A Proposal for:
An Act Concerning the Opioid Epidemic

FOR Cameron
A NONPROFIT ORGANIZATION

Brian Cody's
BROTHERS & SISTERS FOUNDATION

demandZERO

3/25/22

Our Mission

Our goal is to help others who still have a chance, much as our children who lost their chance desired for their friends. We help through **law reform, education and public health efforts.** We bring focus to the crisis of fentanyl and toward **lessening the stigma** surrounding addiction.

We are a network of grieving families that have been impacted by the opioid epidemic in the worst way. We're determined to support the battle against substance use disorder (SUD) and to end the overdose epidemic. Our mission is to **eliminate any impediment blocking those seeking help** with their recovery journey, to create & support outreach programs that **improve the wellbeing** of those in our community, to host events that will help **end the stigma**, and celebrate that recovery is possible.

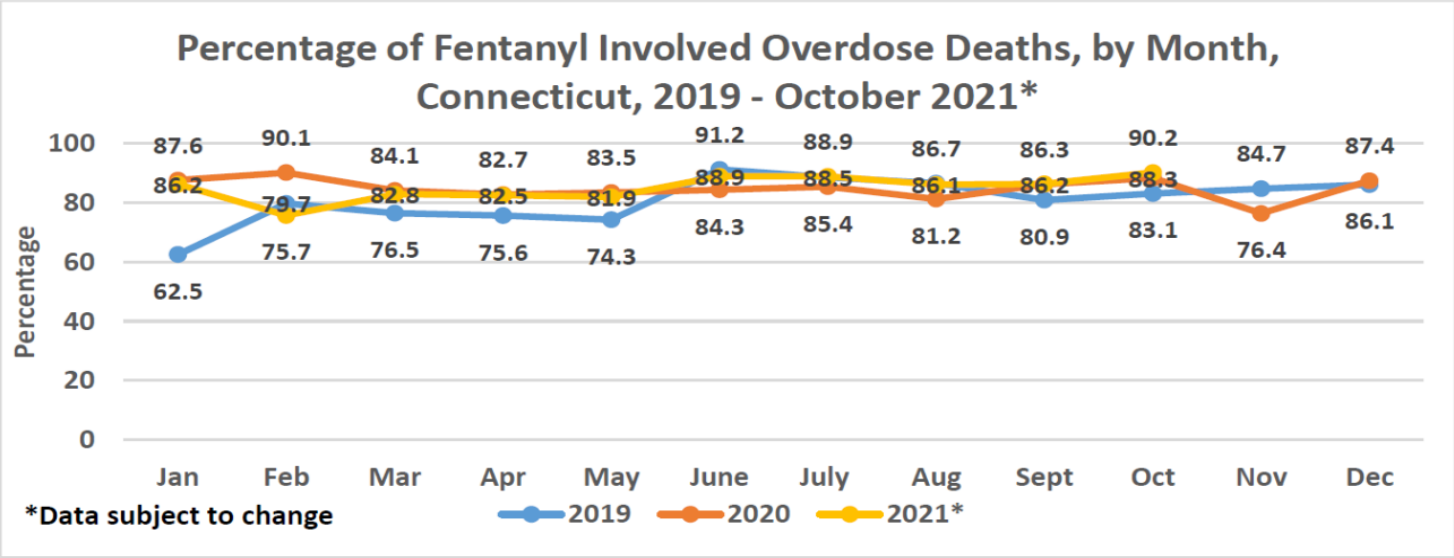
demandZERO is a group of community organizers on a mission to combat the ever-growing opioid epidemic by means of **targeting the trade of illegal and lethal drugs within our community.** We pledge to help with resources to assist in the repression and elimination of the deadly drug supply. Through these efforts, we hope to not only stop the trade of those drugs in our urban centers, but to also prevent the flow of these drugs to all communities. We want to **end the demand for illegal drugs**, and **change the staggering over-dose statistics** that dominate the opioid epidemic. Through institutive action and collaborative efforts, we #demandZERO.

