



**Testimony in support of
HB 6279 and 6365 Acts Concerning the Prescription Drug Monitoring Program
4 March 2015**

Senator Gerratana, Representative Ritter, and members of the committee, my name is Shawn Lang, and I'm the Deputy Director of Programs and Policy with AIDS CT, CT's only statewide organization whose sole focus is HIV/AIDS. I also convened and chair the CT Opioid Overdose Prevention Workgroup, which has been meeting for over two years to increase awareness about, and expand access to Naloxone, an opioid antagonist which reverses opiate overdoses.

The Opioid Overdose Prevention Workgroup is statewide and has multi-disciplinary, cross department participation. The workgroup is open and current participating partners include the Connecticut Departments of Mental Health and Addiction Services, Public Health, and Correction; the Connecticut Prevention Network; APT Foundation; AIDS Connecticut; Walgreen; researchers from Yale and Brown Universities; Recovery Network of Programs; and Medical Doctors. The goals of the group are to raise awareness about Naloxone, provide education to prescribers to increase access to and availability of Naloxone, and look at other states policies to continue to make additional positive changes here in CT.

I'm here to testify in support of **HB 6279 and 6365 Acts Concerning the Prescription Drug Monitoring Program.**

From 2009 –2014, there were **over 2,000 accidental and unintentional opioid involved deaths that occurred in 150 of our 169 cities and towns.** In the past, heroin deaths have stayed steady while deaths attributed to prescription opiates rose. In our preliminary analysis of current data, we've seen a change in that trend with Heroin deaths rising. The simple explanation is that Oxycodone was reformulated in 2011 to make it more difficult to crush it in order to snort or inject it, so people who had become addicted to prescription opiates turned to Heroin which is cheaper, plentiful and easier to purchase.

Addiction is a multi-faceted and complex issue that requires better and more treatment options, as well as a coordinated, multi-pronged approach which must include strengthening the PDMP, expanding and making Naloxone access easier, as well as developing and monitoring a uniform data collection tool for Naloxone distribution and refills.

While the majority of prescription opioid users do not become heroin users, research found that approximately 3 out of 4 new heroin users report as having abused prescription opioids prior to using heroin.

Establishing, strengthening and monitoring an effective Prescription Drug Monitoring Program, with uniform data collection elements that could be shared across state lines, would be a strong, frontline defense.

Currently, while prescribers are required to register for the PDMP, only approximately 20% do. And, of that 20%, even fewer utilize it. This makes it much easier for someone seeking opiates to get prescriptions across multiple providers and across state lines.

Most prescribers in the state are not certified in pain management. This means that doctors, dentists, APRNs, etal, are providing prescriptions for potentially dangerous opiates, without providing a proper screening for, or education about potential misuse/abuse, nor do they routinely prescribe Naloxone to reverse an unintentional or accidental opiate overdose.

Please join us in supporting strengthening the state's PDMP as one more tool to strengthen our state's role in addressing the opiate addiction epidemic.

Thank you.

Shawn M. Lang, Deputy Director of Programs and Policy, AIDS CT
860.247.2437 X319
slang@aids-ct.org