

WRITTEN TESTIMONY for PUBLIC SAFETY AND SECURITY COMMITTEE

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In Opposition to Raised HB 5583: AN ACT CONCERNING EMERGENCY INTERVENTION BY A POLICE OFFICER WHEN A PERSON SUFFERS AN OVERDOSE

Public Hearing: March 2, 2021

Good morning, Senator Bradley, Representative Horn and distinguished members of the Public Safety and Security Committee. I am Peter Canning. I have been a paramedic in Hartford for over twenty-five years. I am also the EMS Coordinator at UConn John Dempsey Hospital and have been actively involved in the EMS Statewide Opioid Report Directive (SWORD) tracking and collecting data on opioid overdoses. I am testifying today to oppose H.B. 5583 AN ACT CONCERNING EMERGENCY INTERVENTION BY A POLICE OFFICER WHEN A PERSON SUFFERS AN OVERDOSE.

According to SWORD data 95% of all nonfatal opioid overdose victims that receive an emergency medical response are currently transported to the hospital (1). Only five percent of overdoses victims refuse transportation. If a person is alert and oriented with stable oxygen saturation, after we give them a talk about the risk of not going to the hospitals for further medical evaluation, they can legally sign a refusal of transport. Those who are not alert and oriented or who are unstable, are always transported.

Most people who have been revived from an opioid overdose that are transported to the hospital are evaluated and discharged from the Emergency department within a couple of hours. We studied this in the Hartford Opioid Project, the predecessor to SWORD, and found 86% of those patients transported by ambulance to the ED were discharged from the ED (2). This included those who leave against medical

advice. It is important to understand that not all patients who seek rehabilitation once they are in the ED are able to be immediately placed in a rehabilitation facility. Many are sent home with a list of rehabilitation facilities and phone numbers to call in hopes that a bed may open up for them if they still desire to enter rehab.

Fortunately repeat overdoses are not common. We studied this for the first seven months of the SWORD project, and found only 11% of all patients in our data base suffered 2 or more overdoses in the seven month period (3). Our conclusion was the assumption that opioid users overdose repeatedly appears false. Clarifying this stigmatizing inaccuracy is important in understanding opioid overdose and directing resources towards addressing it.

Most opioid overdoses are accidents not willful events. Overdoses occur for two primary reasons. One, the person who overdoses has a lowered tolerance due to recent abstinence caused by time in rehabilitation, prison or by abstinence of their own choice. With lowered tolerance, many people cannot handle the amount they were previously used to using, and thus overdose. The second reason for overdose is the potency of the drug used. This is where fentanyl comes into play. Because fentanyl is 50 to 100 times stronger than heroin, far less active ingredient is used when mixed with cut or fillers. If batches are not properly mixed, which happens with fentanyl due to its tendency to clump, a \$4 bag can easily contain a lethal dose even for an experienced user.

Harm reduction workers, which include many of us in EMS, warn people not use to alone. We also urge people who use opioids to carry naloxone and to immediately call 911 if someone they are using with begins to show signs of overdose. I worry that if this bill passes, knowing that their partners will be taken into custody, people may fail to immediately call 911 when someone is overdosing. They may hope that their naloxone alone will reverse the overdose, or if they lack naloxone, they may first try home methods of drug reversal such as throwing ice in the person's pants or putting them in the shower

or bathtub. If their efforts fail and they then decide to call 911 as a last resort, precious time will have been lost before EMS is able to arrive to try to resuscitate them. We may be too late. I believe, however well-intentioned this bill is, more people may die if this bill passes than be helped by it. I urge you to vote against it.

1. Connecticut Statewide Reporting Directive data. June 1, 2019-February 28, 2021. Nonfatal transports.
2. Canning, P. McKay, C, et al. "Coordinated Surveillance of Opioid Overdoses in Hartford, Connecticut: A Pilot Project." *Connecticut Medicine*, Vol 83, No. 6, 293-299.
3. Canning, P, Doyon, S, Hart, K. Kamin, R., Kosciusko, M, Frequency of Multiple Opioid Overdoses per Individual in Connecticut During Seven Month Period, Abstract - New England Regional Meeting of the Society for Academic Emergency Medicine (SAEM) 2020