

DRUG POLICY ALLIANCE

Reason. Compassion. Justice.

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EXECUTIVE DIRECTOR

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PRESIDENT

**Testimony in Support of S.B. 245 - An Act Concerning Immunity for
Treatment of Drug Overdoses with Opioid Antagonist**

**February 29, 2008
Connecticut Joint Public Health Committee**

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I would like to thank the members of the Public Health Committee for raising Senate Bill 245 - an act concerning immunity for treatment of drug overdoses with opioid antagonists, the act my testimony will be concerned with today.

My name is Evan Goldstein, and I am a policy associate at the Drug Policy Alliance, the leading national organization that believes the war on drugs is doing more harm than good; and in order to address drug use and abuse, we must develop drug policies based on science, compassion, health and human rights.

We are facing a period of increasing overdose deaths. The Center for Disease Control reports that while unintentional drug overdoses had increased 5.3 percent per year from 1979 to 1990, they have increased by 18.1 percent per year from 1990 to 2002. Nationally over 1,000 people died from heroin overdoses in 2002 alone.

And in Connecticut, 122 people lost their lives due to heroin and opioid related narcotics in that same year. This is an increase of 27 percent from 1998. And over 40 percent of these people died at home, a location with easy access to naloxone if they had it available.

Connecticut's opioid overdose deaths are entirely preventable. Connecticut already has an opioid overdose prevention statute. Enacted in 2003, this law allows licensed medical personnel to prescribe naloxone to those who may need it to prevent an opioid overdose. Naloxone has been FDA approved since 1971, and presents no potential for abuse as it has no pharmacological effect; it also has no effect if it is taken by a person that does not have opiates in their system. However, the wording of the 2003 bill does not contain the necessary legal immunity for those health care workers prescribing naloxone, and as a consequence, many are who are afraid to prescribe the drug for fear of legal prosecution or civil suit. This bill, however, seeks to remedy that concern, and consequently encourages medical professionals to prescribe naloxone and to train drug users to safely use this life-saving drug.

The cities where naloxone prescription and training programs have been created have proven naloxone's ability to save lives by non-medical personnel. The Chicago Recovery Alliance (CRA) has reported that since 2001, approximately 3,500 people have been trained and equipped with naloxone, resulting in 319 reversals from a potentially fatal opioid overdose. In Baltimore, from April 2004 to March 2006, 951 people have received naloxone training, resulting in 131 overdose reversals.

Abstinence is obviously the best method of overdose prevention. However, there are people suffering from addiction that find it incredibly difficult to alter their behavior. But we cannot simply ignore them and let them die. Naloxone provides the last failsafe that ensures that these people have the possibility of recovering from addiction. But we also must ensure that health care professionals be free of legal fear when prescribing this life-saving drug. Many of us here today have witnessed the destruction that drug abuse can cause, but you also cannot treat the addict once her or she is dead.