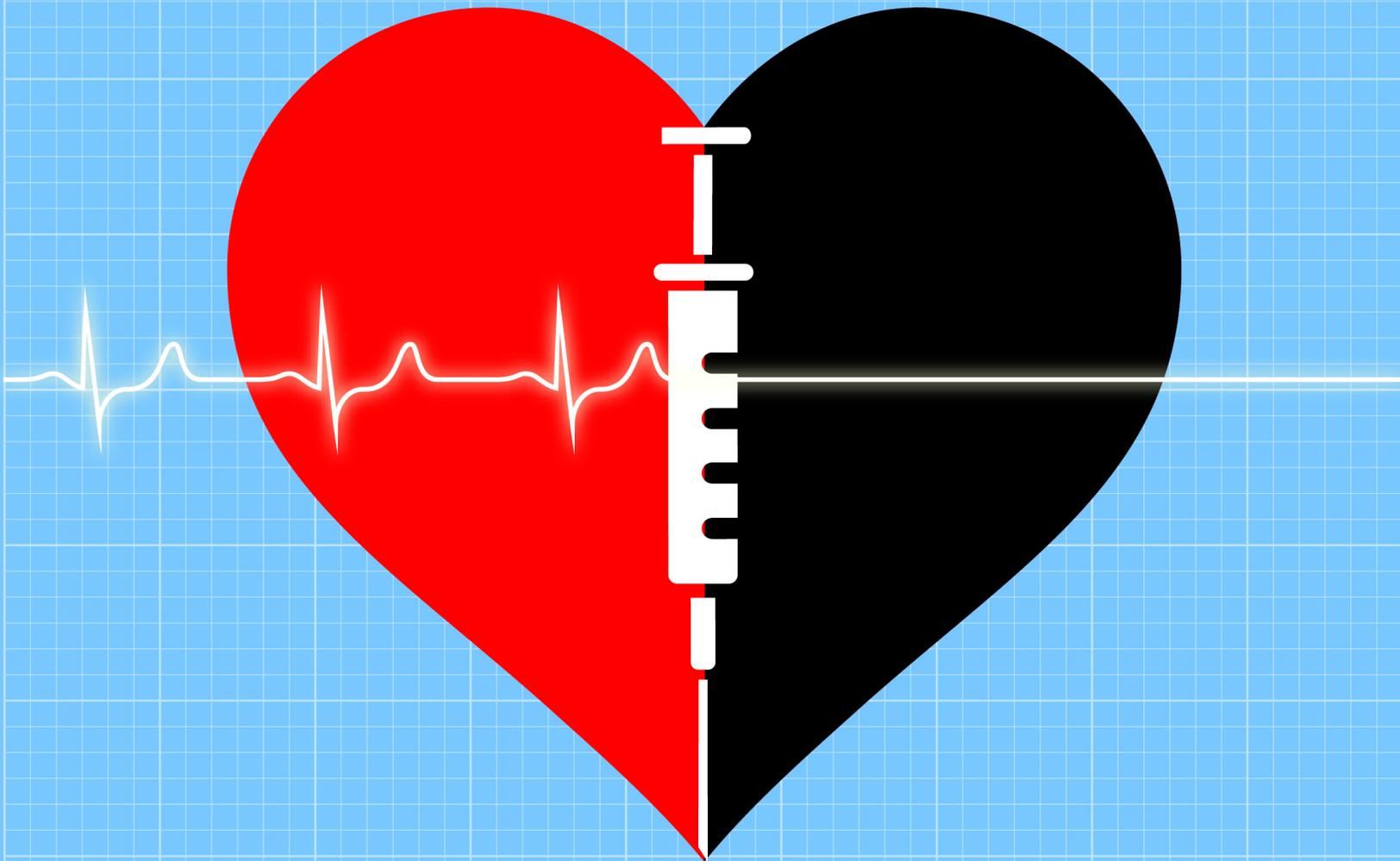


HOW LOCAL OFFICIALS CAN
COMBAT
DRUG ABUSE



**Municipal
Toolkit**





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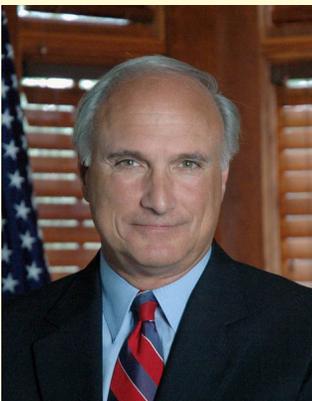
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Introduction: Local Officials Taking The Lead

Substance abuse and opioid addiction is a public health crisis impacting every community in Connecticut. Local officials — the front line of action — are in the most important position to combat this growing epidemic. Through coalition-building, implementation of proven best practices, and engagement of community leaders and stakeholders, municipal leaders can make real difference in addressing the crisis. In doing so, lives will be saved and healthier and safer communities will thrive.



“Connecticut, like the rest of the country, is going through a serious opioid epidemic. The rate at which Connecticut is seeing overdose deaths is staggering. This is a state-wide issue that must be confronted. Local officials have the capacity and obligation to lead their communities through this epidemic by providing practical responses to combat this crisis.”

