

**Meeting of the
Western Connecticut Council of Governments Drug Task Force**

February 4, 2016 – 9:30 a.m.
Redding Town Hall, 100 Hill Road, Redding, CT 06896

Agenda

1. MEETING CALL TO ORDER and INTRODUCTIONS

2. FEATURED PRESENTATIONS:

- **Susan Wolfe, DMHAS – Narcan: The Opioid Overdose Antidote**

Susan Wolfe is a clinical psychologist who has spent most of her 30-year career working in addiction treatment. She previously served as a Director of Addiction Services at Connecticut Valley and Blue Hills Hospitals. At present, she works in the DMHAS Commissioner's Office on a variety of projects, including the Narcan initiatives.

- **Lauretta Grau, Yale University CIRA Affiliate, and Shawn Lang, AIDS CT – 2009-2014 Overdose Data**

Lauretta E. Grau, PhD, Associate Research Scientist at the Yale School of Public Health, is a clinical psychologist with training in health psychology. Dr. Grau has been involved in HIV prevention and harm reduction research for over two decades, both nationally and internationally. For the past 8 years she and her colleagues have periodically examined the issue of opioid-involved fatalities using data from the Office of the Chief Medical Examiner of CT.

Shawn M. Lang is the Deputy director of AIDS Connecticut (ACT). She coordinates CT's HIV/AIDS public policy activities on the state and federal levels, including chairing the AIDS LIFE (Legislative Initiative and Funding Effort) Campaign, CT AIDS policy group. She also oversees ACT's Care and Treatment programs, and provides a variety of trainings and presentations including Harm Reduction, Overdose Prevention, HIV and Domestic Violence, HIV and Aging, and Creating Safe Spaces for LGBT people. She is on the board of the National AIDS Housing Coalition, the Community Advisory Board of the Center for the Interdisciplinary Research on AIDS, and convened and chairs CT's Statewide Opiate Overdose Prevention Workgroup. She has been an activist on issues impacting battered women; LGBT communities; homelessness HIV/AIDS.

3. BREAK OUT GROUP DISCUSSION

- What are the gaps in the region?
- What are the advantages of working as a region?
- What are the goals of this group?
- What can we ask/ expect the mayors and first selectmen in the region to do?

4. GROUP SUMMARY

5. INFORMATION ITEMS:

- Next Meeting
- Suggestion of presenters/ topics for next meeting



Naloxone (Narcan) Fact Sheet 2015

Naloxone, or Narcan, is the life-saving antidote to an opioid overdose. It is a short acting medication which revives a persons within a minute or two and allows a window of opportunity to access medical help. Naloxone has no street value, little to no side effects, and has a lower incidence of adverse reactions than an Epi-pen, antibiotics or Aspirin. Unlike many other medications, Naloxone cannot be abused, or misused. Used in hospitals and ambulances for decades, the medication has no abuse potential. (*Why Naloxone?* <http://www.naloxoneinfo.org/>, (last visited May 1, 2014).

Between 2009 –2014, there were **nearly 2,000 accidental and unintentional opioid involved deaths that occurred in 152 of Connecticut’s 169 cities and towns**. The demographic breakdown is: 70% male, 84% white, mean age of 40 years, 70% pharmaceutical opioid involved, increase in heroin between 2012- 2014. 82% of those overdoses occurred in a residence.

Access to Naloxone – Connecticut law allows for anyone to be prescribed Naloxone. And, as of October 1, 2015, after being certified and trained by the Department of Consumer Protection, pharmacists may prescribe Naloxone. <http://pharmacy.uconn.edu/academics/ce/home-study/state-of-connecticut-naloxone-training-program/>

Dosing of Naloxone and Overdose Kits - It is recommended that an overdose “kit” include: two, Naloxone HCl 1 mg/mL, 2 x 2 mL pre-filled Luer-Lock needless syringe (NDC 76329-3369-1 , two nasal atomizers, and two applicators. Optional items include: alcohol wipes, rescue breathing masks, gloves, and an educational card (National Harm Reduction Coalition www.harmreduction.org).

Administering Naloxone - Naloxone can be administered intravenously, subcutaneously (under the skin), intramuscularly, and via a nasal atomizer. There is no danger in administering Naloxone incorrectly.

