Testimony of Melanie Alvarez
Statewide Overdose Prevention Workgroup
March 12, 2014

Senator Coleman, Representative Fox, members of the committee; my name is Melanie Alvarez from New Britain, CT. I appreciate the opportunity to be able to present my testimony regarding HB 5487 **AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE.**

I am a survivor of a parent who has died of an opiate related overdose, as well as a service provider at HRA of New Britain, Inc Wellness Resource Center. We provide services to the HIV positive and affected individuals in and around the New Britain area. I have spent a lot of time working with individuals in recovery from and engaging in active substance abuse, since a substantial amount of our clients have become infected through drug related practices such as injecting drugs. Many of our clients with legitimate pain have turned to heroin as a cheaper more accessible option when prescription pain management has ceased. The National Drug Control policy supports this claim by stating that four out of five heroin users start by developing an addiction to prescription pain management.

I am sure that everyone on this committee is aware that Naloxone (Narcan) is a life-saving medication and antidote for opiate overdose; however it is useless if people cannot access it or are afraid of the consequences of administering it to someone who is overdosing. In the past year of my work, we have lost several members of our client population to substance related causes, two were due to accidental overdose of heroin but this is not the only cause of opiate overdose, as we have seen in studies that people are also overdosing on prescription pain medication. In September of 2011, The National Institutes of Health published a study that found that nationwide there was a 122% increase in poisoning due to opioid pain and related medications in youth aged 18-24. In the 18 and older population, there were 1.6 million hospitalizations for accidental overdose, for an overall cost of $15.5 billion. Compelling evidence for prevention would be a reduction in these costs for the State of Connecticut. On average in Connecticut one person per day dies of drug related overdose according to CDC 2010:372, not including alcohol.

In my ten years in the field, I can tell you that we try everything possible to help individuals suffering from addiction from treatment to counseling to in patient detox program referrals, to methadone or suboxone replacement therapy. One thing has become clear throughout this time: you cannot stop people from doing drugs if they want to use! Encouraging accessibility to narcan would not “encourage” people to use drugs as many people who are misguided or uneducated in addiction and treatment modalities may think. What we can do is save lives and save money for our state by giving people an alternative to death and hospitalization! Thank you for your consideration.