-Rudy Marconi,
First Selectman of Ridgefield
Chair, CCM Drug Abuse Prevention Work Group





CCM Drug Abuse Prevention Workgroup

In 2014, the Connecticut Conference of Municipalities (CCM) created a Drug Abuse Prevention Workgroup which was tasked with examining the growing concern of drug abuse in Connecticut. Through meetings with local and state stakeholders, a set of policy initiatives were developed to help combat the growing epidemic.

The Workgroup met regularly with a wide range of partners, service providers, advocates, experts and organizations to gather the broadest possible perspective on the issue. This workgroup continues to advance the message that more can, and should be done.

The workgroup is chaired by **Rudy Marconi**, First Selectman of Ridgefield.

Municipal CEOs include:

- **Elinor Carbone**, Torrington Mayor
- **Laura Francis**, First Selectman of Durham
- **Barbara Henry**, First Selectman of Roxbury
- **Leo Paul**, First Selectman of Litchfield
- **Lisa Pellegrini**, First Selectman of Somers
- **Mark Walter**, First Selectman of East Haddam

Other members include: **Pamela Brown**, Enfield Social Services; **Ken Cain**, CT State Police; **John Daviau**, CT Association of Prevention Practitioners; **Kathleen Devlin**, Somers Selectwoman; **Kathryn Glendon**, Killingworth Prevention Coordinator; **Michelle Hamilton**, Ledge Light Health District; **Jean Jaughey**, Enfield Youth Services Director; **Brooke Logan**, New Haven Health Department; **Kerensa Mansfield**, Ledge Light Health District; **Scott Cochran**, Madison Youth and Family Services; **Stephanie Moran**, Prevention Coordinator in Durham/Middlefield; and **Ray Vitali**, Chair of the Milford Prevention Council.



CCM recognizes the opioid overdose crisis as a major issue, in particular because of its impact on virtually every community in Connecticut. It is troubling that overdose deaths associated with opioid and heroin contribute to greater deaths than automobile crashes. Between 2009 and 2014, there were nearly 2,000 opioid involved deaths in 152 of Connecticut's 169 towns and cities.

Every person lost is a family member, neighbor and part of the community. Each death has an irrevocable impact on those groups. Whether in the rural hills of Litchfield, the urban centers of Hartford and New Haven, or the suburban towns of Fairfield or Wethersfield — no municipality is immune from this tragic epidemic and the peril it places on individuals.

CCM realizes the important role that community leaders play in addressing the growing problem, specifically as such leaders are in a unique position to provide the leadership and guidance that can make a real difference to stem the crisis, and provide support to individuals and families struggling to overcome addiction to save lives. The resources offered by the Working Group are designed to encourage community-based efforts throughout Connecticut, as it is the best way to address the community-wide problem.

Towns and cities have long provided a variety of services to residents, and this challenge demands immediate local action at the local level. Municipalities are already actively seeking ways to effectively marshal and deploy local assets to assist residents and families.



16 overdoses, two dead in six hours in New Haven

By: DAVID YAFFE-BELLANY AND PAUL BASS / NEW HAVEN INDEPENDENT | June 24, 2016

A toxic batch of heroin laced with fentanyl appears to have hit New Haven, with firefighters and cops rushing to rescue 15 different people who overdosed on drugs — at least two of them fatally — between 3:30 and 9:30 p.m. Thursday.



DAVID YAFFE / NEW HAVEN INDEPENDENT
A car in which two victims were found, one of whom died.

"I don't ever recall a day like this ever. I don't think we've had this amount in a very, very long time," said Assistant Fire Chief Matt Marcarelli. "We have barely enough Narcan to get throughout the night. We're out of Narcan in the city."



News Sports Obituaries Happenings Opinion Food Automotive Real Estate

Town joins statewide effort to reduce drug overdoses

By Steve Couler on August 20, 2014 in Lead News, Town Government · 0 Comments

About author



Steve Couler

Website

Looking to lower the growing number of opiate related deaths throughout the state, the Connecticut Conference of Municipalities has formed a drug abuse prevention working group that wants to improve the current system for monitoring prescription drugs.

Ridgefield First Selectman Rudy Marconi attended the group's latest conference in New Haven on Aug. 5, along with 154 other representatives from municipalities across the state.

The group first met on May 22 and then for a second time on June 24. Mr. Marconi said members will meet again in September to consider state legislation and other proposals.

"Eventually, we want to recommend amendments and changes that help address the ongoing issue of opioid abuse in Connecticut," Mr. Marconi said. "Right now we're collecting all the information we can to draft new legislation."

In addition to officials from towns and cities, the meetings are attended by staff from the Department of Mental Health and Addiction Services, the Department of Public Safety, the Department of Public Health, and the



Opioid Addiction: A Statewide Emergency

Connecticut is facing a public health epidemic due to the abundance of opioid addiction and overdose cases. At the heart of the issue is the addiction of painkillers which often result in individuals resorting to the cheaper and sometimes more accessible opioid which is heroin.

While the State has taken a role through the enactment of legislation and the development of particular Task Forces, to help curb the growing rate of opioid usage and resulting overdose deaths, more people are becoming addicted daily, and the overdose rates continue to climb. No one agency or group “owns” the problem — everyone, including local officials have a role to play.

