



**Testimony of Dr. James Gill, Chief Medical Examiner**

**AN ACT CONCERNING OPIOID USE DISORDER (2019SB-01057)**

**March 25, 2019**

The OCME appreciates the opportunity to submit testimony concerning **SB01057 An Act Concerning Opioid Use Disorder**. We support this legislation and our testimony is offered to help define the opioid crisis from a medical examiner's perspective and explain how this legislation will help further our understanding of the crisis. The Connecticut OCME is a single, centralized, state-wide medical examiner system that investigates, to some extent, approximately 22,000 of the approximately 30,000 deaths that occur each year in Connecticut. By statute, all suspected drug intoxication deaths must be reported to the OCME. Following a review of medical records, scene investigation, and performance of an autopsy with detailed forensic toxicological testing, we determine the cause of death and issue a death certificate.

Death certificates are public health surveillance tools that identify and track specific causes and manners of death. Assessing the status of the current opioid crisis largely relies upon death certificate data and is an example of how it can be used to inform the public health. There is a no more categorical datum point than death, and death certificates disclose how the opioid crisis is changing, what new drugs are involved, and the effectiveness of new programs aimed to halt it. The number of people who overdose and survive is difficult to know because they may present to a variety of medical personnel across the State. Bill No. 1057 allows for better tracking of non-fatal overdoses by having medical personnel report them all to one State agency, the DPH.

In the last two years, the OCME has investigated and certified over 2,000 people who died from drug intoxications. More Connecticut residents are dying from accidental drug intoxications than the combined total of all homicides, suicides, and motor vehicle collision fatalities. The number of accidental drug intoxication deaths has nearly tripled in the past six years. Our death certificate data is available on the websites of the OCME (<https://www.ct.gov/ocme>) and the Connecticut Criminal Justice Policy and Planning Division of the Office of Policy and Management (Connecticut Open Portal Data, <http://arcg.is/1ejPz9>) which presents it geographically and by drug and age. This data demonstrates that accidental intoxication deaths spare no ethnic, sex, or geographic group. They broadly span ages from late teens to the mid-70s.

Analysis of death certificate data can show how the opioid crisis is changing (improving or worsening) and what drugs are involved (fentanyl vs. oxycodone vs. heroin). In Connecticut, there has been a dramatic increase in illicit fentanyl use. This is largely due to increased drug prevalence (illicit fentanyl and a variety of analogues which are made in clandestine labs) and potency which have caused fentanyl to surpass heroin as the most common drug detected in acute intoxication deaths in Connecticut (now involved in 75% of intoxication deaths in CT). The number of accidental drug intoxication deaths in 2018 was similar to that of 2017 which may represent a plateau. Is this leveling off because we are saving more people and/or because the number of overdoses (and therefore the number of people with active opioid use disorder) is decreasing? The DPH overdose data collection system proposed in this bill will help us to answer this question.

