

Thank you for the opportunity to speak with you today in support of HB 5445.

Opioid drugs are vitally important medications for the treatment of pain and end-stage disease. But, this class of drugs also has the potential for the development of physical dependence, abuse, and addiction. Indeed, an illegal opioid, heroin, is one of the most common drugs of abuse worldwide, nationally, and in Connecticut. Our state has witnessed substantial increases in heroin abuse since the early 1970's. More recently, the problem of heroin abuse has been compounded by increasing levels of abuse of opioids prescribed for the treatment of pain. Opioids act on the respiratory center and can depress breathing, leading to increased risk of opioid overdose mortality and morbidity. In the United States, mortality due to drug poisonings are now the **second leading cause of injury death among adults** and, if rates continue to rise, they will overtake deaths due to motor vehicle accidents within the next few years (Centers for Disease Control and Prevention, 2006).

Over the past 3 years, our research group at the Yale School of Public Health has been working with the CT Office of the Chief Medical Examiner (OCME) to review records of drug-involved accidental deaths between 1997 and 2007. We found **2900 drug intoxication deaths**, of which **77% involved an opioid**, that is, heroin, methadone, and/or a prescription opioid. Calculations using the vital statistics data from CT places opioid overdose as the **fifth leading cause of death among adults aged 18-54** and in 2006, accidental overdose deaths surpassed the number of motor vehicle deaths in the 25 to 54 age range. Although elsewhere in the country, opioid overdose deaths are often concentrated in metropolitan areas (Garfield, 2001), deaths in CT are clearly spread throughout the state when one adjusts for population (MAP 1 vs. MAP 2). The absolute number of overdoses is highest in our most populous cities: Hartford, Waterbury, New Haven, and Bridgeport (MAP 1), but when we take population into account, we see that other cities and towns around the state from Putnam to Clinton to Middletown to Bristol--likely even your district—are being affected by high rates of opioid overdose deaths (MAP 2).

The ubiquity of fatal opioid overdose in CT is likely driven by an increase in prescription opioid abuse, as has been noted in other states too (Leavitt, 2004; The Dawn Report, 2003). In CT, heroin is still the most commonly involved drug in accidental overdoses although heroin-involved fatalities have been gradually decreasing in the past 11 years while involvement of prescription opioids and methadone has dramatically increased (FIGURE 1).

Perhaps surprisingly, **up to 85% of opioid overdoses occur in the presence of others** (Sporer, 2003). Since overdose episodes generally unfold over several hours, overdoses can often be reversed through professional or lay intervention (Sporer, 1999; Sporer, 2007). The standard medical response to an opioid overdose is rescue breathing and the administration of the short-acting opioid antagonist naloxone (trade name Narcan) (Sporer, 1999; Sporer, 2007). Recognizing the increasing opioid overdose mortality, many health promotion advocates have been encouraged to develop interventions to reduce overdose incidence.