Cost of Naloxone - The exact cost of naloxone depends on the source. The [pharmacist tab on www.prescribtoprevent.org](http://www.prescribtoprevent.org) offers direct links to manufacturers, and pricing through pharmaceutical distribution companies varies on location and they type of organization making the purchase. With insurance coverage, patients will usually only pay a generic medication co-pay at their pharmacy.

Most private insurance, Medicaid and Medicare will pay for naloxone, but coverage varies by state. The nasal adapter is not covered by insurance. However, the adapter is not necessary to administer Naloxone and are available for purchase at pharmacies for around \$5.

Liability - Legislation became effective on October 1, 2014 for “An Act Providing Immunity to a person who administers an opioid antagonist to another person experiencing an opioid-related drug overdose”. Otherwise known as [Public Act 14-61](#), this act provides protection from civil liability and criminal prosecution *to the person who administers the Naloxone (Narcan)* to reverse an opioid overdose.

Training – Training to recognize an opiate overdose, and administer Naloxone is very simple, and depending on the number of questions, can take between 3 and 15 minutes. More in depth trainings are available through DMHAS, AIDS CT and OPEN Access CT. A series of 2-minute videos are freely accessible to anyone wishing to prescribe, dispense, or use naloxone at www.opioidprescribing.com/resources at the bottom of the webpage.

There are training modules and videos used in neighboring states (Massachusetts and Rhode Island) for prescribers, pharmacists, and laypeople that Connecticut can use and adapt on the Prescribe to Prevent and National Harm Reduction Coalition websites.

Does increased access to Naloxone reduce overdose deaths? - A recent evaluation of a Naloxone program in Massachusetts, which trained over 2,900 potential overdose bystanders, reported that opioid overdose death rates were significantly reduced in communities in which the program was implemented compared to those in which it was not available.¹

Does making Naloxone more available lead to increased drug use? - Multiple research studies evaluating outcomes after naloxone training in opioid abusing populations reported either no increase or decreased drug use in people who received Naloxone kits.²³⁴ Drug users can only enter treatment if they are alive.

Data Collection and Evaluation – It is essential to implement a uniform data collection system to track the number of Naloxone prescriptions given, the number and nature of overdoses reversed – including demographics – by all parties. This would include police, and other first responders; emergency departments, community distribution programs (OPEN Access CT), and family/friends/bystanders who return to pharmacies for refills.

Tracking Naloxone using the PDMP – Since Naloxone is not a controlled substance, and cannot be abused, it is unnecessary to track it through the PDMP. However, checking the PDMP is critical in tackling the overprescribing, misuse and addiction to opiates. With only twenty percent of Connecticut prescribers registering for the PDMP, and even fewer utilizing it, Connecticut has no handle on the number of opiate prescriptions filled, or if an individual has multiple prescriptions from multiple providers.

The Governor's bill (HB 6856) requires real-time reporting of this information and mandates that a practitioner, or the practitioner's delegate who is a licensed health care professional, check the PDMP before prescribing more than a 72-hour supply of a controlled substance.

**For more information, please contact:
Shawn M. Lang, Deputy Director, AIDS CT
860.247.2437 X319
slang@aids-ct.org**

¹ (Alex Walley, et al. Opioid overdose rates and implementation of overdose education and nasal Naloxone distribution in Massachusetts: interrupted time series analysis, 346 BMJf174; 2013)

² Doe-Simkins, M., et al., Overdose rescues by trained and untrained participants and change in opioid use among substance-using participants in overdose education and naloxone distribution programs: a retrospective cohort study. BMC Public Health, 2014. 14: p. 297.

