

ALCOHOL & DRUG POLICY COUNCIL (ADPC)

Meeting of Tuesday, November 3, 2015

Legislative Office Building
Hearing Room 1D
Hartford, CT

9:00 a.m.

ATTENDANCE

Members/Designees: Grace Cavallo, CMHA; Theresa Conroy, CGA; Carol Cruz, CCAR; Miriam Delphin-Rittmon, DMHAS; Ingrid Gillespie, CT Prevention Network; Matthew Grossman, YNH; David Guttchen, OPM; John Gadeau, DCP; William Halsey, DSS; Deborah Henault, DOC; Christine Jaffer, CT Jr. Republic; Brian Austin, Criminal Justice; Joette Katz, DCF; Shawn Lang, AIDS CT; Chinedu Okeke, DPH; Mark Prete, Hungerford Hospital; Airell Reich, DESPP; Betsy Ritter, Dept. of Aging; Gregory Shangold, Windham Hospital; Jeffrey Shelton, Middlesex Hospital; Judith Stonger, Wheeler Clinic; Phil Valentine, CCAR; Katharine Wade, Dept. of Insurance; Melissa Ziobran, CGA;

Visitors/Presenters: Doreen DelBianco, DMHAS; AnnMarie Fitzpatrick, DMHAS; Carol Meredith, DMHAS; Michael Michaud, DMHAS; Susan Wolfe, DMHAS; Susan Brown, Public Defender's Office; Kristin G, Governor's Prevention Partnership; Brian Sullivan; Colleen Kearney, CT Nonprofits; Joseph Ritter; Lauren Siembab, DMHAS; Nancy Navaretta, DMHAS

Recorder: Karen Urciuoli

The November 3, 2015 meeting of the Alcohol & Drug Policy Council (ADPC) meeting was called to order at 9:06 a.m. by DMHAS Commissioner Miriam Delphin-Rittmon. The meeting was co-chaired by DCF Commissioner Joette Katz.

Topic	Discussion	Action
Welcome and Introductions	Members of the Council introduced themselves and Commissioner Delphin-Rittmon welcomed council members and thanked them for agreeing to be a part of the council.	Noted
Charge from the Governor	Governor Malloy thanked committee members for agreeing to serve on this committee. Governor Malloy stated that this effort is an outgrowth of legislation that his administration proposed at the beginning of this last session and which was ultimately adopted. The Governor asked that this group take into consideration that CT is experiencing a significant increase in accidental overdose deaths, many involving prescription pain killers and heroin. In 2014 there have been over 300 deaths due to opioid overdose, and acknowledged that the State Police and other police departments have been able to save over 50 individuals with Narcan. During the last legislative session a significant piece of legislation that adds crucial tools to our prevention and treatment toolbox was passed. This legislation will strengthen our ability to prevent prescription drug abuse and addiction overdose and will help plan future actions; this Alcohol and Drug Policy Council will be a leading part of our statewide efforts in this area. In a letter sent to the co-chairs of this council the Governor asked that several key areas be studied involving treatment and prescription education and overdose prevention, and asked that this group study the best practices in these areas and make recommendations for further work that we can do in CT to further our efforts to fight this disease and indicated that we need a second chance society that treats addiction like the public health issue that it is.	Noted
Data Presentation – Drug and Alcohol Use and Treatment Trends in Connecticut	DMHAS Deputy Commissioner Nancy Navaretta reviewed a PowerPoint presentation that shows data related to DMHAS' treatment system, and indicated that the data may prove useful as we begin to	Noted

Topic	Discussion	Action
(DMHAS)	<p>examine our charge and how we can improve the SA system in CT. The presentation provided a quick snapshot of substance abuse services in the DMHAS treatment system, reviewed system level data, and examined the growing opiate issue in CT.</p> <p>Melissa Ziobran requested that the 2008 report issue by this council would be helpful to review. Commissioner Delphin-Rittmon agreed that it could be useful.</p> <p>Shawn Lang indicated that it would be interesting to look at an overlay of access to treatment programs and where they are located. She also stated that AIDS CT has been working with Yale researchers to look at opiate overdose death data from 2008 to present along with special geo-mapping and indicated that the data could be helpful to this group.</p> <p>Matthew Grossman noted that the DMHAS numbers show an increase in the numbers of people going into treatment, but doesn't show the number of people actually using, and asked if that data is available. Nancy Navaretta indicated that it is another set of data that can be accessed.</p>	
SAMHSA Adolescent Planning Grant (DCF)	<p>Commissioner Katz reported that in both their internal facility review report and the report from the Office of the Child Advocate the factor of substance abuse showed to have increased the risk of child fatalities especially in children aged birth to three. Substance abuse increases the risk of fatalities due to unsafe sleep conditions, children of care givers with substance abuse disorders are more likely to experience neglect, are more likely to enter in the foster care system, and have lower chances for reunification. Adolescents are more likely to engage in high risk behaviors when using substances, and adolescent substance abuse contributes to accidental injuries, death and suicide attempts. Substance abuse is something that DCF is very invested in and committed to.</p> <p>Updates on current activities:</p> <ul style="list-style-type: none"> • IMPACCT (Improving Access to Continuing Care Treatment) - DCF received a two year SAMHSA Adolescent Planning Grant called IMPACCT (Improving Access to Continuing Care Treatment), and work in conjunction with Court Support Services, DMHAS Young Adult Services and other stakeholders to develop a three year strategic plan to improve their response to adolescent substance abuse issues. The project also includes deliverables on improving their workforce response, funding strategies, screening, data infrastructure and collaboration with other state entities as well as the communities. They are specifically charges with developing a social marketing complain and fiscal mapping. As part of the grant, they would like to create two subcommittees with one focusing on youth and the other on fiscal strategies. It was suggested that the two subcommittees be co-chaired by Council members and involve a variety of stakeholders throughout the State. • Adolescent SBIRT (Screening and Brief Intervention Referral for Treatment) – DMHAS passed on some carry-over funds from their federal SBIRT Grant so that DCF could begin to train their workforce and deliver adolescent SBIRT. Training is expected to begin in January 2016; updates on this initiative will be shared with this council. • In-depth technical assistance on substance exposed infants – DCF is midway through technical assistance to supporting their ability to respond to substance abuse exposed infants, especially those with neo-natal abstinence syndrome and fetal alcohol spectrum disorders. These efforts 	<p>Informational</p> <p>Updates on these initiatives will continue to be shared at future ADPC meetings.</p>