Connecticut Accidental Drug Overdoses (Office Of The Chief Medical Examiner)

| | 2012 | 2013 | 2014 | 2015 | 2016 Jan-Mar | 2016 (projected) |
|-----------------------------------|------|------|------|------|-----------------|---------------------|
| Accidental Intoxication Deaths* | 357 | 495 | 568 | 729 | 208 | 832 |
| -Heroin, Morphine, and/or Codeine | 195 | 286 | 349 | 445 | 119 | 476 |
| -Heroin in any death | 174 | 258 | 327 | 416 | 110 | 440 |
| -Heroin alone | 86 | 109 | 115 | 110 | 26 | 104 |
| -Heroin + Fentanyl | 1 | 9 | 37 | 108 | 39 | 156 |
| -Heroin + Cocaine | 50 | 69 | 73 | 106 | 26 | 104 |
| -Morphine/Opioid/Codeine NOS | 21 | 28 | 22 | 29 | 9 | 36 |
| -Cocaine in any death | 105 | 147 | 126 | 177 | 53 | 112 |
| -Cocaine alone | 46 | 53 | 22 | 30 | 7 | 28 |
| -Oxycodone in any death | 71 | 75 | 107 | 95 | 22 | 88 |
| -Methadone in any death | 33 | 48 | 51 | 71 | 20 | 80 |
| -Hydrocodone in any death | 15 | 19 | 15 | 20 | 5 | 20 |
| -Fentanyl in any death | 14 | 37 | 75 | 188 | 83 | 332 |
| -Fentanyl alone | 8 | 6 | 12 | 31 | 15 | 60 |
| -Fentanyl + Cocaine | 2 | 16 | 14 | 43 | 18 | 72 |
| -Fentanyl + Prescription Opioid | 4 | 7 | 14 | 23 | 14 | 56 |
| -Fentanyl + Heroin | 1 | 9 | 37 | 108 | 39 | 156 |
| -Hydromorphone | 1 | 0 | 12 | 17 | 5 | 20 |
| -Amphetamine/Methamphetamine | 7 | 5 | 11 | 20 | 5 | 20 |
| -MDMA | 0 | 0 | 2 | 1 | 1 | 4 |

*Some deaths had combinations of drugs; pure ethanol intoxications are not included. NOS, not otherwise specified
Updated 5/20/16

Source: Chief Medical Examiner Office





Ten Things Your Community Can Do

Municipal officials are leaders in their respected communities. They are, therefore, in a prime position to act in leading the fight in drug abuse prevention.

The issue is complex, the solution not singular. Municipal leaders and employees have key roles to play. From the municipal CEO to the first responder and those within our schools, parks and recreation, along with local service providers can work to address the growing need. This toolkit is a resource on ways communities can tackle these issues and develop local resources.

Below are 10 recommendations for communities to address the statewide drug epidemic:

- 1. Dedicate time to understand substance abuse and the drug epidemic in your community.**
- 2. Take the lead to increase public awareness and engagement.**
- 3. Designate a municipal point person or contact regarding substance abuse.**
- 4. Encourage community, regional and statewide collaboration.**
- 5. Develop a one-page fact sheet and resource guide for residents.**
- 6. Promote alternative programs - for both teens and adults - aimed at prevention and intervention.**
- 7. Partner with schools on prevention programs and curriculum.**
- 8. Provide first responders and increase public awareness regarding naloxone.**
- 9. Create safe disposal sites to discard prescription drugs.**
- 10. Become an advocate towards policy change.**



1 Dedicate time to understand substance abuse and the drug epidemic in your community.

Information is a vital tool in combating the drug epidemic. As local officials, you often serve as the hub of providing information to your community. In doing so, among the things to become familiar with include:

- **Facts and statistics regarding the misuse or abuse of prescription drugs as well as illegal opioids.**

There are hundreds of websites, pamphlets, and reports available to help people better understand the basics of opioids and how they are often misused or abused.

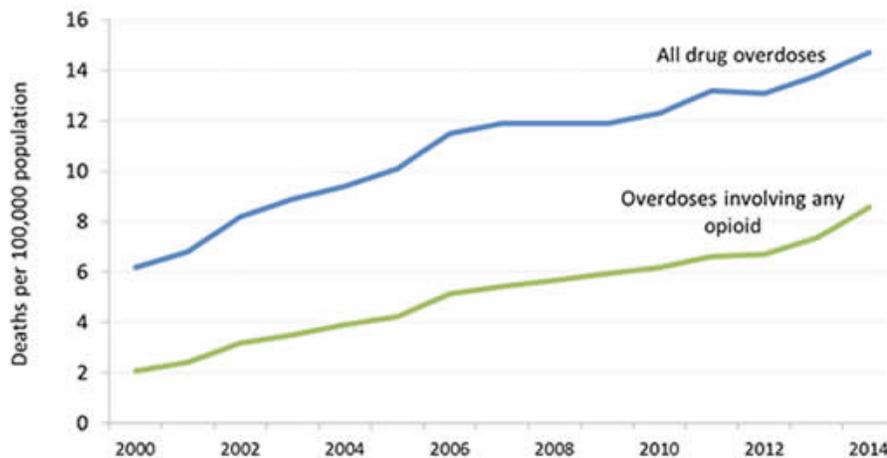
Opioids include illicit drugs such as heroin and prescription medications used to treat pain such as morphine,

codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone, and buprenorphine. Opioids work by binding to specific receptors in the brain, spinal cord, and gastrointestinal tract. In doing so, they minimize the body’s perception of pain. However, stimulating the opioid receptors or “reward centers” in the brain can also trigger other systems of the body, such as those responsible for regulating mood, breathing, and blood pressure. A variety of effects can occur after a person takes opioids, ranging from pleasure to nausea and vomiting, from severe allergic reactions (anaphylaxis) to overdose, in which breathing and heartbeat slow or stop.