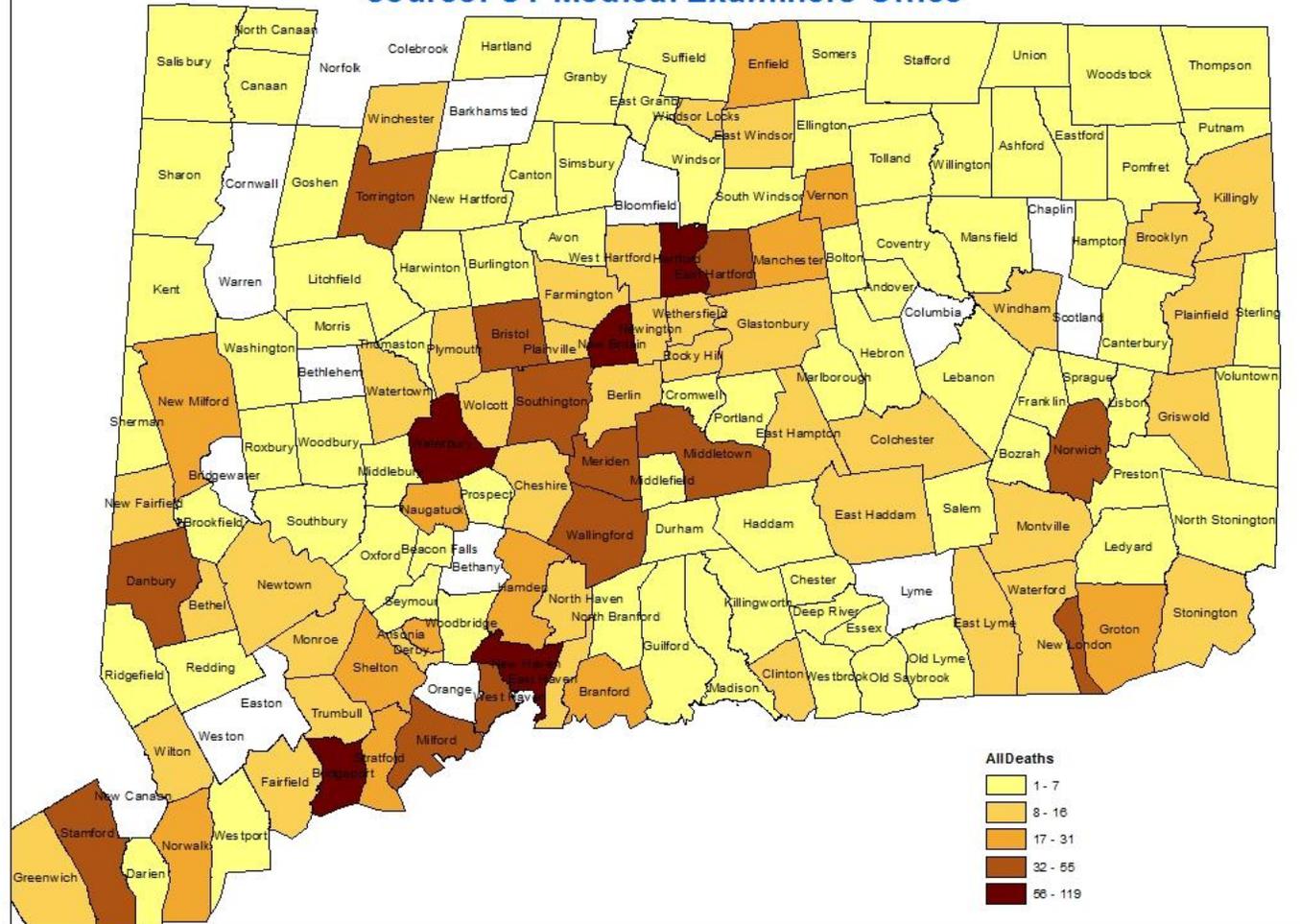
³ Seal, K.H., et al., Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: a pilot intervention study. J Urban Health, 2005. 82(2): p. 303-11.

⁴ Wagner, K.D., et al., Evaluation of an overdose prevention and response training program for injection drug users in the Skid Row area of Los Angeles, CA. Int J Drug Policy, 2010. 21(3): p. 186-93

