



Yale School of Public Health

Testimony for HB 5063
March 5, 2012

Thank you for the opportunity to contribute written testimony in support of CT H.B. No. 5063.

Increasing overdose death is a national problem: Overdose deaths nationwide have quadrupled since 1980.ⁱ Across the US, more overdose deaths are caused by prescription drugs than all illegal drugs combined.ⁱⁱ Opioid drugs are important medications for the treatment of pain, opioid dependence, and terminal illness. But, this class of drugs also has the potential to produce physical dependence, abuse, and addiction. Opioid drugs include heroin as well as medications available by prescription such as oxycodone and methadone. Opioids act on the respiratory center and can depress breathing, leading to increased risk of death and complications.

Every year, 16,000 people die of accidental opioid overdose.ⁱⁱⁱ This major health concern affects a diverse group of individuals, across all categories of race, class and geography.^{iv}

This public health problem deserves particular attention in Connecticut:

- Drug poisoning – “overdose” – is the leading cause of accidental death among adults in CT.^v
- CT is one of 20 states in which mortality from overdose is now **more prevalent** than deaths from motor vehicle crashes
- Drug-related deaths claimed the lives of one CT resident each day in 2009, with the most common drugs involved in the deaths being opioids like heroin and oxycodone.
- 148 of the 169 CT towns experienced at least one opioid-related overdose death during the period of 1997-2007, with many of the small town and suburban areas seeing increases in prescription opioid-involved overdose deaths.

Over the past 6 years, our research groups at the Yale School of Public Health and Brown Medical School have been working with the CT Office of the Chief Medical Examiner (OCME) to review records of drug-involved accidental deaths. During 1997-2007, we found that among **2900 drug intoxication deaths, 77% involved an opioid**, that is, heroin or a prescription opioid[1].

Most overdose deaths are preventable: Perhaps surprisingly, **up to 85% of opioid overdoses occur in the presence of others** [2]. Since overdose episodes generally unfold over several hours, overdoses can often be reversed through professional or lay intervention [3-4]. The standard medical response to an opioid overdose is rescue breathing and the administration of the short-acting opioid antagonist naloxone (trade name Narcan) [3]. 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. We conducted 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** [5].

Community-based naloxone programs have also been associated with **reductions in opioid overdose mortality** when they are implemented on a wide-scale basis [6-7], **without increasing drug use** among opioid users [8].

In a state-wide community-based naloxone program that trained over 10,000 Massachusetts residents, more than 1200 lay-person overdose reversals using naloxone were enumerated over a three-year period, with **no serious adverse events reported**[7]. Similar impressive results have been obtained following more localized efforts in Chicago and New York City [9-10].

The clear public health imperative for supporting this approach to injury and death prevention was previously recognized in 2007 by the CT State Assembly, in Conn. Gen. Stat. Ann. § 17a-714a (2007). The H.B. No. 5063 amendment under consideration serves as a crucial clarification to clinical and public health programs that want to expand naloxone prescribing to prevent overdose deaths. Most importantly, the amendment:

- Permits prescription of naloxone to anyone—not just those who consider themselves “drug users” --at risk of opioid overdose or who may respond to a witnessed overdose. This would allow chronic pain patients who may be at risk of opioid overdose due to their health condition as well as parents, caregivers, law enforcement, other first responders, and drug treatment staff to be prescribed naloxone for reversing opioid overdose. **In our research in Connecticut, most overdose victims die at home, in the presence of others.** Permitting broader access to naloxone could prevent these events from becoming fatal.
- Clarifies for prescribers that they will not be held liable for the administration of naloxone to an overdose victim. This addition is critical to support the prescribing of naloxone by clinicians. After more than 15 years of prescribing naloxone in the United States, there are **no known cases of malpractice or disciplinary action against health professionals associated with the prescription of naloxone.** This stands in contrast to the unprecedented deluge of malpractice lawsuits, licensing restrictions, and unnecessary deaths associated with overprescribing of prescription opioid medications to patients.

HB 5063 encourages “safe opioid prescribing” by providers, and puts naloxone within safety’s reach for those at highest risk of overdose death. Please support H.B. No. 5063 and prevent these unnecessary and untimely deaths in your community.

Sincerely,
Traci C. Green, PhD, MSc
Alpert Medical School of Brown University
Rhode Island Hospital

Robert Heimer, PhD
Yale School of Public Health

References and Footnotes

1. Green TC, Grau LE, Carver HW, Kinzly M, Heimer R. Epidemiologic trends and geographic patterns of fatal opioid intoxications in Connecticut, USA: 1997-2007. *Drug Alcohol Depend* 2011,**115**:221-228.
2. Sporer KA. Strategies for preventing heroin overdose. *BMJ* 2003,**326**:442-444.
3. Sporer KA. Acute heroin overdose. *Ann Intern Med* 1999,**130**:584-590.
4. Sporer KA, Kral AH. Prescription naloxone: a novel approach to heroin overdose prevention. *Ann Emerg Med* 2007,**49**:172-177.
5. Green TC, Heimer R, Grau LE. Distinguishing signs of opioid overdose and indication for naloxone: an evaluation of six overdose training and naloxone distribution programs in the United States. *Addiction* 2008,**103**:979-989.
6. Doe-Simkins M, Walley AY, Epstein A, Moyer P. Saved by the nose: bystander-administered intranasal naloxone hydrochloride for opioid overdose. *Am J Public Health* 2009,**99**:788-791.
7. Walley AY. Implementation and evaluation of Massachusetts' overdose education and naloxone distribution program. In: *American Public Health Association Annual Conference*. Washington, DC; 2011.
8. Walley AY, Xuan Z, Hackman H, Ozonoff A, Quinn E, Pierce C, *et al*. Is implementation of bystander overdose education and naloxone distribution associated with lower opioid-related overdose rates in Massachusetts? In: *Association of Medical Education and Research on Substance Abuse*. Arlington, VA; 2011.
9. Community-based opioid overdose prevention programs providing naloxone - United States, 2010. *MMWR Morb Mortal Wkly Rep* 2012,**61**:101-105.
10. Maxwell S, Bigg D, Stanczykiewicz K, Carlberg-Racich S. Prescribing naloxone to actively injecting heroin users: a program to reduce heroin overdose deaths. *J Addict Dis* 2006,**25**:89-96.

ⁱ CDC WONDER Compressed Mortality File, ICD-9 Groups: E850-E858

ⁱⁱ Paulozzi, LJ, Budnitz, DS, Xi, Y. Increasing deaths from opioid analgesics in the United States. *Pharmacoepidemiol Drug Safety* 2006; 15: 618-627.

ⁱⁱⁱ Beletsky L, Burris S, Kral A. Closing Death's Door: Action Steps to Facilitate Emergency Opioid Drug Overdose Reversal in the United States. *2008 Summit on Opioid Overdose*. Vol 1. Temple University: Temple University; 2008:39.

^{iv} Paulozzi LJ, Xi Y. Recent changes in drug poisoning mortality in the United States by urban-rural status and by drug type. *Pharmacoepidemiol Drug Saf*. Oct 2008;17(10):997-1005.

^v United States Centers for Disease Control and Prevention (CDC). National Center for Health Statistics Homepage. <http://www.cdc.gov/NCHS/>. Accessed 1/29/2010.