Topic	Discussion	Action
	<p>have resulted in DCF and DMHAS collaborating to create the first ever statewide coordinator position to focus on prevention and early intervention in this area.</p>	
<p>Prescription Drug Working Group (DPH)</p>	<p>Chinedu Okeke reported that the Department of Public Health held a workshop last year and through recommendations from that workshop created a work group to address the public health issue of prescription drug overdoses in the State. The work group's objective was to come up with a strategy to reduce by 15%, the rates of non-medical and unintentional deaths involving controlled prescription drugs through prevention and education, and to implement action steps to increase prescriber's engagement in preventing prescription drugs misuse and to launch a multi-level public awareness and prevention campaign across communities in CT. The workgroup came up a 30 second public service announcement which addresses prescription drug overuse and deaths in youths. The group has reached out to the Department of Motor vehicles to see if they can show the announcement while people are waiting at the DMV, they have also reached out the State Department of Education and other stakeholders to ask if they can get the message out through the showing of the PSA. The workgroup is also working on creating a standalone state website that will provide information about prevention, treatment, recovery and integration into the community. If anyone has information that they would like highlighted on the website, they can contact Mr. Okeke or other members of the workgroup.</p>	<p>Mr Okeke to provide a link to the PSA to Council members so it they can share the information on their agencies websites.</p>
<p>Narcan Program (DESPP)</p>	<p>Arielle Reich reported that Naloxone was introduced as standard issued equipment to all sworn state police troopers in September 2014. Troopers are trained at the academy on signs and symptoms of opioid overdose, the medication kit and how to assemble the intranasal dosing equipment, and how to administer the Naloxone through practice skills on mannequins. Troopers undergo refresher training on Naloxone and all related learning objectives on an annual basis through in-service trainings. In October 2014 Naloxone training was also added to the post academy curriculum to train all municipal police recruits. The CT Fire Academy also provides instruction and has trained in the first year 100 individuals in 9 fire departments across the state. In the first year of the program, there have been 57 calls for service, 58 individuals in medical distress have been given Naloxone by a State trooper and 53 individuals regained consciousness as a result of the Naloxone, which averages out to be 1 or more life save per week.</p> <p>With regard to trends, DESPP is seeing a number of individuals who are using drugs and overdosing in their vehicle either while driving or pulled over on the side of the roadway. Additionally, they have made 3 DCF referrals when minor children were present at the scene of the overdose. Although troopers are responding to the aftermath of the drug use, their goal is not to arrest drug users; it is to provide immediate lifesaving interventions allowing the individual to seek treatment of their addiction. Of the 58 individuals given Naloxone due to a drug overdose, only 1 was arrested due to the large volume of narcotics found in the vehicle.</p> <p>Shawn Lang recognized the forward thinking of arming State troopers with Naloxone, which has clearly saved many lives, and reported that through the Department of Public Health and their syringe services program, AIDS CT has doing community distribution of Naloxone to their clients in the syringe exchange program. The program was started in April 2015 and since then has distributed over 400 kits to their clients; 32 kits have been used and 31 reversals have been experiences. They have also been going out and training other social services programs on recognizing overdoses and overdose prevention.</p>	<p>Informational</p>
<p>PMP Update/Pharmacist Narcan Training (DCP)</p>	<p>John Gadeau reported that the PMP (Prescription Monitoring Program) is a web based system that collects from pharmacies and doctors offices any controlled substances that have been dispensed. In the</p>	<p>Informational</p>

