

Health Subcommittee Human Services Coordinating Council

Wednesday, October 26th, 2016 at 1:00pm
125 Putnam Pike, Dayville, CT 06241

Members Present: Larisa Carr (EASTCONN), John Goodman (Under Services)

Others Present: Sam Alexander, Eric Sanderson, Hoween Flexer, John Filchak (NECCOG)

Called to Order: 1:12pm

Introduction of Members Present

Introduction of Guest Speaker: Bob Brex

Presentation and Discussion: *Substance Abuse*

- Drug problem would be similar if you put the population of NE CT in a city of similar size (rural nature of region isn't as much of a factor)
- Opioids/Opiates have overtaken alcohol, tobacco and marijuana as primary drugs or abuse substances as of 2016 (from 1990 where the order was alcohol, tobacco, and marijuana, respectively)
- Rural isolation causes alcohol problems
- Lack of transportation, job market (lack of skilled jobs)
- NECASA oversees prevention programs (monitoring, providing technical assistance)
 - Getting to medical appointments, lack of insurance (or other insurance barriers),
 - In order for success (outpatient or inpatient), the support must be ongoing and long term. Success rates are much greater when patient is followed out and given wraparound of job, housing, food and support systems to access those resources
- Many people deal with substance and mental health issues, and each of these has a unique support system and treatment approach. Mental health, as of now in the region is better covered and supported
- Advocacy issues - patient not being able to (physically or mentally) advocate for themselves (educational barriers as well).
- Often after treatment, people want to go home - which has the same groups of people they were using with and the same backgrounds that allowed them to use drugs/alcohol.
- If someone calls hotline at DEMUS (spelling?) - they are told "this is where you can go to get an assessment in a week". If someone is an active opioid user, they are never going to make that appointment, especially if it is far away (Manchester).
- Chinese fentanyl being put into heroin makes the drug more dangerous

- NARCAN cannot prevent overdose (can take up to 6 doses) for certain drugs
- As of October 1, 2016 a 7-day prescription for something that is not an acute or chronic issue (maximum?)
- Presence of 24/7 drop boxes at police stations
- Public education --> faith based individuals and communities are told that addiction is a sin or a moral failing, and that with enough faith and prayer, it can be overcome. This sets families and individuals up for failure and creates a sense of shame that prevents people from reaching out for help
- Addiction needs to be understood as a medical issue and a disease
- NE CT has a drug court - one of the very few places that has one. Drug intervention program has about 20 slots for non-violent, repeating offenders.
- Yale Strategic CORE Recommendations don't focus on prevention. Some of the recommendations presented to the Governor include:
 - Strategically expand opioid treatment programs in areas of high need
 - Promote same day treatment
- Reduce overdose risk, especially among those individuals in highest danger:
 - High risk individuals include those who have previously overdosed, those leaving prison or treatment, those taking both opioids and benzodiazepines and those using injection opioids.
 - Intervene in the emergency room to get those who have overdosed into treatment
 - Distribute naloxone to those who are at high risk of overdosing
 - Decrease co-prescription of opioids and benzodiazepines and high doses of opioids
- "Areas of high need" generally mean Waterbury, Hartford, New Haven and other larger cities associated with drug use, while more rural communities may not be classified as areas of high need because of population
- HUSKY health services - Southeastern Connecticut - Each recipient gets \$28,000 for drug, addiction and mental health services while in Northeastern CT each person only gets \$2800
- For every dollar spent on education/prevention, \$18 in healthcare, mental services and other costs are saved
- Overdose is directly related to tolerance level - if someone comes out of rehab and goes back to use they will use the same amount they were used to before detox --> lower tolerance leads to overdose
- Overdose takes 1-3 hours for that person to stop breathing
- NARCAN will reduce the effects of overdose for about 30 minutes and gives someone

time to get to the hospital

- NE CT Region lacks long term inpatient facility
- First responders in CT must carry NARCAN
- Increase use of non-opioid treatments (acupuncture etc.).
- Use of software/technology (no current funding) --> prescribing doctors can check to see if a patient has been prescribed drugs elsewhere or from another doctor
- 51% of drugs (pills too) are retrieved from a friend or family member, 25% taken from those family or friends unknowingly
- If cannot afford pills (\$1 per mg --> 20g/\$20 per usage) cause people to seek alternatives (bag of heroin costs \$3.50) --> even if using multiple bags it is a cheaper alternative and drug dealers make way more money with Chinese fentanyl (Spelling?) as drug becomes more potent using less concentrated heroin (or concentrate of the other drug)
- Data will help prove a case for NE CT
- NREP (national registry of effective prevention programs). School health curriculums were based on these (2007-2009) but have now expired and new methods need to be incorporated