Common resources for additional information include the Centers for Disease Control (CDC), Department of Public

Opioid overdoses driving increase in drug overdoses overall

Age-adjusted rate of drug overdose deaths and drug overdose deaths involving opioids, United States, 2000-2014



SOURCE: Centers for Disease Control and Prevention. Increases in Drug and Opioid Overdose Deaths – United States, 2000 to 2014. MMWR 2015.

www.cdc.gov/drugoverdose



Source: Centers of Disease Control and Prevention <https://www.cdc.gov/drugoverdose/data/index.html>



Health (DPH) and the Department of Mental Health and Addiction Services (DMHAS) as well those listed in the “Resources” section of this toolkit.

- **Common risk factors for opioid abuse.** These would include, among other things: (a) understanding the dangers of mixing opioids (legal and illegal) with other drugs, particularly alcohol or sedatives; (b) resuming the use of an opioid after a period of abstinence, such as recent release from a rehabilitation center or from incarceration, (c) elderly individuals may forget that they already took their medication and accidentally double their intake, and (d) how teenagers or those in their early 20’s are exposed to peer pressure or a social environment where there is drug use.
- **Recognize the impact on your community.** Speak to law enforcement, school officials, parks & recreation directors, youth & family coordinators, to better understand the direct impact that the epidemic is having on your community. This understanding and awareness will help further in executing strategies to address the problem.
- **Understand the signs of an overdose and the appropriate course of action.** An individual that has overdosed on an opioid is extremely pale and/or their skin is clammy to the touch, their body is limp, fingernails or lips have a blue or purple cast, may be vomiting, cannot be awakened from sleep or is unable to speak, breathing and heart-beat is very slow or stopped.

- **When an individual is suspected of overdosing,** 911 should be called immediately! In addition, support the person’s breathing, administer naloxone (Narcan) if you have it, lay the person on their side once they have resumed breathing and stay with the overdosed person until the ambulance arrives.

While you don’t need any formal medical training, understanding the signs of an overdose and the appropriate course of action will help you to inform others. Once trained to recognize the signs of an overdose, more lives may be saved.

2 Take the lead to increase public awareness and engagement.

While you do not need to become an expert regarding opioid abuse, the information and understanding of the issue that you have gained will help you act as the clearinghouse for information, resources and referrals.

Local leaders should work daily to disseminate information, enhance public awareness, and engage the community as a whole in a dialogue on the issue of substance abuse and prevention. You should take the lead in reducing the stigma of substance abuse by providing a safe and open dialogue for residents struggling with abuse as well as for family members and groups forming to support prevention and recovery efforts.

Through the creation of positive social norms, the use of social media, information on municipal websites, and convening forums and events, local officials can facilitate Connecticut residents with valuable information.

The **Town of Roxbury** and the **Town of Newington** are examples of communities that



collaborated with local, state and regional partners to host municipal forums regarding opioid abuse. The forums featured panel presentations from, among others, board-certified psychiatrist, recovering addicts, law enforcement, treatment professionals, Emergency Medical Technicians, recovery experts, along with state leaders. The focus was to learn the signs and symptoms of an opioid overdose, discuss recent legislation on the topic, and share prevention methods.

Not only are forums and events important, but increasing public awareness illustrates the recognition of a problem and being willing to have difficult and sometimes uncomfortable conversations regarding it. By publically recognizing victims and families, along with frequently publicizing municipal efforts, local leaders can become role models to encourage others to recognize the crisis in their communities. For instance, an approach taken by some communities has been to hold vigil ceremonies to honor community members who have died from addiction-related overdoses and to raise awareness about efforts to coordinate prevention and treatment options.

3 Designate a municipal point person or contact regarding substance abuse.

To adequately address and coordinate efforts to combat the issue, communities throughout Connecticut - and other States - have designated a municipal staff member to take the lead regarding drug abuse in their respected municipality. Those towns that have designated an individual have worked in a variety of municipal departments including law enforcement, public health, human or youth services. In some cases, the local CEO has served in this capacity.

This designee would serve as the liaison in collaborating the municipal response. While they may not be an expert in best practices and latest drug abuse trends, they have the ability to develop a cross-functional internal working group to assist in a uniform and cohesive approach to the issue. They are seen as leaders in the community where their actions will cause others to follow. This designee would have to work with other municipal staff, such as:

- Police
- Public Health

“We have to treat addiction like a public health issue not a crime. Connecticut is taking a stand against nationwide prescription opioid and heroin overdose epidemic to become a leader in combatting opioid and heroin abuse, preventing drug addiction and overdoses.”

