



**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

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GOVERNOR

PATRICIA A. REHMER, MSN  
COMMISSIONER

**Testimony by Patricia Rehmer, MSN, Commissioner**  
**Department of Mental Health and Addiction Services**  
**Before the Public Health Committee**  
**March 7, 2012**

Good morning Sen. Gerratana, Rep. Ritter, and distinguished members of the Public Health Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services, and I am here this morning to speak in favor of **HB 5063, AN ACT CONCERNING TREATMENT FOR A DRUG OVERDOSE**. I want to thank the Committee for your assistance in raising this proposal.

HB 5063 would allow a broader group of individuals to be prescribed a drug called Narcan or Naloxone which is used to counteract drug overdoses. The current statute allows the drug to be prescribed to individuals suffering from addiction. However, an individual who has overdosed could become unable to self-administer. This proposal would allow family members, significant others, roommates and the like to have Narcan on hand should the situation warrant it.

In a study done in Connecticut in 2009, drug overdose was the leading cause of death among 18 to 25 year olds. Drug-induced overdose has been the most common cause of accidental death in Connecticut every year for the past 10 years. During a 3 year period from 2006 to 2008 there were 1256 overdose related deaths (832 males and 424 females) in Connecticut. On average, there is at least one person a day who dies from an opioid overdose in Connecticut. Most deaths occur at home often with other individuals in the house. Most overdoses can be easily reversed if treated promptly.

In 2007, nearly 100 persons per day died of drug overdoses in the United States. Nationwide, drug overdoses kill more individuals between the ages of 18 and 25 than automobile accidents. New Mexico, Illinois and Washington State allow the prescribing of Narcan to family members, friends or other persons in a position to assist an individual experiencing, or likely to experience, an opiate-related overdose. After implementing a similar program in Massachusetts, there were 513 overdose reversals documented between December 2007 and November 2009. Since this was implemented in New York in 2006, 63 sites enrolled to become Opioid Overdose Prevention Centers across the state, where family members and friends of addicted individuals can receive brief instructions and prescription for Narcan.

Just a few weeks ago in Connecticut, a young mother, a woman only 27 years old, died of an overdose in the presence of her family who could only stand by helplessly. By the time the ambulance arrived it was too late to save her.

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Narcan works for an opioid overdose like an epipen does when used for an individual with life threatening allergies. It can be administered very simply as a nasal spray. Narcan can be carried with you in your purse or your pocket or in your nightstand. Narcan has no street value or addictive potential. It cannot give you a “high” and, if given to someone who is not suffering from an overdose, may make the individual a little uncomfortable but have no other effect. If it is administered to someone who is using painkillers, methadone or heroin, it can precipitate discomfort due to withdrawal.

Connecticut has a growing addiction problem among all age and socioeconomic groups partially due to easy access to prescription drugs and heroin. Each of us knows of someone among our family, friends or colleagues who are afflicted with addiction. We support those that face the challenging and lengthy process of achieving sustained recovery. As part of this effort, we ask you to consider this proposal to allow family, friends, and others to administer Narcan because it will save lives.

I appreciate the time and attention you have given to this matter, and would be happy to answer any questions you may have.