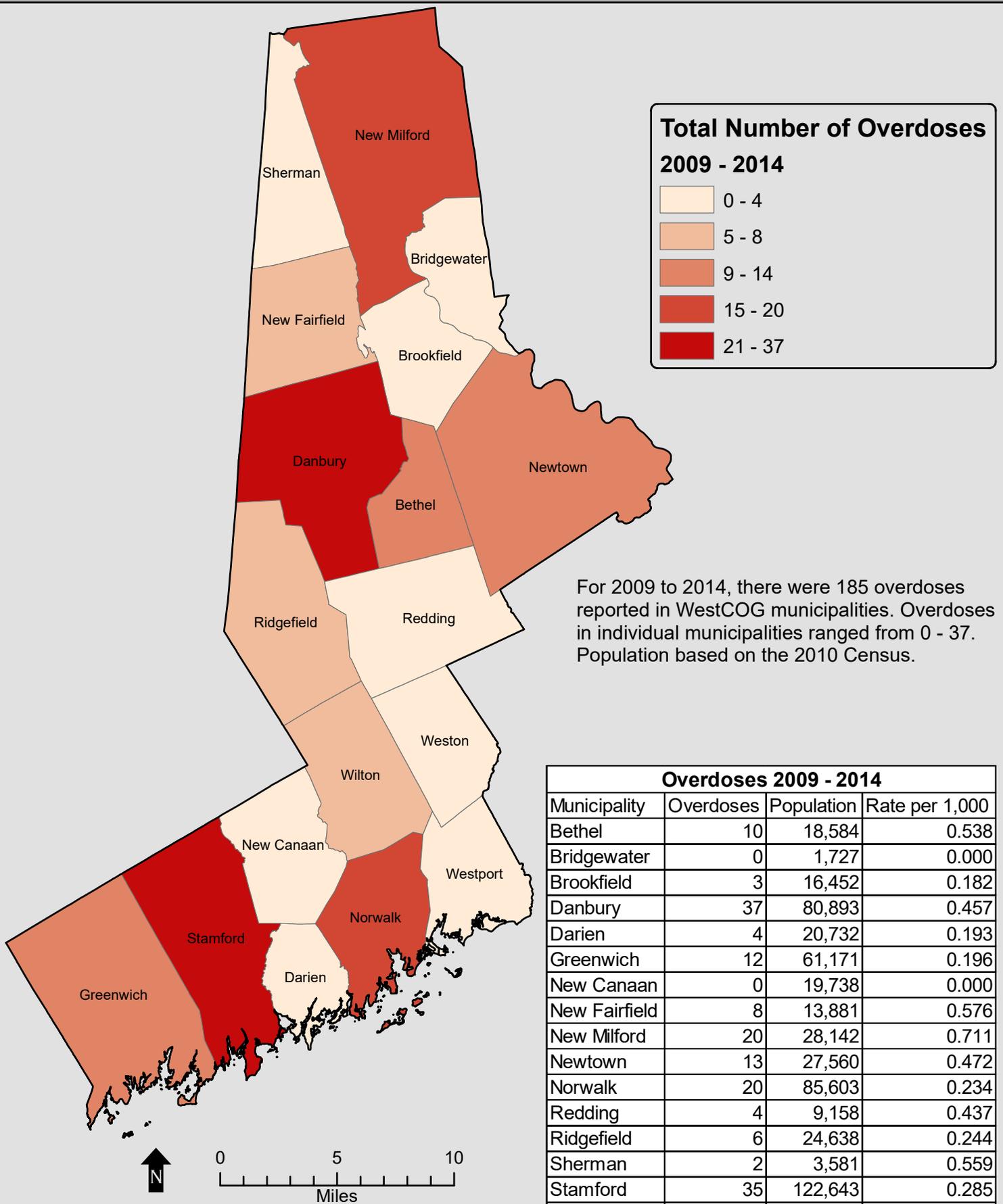
Count of All Opioid Related Deaths byTown

