



## State of Connecticut

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### **Testimony in support of SB-353: An Act Concerning Opioid Abuse Public Health Committee March 7, 2016**

Good Afternoon Co-Chairs Senator Gerratana, Representative Ritter; Ranking Members Senator Markley, Representative Srinivasan; and distinguished members of the Public Health Committee. Thank you for raising this bill and allowing me to submit testimony in support of *HB 353 An Act Concerning Opioid Abuse*.

While the tragedies of opiate overdose deaths has reached epic proportions in Connecticut this year, the problems associated with prescription drug abuse by teens and young adults has been growing for a long time. In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills. Americans, constituting only 4.6% of the world's population, have been consuming 80% of the global opioid supply, and 99% of the global hydrocodone supply.

I proposed a bill last year in an attempt to restrict dispensing opioids to anyone under the age of 25. We know that prescription medication is the primary link to heroin use. The rate of heroin overdose deaths nearly quadrupled from 2000 to 2013. Researchers at New York University found that three-quarters of high school heroin users took prescription opioids before using heroin. The prescribing rates for prescription opioids among adolescents and young adults nearly doubled from 1994 to 2007. Adolescents who used legitimately prescribed opioids before the 12th grade had an overall 33% greater risk for future opioid misuse, according to a longitudinal study. In addition, a consumer culture of "taking a pill for what ails you" and the perception of prescription drugs as less harmful than illicit drugs are other likely contributors to the problem. Teenagers feel invincible and when we give them prescriptions without consideration of safer alternatives for pain relief, we send a message to young people that these drugs are safe. That is why young people share prescription medications so freely. Putting restrictions on prescriptions, especially for people under the age of 25 is a sensible thing to do for addiction prevention. Every day, on average, 2,500 teens use prescription drugs to get high for the first time.

In August 2015 the Food and Drug Administration approved the powerful opioid OxyContin for children as young as 11. The FDA did this without appointing an advisory panel to discuss the risks and benefits, a process traditionally used when the agency faces a controversial decision. And then, just a few months later, in December, the FDA ruled to restrict use of sunlamp products to individuals 18 and older. If we can agree that the risks of skin cancer warrant such action, we must agree that this epidemic of overdose deaths requires 100% of our effort to find solutions.

A single legislative bill will not by itself solve this problem. We need better labelling and consumer education and warnings at the time of dispensing, because all these drugs have complicated names, including generics that create confusion for the public. There needs to be take-back and education programs at all pharmacies to reduce the number of unused pills in medicine cabinets. We need to find ways to identify misuse of prescriptions by teens and have resources to assist families at earlier stages of abuse. We need a collaborative effort of government, physician and nursing groups, hospital associations, and public health representatives to create the many changes we need to protect our young people. Four in five new heroin users started out misusing prescription painkillers. As a consequence, the rate of heroin overdose deaths nearly quadrupled from 2000 to 2013. This bill is a good start and I will support it and urge my colleagues to do so as well.

Thank you for receiving my testimony on SB-353.