

Draft

MINUTES OF
MUNICIPAL SERVICES COMMITTEE MEETING
MARCH 15, 2016

ATTENDANCE

Members and Guests

Town

Peter Souza	Windsor
Sharron Howe	Bloomfield
Joyce Stille	Bolton
Robert Skinner	Canton
Lori Spielman	Ellington
Michele Carroll	Enfield
Jack McCoy	Manchester
Maria Capriola	Mansfield
Robert Lee	Plainville
Guy Scaife	Rocky Hill
Tom Cooke	Simsbury
Garry Brumback	Southington
Jeff Bridges	Wethersfield
Mark Palmer	Coventry Police Department
Susan Wolfe	CT DMHAS
Cheryl Assis	CRCOG
Maureen Goulet	CRCOG
Jennifer March-Wackers	CRCOG
Lyle Wray	CRCOG

Chair Peter Souza called the meeting to order at 12:07 p.m.

ADOPTION OF MINUTES: JANUARY 19, 2016

Chair Peter Souza asked for a motion to adopt the minutes from the 1/19/16 Municipal Services Committee. Ms. Stille made the motion, Mr. Cooke seconded. All voted in favor of the motion, with one abstention (S. Howe).

OPIOID ABUSE IN THE CAPITOL REGION

Ms. March-Wackers introduced the subject and said she was asked to highlight an operational perspective on opioid abuse, and that this is a subject we may also want to bring to the Human Services Coordinating Council. Dr. Wray stated that this is not a new problem, but we need to figure out the best way to respond.

Dr. Susan Wolfe introduced herself to the group. She has given a lot of trainings on this subject, although she will only be giving an overview today. Based on an annual survey on drug use, 6.5 million people take illegal prescription drugs, with pain relievers being the most abused substance. Prescription drugs are very accessible, people think they are safe, but there is a risk of tolerance and dependence which can lead to addiction, overdose and death. Many people get them from friends and family, either by stealing, by being given the drugs or buying them. When people develop a tolerance and become

dependent, they often then migrate to heroin. The problem is most severe in Appalachia and in Western states, but it is in every state. White men have the highest rate of overdose, but the rate of women overdosing has increased five times.

Many times chronic pain is a driver, because opiates were the first drug of choice for pain treatment, but the medical profession is now moving away from that. They have discovered that Medicaid patients are prescribed more opiates, and heroin use continues to grow. Substance abuse used to primarily be alcohol, but opiates are increasingly being abused.

Narcan is a drug that will reverse the effects of an opiate overdose. There is currently no central site for collecting information on overdose reversals, but Dr. Wolfe said State Police have reversed 70. She shared the different packaging options for Narcan, and she shared some legislation that may reduce the number of overdose deaths – if someone is with someone who has overdosed and calls 911, they won't be arrested for having any paraphernalia or drug use, although they can still be arrested if they have an outstanding warrant or for other violations. Narcan can also be prescribed and dispensed by Pharmacists who have received special training. You can find prescribers who can offer this on the DMHAS website.

Narcan is an effective solution for overdose. It only works if a person has opioids in their system. In an overdose, receptors in the brain respond to the opioid which reduces reflexive breathing, and naloxone has a stronger binding ability for those same receptors, so it helps get oxygen back in the system. Users cannot get high using Narcan.

Mr. Lee asked why any Police Department would not have their officers carry Narcan. There are a number of reasons – in some towns, police are not able to respond as quickly as some other first responders; cost is also an issue, and there is a stigma as well. Mr. Brumback asked what happens after someone is saved by Narcan. Dr. Wolfe said the drug works right away and provides a good moment to offer assistance, but there is no specific mental health structure in place. A question was asked about the temperature range and appropriate storage for Narcan. It is effective for 18 months, should be kept out of sunlight and in moderate temperatures. If you have cruisers that are on 24 hours a day, it's a good place to keep them, you can keep them in an insulated case. Someone asked if there is anything being done on the front end to prevent opioid abuse. Dr. Wolfe said there is a lot happening, but it is not unified or cohesive and varies state by state. There is also a strong correlation of opioid users who also take anti-anxiety medication, they are often prescribed together, and are both difficult drugs to stop using.

