



Testimony Public Health Committee

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Good afternoon 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 the AIDS Connecticut (ACT), and chair of the CT Opioid Overdose Prevention Workgroup.

I'm testifying in support of HB 6857, An Act Concerning Substance Abuse and Opioid Overdose Prevention.

Between 2009 –2014, there were **over 2,000 accidental and unintentional opioid involved deaths that occurred in 150 of Connecticut's 169 cities and towns.** Nationwide, 18- to 24-year-olds are more likely to die from drug overdoses, primarily from prescription pain relievers, than from motor vehicle accidents.

Connecticut residents can be proud of the fact that we have a statute that allows for access to Naloxone for overdose reversal and we have a Good Samaritan law that protects someone from arrest if they call 911 to save a life while in possession of drug paraphernalia. Narcan has no street value, few if any side effects, can be administered either nasally or intramuscularly, and is much safer to administer than an Epi-pen. Narcan provides a 30- to 90-minute window of opportunity to call 911 and get someone to the emergency room. Governor Malloy's bill further strengthens existing efforts to combat opiate misuse and overdose in four ways.

First, requiring prescribers to have education on prescribing controlled substances and pain management. Currently, there are only a few certified pain management prescribers in the state. Yet, patients receive prescriptions for opiates without a screening for potential misuse, or history of substance use; education about potential dangers of opioids; or a corresponding prescription for Naloxone in case of an accidental overdose. Enhancing prescriber's education by including CME would help ensure more informed prescriptions being written.

He is also calling for strengthening the state's Prescription Drug Monitoring Program (PDMP). **HB 5876** requires real-time reporting and mandates that a practitioner, or the practitioner's delegate who is a licensed

health care professional, check the PDMP before prescribing more than a 72-hour supply of a controlled substance.

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

The proposal requires all pharmacies in Connecticut to report the dispensing of prescriptions for all controlled substances immediately – rather than weekly – through the state’s prescription monitoring program (PMP), helping ensure that prescribers have accurate, real-time data for treatment decisions. Third, this legislation will allow pharmacists to prescribe and dispense Naloxone. **Naloxone** is the life-saving antidote to an opioid overdose. It is a short acting medication which revives a persons within a minutes and allows a window of opportunity to access medical help. Naloxone has no street value, little to no side effects, and has a lower incidence of adverse reactions than an Epi-pen, antibiotics or Aspirin.

Unlike many other medications, Naloxone cannot be abused, or misused. Used in hospitals and ambulances for decades, the medication has no abuse potential.

Connecticut law allows for anyone to be prescribed Naloxone. However, the Governor’s proposal would increase access to Naloxone by expanding pharmacists’ scope of practice by allowing them, after being certified and trained by the Department of Consumer Protection, to prescribe Naloxone. It also clarifies that prescriptions written by pharmacists can be covered by health insurance, eliminating this financial barrier.

And finally, the Governor is reconvening the Alcohol and Drug Policy Council to focus on addiction in Connecticut and inform the Governor and General Assembly on future policy changes and public awareness strategies necessary to combat addiction. The National Institute on Drug Abuse (NIDA) reports that the relapse rate for drug addiction is 40 to 60 percent. Clearly, something different needs to be done.

Please join us in supporting HB 6856. I’d be happy to answer any questions you might have.

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