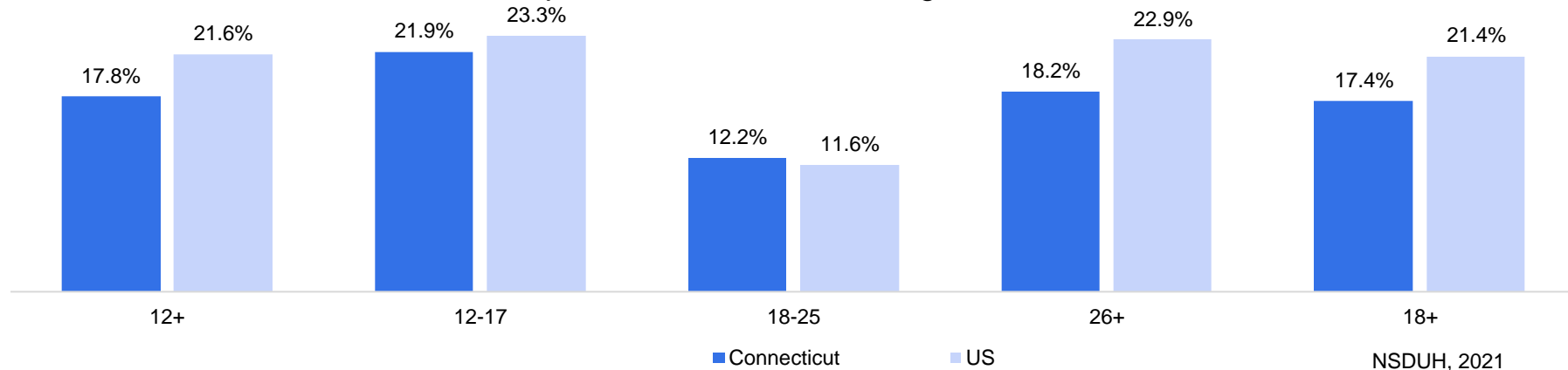
# Cannabis Use & Risk Behaviors

- Past year cannabis use among all individuals 12+ was 20%
- 18-25 year-olds have greatest past year use, lowest perception of risk, and greatest past year initiation of cannabis use

Past Year Cannabis Use



Perception of Risk from Smoking Cannabis



# Driving Under the Influence of Cannabis; 2022 Behavioral Risk Factor Surveillance Survey

## *Driving Under the Influence of Cannabis (DUIC)*



Source: BRFSS, 2022

Driving under the influence of cannabis was relatively common among adult past month cannabis users: approximately one in five adult cannabis users reported driving within three hours of using cannabis. This proportion was higher for adults aged 18-34 years (24.6%). A statistical model identified the following characteristics as predictors of DUIC among cannabis users: relatively younger age (18-34), male gender, non-Hispanic Black race and ethnicity, and being an excessive drinker (*Suppl. 1*).

