Testimony by Lynn M, Madden
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Good morning, Senator Handley, Representative Sayers and distinguished members of the Public Health Committee. My name is Lynn Madden and I am the CEO of the APT Foundation, an addiction treatment and research organization originally founded by faculty members of Yale University. I am here today to speak as member of a cooperative group we have formed in New Haven to work on the growing problem of drug overdose deaths in our communities. The group includes the APT Foundation, the South Central Rehabilitation Program of Hill Health Center, and the Yale School of Public Health. We are here to speak in support of **S.B. 1253, An Act Concerning Immunity for Treatment of Drug Overdoses with Opioid Antagonist.**

Section 17a-714a of the Connecticut General Statutes currently provides protections from legal liability for physicians who prescribe opioid antagonist medications to drug-abusing individuals as an overdose intervention effort. Revisions to this important statute, as proposed in S.B. 1253, will further reduce avoidable, accidental deaths by enabling this medication to be more widely available – particularly to individuals who are most likely to be capable and in proximity to administer life-saving, first-aid interventions to those experiencing opioid overdoses.

On the national level, we are seeing a significant increase in the use and misuse of prescription opioids such as oxycodone and hydrocodone – with associated increases in overdoses and deaths. The July 2004 DASIS report from the federal government indicates that the State of Connecticut is the second most opioid state in the country when it comes to the illicit use of prescription opioids. At the same time, methadone has become much more widely prescribed for the treatment of pain. While methadone is a highly effective analgesic that is usually prescribed and used properly for chronic pain, it is sometimes diverted to those for whom it was <u>not</u> prescribed. Over the past few years, it has become a major contributor to overdose deaths across the country, including here in Connecticut. I must emphasize that, while methadone clinics are the primary providers of methadone for treatment of opioid dependence, they are rarely linked to such overdoses and deaths.

Here in Connecticut — where heroin and other opioids have become the primary drug of choice for those seeking treatment in the DMHAS system-of-care (recently even surpassing alcohol for the first time in history), we are seeing increasing numbers of adolescents and young adults becoming addicted to pharmaceutical opioids (either prescribed to them or not) and quickly migrating to the injection use of heroin (which is both less expensive and readily available), in numbers never seen before. As a result, among individuals of all ages and socio-economic groups (including rapid increases among young, suburban youths and older adults), opioid overdose episodes are skyrocketing. On a similar note, recent studies indicate that inmates are 13 times more likely to die than the general population — within the first week or two of their release from prison

– with opioid overdose the leading cause. The overdose death rate in our state places us among the top five states in the nation facing this issue, and the greater New Haven communities have the highest overdose death rate in the state. For this reason, our group in New Haven has formed to create a program of education for our clients and our staffs in the hope of preventing overdose deaths.

Naloxone is an opioid antagonist medication that very effectively and rapidly halts the effects of opioids. For a period of approximately 30-90 minutes, when administered along with breathing assistance, it provides a life-saving window of opportunity to help individuals who are in distress to receive professional, emergency medical attention and, hopefully – of particular concern to DMHAS – treatment for their substance use disorders. It is not a drug that is taken to get "high," and it is not inherently dangerous. By placing overdose kits and instructions into the hands of individuals who are most likely to be in close proximity to those experiencing opioid overdoses — such as first responders, family members, associates and the like, we can greatly reduce the incidence of avoidable, accidental deaths.

It is vitally important that we maintain our efforts to reduce the availability of illicit opioids and the diversion of prescription opioid medications, prevent illicit substance use and the misuse of medications with abuse potential, and facilitate early intervention and treatment. At the same time, by increasing the availability of life-saving, first-aid medications such as naloxone, we can simply help to save lives. We will continue to be challenged by opioid use and dependence among the citizens of Connecticut, but we must do whatever we can to intervene at opportune points to effectively assist individuals to engage in recovery. For that reason, I urge you to pass S.B. 1253 for the sake of those whose lives will be saved.

Thank you for the opportunity to speak to you today on this important bill. I would be happy to take any questions you may have at this time.