

Written Testimony in Support of S.B. No. 511 (RAISED) AN ACT CONCERNING OPIOIDS.

From:

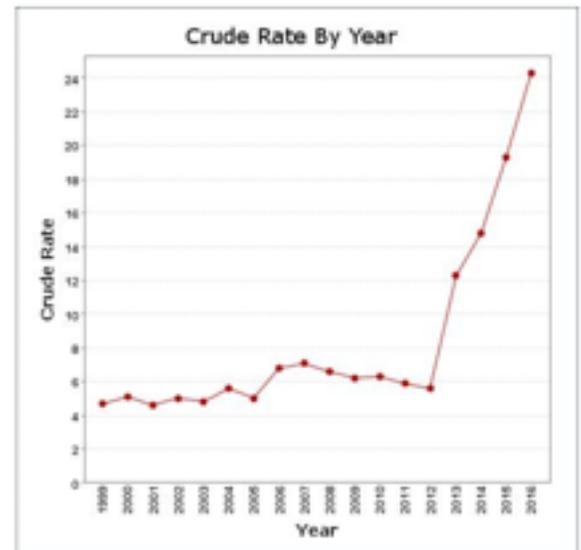
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I am requesting the Public Health Committee consider amending Section 3 of Raised Bill No. 511 - An Act Concerning Opioids - to include the development of a statewide uniform data reporting system to capture the demographics of prehospital naloxone use and opioid reversal outcomes.

I am a doctor at the West Haven VA and Yale New Haven Hospital who specializes in adult medicine, rheumatology and rural health. Before I was a doctor, I was a volunteer firefighter/EMT and an emergency room technician in rural King County in Washington State. The comments I share today are my own and do not represent the position of Yale University, Yale-New Haven Hospital, the Connecticut VA Healthcare System, or the Yale National Clinician Scholars Program.

Issue Summary:

Opiate-related fatalities have increased dramatically over the past 10 years. It is difficult to overstate the impact that opioid and opioid substances have had on the health of Connecticut citizens. Since 2012, Connecticut has seen opioid related overdose increase by over 400% (see Figure). In 2016, approximately 850 Connecticut residents died of opioid-related overdose. That's nearly twice the number of fatalities from car crashes and firearms-related deaths combined.



Recent legislative efforts have been made to combat opioid-related fatalities by increasing the availability of opioid-reversal agents (2014 House Bill 5487; 2015 Proposed House Bill 6658; 2016 Substitute Bills #352, 5053). Yet for many Connecticut residents suffering from Opioid Use Disorder, a **life-saving dose of an opioid reversal agent is only the beginning** of a long and challenging road to recovery. Without treatment, many suffering from this disorder will eventually return to opioid use. Some will accept transport to their local emergency department where overdose victims can be connected to care, thus improving their odds of recovery. **Yet others, following naloxone revival, may refuse an ambulance ride and opt to stay where they are.**

Importantly, just where, when, and how many Connecticut residents receive prehospital naloxone - and how many refuse transport - is not currently known. Early reports by Connecticut first responders suggest many people accept naloxone reversal kits (<http://bit.ly/2rVsZfz>). **However, because Connecticut lacks a unified emergency medical response reporting system, there is no way to assess first-responder naloxone reversal**

use. In short, we currently don't know just how many patients receive reversal treatment but refuse emergency room transport. **Yet each of these cases represent a potentially treatable instance of Opioid Use Disorder.**

Understanding where and when prehospital opioid overdose reversals occur is a necessary step toward providing effective, community-based treatment for opioid use disorder. For this reason, I am requesting the Public Health Committee consider amending Section 3 of *SB 511 - An Act Concerning Opioids* to include **the development of a statewide uniform data reporting system** to capture the demographics of prehospital naloxone use and opioid reversal outcomes.

Recommendation:

I strongly recommend the Public Health Committee amend Section 3 of *Raised Bill No. 511 - An Act Concerning Opioids* to include the development of a statewide uniform prehospital data reporting system to capture the demographics of prehospital naloxone use and opioid reversal outcomes.

Potential strengths:

- Capturing the essential demographics of prehospital naloxone use in Connecticut will provide essential information to public health officials on the regional and statewide rates of non-fatal opioid overdose. This will lead to a better and more actionable understanding of the opioid epidemic in Connecticut
- One potential use of a streamlined first-responder prehospital reporting tool, when coupled with a statewide public health surveillance system, is the real-time detection of opioid overdose outbreaks
- Tracking first-responder naloxone kit use may also be used to manage inventory, avoiding regional shortages

States with Similar Legislation:

- There is state-level legislative precedent for the uniform reporting of prehospital opioid reversal agents, most commonly as part of mandated opioid overdose laws. Example states include:
Arizona: <https://goo.gl/ab6bWb>
Florida: <https://goo.gl/EGb6vC>
Nevada: <https://goo.gl/iaR7Jq>
New Mexico: <https://goo.gl/yow8BW>
Rhode Island: <https://goo.gl/hnch82>
Tennessee: <https://goo.gl/KGBWCM>
Texas: <https://goo.gl/3beY4n>

Example Applications:

- Example internet- or smartphone-based reporting tools use reporting applications have been developed in both Rhode Island (<https://goo.gl/nP5uAz>) and Maryland (<http://www.hidta.org/odmap/>).
- Smartphone application data entry may be both automated and streamlined, both minimizing impact on first responder workflow and maximizing likelihood of use.

Thank you for considering a statewide uniform reporting system for prehospital naloxone use in Connecticut. The information collected through this system will provide public health officials with important, actionable information on non-fatal overdose - enabling intervention *before* it's too late.