

Testimony of Rayallen Bergman, B.S.

H.B. No. 5301 AN ACT CONCERNING OPIOID ANALGESIC PRESCRIPTIONS ISSUED TO MINORS. MARCH 3, 2016 COMMITTEE ON CHILDREN PUBLIC HEARING

Good afternoon Co-Chairs Bartolomeo & Urban, Senator Bye, Senator Hampton and committee members. My name is Rayallen Bergman and I am the Prevention Program Coordinator for Southeastern Regional Action Council. Our region we cover is the 20 towns in New London County. My testimony today is in support of H.B No. 5301 which requires prescribing practitioners to obtain parental consent for opioid analgesic prescriptions issued to patients under the age of eighteen.

It is well documented in the science of prevention, that delaying the onset of substance use and abuse, significantly decreases the rates of dependence into young adulthood. We thoroughly understand the impact of opiates abuse, which is affecting people from various socioeconomic backgrounds (with much coverage in our region of Southeastern CT). It is widely accepted that prescription pain killer abuse is linked to Heroin use. The proposed bill will encourage parents to have conversations with their children about possible addiction, and enhance prevention methods in prescription drug abuse.

A necessary item included in this bill will be the assessment of patients' current behavioral health status when presenting in the doctor's office; assessment can consist mental health and substance use brief screening tool, etc... While working in the field of prevention, the rates of substance abuse and mental health co-existing are well documented. The rates are consistently around 90% in co-occurring disorder diagnosis.

The requirement of a parent or guardian to consent and establish responsibility in the care for youth, is needed to shift the existing system of care. In current experiences, parents are not required to be present in appointments or consulted when prescribing treatment guidelines. Their input is important to reinforce a connected system of care.

It is well documented that opiates have great potential for dependence to any individuals using the substance, (medicinally or not); this warning is overlooked when treating with these substances. Opioid dependence is a medical condition described as compulsive abuse of opium-like substances, and I would underline abuse of opium based due to their availability. The developed dependence on opiates includes psychological and physical dependence, affecting a variety of systems in the body such as nervous, digestive and muscular systems. Dependence rates significantly increase when the individual has diagnosed or undiagnosed mental illness. The warning should note that at this point, most mental illnesses are not diagnosed until young adulthood. The conversation of this potential for abuse should occur with prescriber, caregiver and youth patient. There are simple and easy tools, educating on prescription abuse, already in existence. This can simplify this step while streamlining the process.

The review of refills guidelines, will reinforce that the prescription is for a set quantity, for that individual patient. The patient can be guided to fill the quantity as needed, not as desired. This keeps the Prescriber more engaged in the follow-up to care while setting clear limitations on

dosage and duration of care. The doctor can note the conversation and limits set for patient, in the Prescription Monitoring System.

Requiring guardian signatures is an obvious step that should have been in place well before this hearing. Prior to the proposal of this process, there was no guardian identified to oversee the safe and proper administration of these controlled substances at home. This section of the bill will engage parents or guardians in the responsibility for administering medications to youth. This closes the gap in treatment left between patient and prescriber, lacking follow up once the youth patient leaves the office.

In CT, prescription drug abuse continues to be a problem, including misuse of prescribed medications and recreational use of meds not prescribed. SERAC has surveyed nearly 20, 000 youth, from 7-12th grade in New London County from 2006-2015. Rates of youth that have misused prescription pain killers hovered around 11% in our region. This peaked in 2012, which rose above 14% and in 2015 our rate is 10% in Southeastern CT. Looking at National data, about 1.9 million people had a disorder involving the misuse of prescription painkillers, according to September 2015 report by the Substance Abuse and Mental Health Services Administration (SAMHSA). Due to the abuse of opiates and the disturbing increase of overdoses related to opiate use, Southeastern Regional Action Council and other Regional Action Councils across CT have supported the access of Naloxone, better known as Narcan. Regional Action Councils in CT have also distributed the information regarding legislation around Naloxone. SERAC has also been strategic in developing community forums with experts in the field of prevention, treatment and recovery to discuss this issue directly.

Approving this bill will establish a substantial barrier to youth accessing these risky medications, engage guardians in their youth's treatment plans and enhance current prevention methods in prescription drug abuse.

Rayallen Bergman, B.S.

Program Coordinator

Southeastern Regional Action Council