-Governor Dannel Malloy





- Board of Education
- Teachers
- Parent Teacher Organizations
- Mayor/First Selectman/
Town Manager
- Town Council, Board of Alderman or
Board of Selectman
- Recreational groups
- Emergency Medical Services
- Veterans Services
- Youth Services
- Social Workers

- Law enforcement
- Local Doctors, Dentists and
Veterinarians
- Clergy and faith-based groups
- Schools
- Health care
- Media businesses
- Civic or volunteer groups
- Youth-serving organizations
- Government agencies
- Organizations focusing on
substance abuse

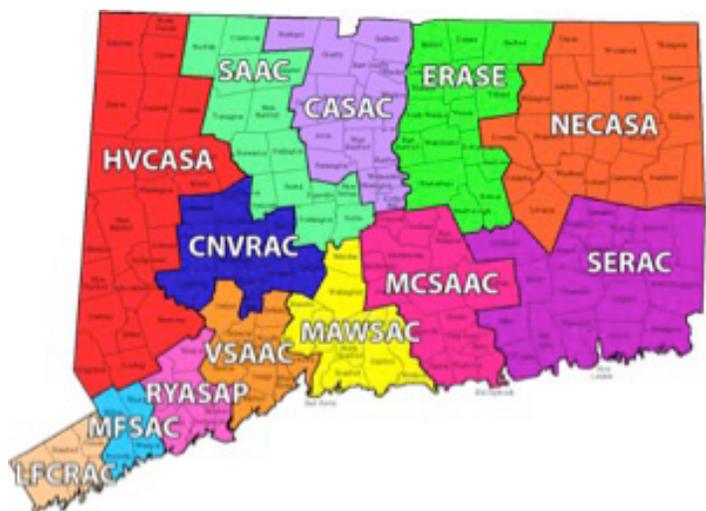
4 Encourage community, regional and statewide collaboration.

No one municipality can reduce substance abuse incidence rates and its impact on its residents without a strong community partnership. This can be established through greater public awareness and engagement, but also a stronger regional and statewide collaboration to ensure that the strongest and best efforts are being discussed and made available to combat the growing epidemic. If a municipal point person, along with an internal working group, can be established, they can further engage other partners in addressing the issue.

Local officials and work groups are urged to review the existing collaborative and regional programs, and to reach out to neighbors for advice, suggestions and possible models that can be adopted. Sectors of the community that can be engaged with include:

- Youth
- Parents

The CCM Workgroup is certainly not the only entity convening and discussing the issue. There are **Regional Action Councils (RACs)** that have been doing this work for a while now. These RACs are a legislatively created public-private partnership comprised of community leaders. Their purpose is to establish and implement a strategic plan to develop and coordinate needed substance abuse prevention and mental health promotion services in particular regions





within Connecticut. There are currently 13 RACs throughout Connecticut.

In addition, various state agencies -- through the leadership of Governor Malloy -- developed in 2014 the **Connecticut Prescription Drug Abuse Prevention Workgroup** to examine the effects of prescription drug overdose in our communities, medical costs and the economy. The Workgroup focused on several efforts, in particular participating in the Prescription Drug Abuse Policy Academy that was held in Bethesda Maryland, sponsored by the federal Substance Abuse and Mental Health Service Administration (SAMHSA), as well Governor Malloy's participation in the Northeast Governors' Opioid Task Force.

Following these events, the Department of Public Health (DPH) organized a workshop in the fall of 2014 to streamline and build on the action plans developed at the Maryland and Massachusetts meetings. The workshop, which CCM was part of, focused on

primary prevention by addressing these two objectives:

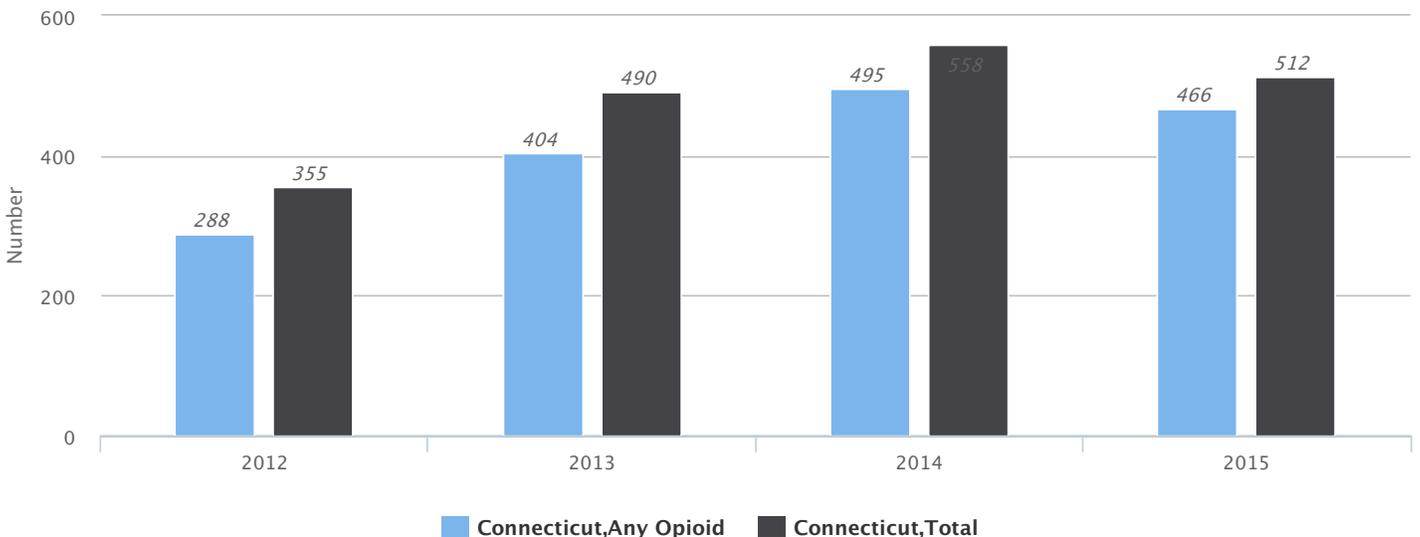
1. Implementation of action steps to increase prescribers' engagement in preventing prescription drug abuse; and
2. Launching a multi-level public awareness and prevention campaign across communities in Connecticut.

