To: Community Prevention Leaders
Re: Connecticut State Opioid Response Initiative - Community Mini Grants

August 28, 2023:

SERAC is pleased to announce the new *Connecticut State Opioid Response Initiative - Community Mini Grant* opportunity in Eastern CT with support from the CT Department of Mental Health and Addiction Services and federal Substance Abuse and Mental Health Services Administration (1H79TI085781-01). Funding for this program will be provided by the RBHAO based on the availability of grant funds received from the CT Department of Mental Health and Addiction Services.

According to the November 2022 CT Department of Public Health Drug Overdose Monthly Report, from January to the 1st week of November 2022, there were 1,139 confirmed fatal overdoses, with 85% (N=968) of the cases involving fentanyl, and 24.5% (N=279) of the cases involving xylazine. Gabapentin was involved in 11.3% (N=129) of the cases as well. There were 1,531 confirmed deaths for 2021 with an increase of 11.4% compared to the previous year, 2020 (N=1,374). Compared to 2019 (N=1,202), drug overdose deaths increased 27.7% in 2021. In 2021, 93% of overdose deaths involved an opioid (e.g., fentanyl, heroin, or a prescription opioid pain reliever) (CT Department of Public Health, 2022). Additionally, according to the National Institute on Drug Abuse (NIDA), about 1 in 20 (5%) patients treated for a nonfatal opioid overdose in an emergency department (ED) died within 1 year of their visit, many within 2 days. Of these deaths, two-thirds (66%) were directly attributed to subsequent opioid-related overdoses, which emphasizes the need for immediate treatment for substance use disorder in the ED being continued after discharge to reduce opioid-related deaths (NIDA, 2020).

A July 2020 audit of the CT Department of Consumer Protection's (DCP) Connecticut Prescription Monitoring and Reporting System (CPMRS) surveyed over 26,000 healthcare practitioners with controlled substance registrations to learn about their experience with the CPMRS and received 5,900 valid responses. In-person interviews were also performed with all of the boards that regulate practitioners who prescribe controlled substances. The results suggest that most practitioners find the CPMRS useful, especially when they prescribe a new controlled substance or if they suspect misuse. *However*, they were concerned that nearly 25% of respondents reported having *never consulted* the CPMRS, even though they prescribed a controlled substance within the previous month (CT Auditors of Public Accounts, 2020).

Key findings of the audit indicate overall that monitoring and enforcement of the CPMRS needs significant improvement as it was found that it cannot be confirmed that: 1) all healthcare practitioners are registered with the CPMRS as required by CT law; and 2) enforcement and

tracking that healthcare prescribers are conducting mandatory lookups in the CPMRS is occurring. Also, though many Pharmacists do this voluntarily, they still are not required to look up patient prescription history.

It's important to understand that the opioid epidemic:

- **Impacts various genders, ages, races, and ethnicities:** Males had a higher mortality rate than females in 2021 (64.2 vs. 22.7 per 100,000 population, respectively), and the mortality rate was highest for non- Hispanic Black males and for 35–44-year-olds (CT Department of Public Health, 2022).
- **Intersects with suicide risk:** It remains unknown exactly how many opioid overdose deaths are actually suicides; however, some experts estimate that up to 30% of opioid overdoses may fit this description (Oquendo, 2018). A 2017 study using national survey data showed that people who misused prescription opioids were 40-60% more likely to have thoughts of suicide, even after controlling for other health and psychiatric conditions (Ashrafioun, 2017). People with a prescription opioid use disorder were also twice as likely to attempt suicide as those who did not misuse prescription opioids (NIMH, 2019). Unique risk factors including high access to lethal substances and experience with self-harm place this population at increased risk of suicide by overdose. Addressing this intersection for this population with effective best practices (e.g. substance addiction treatment [CBT, MAT] and suicidal thinking treatment [CAMS, CBT-SP, ASSIP], safety planning, reducing access to lethal means) is key to the prevention of lives lost.
- **Can be mitigated with the use of Narcan for overdoses.** Naloxone (Narcan) is effective in stopping the effects of opioid overdoses. Narcan can be used by anyone, and those who intervene to help a person who is overdosing are protected from prosecution by the state's Good Samaritan laws. The DPH Statewide Opioid Reporting Directive (SWORD) November 2022 Newsletter reported that the percentage of persons revived by naloxone who are not transported to the hospital has been steadily increasing since SWORD began collecting data in June 2019 (5.32% in 2019, 5.91% in 2020, 6.13% in 2021 and 8.47% in 2022 through September 30). This increase is likely due to persons being revived by bystanders with naloxone on hand, which has also increased since this data began being collected. In 2020, 13.6% of persons revived by naloxone were first administered naloxone by bystanders, but this number increased to 14.3% in 2021, and 18.7% in 2022 through the first nine months. Also, it has been found that persons revived by bystander-administered naloxone are less likely to be transported to the hospital than those first administered naloxone by Emergency Medical Services (EMS), but these people still need to be assessed by EMS and the ED to ensure their safety and connect to substance use disorder services that can help prevent future overdoses, and potential death. (CT Department of Public Health, 2022).
- **Leaves behind many loss survivors or all ages with lasting impressions:** It is said that one loss of a person to an opioid impact about 20 people; however, the reach is far greater as the loss also impacts schools, campuses, communities, and workplaces. The CT Office of the Child Advocate has shared that multiple children have been left without parents due to opioid overdoses. Substance use of a parent related parental neglect and abuse, and loss of a parent contribute to adverse childhood experiences that can impact a person over their lifetime.