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	<p>last legislative session upgrades were made via statue which requires physicians to begin to look up patients that they write controlled substance prescriptions for if its greater than a 72 hour supply. This process is going forward, and DCP is holding a lot of educational programs for physicians/prescribers to bring them up to speed. The number of prescribers who are currently registered in the system has increased along with usage.</p> <p>With regard to the Pharmacist NARCAN Training Program, the program was up and running in just under two months. The program/link in housed at the UCONN School of Pharmacy. There are approximately 50 pharmacists who have the taken the course and are capable of prescribing. The pharmacy chains have provided positive feedback. A secondary initiative has been developed as a result of this program. Pharmacists are being educated about the possibility of accidental overdoses in patients aged 50 and over who are on a tremendous amount of opiates to treat their medical condition, what happening is their metabolism changes over time and their kidney's no longer function properly which causes them to be at risk for accidental overdose. Pharmacist will now be trained to look at their patients who might be at risk and talk to them about NARCAN. This will be an ongoing process and data will be collected.</p> <p>Shawn Lang indicated that pharmacists are saying they are having a hard time with insurers covering the prescription. John indicated that the issue has been identified and DCP is working on it.</p> <p>Ingrid Gillespie inquired about the medication drop boxes – John reported that approximately 55-60 police departments now have these drop boxes; last year approximately 22,000 pounds of medications were dropped off. The program has worked out well. John indicated that they did consider having drop boxes in pharmacies but found there would be too many issues, so for now the drop boxes will only be located in police departments. Ariel Reich reported that the CT State Police were able to secure 11 new drop boxes and hope to have them in installed in all 11 police troops by the end of the year. Melissa Ziobran indicated that she would like to see the issue with pharmacies having drop boxes be revisited at least to take into consideration the towns that do not have a police department or state police barrack.</p> <p>Greg Shangold asked if the pharmacists that have completed the NARCAN training will be identified regionally. John indicated that right now when pharmacists take the exam, it is done on line and is tied to CEU's which only asks for their home address and not where they work. This is an issue that is being worked on. Greg also indicated that Washington State is working on a lot of what we are working on and have been able to collect data for the last years. It was suggested that we take a look at their programs.</p> <p>Shawn Lange noted that AIDS CT is working with the Department of Public Health to develop packets for pharmacies that have information about the law that was passed this legislative session, information on the Good Samaritan Law, the syringe exchange program, Naloxone and the sale of up to 10 syringes without a prescription. DPH is relying on their community partner to reach out to pharmacies that they have connection with.</p>	
<p>Opioid Abuse and Overdose Prevention Framework (DMHAS)</p>	<p>Commissioner Delphin-Rittmon provided an overview of DMHAS Commissioner's Framework for Prevention and Treatment of Opioid Addiction and Overdose which focuses on preventing the use of non-prescription opioids, increasing timely access to effective treatment and community supports, and preventing overdose deaths.</p>	<p>Informational</p>

Topic	Discussion	Action
	<p>Mark Prete indicated that in addition to providing timely access to effective treatment, you also need to engage people early on and long term in order to be effective. Commissioner Delphin-Rittmon agreed and noted that DMHAS has been having a lot of discussions internally about ways to increase different engagement strategies possibly starting in the emergency room. Greg Shangold stated that it would be helpful to have critical care teams in the emergency departments to get patients care when they are willing to have it. Melissa Ziobron feels that length of treatment should be looked at also.</p> <p>Deborah Henault reported that the Department of Correction is also involved in the NARCAN program. Their halfway houses and parole officers now have NARCAN available to them. DOC has also initiated and maintained Methadone maintenance in two of their jail facilities (Bridgeport and New Haven) and is looking into expanding the program to include Hartford. DOC is also looking into creating a Vivitrol program for alcoholics.</p> <p>Phil Valentine from CCAR said that he has over 300 volunteers that are eager to help get people into recovery and feels getting back into emergency rooms to talk with patients about recovery is a good first step.</p>	
<p>Discussion of Charge/ Establishing Subcommittees</p>	<p>The following indicates areas that council members should be addressed by subcommittees:</p> <ul style="list-style-type: none"> • Data Collection • Early Intervention/Starting in Schools • Prevention • Screening (SBIRT) • Resources (Lists that Providers can refer to) • Evidence Based Interventions/Best Practices • Looking Beyond Rehabilitation (i.e., medication assisted treatment, intensive outpatient treatment programs, housing) • Stigma and Discrimination • Identifying Fiscal Challenges to this Council and Carrying It's Charge • Quality Improvement/Measuring Outcomes <p>It was also suggested that the 2008 Report be reviewed for work that was done by the previous subcommittees to see if any of their work be carried forward.</p>	<p>Commissioner's Katz and Delphin-Rittmon to look at the Governor's charge and council members suggestions and will craft subcommittees.</p>
<p>Next Meeting</p>	<p>To be announced at a later date.</p>	<p>Noted</p>

NEXT MEETING

To be announced at a later date.

ADJOURNMENT

The January 15, 2014 meeting of the Alcohol and Drug Policy Council adjourned at 10:50 a.m.