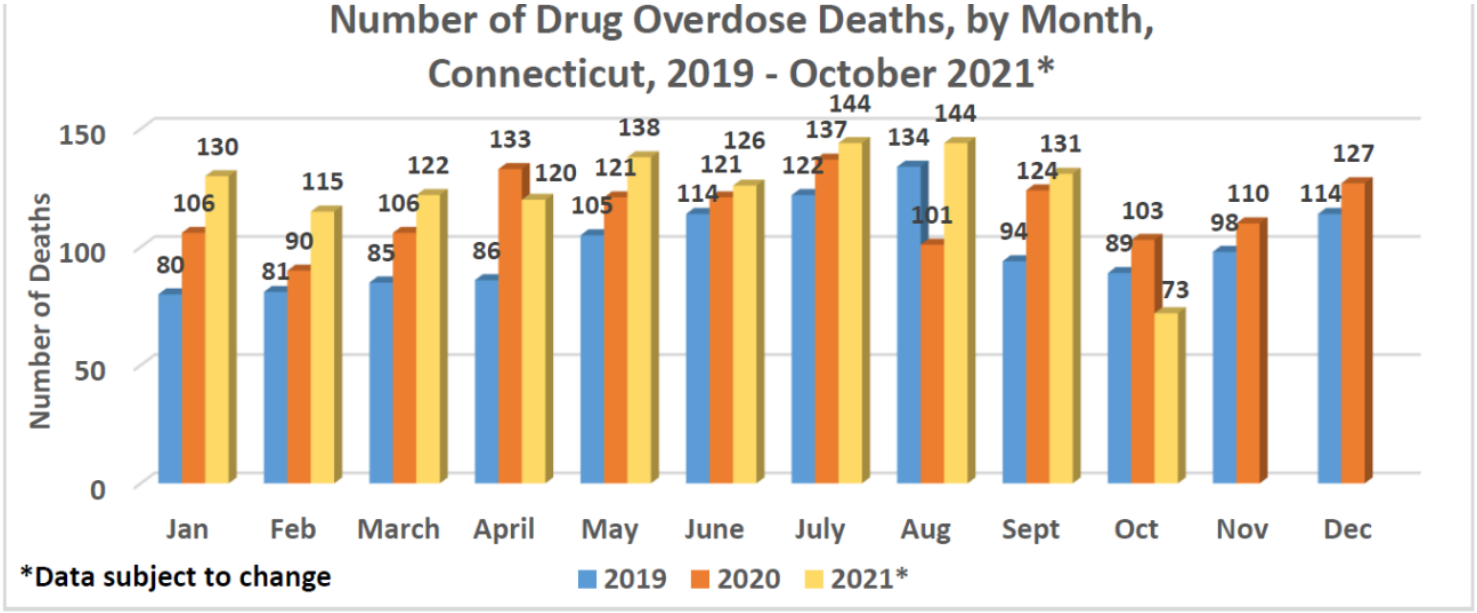
Building Solutions

We believe that a combination of legislative and non-legislative solutions to improve and expands support and treatment while simultaneously removing highly addictive and deadly fentanyl from the streets will save lives in Connecticut.

There is no time to wait.