2009 -2014

source: CT Medical Examiners Office



Overdoses by Municipality 2009 - 2014



**Total Number of Overdoses
2009 - 2014**

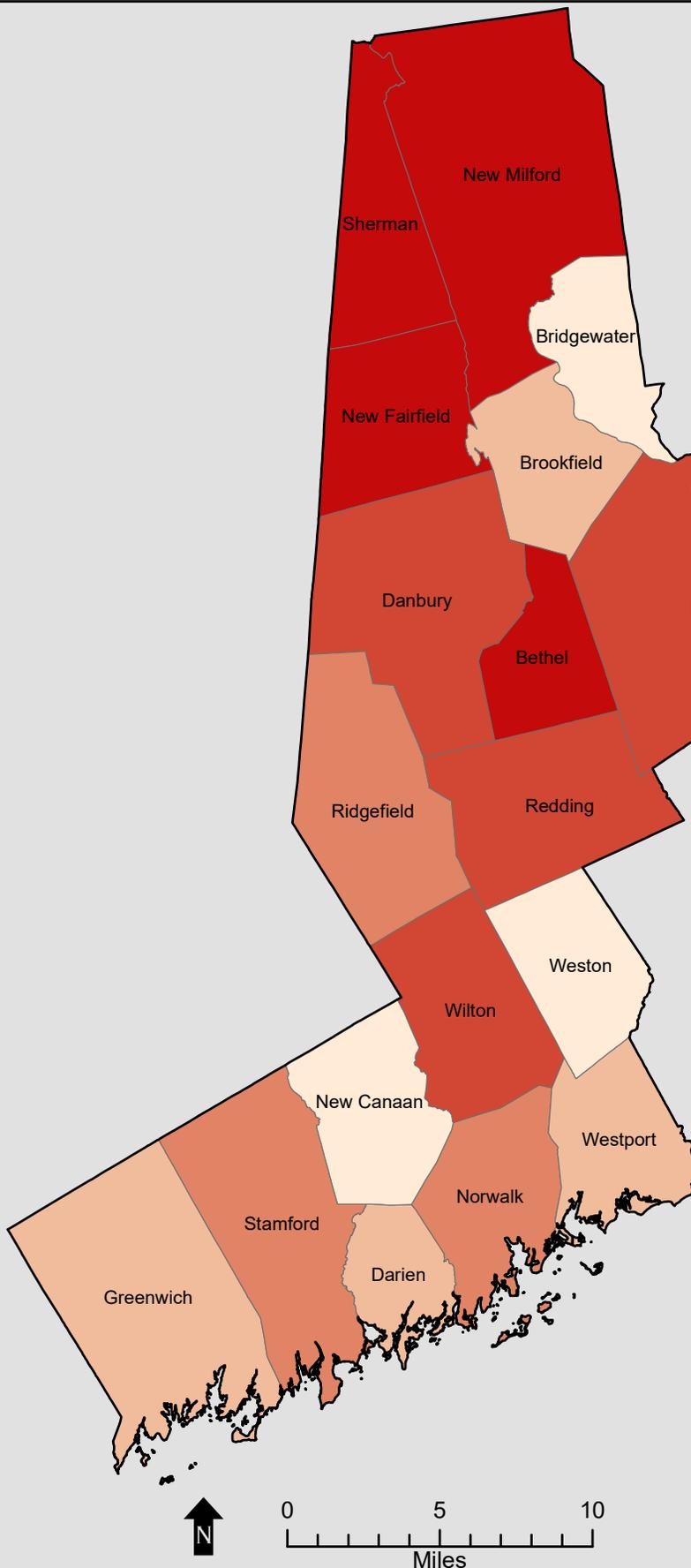
- 0 - 4
- 5 - 8
- 9 - 14
- 15 - 20
- 21 - 37

For 2009 to 2014, there were 185 overdoses reported in WestCOG municipalities. Overdoses in individual municipalities ranged from 0 - 37. Population based on the 2010 Census.

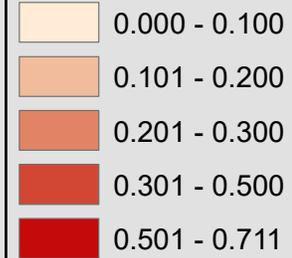
Overdoses 2009 - 2014			
Municipality	Overdoses	Population	Rate per 1,000
Bethel	10	18,584	0.538
Bridgewater	0	1,727	0.000
Brookfield	3	16,452	0.182
Danbury	37	80,893	0.457
Darien	4	20,732	0.193
Greenwich	12	61,171	0.196
New Canaan	0	19,738	0.000
New Fairfield	8	13,881	0.576
New Milford	20	28,142	0.711
Newtown	13	27,560	0.472
Norwalk	20	85,603	0.234
Redding	4	9,158	0.437
Ridgefield	6	24,638	0.244
Sherman	2	3,581	0.559
Stamford	35	122,643	0.285
Weston	0	10,179	0.000
Westport	3	26,391	0.114
Wilton	8	18,062	0.443

Source: U.S. Census Bureau; 2010 Census Summary File 1; Total Population.

Overdose Rate by Municipality 2009 - 2014



Overdose Rate per 1,000 People



For 2009 to 2014, there were 185 overdoses in WestCOG municipalities. The region wide rate was 0.314 overdoses per 1,000 people. Population based on the 2010 Census.