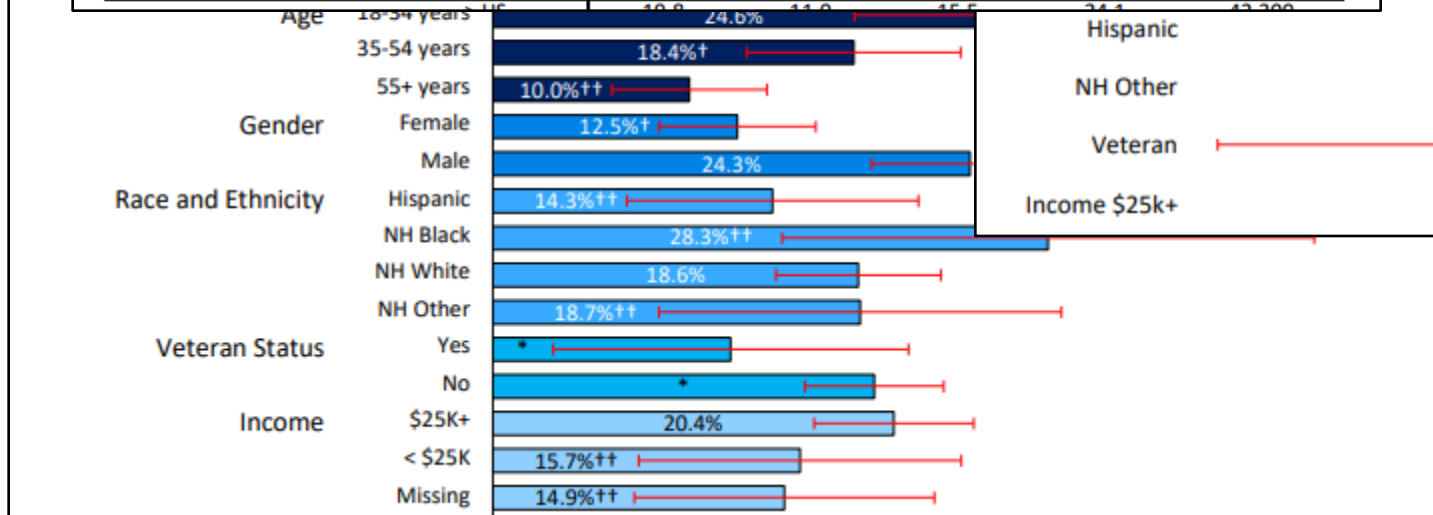
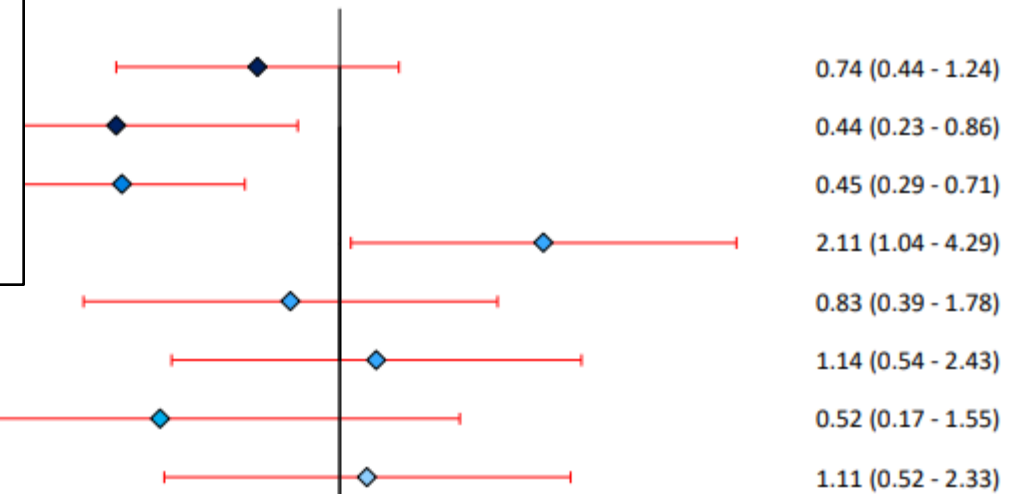
# BRFSS Report, 2022: Results

**BRFSS 2022 Supplemental Tables**  
**DUIC among Past Month Cannabis Users**

Demographics		Percentage	CV	95% CI		N
Total		19.0	9.1	15.6	22.4	66,200
Age	18-34 years	24.6	12.8	18.4	30.8	39,400
	35-54 years	18.4†	15.1	12.9	23.9	17,800
	55+ years	10.0††	20.2	6.1	14.0	9,000
Gender	Female	12.5†	16.3	8.5	16.5	19,500
	Male	24.3	10.5	19.3	29.3	46,600
Race and Ethnicity	Hispanic	14.3††	26.6	6.8	21.7	5,900
	NH Black	28.3††	24.5	14.7	41.9	10,200
	NH White	18.6	11.5	14.4	22.8	42,600
	NH Other	18.7††	28.0	8.5	29.0	6,200
Veteran Status	Yes	*	38.1	*	*	*
	No	*	9.3	*	*	*
Income	\$25K+	20.4	10.2	16.4	24.5	51,700
	< \$25K	15.7††	26.8	7.4	23.9	5,400
	Missing	14.9††	26.3	7.2	22.5	9,100

**BRFSS 2022 Supplemental Tables**  
**DUIC among Past Month Cannabis Users**

of Adjusted Generalized Linear Model Results (ORs and 95% CIs)