Overdose deaths are rising in Connecticut

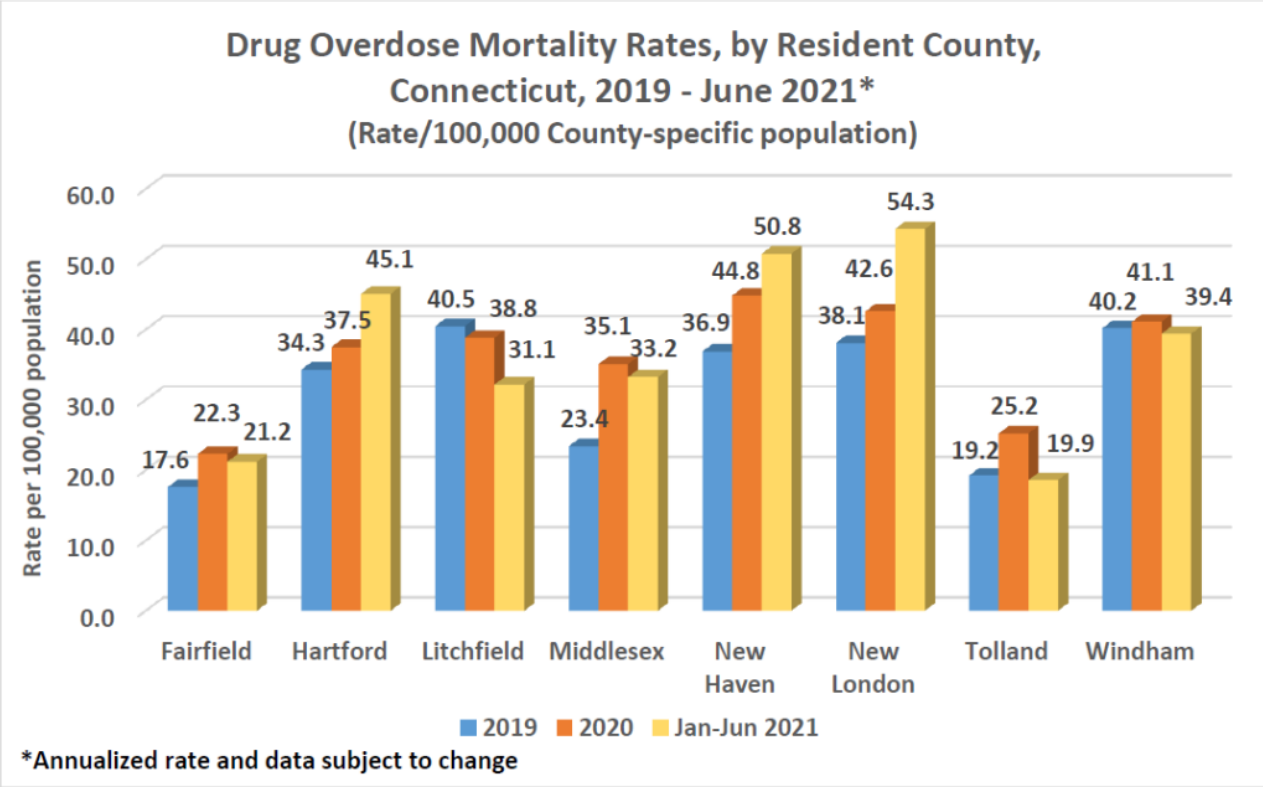




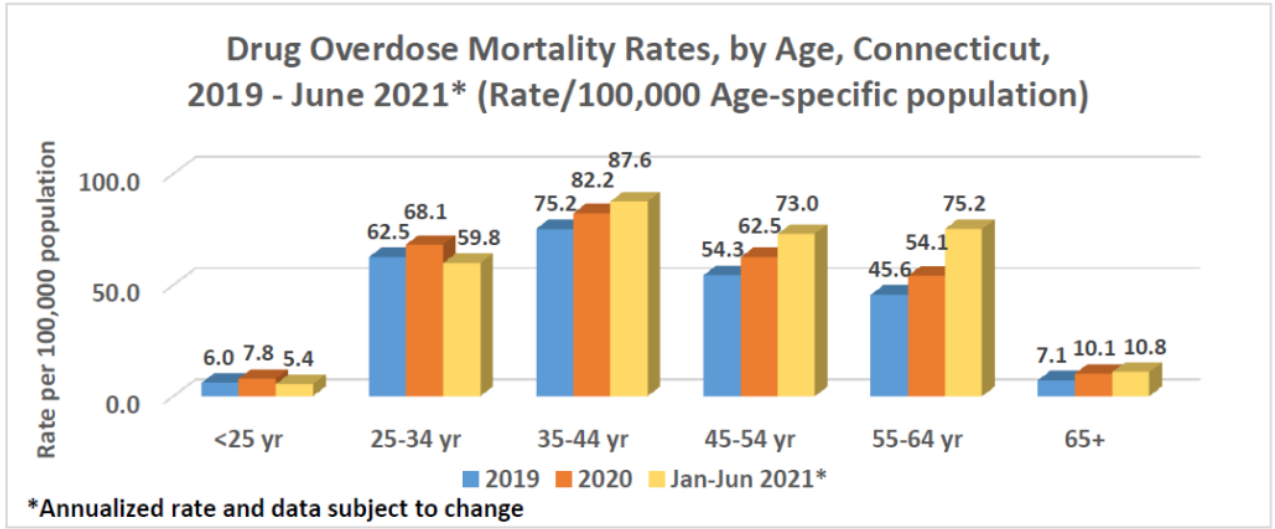
- 1,378 confirmed overdose deaths in 2020, up 14% over 2019
- 1,249 in 2021 (as of 11/2021); expected to exceed 2020
- 85% involved fentanyl in CT, up from 18% in 2016
- Illicit manufactured fentanyl including pressed pills
- 4th wave of opioid crisis is predicted