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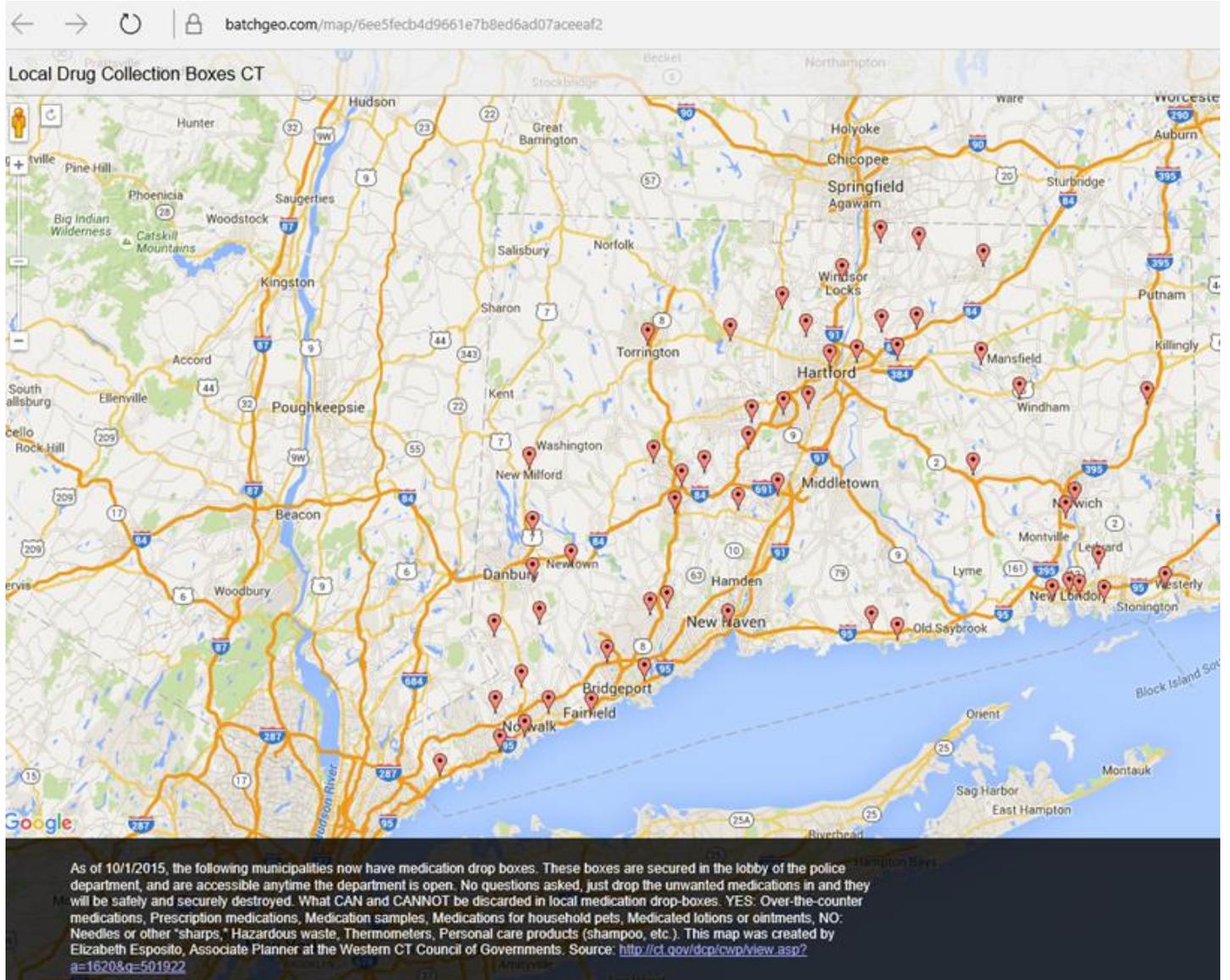
Maps of Drop Boxes and Narcan Availability