# BRFSS Report, 2022: Summary of DUIC Survey Results

- Prevalence 19.0% of past month cannabis users (approximately 66,200 Connecticut adults) drove under the influence of cannabis (DUIC) within 30 days of responding to the survey.
- Generalized Linear Model suggests:
  - Younger age (relative to the oldest age category),
  - Male gender,
  - Non-Hispanic Black race and ethnicity (relative to non-Hispanic White race and ethnicity) and
  - Excessive drinking are associated with DUIC after adjusting for covariates.
- Conclusion DUIC is associated with age, gender, race and ethnicity, and drinking behavior
- **Limitations:** Of 9,784 total respondents, there were 7,730 with responses to the question about past month cannabis use. 1,169 of these respondents used cannabis in the past month. 1,047 respondents had responses to all relevant variables (excepting income, for which a discrete “missing income” category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.
- BRFSS Cannabis questions also asked for 2022, 2023, and 2024 on cannabis use and driving



# DPH Cannabis Fact Sheets and Surveillance Reports

## Connecticut Department of Public Health Fact Sheet

Tobacco Control Program | December 2022

### CANNABIS—USAGE AND RISKS

**What We Know:** Cannabis, which can also be called marijuana, weed, pot or dope, refers to the dried flowers, leaves, stems and seeds of the Cannabis Indica or Sativa plant. The cannabis plant contains more than 100 compounds (or cannabinoids). These compounds include tetrahydrocannabinol (THC), which is impairing or mind-altering, as well as other active compounds, such as cannabidiol (CBD). CBD is not impairing, meaning it does not cause a “high”. Other slang terms for cannabis include herb, grass, bud, reefer, ganja and Mary Jane.



English Language Version

Spanish Language Version

Salud Pública de Connecticut

Programa de control de tabaco | Diciembre de 2022

### CANNABIS USO Y RIESGOS

**Lo que Sabemos:** El cannabis, que también puede denominarse marihuana, hierba, maría o mota, se refiere a las flores, las hojas, los tallos y las semillas secas de la planta de cannabis indica o sativa. La planta de cannabis contiene más de 100 compuestos (o cannabinoides). Estos compuestos incluyen el tetrahydrocannabinol (THC), que es perjudicial o altera la mente, así como otros compuestos activos, como el



## Cannabis Use and its Predictors Within the State

Connecticut Department of Public Health  
Alyson Codner, MPH, Jack King, MPH, Stephanie Poulin, MPH

### Introduction:

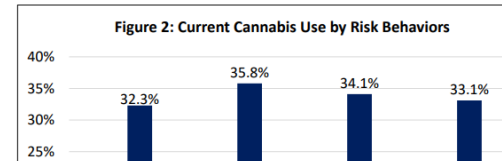
While there is still much to learn about the effects of cannabis on the body, cannabis use has previously been found to be associated with other health-related risk behaviors and health outcomes, such as substance use disorders, cognitive impairment and mental health disorders.<sup>1</sup> With a

### Results:

Table 1. Current Cannabis Use Among Connecticut Residents

	Characteristic	Percent	95% CI	CV (%)
	Total	12.1	11.0 13.2	4.8
Age	18-34	22.9	19.7 26.1	7.2
	35-54	12.3	10.5 14.1	7.3

### Results (cont.):



# Table of contents

## 1. Challenges & Next Steps

# Challenges & Limitations

- **Data Availability**
  - Limited data on driving under the influence of cannabis
  - Limited data on driving under the influence of other substances causing intoxication and impairment; e.g., alcohol, opioids, other drugs
  - EMS and hospital records may be incomplete and inadequately coded
  - Lack of standardized identifiers across databases to match records to an individual or incident
- **Gaps in funding to DPH for injury surveillance and public health approach for prevention:**
  - Personnel
  - Data sources

# Next Steps

- Cannabis Surveillance:
  - Cannabis during pregnancy and birth outcomes
  - Cannabis related mental health visits
  - Cannabis related calls to Poison Control
  - Cannabis hyperemesis syndrome
- Injury & Violence Surveillance:
  - Alcohol use-involved emergency department (ED) visits and hospitalizations, subset to motor vehicle-related injuries
  - Other substance use-involved EDs and hospitalizations, motor-vehicle related injuries
  - Types and severity of injuries related to substance use and intoxication

# Department of Consumer Protection Update

- **Questions from Council**

# Vision Zero Council – Sub- Committee Updates

- **Engineering**
- **Enforcement**
- **Equity**
- **Education**

# Vision Zero Council – Next Steps

- **VZ Schools of Distinction Awards**
- **Local VZ Spotlights**
- **Future Meeting Dates:**
  - **9/11/24**
  - **12/10/24**

# Vision Zero Council – Public Comment

- **Please Raise your hand to be called upon or enter your question in the Q&A field**
- **In person questions will be prioritized over those entered in the Q&A field**