Source: CT Office of the Chief Medical Examiner (OCME), per CDC Guidelines

Opioid deaths do not discriminate



- Does not discriminate by geography
- Does not discriminate by age
- Poisoning v. Overdose
- Pressed pills - Xanax, Clozapine, Adderall, OxyContin, and others
- Anti-anxiety and “study drugs”



Source: Department of Public Health (DMHAS November 2021 Monthly Report)

More inpatient and post-inpatient care is needed

- Regarding treatment, the National Institute on Drug Abuse (NIDA) says:
  - "…research has shown unequivocally that good outcomes are contingent on adequate treatment length. Generally, for residential or outpatient treatment, **participation for less than 90 days is of limited effectiveness,** and treatment lasting significantly longer is recommended for maintaining positive outcomes…"
  - "…After a course of intensive treatment, the provider should ensure a transition to less intensive continuing care to support and monitor individuals in their ongoing recovery."
- The DMHAS website tracks addiction services bed availability. Per the site, at the moment this slide was produced (1:30 PM on 12/30/2021):
  - DMHAS supported Intensive Residential Treatment Facilities had nine (8) beds available in the entire State of Connecticut.
  - Private (not DMAS supported facilities) added six (5) additional beds statewide.
  - These numbers change hourly

https://www.ctaddictionservices.com/

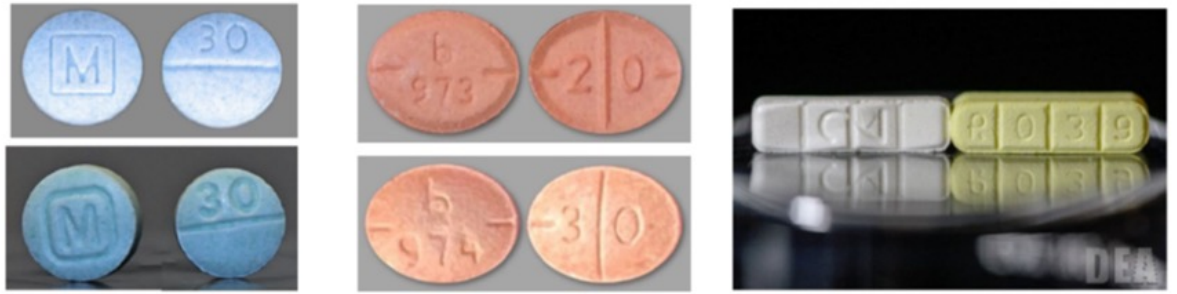
Economic costs are staggering

- *State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose – United States, 2017* (published by CDC April 16, 2021)
  - Cost components of opioid use disorder and fatal opioid overdose include the costs of health care, substance use treatment, criminal justice, lost productivity, reduced quality of life, and the value of statistical life lost.
  - In 2017 when there were 28,000 cases and 955 deaths (or ~30% fewer than today) the annual calculated economic cost to Connecticut was $17.2 Billion, or $4,800/year/per capita
  - Removing "value of statistical life lost" and "reduced quality of life" to annual calculated economic cost to Connecticut was $2.45 Billion, or $685/year/capita
  - These numbers have increased by roughly 30% since this report was completed
  - William Tong cited >$10 Billion Annually this month on Face the Facts

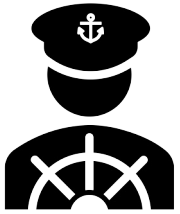
Connecticut can afford to address this issue now. Connecticut can not afford to not address the issue.

Harsher penalties are needed for dealing fentanyl

- More than 9.5 million counterfeit pills were seized in 2021 – more than the previous two years combined (source: DEA)
- Number of DEA seized counterfeit pills with fentanyl has jumped 430% since 2019
- Two out of five pressed pills containing fentanyl contain deadly doses (2+ grams)
- Dealers purposefully “cut” drugs with fentanyl in order to maximize profit
- Currently dealers who knowing sell drugs laced with deadly fentanyl are convicted and sentenced the same as any other controlled substance (e.g. marijuana, prescription pills, Xanax, etc.)