While the work continues with these two subgroups, the results and products generated can provide useful tools in encouraging community, regional and statewide collaboration. In particular, specific resources along with how communities can engage in a public awareness campaign are located at www.DrugFreeCT.org.

In addition, as a result of Public Act 15-198, the Alcohol and Drug Policy Council has been reconstituted to take a lead role in the state's effort to coordinate substance abuse prevention and treatment. The Council has

Accidental Drug Related Deaths by Drug Type

Year: 2012,2013,2014,2015 | Age: Total | Gender: Total | Race: Total | Ethnicity: Total | Drug Type: Total,Any Opioid | Measure Type: Number | Variable: Accidental Drug Related Deaths



Source: . CTData.org

Source: CT Collaborative Data <http://bit.ly/28PPurY>



been divided into three subcommittees, (1) prevention, screening and early intervention, (2) treatment and recovery supports, and (3) recovery and health management.

The development of policy and initiatives to address the issue should not be done in a vacuum. Local leaders are in the unique position to work and implement the work of all these groups at the local level.

5 Develop a one page fact sheet and resource guide for residents.

Becoming knowledgeable of the substance abuse epidemic and engaging the community, region and state in collaborative efforts are vital and necessary to combat the issue. In order to assist in generating the public awareness and help in the collaborative efforts, **a municipal driven fact sheet and resource guide will provide municipal-specific resources to residents.** This is something that can be accessed by family or community members seeking help for a neighbor or loved one.

This resource should not be inundating or lengthy, rather a checklist of action items and a list of available resources in the areas of prevention, intervention and support. Your internal work group along with regional and state partners can gather and provide the necessary information for your specific town. In particular, these resources should be tailored and customized for your particular town.

The guide should be available as a physical document in town hall and other municipal buildings, and posted on the municipalities - and coalition partners - websites. As well, it should be available and referenced at various municipal and regional meetings.

6 Promote alternative programs - for both teens and adults - aimed at prevention and intervention.

Early substance use greatly increases the risk of addiction. An individual's brain continues to develop until age 25, and is profoundly susceptible to the influence of drugs and alcohol. It is crucial to engage students on prevention as early as appropriate, and municipal and school leaders can collaborate to make sure initiatives are available to accomplish that goal.

Research-evidence based prevention programs work to boost protective factors and eliminate or reduce risk factors for drug use. The programs are designed for various ages and can be designed for individual or group settings, such as the school and home. There are three types of programs:

- **Universal programs** address risk and protective factors common to all children in a given setting, such as a school or community.
- **Selective programs** target groups of children and teens who have factors that put them at increased risk of drug use.
- **Indicated programs** are designed for youth who have already begun using drugs.

These programs can be tailored towards particular settings, such as within schools, within the family or a community .

- Within schools, particular planning and programs can be developed for different ages and grade levels.
- Family-based prevention programs enhance family bonding and relationships. Bonding can be strengthened through



skills training on parent supportiveness of children, parent-child communication, and parental involvement.

- Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting. Communities adopt these programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention.

While prevention is vital in combating this problem, it should not only be directed towards youth. **A strong effort should be made towards young adults in preventing them from engaging in substance abuse.** In particular, municipal efforts should include examining intervention methods and models to help deter young adults from turning to substance abuse. These programs can include involvement in community and civic groups as well as the promotion of recreational and athletic activities with the goal of providing an alternative tract with the goal of preventing individuals from turning towards substance abuse.

7 Partner with schools on prevention programs and curriculum.

Schools implement prevention curriculum and education programs at the earliest possible age. However, as additional education mandates are passed down from the State, often times schools need to consolidate or eliminate particular programs directed towards substance abuse. Local officials are encouraged to work with their Boards of Education to make sure that prevention

education programs are available and as robust as possible.

As mentioned, there are evidence based prevention programs for the education setting. Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.

Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education at this level should focus on particular skills, including:

- self-control;
- emotional awareness;
- communication;
- social problem-solving; and
- academic support, especially in reading.

Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills:

- study habits and academic support;
- communication;
- peer relationships;
- self-efficacy and assertiveness;
- drug resistance skills;
- reinforcement of anti-drug attitudes; and
- strengthening of personal commitments against drug abuse.

As mentioned, with often limited resources,



time and funding, incorporating proper curriculum during the school day may be difficult. As local officials, working with school and community officials to incorporate these prevention programs in other settings may be beneficial. They may include incorporating into extracurricular youth activities as well as youth athletics. This could be fully developed through your municipal point person on substance abuse, their inter-municipal work group and other regional and state partners.

8 Provide first responders and increase public awareness regarding naloxone.

Naloxone is a medication designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of overdosing with heroin or prescription opioid pain medications.

