



## Prescription Opioid Drug Abuse

### What Are Prescription Opioids and Opioid Antagonists?

Prescription opioid drugs (also referred to as “opioid analgesics”) are used to treat moderate to severe pain. According to the federal Centers for Disease Control and Prevention (CDC), the most common prescription opioid drugs are methadone, oxycodone, hydrocodone, fentanyl, morphine, and codeine. (Heroin is an illegal opioid drug synthesized from morphine.)

Opioid antagonists (e.g., Naloxone hydrochloride or Narcan) block the effect of opioids and are often used to treat drug overdoses.

### Who Can Prescribe Them?

Connecticut law allows various health care providers to prescribe opioids and opioid antagonists within their professional scope of practice, including physicians, APRNs, dentists, nurse-midwives, optometrists, PAs, podiatrists, and veterinarians. Additionally, pharmacists can prescribe opioid antagonists if they receive a special certification and training to do so.

*This Issue Brief has been updated by [2018-R-0342](#).*

### Recent Connecticut Legislation

Like many other states, Connecticut is facing an increase in the number of emergency room visits and drug overdose deaths involving prescription opioid drugs. In recent years, the legislature has implemented various policies to reduce and prevent opioid drug abuse. The following are a few examples of recent legislation:

#### **Seven-Day Limit on Opioid Drug Prescriptions**

[PA 16-43](#) generally prohibits a prescribing practitioner authorized to prescribe an opioid drug from issuing a prescription for more than a seven-day supply to (1) a minor at any time or (2) an adult for first-time outpatient use. There is an exception if the prescriber, in his or her professional judgment, determines a longer prescription is necessary.

#### **Opioid Antagonist Good Samaritan Law**

[PA 16-43](#) provides civil and criminal immunity to any licensed health care professional who administers an opioid antagonist to treat or prevent a drug overdose. Prior law limited this immunity to health care professionals authorized to prescribe an opioid antagonist.

#### **Prescription Drug Monitoring Program (PDMP)**

[PA 16-43](#) made various changes to the state’s electronic PDMP, such as (1) expanding who can serve as a prescriber’s authorized agent, (2) modifying reporting deadlines, and (3) decreasing required prescriber reviews for prolonged treatment with schedule V nonnarcotic drugs.

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## Connecticut Accidental Drug Intoxication Deaths, 2012-2016

	2012	2013	2014	2015	2016 <sup>1</sup>
<b>Accidental Drug Intoxication Deaths<sup>2</sup></b>	<b>357</b>	<b>495</b>	<b>568</b>	<b>729</b>	<b>888</b>
<i>Heroin, morphine, and/or codeine detected</i>	195	286	349	445	528
<i>Oxycodone in any death</i>	71	75	107	95	104
<i>Methadone in any death</i>	33	48	51	71	78
<i>Hydrocodone in any death</i>	15	19	15	20	20
<i>Fentanyl in any death</i>	14	37	75	188	446
<i>Any opioid and benzodiazepine</i>	41	60	140	221	224
<i>Hydromorphone</i>	1	0	12	17	18

Source: [Connecticut Office of the Chief Medical Examiner](#)

<sup>1</sup> Projected

<sup>2</sup> Data does not include pure alcohol intoxications; some deaths involved multiple drugs and may include alcohol and non-opioid drugs

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The PDMP collects prescription information from pharmacies and dispensing practitioners on schedules II through V controlled substances to prevent improper drug use or prescriptions.

### **Health Insurance Prior Authorization for Opioid Antagonists**

[PA 16-43](#) prohibits certain individual and group health insurance policies from requiring prior authorization for coverage of opioid antagonists, starting January 1, 2017.

### **Local Emergency Medical Services (EMS) Plans**

[PA 16-43](#) requires each municipality to amend its local EMS plan to ensure that the EMS responder likely to be the first person to arrive at a medical emergency is equipped with an opioid antagonist

and has received Department of Public Health-approved training in administering it.



### **Continuing Medical Education**

[PA 15-198](#) requires physicians, APRNs, PAs, and dentists to take continuing education in pain management and prescribing controlled substances.

**Learn  
More**

“Connecticut’s Opioid Drug Abuse Laws,” OLR Report [2016-R-0143](#)

“Prescription Drug Abuse,” OLR Report [2014-R-0233](#)

“State Strategies for Addressing Prescription Drug Abuse,” OLR Report [2014-R-0236](#)