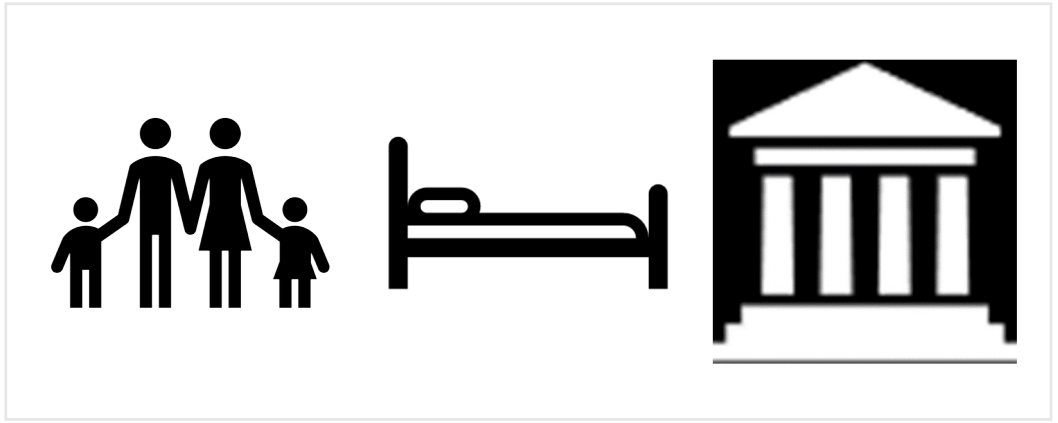
Left: Authentic oxycodone M30 tablets (top) vs. counterfeit oxycodone M30 tablets containing fentanyl (bottom). Center: Authentic Adderall tablets (top) vs. counterfeit Adderall tablets containing methamphetamine (bottom). Right: Authentic Xanax tablets (white) vs. counterfeit Xanax tablets containing fentanyl (yellow).



There needs to be executive branch leadership to head the response to this epidemic

- There is no one agency, commission, or person who's sole responsibility is the opioid crisis in CT.
- Issue is too severe and complex for it not to be someone's priority.
- Agencies (DMHAS, DPH, DESPP, DCP, etc.) are doing great work in their own silos but could benefit from more support, advocacy and coordination.
- Position is not to redirect from them, but rather to provide a principal-in-charge to assure adequate resources.
- Given the grim statistics, there needs to be a sense of urgency.

Summary of issues



- Deaths from opioid overdoses (particularly illicit fentanyl related) are increasing at an alarming rate
- Treatment and recovery support are woefully inadequate
- The economic costs are staggering
- Sentencing does not match the crime of selling a deadly poison
- There is no individual executive level person overseeing the response to this epidemic

Proposed legislation focus

1. Action (fund) the Navigator Program
2. Expand crisis support & treatment services
3. Extend support services after inpatient treatment
4. Expand criminal penalties for fentanyl dealers
5. Establishing a “Chief Drug Policy Officer” position reporting directly to the Governor (non-legislative)

1. Action the Navigator Program

Problem Statement: A navigator program was created by the C.G.A. It is currently unfunded. In places where there are programs, navigators are navigating into a wall. We need to take these walls down.

- Public Act 21-113 established a navigator program subject to funding
- PILOT program to allow for five new peer navigators
- Navigators to facilitate engagement between treatment providers and increase support capacity
- Funding has not been forthcoming

Solution: Fully fund the navigator program as intended by this assembly

2. Expand crisis support and treatment services

Problem Statement: Inpatient detox and recovery treatment is limited to an insufficient number of beds in facilities with disparate missions, admission standards and governance. It is common to seek treatment and have lengthy wait time for admittance to a facility. Once admitted length of stay for both inpatient and outpatient treatment is limited by insurance knowledge that lengthier treatment has better results.

- S.B. No. 23 proposed modifying health insurance coverage requirements for detox and substance abuse services – health insurance must cover appropriate length of services to maximize positive outcomes.
- H.B No. 6532 proposed appropriating additional state funding to expand existing programs at DMHAS for health services and housing – inpatient beds must increase dramatically.
- Strengthen our mental health infrastructure to keep young people from forming addiction to begin with
- Both proposals should be resurrected and enrolled into this proposed comprehensive "Act Concerning the Opioid Epidemic in CT"
- New options to provide safe harbors and expand access to mobile support locations for those awaiting treatment facilities (Fall River, MA example)

Solutions: Appropriate funding for increased expansion of facilities and programs. Reform insurance requirements for adequate length of treatment. Strengthen our mental health infrastructure.