While this medication has become more available to our first responders and the general public in recent years, it has un-

fortunately been all too frequently used in overdose incidence through the State. While it should not be used as a prevention model, it is a proven lifesaving treatment tool that has saved lives.

Narcan (generic name: Naloxone) can be administered intermuscularly or by nasal spray. Opiates include heroin as well as prescription opiates like morphine, codeine, Oxycontin, Fentanyl, and Vicodin. It cannot be abused or used to get high. If given to a person who has not taken opiates, it will not have any effect on them. It is also not effective in treating overdoses of stimulants such as cocaine and amphetamines (including methamphetamine and Ecstasy). However, if opioids are taken in combination with other sedatives or stimulants, naloxone may be helpful.

In the past year, more first responders were equipped with Narcan. **Based on a CCM survey conducted in early 2016, among 80 municipalities responding, 70 had trained and equipped particular first responders (either police, fire or EMS) with Narcan.** (This does not include Resident State Troopers, all of whom are equipped with Narcan.) Due to the passage of Public Act 16-43, this number

“This cannot be a conversation among only lawmakers, just like it cannot be a conversation among only public health officials, or a conversation among only law enforcement. It must be a conversation among all stakeholders. Together we need an open dialogue and we can’t wait any longer.”



-Senate Minority Leader Len Fasano &
House Republican Leader Themis Klarides



should grow. The Act requires every municipality, by October 1, to amend its Emergency Medical Plan to ensure that a designated first responder is trained and equipped to use Narcan. Throughout Connecticut there have been reported overdoses where Narcan was used and saved the individual from an overdose death.

Narcan Discount

To assist municipalities acquire Narcan, in January 2016, the National Association of Counties, National Governors Association, National League of Cities (NLC) and United States Conference of Mayors, with the U.S. Communities Government Purchasing Alliance and Premier, Inc., announced an agreement with Adapt Pharma to offer Narcan Nasal Spray at a 40-percent discount, or \$37.50 per dose (\$75 for a 2 pack carton). More information on how towns and cities can work to obtain this discount can be found by contacting NLC.

Along with first responders, local officials can be a resource for families and neighbors on how they can obtain Narcan. Currently, pharmacies that have been trained and certified, can provide the Narcan once brief explanation on use is given. (There have been efforts throughout the State in working with state regulators and pharmacies to make Narcan more accessible.) As local officials, you can be a conduit between local pharmacies, the Department of Public Health (DPH), and the Department of Consumer Protection (DCP), (the state agency responsible for regulating pharmaceuticals) to make Narcan more accessible.

9 Create safe disposal sites to discard prescription drugs.

Municipalities throughout the state have created drug disposal sites at local and state

police stations. The medication collection and disposal program provides a safe disposal location for citizens to properly dispose of unused household medications. The program is twofold in that it (1) provides an environmentally safe alternative to disposing of medications in the landfill or sewer systems that may later negatively affect the environments, and (2) encourages citizens to remove their unneeded medications from their homes. This reduces access to addictive medications for accidental or intentional misuse by children or others in the home.

As local officials, you should encourage the development of these sites at your local police station(s), and once completed, publicize and encourage its use.

As of 2016, there are 72 locations with one additional site in the development phase.

In 2015, it was reported that approximately 23,000 pounds of prescription medications were dropped into these drop-boxes throughout the state.

Local officials and police are encouraged to work with the DCP to obtain more information and identify ways to make the public more aware of these boxes.

10 Become an advocate towards policy change.

In addition to ways you can work at the local level to curb the growing rate of opioid abuse, local officials can take on a greater role in shaping state and federal policy to assist towns and cities better manage the epidemic. Policy recommendations from the Workgroup, and state legislative changes that align with those recommendations are laid out on the following pages.



Beginning in 2015, CCM's Drug Prevention Workgroup identified a set of key statewide policy recommendations to accomplish that effort — some of which have been acted upon.

■ Enhance the effectiveness of the proven Prescription Monitoring Program (PMP) by:

- Requiring prescribers to consult and use the PMP when prescribing Schedule II-V narcotics. Practitioners may designate a non-licensed individual who works for them to search and enter information into the registry on their behalf.
- Implementing incentives or penalties for prescribers failing to register with the PMP.

Rationale: Delaware, New York, Massachusetts, Ohio and Tennessee are among some of the state's that required prescribers to check their particular database prior to prescribing a controlled substance, each saw a decrease in opioid rates. In New York, a prescriber's failure to consult the PMP will be considered willful misconduct and may result in fines, criminal penalties and filing of Office of Professional Medical Conduct professional misconduct charges.

■ Provide law enforcement with advanced resources to combat illegal drug activity, by:

- Amending state funding stream for the Statewide Narcotics Task Force from a grant to a direct line item in the budget.
- Repealing the law that will require 100% of asset forfeitures funds go to the state general fund, effective FY16. Towns and cities would lose this funding that help supplement law enforcement efforts.

Rationale: Members of the Statewide Narcotics task Force, and other members of law enforcement, indicated that removal of the Task Force funding as a direct line item in the budget, along with overreliance on unguaranteed federal grants, and eliminating asset forfeiture funds to go back into law

enforcement efforts has greater reduced their ability to adequately address the illegal drug trafficking that is part of the opioid epidemic in Connecticut.

