



CITY OF WATERBURY FIRE DEPARTMENT

David J. Martin
Fire Chief

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Executive Officer
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Good Morning honorable co-chairs and committee members:

My name is Adam Rinko, I am the Director of Emergency Management for the City of Waterbury, and a member of Waterbury Mayor Neil M. O’Leary’s Opioid Task Force. I am here today to speak in support of Senate Bill No. 511 “An Act Concerning Opioids”. I would like to make brief remarks on Section 3 of the bill, “reporting of opioid overdoses”.

Since May of 2017 I have been cross assigned from the Fire Department to the Health Department to assist in the administration of the Connecticut Opioid Response Grant (C.O.R.E). Specifically I have been tasked with developing training, creating policy and analyzing field data to ensure that the City and our surrounding towns are maximizing response efforts in order to lower the dramatic increase in opioid related death.

The City of Waterbury has had relative success in the area of reducing opioid overdose and death. When comparing calendar year 2017 to calendar year 2016, the City of Waterbury saw a decrease of 4.5% in all opioid overdoses, and a decrease in fatal overdoses by 5.7%. While these may seem like small victories, Waterbury’s data offers hope when compared to the overall state of CT’s increase of 15.9% in fatal overdoses, and a nationwide increase of 14.4% during the same time periods.

The City of Waterbury has been able to obtain overdose data informally through strong relationship between its Fire, Police, Health, and Hospital partners. Without empirical data, we surmise that this reduction has occurred through a combination of factors including a large opioid information and awareness campaign, an extremely robust public access Narcan (Naloxone) training campaign, increased enforcement efforts, and increased admissions to DMHAS assisted treatment programs. We have come here today to ask you to support this legislation which would put another desperately needed resource in our toolbox to begin focused efforts for prevention rather than targeted reaction.

There are two very common questions that I receive when speaking on the issue of overdose reporting. The first and foremost question is why do we need it? Unfortunately, we currently operate on overdose data that is reported by the State Medical Examiner’s Office. This in essence is “death” data. We cannot save this group, nor can we help them. However, we can help those who have overdosed and survived. Any other data we currently use is obtained through personal or informal relationships. We need to positively identify this group of overdose survivors, and begin focusing our resources on them if we hope to realize a meaningful reduction in the fatal overdose rate. The tenant of our program here in Waterbury is, “live one more day for the possibility of treatment”.



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The second most common question I receive is “what will you specifically do with the data?” We will use this data for two primary purposes; the first will be to measure the extent of the problem that we face. An approximate 38% of persons who overdose in the City of Waterbury are not residents of Waterbury. Currently, there is no mechanism for public health, emergency medical services, or medical providers to inform the municipality of an overdose patient. This lack of mechanism hinders health department's understanding of the true rate of opioid substance abuse disorder in their community. While this near death event may have simply just occurred in Waterbury, having this reporting will allow municipal government and emergency responders with local jurisdictions to accurately measure the demographics and extent of the problem that they need to combat locally. The second use of this information will be to direct targeted demographic campaigns in a given municipality. Information such as residence city, age, ethnicity and the like will allow local health departments and districts to tailor their efforts to achieve maximum impact on those who are in the greatest need.

It is important to note that this reporting will also provide the framework for an “early warning” network in local jurisdictions to handle outbreaks of overdose in a quick and efficient manner. This problem, which particularly relates to Fentanyl and other synthetic opiates has seen deadly consequences in CT jurisdictions.

In closing, I look forward to the passage of this bill as it will enhance the capability of first responders and medical providers to address opioid abuse across the state. I would like to thank you again for your time and will eagerly entertain any questions the committee may have at this time.

Respectfully Submitted,

Adam S. Rinko,
Director of Emergency Management
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