

War on opioid crisis in New London County now includes house calls

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New London — This isn't your ordinary approach to the war on drugs.

Yale physician Paul Joudrey, who specializes in addiction medicine, visits the area three times a month to see patients at the destination of their choice: a home, food pantry or even the back seat of a Ledge Light Health District SUV.

Joudrey writes a prescription for a week's worth of the opioid replacement drug Suboxone and steers the patients toward a medical provider for ongoing care.

The home Buprenorphine induction program, as it is called, is one tool in the growing arsenal of a team here practicing a type of guerrilla warfare against a formidable enemy: the unrelenting cycle of supply and demand that keeps opioids, increasingly in the form of potent fentanyl, flowing into the state and region.

Social service providers and first responders in the region's **Opioid Action Team** (<https://www.theday.com/local-news/20190830/opioid-action-team-says-system-to-address-crisis-is-working-but-barriers-remain>) say they are making progress despite projections by the state Office of the Chief Medical Examiner that the region, and state, will have more overdose deaths than ever in 2019.

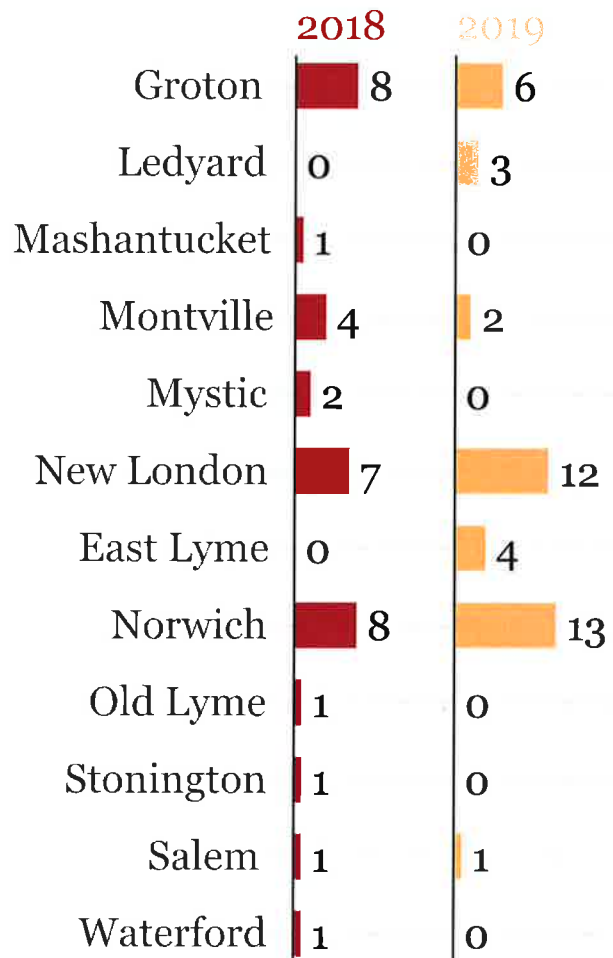
The medical examiner projects, based on the number of deaths during the first six months of the year, that 1,088 people will die of overdoses in Connecticut this year, compared to 1,017 people in 2018.

In New London, 12 people died from overdoses in the first six months of this year, compared to seven people in the first six months of 2018. Norwich overdose deaths during the same time increased from eight to 13. In Groton, the number fell from eight people in the first six months of 2018 to six people in the first six months of this year.

Between 2018 and 2020, the state will receive an estimated \$27 million in federal funding for treatment and recovery programs, prevention and harm-reduction efforts.

In New London County, the Opioid Action Team is using the funds and existing resources to bring together social service agencies, first responders, hospitals and others. They say five **recovery navigators** (<https://www.theday.com/local->

Drug overdose deaths First six months of the year



Based on location of overdose.
Data source: CT Office of the Chief Medical Examiner

news/20180506/recovery-navigators-helping-people-get-into-drug-treatment), who are people in recovery with deep connections in the community, have played a key role in closing the gap between active users and treatment.

"The day of one agency being responsible is over with," said Capt. Brian Wright of the New London Police Department. "It's not just a law enforcement issue. It's not just a social services issue. It's not just a medical issue."

Every morning, New London's human services director, Jeanne Milstein, gets a report from the fire department listing the names of overdose patients and sets about getting them into treatment.

City firefighters, accompanied by recovery navigators, knock on the doors of overdose patients they have treated to see if they can provide additional help.

"We'll knock on a door, introduce ourselves and say, I'd like to introduce you to a recovery navigator," said New London fire Chief Thomas Curcio. "It gives us a feeling that maybe we can make a difference in somebody's life and not just pick them up and take them to the hospital."

The recovery navigators help close the circle by arranging a house call with Joudrey or other services.

A second physician soon may be hitting the streets to see patients in the community, according to Jennifer Muggeo, supervisor of special projects in population health for the Ledge Light Health District. The collaboration with Yale helps address one of the major barriers to treatment by providing immediate care to somebody who reaches out for help.

Nalaxone, the overdose reversal drug, has been distributed to family members of users and, in some cases, to businesses, and the region has a syringe exchange program.

New London has the only ordinance in the state to provide voluntary inspections and certificates to sober house operators.

Dr. Joudrey said overdose rates in any community are caused by a number of factors in addition to the availability of drugs, including the housing and job markets and the economy. He said the opioid crisis is really several drug crises tucked into one, since many of the patients he sees also have problems with alcohol, cocaine or other substances.

The medical examiner's findings indicate that several substances often contribute to overdose deaths.

"We're somewhat focused on opioids, but we're set up to treat polysubstances," or the addiction to the effects of multiple substances, Joudrey said. "One thing I'm learning is that this effort has become a way to nudge other community providers to assess themselves and become more welcome to substance users."

State Rep. Joe de La Cruz, D-Groton, a co-founder of the grassroots nonprofit organization **Community Speaks Out** (<https://www.theday.com/policefirecourts/20160206/the-first-thing-you-deal-with-is-the-shame>), said he supports the efforts of the Opioid Action Team, but sometimes feels like all of the money being spent is like "trying to put our finger in the dam."

All too familiar with the danger of prescription pain pills as a result of the struggles of his son, **Joey Gingerella** (<https://www.theday.com/policefirecourts/20161211/joey-gingerella-local-face-of-addiction-recovery-killed-in-confrontation-outside-groton-bar>), de la Cruz said he realized during his first two terms in office that the influence of lobbyists and pharmaceutical companies after he tried, unsuccessfully, to pass legislation requiring a "heroin warning label" on opiate pill bottles so parents would know the dangers of giving the medication to their children.

As for the supply issue, state, local and federal law enforcement agencies continue the costly and dangerous cycle of investigating and arresting dealers and suppliers who are quickly replaced by others who want to profit from the drug trade.

"Once you take out an organization, another organization just jumps right in and they set up business," said state police Capt. Michael J. Thomas, commander of the Statewide Narcotics Task Force. "It's a revolving door."

Thomas said the majority of narcotics are delivered to Connecticut by couriers who pick the drugs up in New York and deliver them via the interstate highways.

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