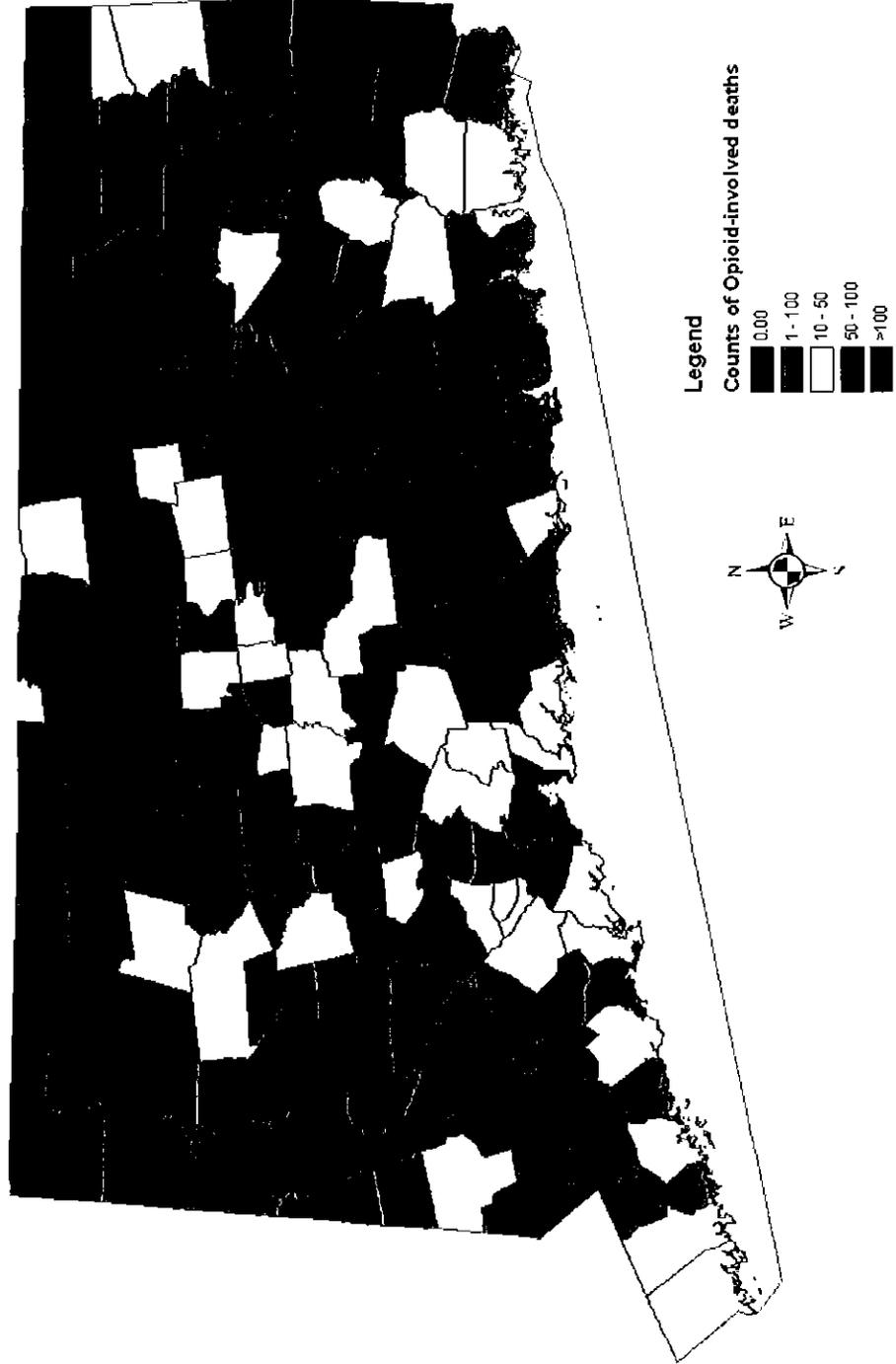
One approach being adopted across the nation is to train those at risk in overdose prevention and response and to provide them with a prescription of naloxone. Our group at Yale recently completed a study that evaluated drug users trained in such programs in six US cities and found that they could identify overdose symptoms and recognize when to intervene with naloxone **as well as medical professionals** (Green, 2008).

I speak to you today in support of HB 5445 which will reduce impediments to seeking and administering help when a drug or alcohol-related overdose occurs. This bill represents smart, appropriate public health policy that actively encourages overdose prevention by focusing on helping the victim rather than on arresting the Samaritan. Such a bill is a crucial first step for promoting calls to 9-1-1 and for initiating and expanding effective interventions to reduce opioid overdose in CT and, ultimately, save lives. Thank you for your attention. I look forward to any questions you might have.

Citations available upon request.

