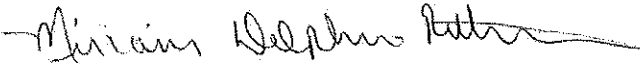




STATE OF CONNECTICUT  
Department of Mental Health & Addiction Services  
Commissioner's Policy Statement and Implementing Procedures



<b>SUBJECT:</b>	Prevention and Treatment of Opioid Addiction and Overdose
<b>P &amp; P NUMBER:</b>	6.41
<b>APPROVED:</b>	 Miriam Delphin-Rittmon, Commissioner Date: 5/11/2016
<b>EFFECTIVE DATE:</b>	May 11, 2016
<b>REVISED:</b>	New
<b>REFERENCES:</b>	
<b>FORMS AND ATTACHMENTS:</b>	

**STATEMENT OF PURPOSE:** The purpose of this policy is to foster a health care system that strives to prevent opioid addiction and, promotes timely access to effective and responsive care when such addiction develops. This affords persons entering treatment and their loved ones the opportunities, interventions, community-based resources and supports needed for them to enter into and sustain long-term recovery.

**POLICY:** DMHAS, to promote the provision of evidenced-based opioid treatment, has partnered with the Governor's Alcohol and Drug Policy Council and other stakeholders and has articulated a comprehensive framework for the prevention and treatment of opioid addiction and overdose. The objectives of this framework are to:

1) prevent non-medical opioid use and the progression from use of prescription opioids to the use of readily accessible and inexpensive heroin by raising public and prescriber awareness of the dangers of non-medical opioid use and addiction through state and local media campaigns, fact sheets and web sites; implementing initiatives that reduce illicit access to prescription opioids including education on proper medication storage and disposal (e.g., the Mind your Meds campaign) and school and work place programs geared toward the promotion of making healthy choices; and building partnerships among key stakeholders to develop comprehensive and effective strategies to reduce the use of non-medical prescription opioids and opioid addiction. This would include coordinating with local law enforcement on illegal drug interdiction, and training school and health care personnel on the recognition and referral of persons who are using non-medical opioids.

2) promote timely access to a diverse array of effective treatments (including medication) and community supports through outreach, engagement, retention, case management and recovery coaching; and

3) prevent deaths that otherwise would result from opioid overdose by promoting the use of naloxone by persons at risk of relapse, concerned families, behavioral health programs, and first responders by assertively promoting educational initiatives about the importance of accessibility to naloxone in partnership with all DMHAS-funded training resources. Ensure that all DMHAS-operated and funded programs have sufficient information about the importance of accessibility to naloxone for persons using, or at risk for using, opioids and their loved ones; promoting educational curricula for persons using, or at risk for using, opioids include information about the importance of having access to naloxone; offering naloxone to persons receiving treatment for opioid use so that they are prepared in the event that they relapse or are in the company of another person who has overdosed; ensuring that all DMHAS-funded and operated substance use residential facilities have naloxone on-site; and supporting efforts to equip first responders (e.g., state police, emergency medical technicians) with naloxone, when appropriate.