CT State Opioid Response Initiative - Community Mini Grants will provide communities with funding to build their capacity to develop and/or enhance local opioid addiction and overdose prevention and response efforts. A maximum of 14 proposals will be funded through September 29, 2024. The application deadline is **Friday, October 13, 2023**

Application Guidelines are as follows:

- Eligibility: Local Prevention Councils (LPCs) and other community coalitions/collaborations are eligible. Only one application per community is permitted, and LPCs will be granted priority.
- Funding Period and Amount: The funding period will be thorough September 29, 2024 and will not exceed $5,000.
- Required Deliverables:
  1) Use local and state data to guide priority populations and strategies.
  2) Implement substance misuse and disorder prevention and behavioral health promotion initiatives within their communities;
  3) Utilize the *Change the Script, Live Louder*, and *You Think You Know* state campaigns' messaging and images made available at www.drugfreect.org and www.youthinkyouknowct.org to develop and distribute customized local awareness messages aimed at increasing public awareness on opioid use disorder (OUD). These may include, but not be limited to: videos, social media, public service announcements, posters and billboards.
- Choose 3 from the list of Optional Deliverables:
  1) Develop a Task Force to coordinate a strategic community-wide approach to reduce opioid use and overdoses including, but not limited to: a) supporting the establishment of a "Recovery Friendly Community" as defined by the CT Alcohol and Drug Policy Council and Guidelines, provided by the RBHAO; b) engaging local businesses to increase Recovery-Friendly workplaces; c) advancing policy and practice; d) increasing and promoting medication disposal options, overdose prevention messaging, and safe storage options.
  2) Educate local pharmacists and prescribers (i.e. doctors, dentists, veterinarians) on the CPMRS. Encourage those with active licenses issued by the CT Department of Public Health register with the CPMRS, and conduct patient lookups prior to writing these prescriptions as required by law (CT Auditors of Public Accounts, 2020).;
  3) Distribute OUD information to parents through schools and other venues using various media (e.g. virtual programs);
  4) Collaborate with the RBHAO and other DMHAS prevention contractors, as approved by DMHAS, to host and advertise joint naloxone kit use education and Question, Persuade, Refer (QPR) Gatekeeper Training, and naloxone kit dissemination to provide opioid-related overdose prevention and education opportunities (available in virtual format), and emphasize the importance of contacting 911 even when using naloxone;
  5) Partner with community organizations serving at-risk populations and their family and friends to train them and disseminate naloxone (e.g. town and gown collaborations; faith-based collaborations);
  6) Attend relevant continuing education conferences;
  7) Purchase Drop Boxes for pharmacy or new ones for police departments;

8) Purchase town-wide risk reduction app that promotes not using alone and/or that helps persons with opioid use disorders stop themselves from using;
9) Purchase related prevention curriculum for schools;
10) Acquire movie rights to present related documentaries;
11) Provide re-entry bags for persons discharged from treatment;
12) Provide wellness bags for local families served by town human/social services;
13) Purchase Wellness Wheels for health promotion.

- Basic Data Collection: Grantees will be required to collect limited process data at the deidentified level (e.g. no identifiable information), and report to the RBHAO on a *monthly basis, due by the 8th of the month*. Examples of data collected will include basic demographics, numbers and populations served.

If you are interested in this opportunity, please complete the attached application form and submit the required letters of commitment to me via email, fax, or mail. Feel free to contact me with any questions. I may be reached at direct mobile phone 866-383-5404 or email aduhaime@seracct.org.

Sincerely,

Angela Rae Duhaime, M.A.
Executive Director
Attachments:
CT State Opioid Response Initiative - Community Mini Grant Application Form