



# New London team reveals opioid action plan

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New London — The city and surrounding communities, plagued with a persistent opioid crisis, have launched a coordinated attack on the problem.

The New London Opioid Action Team, a collaborative of more than two dozen health, social services and emergency services agencies, met with U.S. Sen. Richard Blumenthal on Tuesday to deliver on a promise made in March to present him with a concrete action plan.

"It's a pretty amazing plan," New London Mayor Michael Passero said. "I think we're leading the efforts in the State of Connecticut, and we're pretty proud of it."

The team's mission is to create a coordinated system of care that enables addicts to get into quality treatment on demand and for them and their families to receive continued support throughout their recovery. The team also is focusing on prevention and education efforts.

New initiatives designed to reduce harm and to create "moment-in-time" opportunities to reach those struggling with opioid use are in place or close to being implemented.

The Alliance For Living (<http://www.allianceforliving.org/>), which provides services to people infected by HIV and AIDS, has started a syringe program in which users are provided with clean needles and access to treatment and services.

Connecticut Community for Addiction Recovery (<https://ccar.us/>) and Yale-New Haven Health have worked together to place recovery coaches in the emergency room at Lawrence + Memorial Hospital for overdose patients.

Community Speaks Out (<https://www.communityspeaksout.org/>), under a grant from Lawrence + Memorial, is launching the state's first voluntary certification program for operators of New London sober houses.

The team would like to secure \$225,000 to hire a full-time project coordinator, create an electronic referral system, conduct a prevention campaign and collect and analyze data. But their work is underway and will continue regardless of funding, according to Jennifer Muggeo, supervisor of administration/finance and special projects in population health for Ledge Light Health District (<http://www.ledgelighthd.org/>).

Blumenthal was not in a position to make promises but asked the group for information he could take back to Washington. He warned the group that Connecticut would see a 44 percent reduction in Medicaid funding for drug treatment if the Trump budget is passed, and promised that he and other members of the federal delegation would fight the cuts.

"I'm very impressed by the quality and amount of thinking that has gone into this, and I think it could be a model for the state," Blumenthal said during the two-hour meeting in the auditorium of the Lyman Allyn Art Museum.

Blumenthal also advised the group that carfentanyl, a synthetic opioid 10,000 times more potent than morphine, has arrived in Connecticut, along with counterfeit Oxycodone pills containing fentanyl, the potent opioid that is increasingly present, along with other drugs, when somebody dies of an overdose. He said federal efforts to contain the illicit drugs are underway.

The action team envisions creating a coordinated access network built on lessons learned from a coalition that significantly has reduced the number of homeless people in Connecticut, according to their plan. They'll help people obtain insurance coverage and appeal treatment denials and advocate for high standards of care, data tracking and affordability. They also plan to create a marketing campaign to share information about the signs of addiction, overdose prevention and treatment resources in ways that reduce shame and promote health and wellness.

Recognizing that people still will overdose, they want to saturate the region with Nalaxone kits in order to prevent deaths.

The conversation around the table Tuesday was wide-ranging. Jeanne Milstein, human services director for the City of New London, told the senator of a plan to implement a program at New London's Geographical Area 10 court in which a social worker, with permission from court officials, would arrange for someone to enter treatment immediately upon an arrest rather than be incarcerated. Bridgeport already has such a program, and the Department of Mental Health and Addiction Services has announced that funds are available to New London and Litchfield to hire a licensed social worker, Milstein said.

She also spoke of tying quality housing for those in recovery with federal housing subsidies.

James Spellman, a founder of Shine a Light on Heroin, (<http://www.theday.com/article/20141231/NWS01/312319951>) said there seems to be a never-ending supply of heroin into the United States and asked Blumenthal about the government's intended action to secure the drug at its source.

Blumenthal responded that addiction makes the country weaker, and interdiction of illegal narcotics has to be part of the country's national defense.

"Amidst the threats from North Korea and ISIS, we need to pay attention to that," Blumenthal said, adding that the Drug Enforcement Administration, military forces and U.S. Coast Guard need to coordinate efforts and receive funding.

One team member asked about the possibility of involuntary emergency commitment for drug users.

"The question is, where to commit them to?" Blumenthal responded. While lamenting the lack of placements available, he added he is in favor of emergency commitments under some circumstances, provided a person's rights are protected.

Dr. Thomas DeFanti, a physician at the Stonington Institute (<http://stoningtoninstitute.com/treatment-programs/>) treatment programs, said the work of the Opioid Action Team is "the very beginning" of the work that needs to be done.

"How about recovering housing that is truly clean and monitored and supported and people learning to cook a meal?" he said.

Also, he said, people in recovery need jobs.

When a team member asked about holding pharmaceutical companies responsible for pushing highly addictive opioid pills on the public, Blumenthal mentioned that as Connecticut's attorney general, he had sued drugmaker Purdue Pharma (</editor/editportal/e%20won%20a%20settlement%20from%20the%20drug%20company%20in%202007.%20H>) over its contribution to opioid addiction and that the company, to some extent, has reformulated OxyContin to make it safer.

Dr. Frank Maletz, an orthopedic surgeon, described a promising drug called Exparel (<https://www.exparel.com/patient/about-exparel.php>) that can be administered at the time of surgery and eliminate the need for the highly addictive opioid painkillers. He said hospitals have been reluctant to authorize use of the drug, which still is under patent and expensive in the short run.

Maletz said he was appalled at the oft-cited statistic (<https://www.asipp.org/documents/ASIPPFactSheet101111.pdf>) that Americans consume 80 percent of all prescription opioids. He believes a lot of those opioids are sitting in medicine cabinets because doctors gave a 30-day prescription to avoid follow-up phone calls from patients in pain.

Under a state law passed last year, Connecticut now limits prescriptions to seven days for first-time patients and minors. Blumenthal said that law should become the national model.

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**Editor's Note:** *This version corrects the date of the meeting; it was Tuesday. The article also has been edited to correctly state that there are counterfeit Oxycodone pills containing fentanyl in the state.*