3. Extend support services after inpatient treatment

Problem Statement: Upon release from inpatient facilities many Substance Use Disorder (SUD) patients are forced to return to unhealthy surroundings or homelessness, resulting in increased likelihood of relapse.

Improve transportation and/or rethink distribution of Medically Assisted Treatment (MAT) and non-MAT treatment

Create a voucher program for sober living facilities, leveraging existing network of sober homes

Provide vocational training to those in recovery to smooth transition from sober housing to re-assimilation

Identify a pathway to affordable housing, while in treatment

Solution: Fund and provide post inpatient supports to maximize chances of successful recovery

4. Fentanyl minimum sentencing

Problem Statement: Fentanyl analogues are responsible for 85% of overdose deaths in CT. Survey and statistics show that most who overdose do not realize they were buying fentanyl.

- Add a mandatory minimum of 5 years under C.G.S. 21a-277, for selling any product mixed with fentanyl – not focused on those with SUD procuring and unknowingly sharing with/selling to friends
- Establish fatal overdose investigative task forces within each judicial district
- Deterrent benefit – plus higher likelihood of dealers working with law enforcement to identify "higher-up" dealers to avoid the mandatory sentence
- One time "Admonishment Clause" to protect users who inadvertently or unknowingly share or sell tainted drugs to a friend (ex. California)

A lethal dose of fentanyl.

Solution: By curbing supply through mandatory minimum sentencing we can lower the demand for and cost of the other services identified in this proposal.

5. Create the position of “Chief Drug Policy Officer” (non-legislative)

Problem Statement: There is no individual executive level person overseeing the opioid epidemic in Connecticut .

- The power of the Governor’s office is needed to back the position of a Chief Drug Policy Officer (or similar title) and her/his effort to bring the opioid crisis under control by **coordinating** these efforts across a multitude of state agencies.
- Charge the officer with **communicating** problem to the public at a very high level and **breaking the stigma** through education at all levels
- Principal focus is not on law enforcement but general policy to fight the crisis

Solutions: The Governor should appoint and appropriately fund a position, reporting directly to the Executive Branch. The individual’s office should be adequately funded to carry out its mission

How do we fund this initiative?

- General fund
- Redirect focus of existing departments' budgets
- American Rescue Plan Act of 2021
- DMHAS is poised to begin receiving approximately $14 million/year for 18 years – over and above the distributions to municipalities as a result of the historic opioid settlement with distributors Cardinal, McKesson, and AmerisourceBergen and manufacturer Johnson & Johnson.
  - Direction of that funding has yet to be determined.
  - Settlement language limits use to opioid related future prevention and treatment
  - Requires the establishment of an "Opioid Recovery & Remediation Fund Advisory Council" to determine funding of programs
- Other?

Wrap up slide / questions

How we can help:

- Further research
- Testimony
- Committee hearings
- Stakeholder engagement
- Other?

Thank you for listening and taking action

Additional Q&A Slides

CDC cost statistics

TABLE 1. Case counts and costs of opioid use disorder and fatal opioid overdose and per capita cost, by jurisdiction — 38 states and the District of Columbia, 2017*

Jurisdiction†	Estimated case count of opioid use disorder	Case count of fatal opioid overdose	Cost of opioid use disorder, $ (millions)	Cost of fatal opioid overdose, $ (millions)	Combined cost of opioid use disorder and fatal opioid overdose, $ (millions)	Per capita cost of opioid use disorder, $	Per capita cost of fatal opioid overdose, $	Per capita combined cost of opioid use disorder and fatal opioid overdose, $
Connecticut	28,000	955	6,194.1	11,028.5	17,222.6	1,726	3,074	4,800

TABLE 2. Cost components of opioid use disorder and fatal opioid overdose, by jurisdiction — 38 states and the District of Columbia, 2017*

Jurisdiction†	Estimated case counts of opioid use disorder	Cost components of opioid use disorder, $ (millions)					Case counts of fatal opioid overdose	Cost components of fatal opioid overdose, $ (millions)		
		Health care	Substance use treatment	Criminal justice	Lost productivity	Reduced quality of life		Health care	Lost productivity	Value of statistical life lost
Connecticut	28,000	411.8	46.5	194.9	411.8	5,129.2	955	5.2	1,378.2	9,645.0

https://www.cdc.gov/mmwr/volumes/70/wr/mm7015a1.htm#T2_down