Figure 1. Types of Drugs by Year

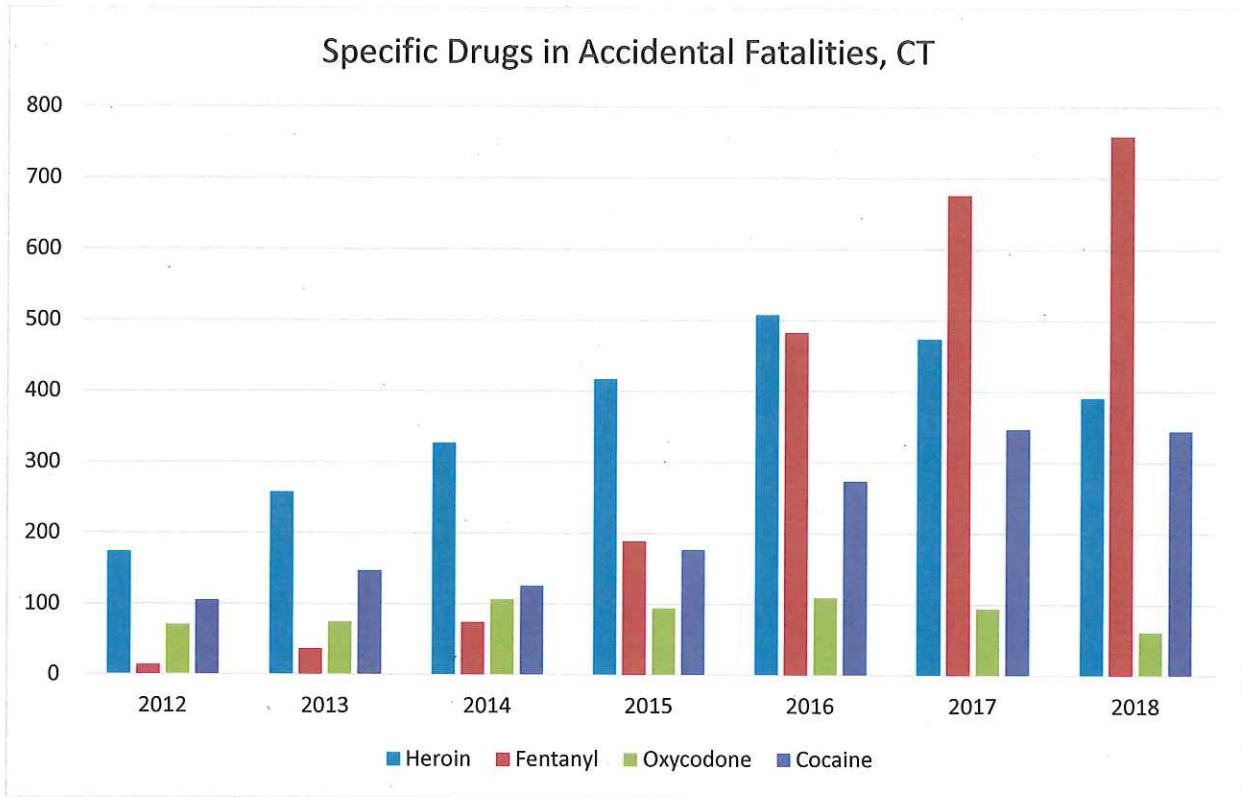


Table 2. Accidental drug intoxication deaths in Connecticut (2012-2018)

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Accidental Intoxication Deaths</b>	<b>357</b>	<b>495</b>	<b>568</b>	<b>729</b>	<b>917</b>	<b>1038</b>	<b>1017</b>
<b>Opioids</b>							
-Opioid in any death	298	419	513	663	861	961	<b>948</b>
-% intoxication deaths with an opioid	83%	85%	90%	91%	94%	93%	<b>93%</b>
-Heroin, Morphine, and/or Codeine detected	195	286	349	446	541	498	<b>407</b>
-Heroin in any death	174	258	327	417	508	474	<b>391</b>
-Heroin + Fentanyl	1	9	37	110	279	333	<b>303</b>
-Heroin + Cocaine	50	69	73	107	153	169	<b>134</b>
-Morphine/Opioid/Codeine NOS	21	28	22	29	33	24	<b>16</b>
-Oxycodone in any death	71	75	107	95	110	95	<b>62</b>
-Methadone in any death	33	48	51	71	84	99	<b>88</b>
-Hydrocodone in any death	15	19	15	20	20	15	<b>14</b>
-Fentanyl in any death	14	37	75	189	483	677	<b>760</b>
-Fentanyl + Cocaine	2	16	14	42	143	220	<b>270</b>
-Fentanyl + Prescription Opioid	4	7	14	23	72	75	<b>119</b>
-Fentanyl + Heroin	1	9	37	110	279	333	<b>303</b>
-Fentanyl/Opioid Analogues*				13	70	142	<b>254</b>
-Any Opioid + Benzodiazepine	41	60	140	221	232	313	<b>249</b>
-Hydromorphone	1	0	12	17	22	16	<b>9</b>
<b>Stimulants</b>							
-Cocaine in any death	105	147	126	177	274	347	<b>345</b>
-Amphetamine/Methamphetamine	7	5	11	20	19	37	<b>56</b>
-MDMA	0	0	2	1	1	3	<b>4</b>

\*These included fentanyl analogues such as Acetyl Fentanyl, Carfentanil, Furanyl Fentanyl, para-Fluorobutyryl Fentanyl, Butyryl Fentanyl, methoxyacetyl fentanyl, para-Fluoroisobutyrylfentanyl, Valeryl Fentanyl, and U-47700.

NOS, not otherwise specified