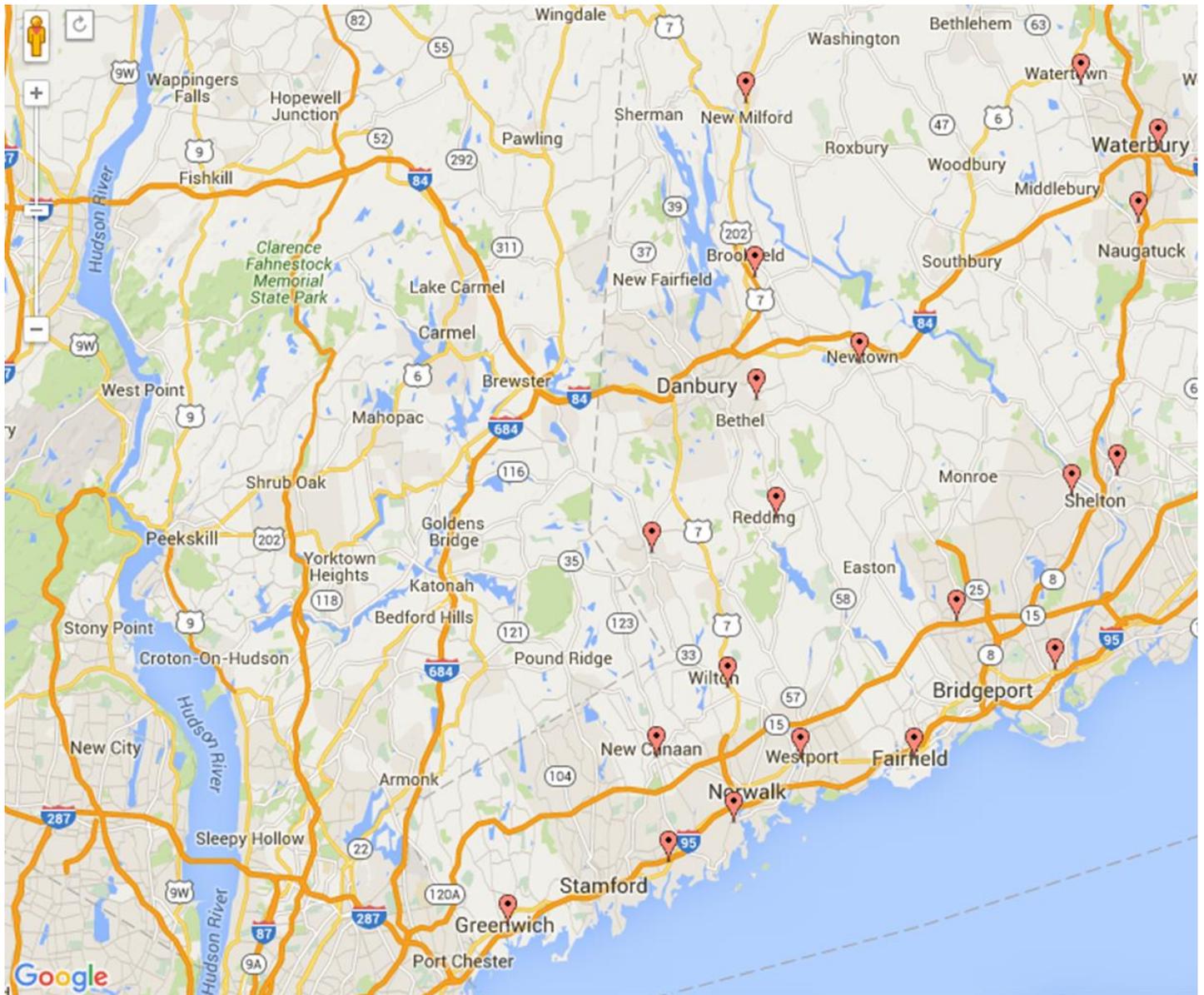
Find the links here:

