

Chairman Crisco, Chairman Megna and Insurance and Real Estate Committee Members.

I am here to testify in favor of Proposed Bill 21 concerning coverage of abuse deterrent opioid analgesics. My name is Jack Malone and I am the President and Executive Director of the Southeastern Council on Alcoholism and Drug Dependence, a community based non-profit substance abuse treatment agency doing business in New London County.

It has been said that I am uniquely situated to speak in favor of this measure as a result of my personal study and examination of substance abuse in the southeastern corner of the state, the entire state and, indeed the nation. What is unique of my advocacy of this bill is that in the last decade I have found particular and purposeful reason to be hyper critical of the very same institutions that seek your approval on this matter. In this instance I am particular strange bedfellow.

Certainly I am enthusiastically in favor of this bill. I view this measure as an effort to correct a flawed program of manufacture and distribution of a new powerful pain medication demanded by this nation.

Unfortunately it was rushed onto the market with little consideration for the impact it would have on our communities. The mechanics of its delivery—telling the brain not to feel pain in other parts of the body---was an extraordinary enticement for anyone legitimately feeling or fearing pain. It was also a classic “new best thing” in the world of substance abuse. It changed the paradigm quickly and introduced a whole new segment off the population to the world of opiates. Some were unsuspecting and some were just happy to get their hands on a new, powerful pain medication.

Much has been written about those changes and the social cost. The economics were staggering. The details are worthy of a dissertation and two of my contemporaries in Connecticut have been elevated to the mantle of treatment industry experts on the topic.

I also can discuss at length the topics and would be pleased to do so for this body or anybody that will listen. This legislation is specific to a small piece of the problem and attends to amending the statutes to require health insurance policies to treat the next iteration of the drug as it did the first generation. Essentially allow the same co-pay and not a higher one.

My recommendation to the Committee is that you could not do it fast enough. It does not fix the problem entirely but it fixes a small piece of the problem. Central to the abuse of powerful opioid analgesics was the ease in which young people could get an intense opiate high simply by circumventing the time release element of the pill. Similarly, cooking the pill down in liquid in preparation for intravenous injection was another form of pill manipulation that offered an equally strong opiate high. The foolhardy notion of all the manipulation was that it was easier, cleaner and safer than using heroin. I can tell you that is not the case and there is plenty of qualified study that showed that manipulation would swiftly lead to intravenous heroin use.

The new iteration of these powerful pain medications now eliminates the ability to circumvent the time release element. That will prevent people from abusing them. Not all but most addicted to opiates have no time and do not want to bother with a pain reliever that only relieves pain over an eight hour period. They want to get really high—really ast. Similarly, no addict is going spend \$40 or \$60 on the street for a pill that cannot be rendered from a solid to a liquid in preparation for injection. They won't do it.

This does not solve the problem. It solves a small piece of the problem. I applaud the efforts of the manufacturers. I just wish these mechanisms were incorporated into the original product. Thousands and thousands of young men and women became addicted to these medications. Scores died because of their addiction. That is a very real sadness that I have seen all too often. No man or woman engaged in my profession will say they have a solution to the enormous problem of addiction and substance abuse in our society. Any one of them, including myself, would say give us something—anything--any help. This is one of those efforts. If it prevents one person from becoming addicted that would be a measure of success attributed to this body.

This one action appears to be very simple. Make the effort to ensure a new a safer medication is not costlier and is regarded as favorable and necessary.

Thank you for your time and attention to my testimony and I would be more than happy to expand on any element of this presentation.

**Jack Malone
President and Executive Director
Southeastern Council on Alcoholism
And Drug Dependence, INC. (S.C.A.D.D.)
37 Camp Mooween Road
Lebanon, CT 06249
February 5, 2015**