Chief Mark Palmer gave a presentation from the law enforcement perspective of opioid abuse. Chief Palmer said that opioid abuse is happening in every town in CT, and he's pleased that Federal and State leaders are now talking about it. It has always been in the shadows but is now affecting a broader group of people. There is a new initiative at DMHAS to connect abusers to help, which is influenced by a Worcester/Gloucester program which connects abusers to someone who can help. One problem is that the costs are only covered by private insurers.

Heroin is cut with other products including talcum powder or fentanyl, and fentanyl

leads to the “best” product, but when it is mixed with heroin, it is very strong and can lead to overdose. He shared some of the ways heroin is packaged. He noted that a lot of petty crime is driven by opioid abuse, particularly car burglaries. The new legislation provides a stronger incentive for someone to call 911 if someone overdoses, and also allows police departments to use Narcan. In addition to the State Police, 24 municipal fire departments use Narcan, and an unofficial count of overdose reversals is 170. EMT and paramedic might be the appropriate entities to carry in some towns, if they have a faster response time. The Police Department in Coventry has worked with a doctor who treats addicts.

Chief Palmer shared a Narcan toolkit which was put together by the BJA, and since the State Police also use Narcan, they are a good resource if you are looking for a model. CIRMA put out a white paper on opioid abuse. In Coventry, the Narcan is connected to their AEDs, since both need to be kept at moderate temperatures. If the cost is too steep, there is money available through a Justice Assistance Grant. Another thing Coventry has done is set up a prescription drop box, they’ve collected 310 pounds of medication, and it was at no cost, because they got a grant from CVS. The collected material is taken to Covanta at no cost. Towns could also check with MIRA.

Law enforcement has a big role to play in opioid abuse, and Chief Palmer said he thinks it’s unfortunate that funding for the Statewide Narcotic Task Force is getting cut. They are tracking down where fentanyl is coming from which can help them target high level dealers. Hospitals need to be educated – there are a limited number of physicians authorized to replace drugs. Treatment programs are part of that. Ms. Assis shared that Chief Montminy of Manchester will be talking about this at the next Policy Board meeting, along with Sarah Howroyd, who is a social worker and former addict. A consortium of north of Hartford towns are looking at ways to address this together, and they will report back with what they’ve learned. We can also take this to the Human Services Coordinating Council. We can gather information and distribute and help towns help their police departments. In places that are taking a public health approach, they are seeking a decrease in petty crimes.

It might be helpful to put together a memo summarizing information. Perhaps Ms. Assis could put something together for distribution.

GREEN BANK – CRCOG CLIMATE CORPS FELLOW

Green Bank has proposed funding a Climate Corps Fellow who would be housed at CRCOG. This person will work with towns’ economic development departments to provide education on CPACE and reach out to their business community. Ms. March-Wackers wanted to get a sense of the committee on whether they support this. The general consensus is yes.

STATUS REPORTS

Ms. March-Wackers reported that CRCOG will be participating in the Municipal Collaboration Summit where Nutmeg Network demonstration projects will be discussed. Last week, CRCOG gave testimony on five bills, you can read about it in Friday’s

legislative report. Progress is being made. She will be attending a meeting on Electronic Data Management tomorrow. The HR portal project is moving along, they are now developing a survey tool that will have a robust reporting function. We are working with CCAT to develop system requirements and wishlists. The RFP is out now. There is more information in the monthly report. A question was asked about permitting software. Ms. March-Wackers reported that we have contracted with Muncity to provide a second offering for regional online permitting. The contract was just signed yesterday, we will be promoting to all members.

OTHER BUSINESS

Mr. Lee stated that he attended the CCM Legislative Meeting. The DMV issue is DOA. Someone asked how people were handling sales tax sharing. Mr. Bridges said he is budgeting for both. More cuts are coming down the pike. Someone stated that they think it's important to show the revenue so they can show the impact of what happens when it goes away.

ADJOURNMENT

With no other business, Chair Souza adjourned the meeting at 1:18 p.m.