Yale SCHOOL OF MEDICINE
Department of Emergency Medicine

464 Congress Avenue
Suite 260
New Haven CT 06519-1362

Testimony in support of
H.B. No. 5782 AN ACT ALLOWING PHARMACISTS TO DISPENSE OR ADMINISTER AN OPIOID ANTAGONIST TO TREAT OR PREVENT A DRUG OVERDOSE
General Law Committee
February 17, 2015

Dear Senator Leone, Senator Larson, Representative Baram, Representative Kiner, and members of the committee,

My name is Kathryn Hawk and I am an Emergency Medicine Attending Physician at Yale New Haven Hospital, a substance abuse researcher, and a member of the Connecticut state-wide Opioid Overdose Prevention Workgroup. I trained in Connecticut as an Emergency Medicine Resident working both at Yale New Haven and Bridgeport Hospitals and can testify to both the seriousness of the heroin and prescription drug epidemic and the destructive force of addiction on Connecticut lives, families and communities.

I am here to testify in support of **H.B. No. 5782 AN ACT ALLOWING PHARMACISTS TO DISPENSE OR ADMINISTER AN OPIOID ANTAGONIST TO TREAT OR PREVENT A DRUG OVERDOSE.**

Naloxone (Narcan) is a safe and effective antidote for opioids, a class of drugs which includes both heroin and prescription narcotics such as oxycodone, hydrocodone and methadone. In sufficient quantities, opioids can stop the body's drive to breathe, preventing the body from delivering oxygen to the brain and heart. Naloxone reverses the effect of these drugs by knocking the drugs off their receptors, and reversing their effects. This medication is not only effective, but it has no abuse potential or street value and is harmless if given to someone who did not overdose on opioids.

A 2012 briefing by the CDC on community-based programs that distribute naloxone to lay-people reports 10,171 overdose reversals between 1996 and 2010 [1]. We know that this medication works to reverse overdose and that it is effective in the hands of lay people. An often-cited hesitation regarding naloxone distribution to community members is that after reversal, some people will not seek medical evaluation. This is precisely why naloxone distribution should be coupled with detailed pharmacist education regarding the importance of seeking medical evaluation. This is a population that without immediate access to naloxone is otherwise at real risk of death and I believe that the potential reward of wide naloxone distribution far outweighs the potential risks.

---

1. Community-Based Opioid Overdose Prevention Programs Providing Naloxone — United States, 2010;*Weekly*; February 17, 2012 / 61(06);101-105.

Yale SCHOOL OF MEDICINE
Department of Emergency Medicine

464 Congress Avenue
Suite 260
New Haven CT 06519-1362

Another hypothetical concern frequently voiced is that people may increase risky-drug use if they have direct access to naloxone, which has been refuted by multiple studies [2]. Several studies, in fact, actually find decreased drug use amongst lay-people who have been trained to administer naloxone in the case of overdose [3,4].

House Bill No 5782 is important because it increases the access of a life saving medication to the people of Connecticut. It highlights pharmacists as an important stakeholder in the opioid epidemic and provides a mechanism for naloxone distribution that includes education and prevention by a healthcare professional. It provides an incredibly important tool for the friends and family of individuals at risk for overdose. It allows individuals with risky drug use access to education and a medication that can be used to save their own or another's life. It also provides a mechanism for pharmacists to distribute overdose education and prevention for patients who are prescribed high dose narcotics for pain treatment purposes. Many physicians who are not trained in addiction medicine are unfamiliar with naloxone prescription as overdose prevention in at-risk patients, and are reluctant to provide care for at-risk patients for a variety of reasons including lack of training, perceived legal barriers and stigma [5].

The magnitude of the opioid overdose epidemic dictates the need for a multi-faceted strategy, which is dependent on the involvement of multiple stakeholders. Increased naloxone availability is not the end all treatment to reduce overdose deaths in Connecticut, but wider dispersion of naloxone to community members will save lives and provides the opportunities for individuals to live another day – a day in which they may access the drug treatment services that are needed.

Please support HB 5782. Thank you for taking the time to entertain testimony and consider this important issue. I am happy to answer any additional questions that you may have and would welcome the opportunity to discuss this bill at length at your convenience.

Sincerely,

Kathryn Hawk, MD
Yale University, Department of Emergency Medicine
Drug Abuse, Addiction and HIV Research Scholar
464 Congress Ave, Suite 260
New Haven, CT 06519
Kathryn.hawk@yale.edu
(267) 334-4415

---

2. Community-Based Opioid Overdose Prevention Programs Providing Naloxone — United States, 2010;*Weekly*; February 17, 2012 / 61(06);101-105.
3. Doe-Simkins, M., et al., Overdose rescues by trained and untrained participants and change in opioid use among substance-using participants in overdose education and naloxone distribution programs: a retrospective cohort study. BMC Public Health, 2014. 14: p. 297.
4. Seal, K.H., et al., Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: a pilot intervention study. J Urban Health, 2005. 82(2): p. 303-11.
5. Wagner, K.D., et al., Evaluation of an overdose prevention and response training programme for injection drug users in the Skid Row area of Los Angeles, CA. Int J Drug Policy, 2010. 21(3): p. 186-93.
6. Beletsky L, Ruthazer R, Macalino GE, et al. Physicians' knowledge of and willingness to prescribe naloxone to reverse accidental opiate overdose. *J Urban Health*. 2007;84(1):126-136