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**Connecticut State Medical Society Testimony in Support of House Bill 5487 Act Providing  
Immunity for a Person who Administers An Opioid Antagonist To Another Person  
Experiencing An Opioid Related Drug  
Judiciary Committee  
March, 12, 2014**

Senator Coleman, Representative Fox and members of the Judiciary Committee, my name is Doctor Peter Rostenberg. I am an internist and addiction specialist practicing in New Fairfield, Connecticut, a member of the Addiction Medicine Committee of the Connecticut State Medical Society, and recipient of the 2013 Substance Abuse and Mental Health Service Administration (SAMHSA) Science and Service Award for Office Based Opioid Treatment. On behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to present this testimony to you in support of House Bill 5487 An Act Providing Immunity for a person who Administers An Opioid Antagonist To Another Person Experiencing An Opioid Related Drug. The bill before you today, would provide protection for friends and loved ones who administer a drug called naloxone to a person in the event of a possible drug overdose.

Pharmacologically, naloxone is an opioid antagonist which rapidly sweeps away prescription or illicit opioids from the brains of overdose victims, restoring normal respiratory function. In public health terms, wider availability of naloxone will reduce the mortality of Connecticut's leading cause of unintentional deaths of our young people. At the present time, naloxone is the drug of choice to reverse opioid overdoses. It has no "street value," is inexpensive and is not a scheduled or controlled drug. There is no possibility for abuse. Education needed for proper use is readily available through the Department of Mental Health and Addiction Services (DMHAS) that has a developed protocol for the training of naloxone prescription recipients. In addition, most health insurance policies provide coverage for naloxone. It is imperative that any person who walks into a pharmacy asking for naloxone be considered a 'stakeholder' who could possibly save a life and should receive the medication.

In my long medical career, this is the second opioid epidemic I have witnessed. During the first epidemic, in the early 1970s, I was an attending physician in the Harlem Hospital Center's Emergency Department in New York City. We routinely treated patients with naloxone who were in opioid-induced respiratory failure: the non-breathing patient would respond to naloxone by taking a deep inhalation and waking up. I mention this overdose reversal because to witness it is one of the most dramatic interventions in all of medicine: death becomes life.

The second opioid epidemic is now, 2014. A surprising number of my opioid use disorder patients have themselves experienced a non-fatal overdose or know a family member, friend or acquaintance that has overdosed fatally. While a percentage of overdose patients are treated and saved through the good work of ambulance teams using nasal naloxone it is insufficient to confront this public health crisis.

Sociologically, the affected populations have changed. During the epidemic of the 1970s, opioid patients were mostly African American and poor. Today, in Connecticut, persons with opioid use disorder are primarily white and middle class. Today prescription opioids and illicit drugs, mainly heroin, are the leading cause of death of our Connecticut citizens between the ages of 18 and 44. More Connecticut residents now die of overdose than in motor vehicle crashes or from AIDS. Unfortunately, many of these deaths could have been prevented if naloxone were available to family, loved ones and friends. The epidemic is now, and our response must be now.

We urge this committee, and ultimately the Legislature to pass House Bill 5487 to reduce mortality from this public health crisis. The opportunity to reduce unnecessary deaths is before us and the responsibility exists to do so.

Looking at these losses in epidemiological terms, consider that the life expectancy of our citizens is 78.8 years according to the Centers for Disease Control (CDC). Consider how many years of potential life a 20 year old loses when s/he dies of an opioid overdose: 58 years!! The joys of this person's life and the development of his/her full potential never occur. It is a devastating loss to his/her family both present and future, his/her employer or employees, his/her community, state and society.

Please support House Bill 5487