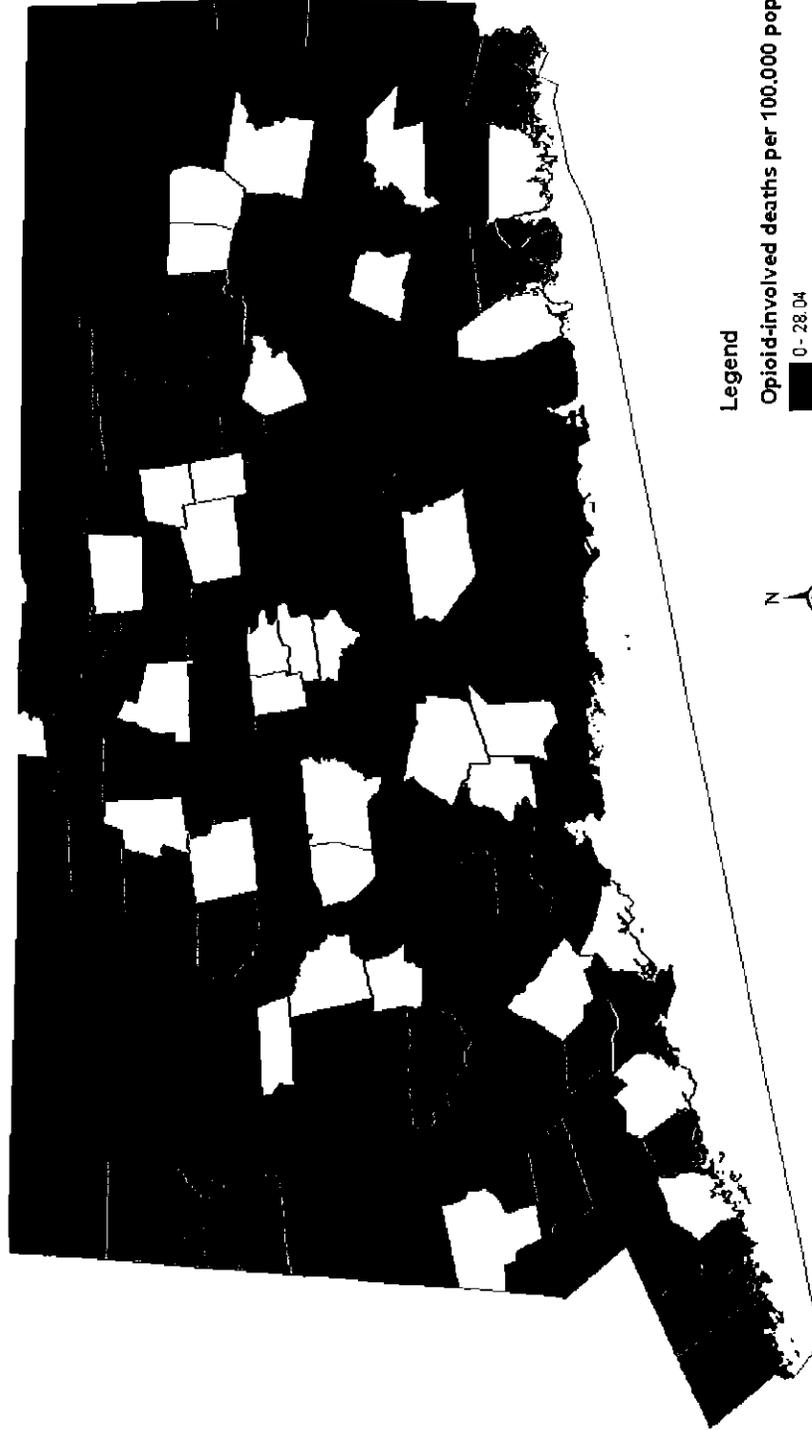
MAP 1

Opioid-involved accidental/undetermined deaths 1997-2007:
location of injury/death aggregated by town



MAP 2

Opioid-involved accidental/undetermined deaths
per 100,000 population 1997-2007:
location of injury/death aggregated by town



Legend

Opioid-involved deaths per 100,000 population

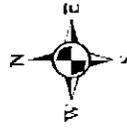
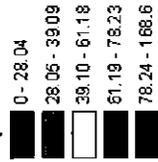


FIGURE 1

- Heroin
- Cocaine
- Prescription opioids
- Methadone
- Alcohol

