

To Whom It May Concern:

I am the mother of a 26 year old who has been struggling with heroin addiction for 8 years and a retired DMHAS employee. My son was repeatedly denied treatment and detox by Anthem as opiate withdrawal is not life threatening and he did not meet their "level of care" requirements. We were forced to have him arrested to access treatment. For a period of time, he was on Medicaid, which allowed him access to services; however it was very difficult to find openings in detoxes, treatment programs, or sober houses and quality of care often was poor.

He has been on MAT, with longest period of sobriety on Vivitrol. Problem is need to be off opiates 7-10 days before shot; best to access while incarcerated or in treatment. Suboxone providers are limited; quite often do not take insurance and do not prescribe responsibly, leading to misuse. Methadone not practical as daily trips to clinic not realistic for many; environment unhealthy, and it presents health risks and withdrawal as painful as heroin Narcan should be available to all first responders, police, fire, and EMS. Living in a small town of Oxford, with volunteer fire dept, Valley EMS, the first to arrive should be able to administer narcan. At the time according to national report only 8 communities in CT and state police carry narcan. How awful to respond to an emergency with no equipment to save lives

I support this bill in providing more options for treatment and supportive living for addicts; better policies for prescribing and administering opiate antagonists, and law enforcement/legal efforts to promote recovery rather incarceration.

Sincerely,
Susan Schiavi

Sent from my iPhone

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