Drop Boxes: <https://batchgeo.com/map/6ee5fecb4d9661e7b8ed6ad07aceaf2>

Narcan Pharmacies: <https://batchgeo.com/map/38168131f798b2c8ef973536f58c27fb>

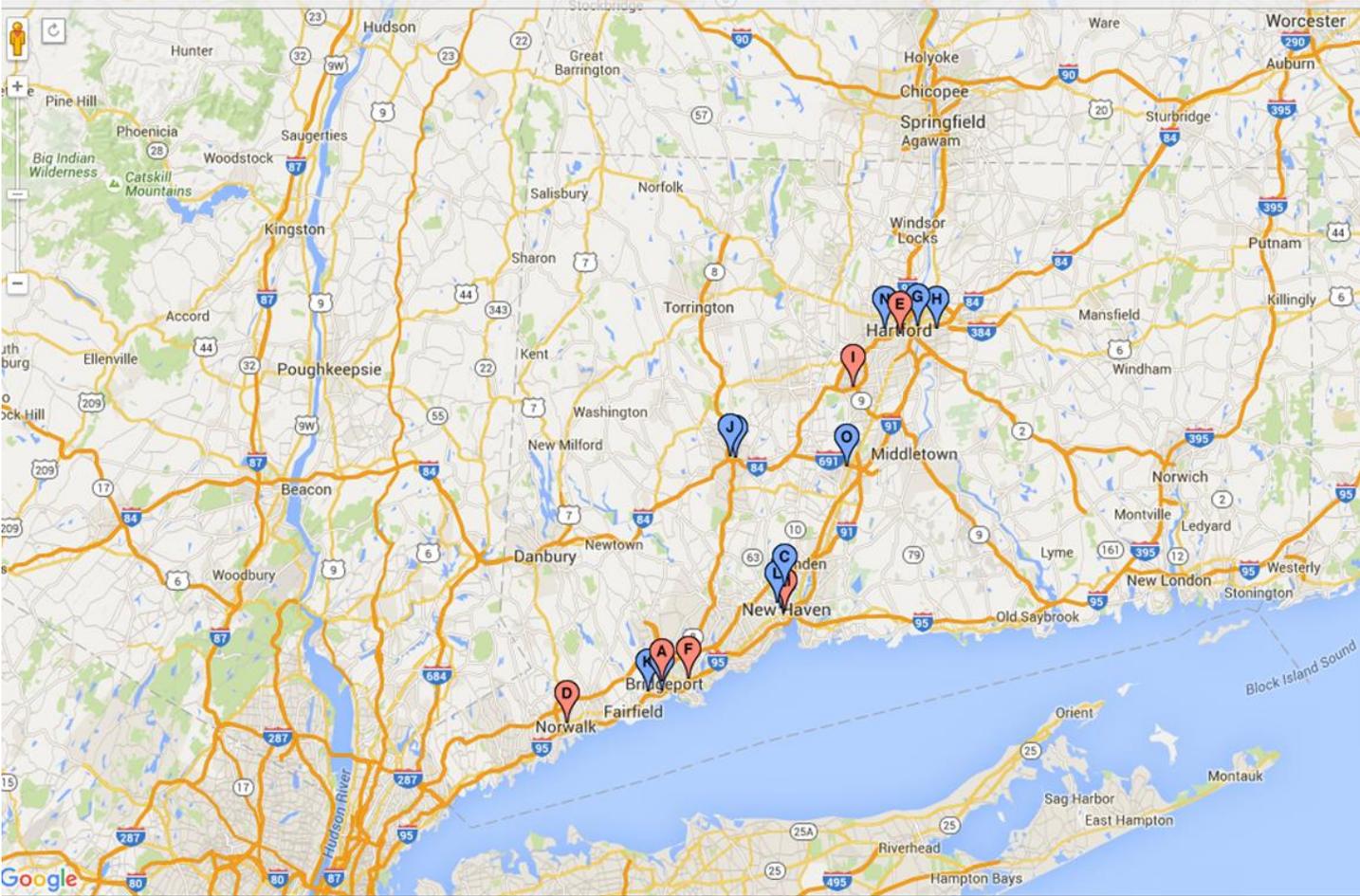
If you would like to embed these maps into your website email Liz at eesposito@westcog.org





As of 10/1/2015, the following municipalities now have medication drop boxes. These boxes are secured in the lobby of the police department, and are accessible anytime the department is open. No questions asked, just drop the unwanted medications in and they will be safely and securely destroyed. What CAN and CANNOT be discarded in local medication drop-boxes. YES: Over-the-counter medications, Prescription medications, Medication samples, Medications for household pets, Medicated lotions or ointments, NO: Needles or other "sharps," Hazardous waste, Thermometers, Personal care products (shampoo, etc.). This map was created by Elizabeth Esposito, Associate Planner at the Western CT Council of Governments. Source: <http://ct.gov/dcp/cwp/view.asp?a=1620&q=501922>

Naloxone in Stock



Open 24 Hours (empty)

AIDS CT's list of pharmacies with Naloxone in stock. This map was created by Elizabeth Esposito, Associate Planner at the Western CT Council of Governments. Source: http://aids-ct.org/pdf/pharmacy_list.pdf