■ Amend current State regulations to allow the State to enter into a Collaborative Practice Agreement (CPA) with pharmacies - who have completed necessary training - to provide Narcan to the public.

■ The State should regulate and oversee "sober homes".

Rationale: These are often for-profit businesses in communities with little or no contact with municipal officials. Sober homes are promoted as site-specific housing for individuals recovering from alcohol or drug addiction. When created and administered correctly, these facilities can provide a valuable transition step to people in recovery, but this is only possible when additional services are integrated into the facility to ensure an adequate level of professional treatment, counseling and support for those in recovery. The State should create and implement a regulation process so that these homes actually deliver meaningful services and are accountable to both their patients and the municipalities in which they are located.

■ Ensure bond funding is allocated to allow municipalities to purchase medication drop-boxes, and ensure that towns that currently have drop-boxes are eligible for reimbursement.

■ Recommend that the Governor issue a Proclamation which declares a heroin a statewide "epidemic".





State Legislative Action

At the State level, during the 2015 and 2016 legislative sessions, several changes were made to address opioid prevention, including some which align with CCM's Workgroup recommendations.

2015 — Public Act 15-198:

- Requires medical practitioners, before prescribing more than a 72-hour supply of a controlled substance, to check the patient's record in the prescription drug monitoring program;
- Requires medical practitioners to review the patient's record at least every 90 days if prescribing for prolonged treatment;
- Makes other changes to the PMP, including exempting opioid agonists from its reporting requirements in certain situations;
- Allows pharmacists to prescribe opioid antagonists, used to treat drug overdoses, if they receive special training and certification to do so, and expands the existing immunity for all prescribers when prescribing, dispensing, or administering opioid antagonists; and
- Requires physicians, advanced practice registered nurses (APRNs), dentists, and physician assistants (PAs) to take continuing education in pain management and prescribing controlled substances.

2016 — Public Act 16-43:

- Requires municipalities, by October 1, 2016, to amend their local emergency medical services (EMS) plans to ensure that specified first responders are equipped and trained to use an opioid antagonist (ex. Narcan);

- Prohibits with certain exceptions, a prescribing practitioner authorized to prescribe an opioid drug from issuing a prescription for more than a 7 day supply to an adult for the first time for outpatient use or a minor; and
- Makes various changes to the electronic prescription drug monitoring program (PMP).

Furthermore, in March 2016, the Center for Disease Control awarded DPH a \$1.3 million grant to support its prescription monitoring efforts, a part of the State's work to address the opioid epidemic.

DPH will work with the DCP and the Yale School of Medicine to enhance the existing monitoring program by getting additional prescribers onboard while also allowing for the review and surveillance of data, according to documents outlining the plan.





Selected Government Resources

STATE RESOURCES:

CT Mental Health and Addiction Services: (860) 418-7000

Opiate Treatment Programs in Connecticut
<http://1.usa.gov/28T3SMR>

Opioid Overdose Prevention/Naloxone
(Narcan) Initiative
<http://1.usa.gov/1STS4y8>

Mental Health and Addiction Services
<http://1.usa.gov/28WeYVD>

CT Department of Public Health: (860) 509-8000

Opioids and Prescription Drug Overdose
Prevention Program
<http://1.usa.gov/28SoSmF>

CT Guidelines for Opioid Overdose Educa-
tion and Naloxone Distribution Toolkit
<http://1.usa.gov/28T3SwB>

CT Community for Addiction Recovery (CCAR): (860) 244-2227

CCAR Addiction Services and Resources
<http://ccar.us/#services>

National Alliance on Mental Illness - Connecticut: (860) 882-0236

NAMI CT
<http://bit.ly/28QUTNd>

Connecticut Statistics on Drug Abuse:

CT Data Collaborative: Accidental Drug Re-
lated Deaths by Individual Drugs Detected
<http://data.ctdata.org>

NATIONAL RESOURCES:

Substance Abuse and Mental Health Ser- vices Administration (SAMHSA)

National Treatment Referral Helpline:
(800) 662-HELP (4357) or (800) 487-
4889 (TDD, for hearing impaired)

National Substance Abuse Treatment
Facility Locator: www.findtreatment.samhsa.gov/TreatmentLocator to search by
state, city, county and zip code

Buprenorphine (Suboxone) Physician
and Treatment Program Locator:
<http://1.usa.gov/28XO9fg>

State Substance Abuse Agencies:
<http://1.usa.gov/28UIWvd>

Centers for Disease Control and Prevention (CDC): <http://1.usa.gov/1dKho6w>

National Institutes of Health (NIH), National
Center for Biotechnical Information:
www.ncbi.nlm.nih.gov

The Partnership at Drug-Free.org:
<http://bit.ly/28SOa52>

FEDERAL AGENCIES WITH SAMPLE EVIDENCE-BASED PREVENTION CURRICULUM:

Department of Education: www.ed.gov

Department of Justice: www.justice.gov

National Institute on Drug Abuse:
www.drugabuse.gov

Center for Substance Abuse Prevention:
<http://1.usa.gov/28SOocu>

American Medical Association:
www.ama-assn.org/ama

Office of National Drug Control Policy:
www.whitehouse.gov/ondcp

Centers for Disease Control
and Prevention: www.cdc.gov

American Psychological Association:
www.apa.org

Substance Abuse and Mental Health
Services Association: www.samhsa.gov





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