



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

Dannel P. Malloy  
Governor

Miriam Delphin-Rittmon, Ph.D.  
Acting Commissioner

**Testimony by Miriam Delphin-Rittmon, Ph.D.**  
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**Department of Mental Health and Addiction Services**  
**Before the Public Health Committee**  
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Good Morning Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee. I am Acting Commissioner Miriam Delphin-Rittmon of the Department of Mental Health and Addiction Services (DMHAS), and I am here today to support the Governor's proposal, HB 6856 AN ACT CONCERNING SUBSTANCE ABUSE AND OPIOID OVERDOSE PREVENTION. The Governor's office, OPM, DMHAS and other state agencies and advocacy organizations worked closely together on the proposal before you.

Each day people in Connecticut accidentally overdose on prescription narcotics which are intended for pain management. This partially results from the ease with which these types of medications can be obtained. According to the CDC, in 2010 there were enough prescriptions written for these types of medications to medicate every American adult around the clock for a month. The epidemic is growing. Senior citizens taking multiple medications may forget or get confused about what they already took. Teenagers with access to unlocked medicine cabinets are experimenting with pills with their friends and mixing them with alcohol. We know that two-thirds of people who misuse narcotic pain medication get them from a friend or family member. The prescription drug abuse epidemic has made it clear that we are all vulnerable. Today, more people overdose on narcotic pain medications than on heroin and cocaine combined. In addition, recent studies show that 4 out of 5 current heroin users previously abused narcotic pain medications.

Implementation of comprehensive and coordinated statewide strategies that restrict access to these types of prescriptions for illicit use but ensure availability for those who legitimately need them will help curb this public health crisis. Developing effective strategies will require balancing the needs and concerns of patients, public health, law enforcement, and the medical community. These important strategies, laid out in HB 6856, have been researched to be effective at addressing this epidemic.

The bill before you does the following:

- Incorporates education for prescribing gatekeepers, including physicians, advanced practice registered nurses, dentists, and physician assistants, related to prescribing controlled substances and pain management. This will increase awareness of the dangers associated with access to large caches of these highly addictive medications.

- Ensures that every pharmacy, nonresident pharmacy, outpatient pharmacy, and dispenser participates fully in the Prescription Drug Monitoring Program, using real-time reporting of all controlled substance prescriptions dispensed. This is documented in research to curb the ability of individuals to obtain large quantities of medications by “doctor shopping,” which is the practice of visiting several different physicians to obtain multiple prescriptions.
- Requires patient record review prior to initially prescribing or continuing to prescribe large amounts of opioid. This will ensure prescribers and pharmacists have access to accurate, real-time prescription histories to aid them in making clinical decisions regarding whether to prescribe or dispense prescription drugs.
- Clarifies that prescribing an opioid antagonist (Narcan) to be used in the event of an overdose does not violate the standard of care for licensed health care professionals. Narcan is a safe, non-addictive medication used for decades by medical professionals to reverse opioid overdose. You cannot get high from Narcan. Anyone can be taught how to identify an opioid overdose and how to administer Narcan in just a few minutes. It should be at least as easy to get Narcan as it is to get the prescriptions. Ironically, willingness to prescribe narcotics for pain management, which can cause an overdose, has not been matched by a willingness to prescribe Narcan, which can reverse the overdose. It is not always lack of familiarity with the law that is stopping the prescriber; sometimes it is the fear that the prescriber will somehow be held accountable for some adverse consequence unrelated to the actual administration of Narcan. HB 6856 addresses this concern.
- Expands the pharmacist’s scope of practice to prescribe Narcan and other similar drugs to increase widespread availability of these lifesaving medications and address this epidemic by providing ease of access to a prescription that easily and safely reverses overdoses.

Finally, I am supportive of the proposed changes to the operation of the Connecticut Alcohol and Drug Policy Council. DMHAS is a co-chair of this council and has seen many favorable results from previous actions of this council including active planning, state agency collaborations and recommendations regarding practice implementation. I feel strongly that the re-constitution of this council as outlined in this bill, including the addition of people with lived experience and their family members will have great impact on the state’s ability to address the prescription drug abuse crisis we are currently facing.

We have one small technical change to suggest. The change is to current statutory language and not the new language we are proposing. In Sections 5 sub 12 the word “antagonist” should be changed to “agonist”. An “opioid antagonist” would be Narcan and this statutory reference is to methadone which is an opioid agonist.

Thank you for your time and attention to this matter. Favorable action on this bill will increase the likelihood of reduced prescription drug abuse and save lives of those misusing narcotics for pain management or struggling with addiction in our state. I would be happy to answer any questions you may have regarding this proposal.