

**WRITTEN TESTIMONY for PUBLIC SAFETY AND SECURITY COMMITTEE via  
Email: [PSTestimony@cga.ct.gov](mailto:PSTestimony@cga.ct.gov)**

**Of Robert Heimer, PhD, Professor of Epidemiology, Yale University School of Public Health**

**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**

Chairpersons Horn and Bradley, Ranking Members Champagne and Green, and Distinguished Members of the Public Safety and Security Committee, thank you for the opportunity to provide public testimony. My name is Robert Heimer and I am Professor of Epidemiology, Yale University School of Public Health with a secondary appointment as Professor of Pharmacology at the Yale School of Medicine.

I write to you today in opposition of HB 5583: AN ACT CONCERNING EMERGENCY INTERVENTION BY A POLICE OFFICER WHEN A PERSON SUFFERS AN OVERDOSE. While the proposed bill may come from a place of good intentions, as it stands today, HB 5583 opens the opportunity to further criminalize and increase harms to people who use drugs. The impacts of the overdose crisis can be extremely painful; however, we cannot allow ill-designed laws that disregard public health evidence to guide policy.

My opposition is based on concerns in the domains of public health, civil liberties, and law enforcement.

From the standpoint of public health research, there is no evidence that laws that give police officers powers that include detaining individuals recovering from an overdose improve outcomes. After similar laws were enacted in Massachusetts, their Department of Public Health found that those who received involuntary treatment were more than twice as likely to die of opioid-related overdoses.<sup>1</sup> Furthermore, clients who received voluntary treatment had better treatment outcomes than clients who received involuntary treatment.<sup>2</sup> Limited evidence from less robust studies in other jurisdictions has is inconclusive, with some finding that compulsory treatment is beneficial while other studies demonstrate harm.<sup>3</sup>

There is no indication that any compulsory treatment under the statute would be evidence-based. For individuals with opioid use disorder, the gold standard, evidence-based treatment is opioid agonist medication. There is no guarantee that this treatment will be available to those detained as the legislation currently is written.

Further, the law proposed for Connecticut would serve to undermine public confidence in Connecticut's existing Good Samaritan Law (CGS § 52-557b). Rather than produce fruitful results related to drug use or substance use disorder for those refusing transport to the hospital post-overdose, it is likely to discourage the use of 911 in the event of an overdose. This will decrease the chances that effective, timely reversal is provided to the overdose victim.

Forced compliance in these cases, even if simply transporting someone to the emergency room, would also likely increase costs to hospital systems with little to show in return. These resources would be better invested elsewhere. After experiencing the trauma of overdose, no survivor should then suffer

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<sup>1</sup> <https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:e5497512-c5ab-4fa2-ade6-d051047cc869>

<sup>2</sup> <https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:e5497512-c5ab-4fa2-ade6-d051047cc869>

<sup>3</sup> [http://fileservr.idpc.net/library/compulsory\\_drug\\_treatment\\_effectiveness\\_werb\\_et\\_al.pdf](http://fileservr.idpc.net/library/compulsory_drug_treatment_effectiveness_werb_et_al.pdf)

the secondary trauma of being taken into law enforcement custody. Such actions may actually increase the likelihood of increased drug consumption and a subsequent, possibly fatal overdose.

From the standpoint of civil rights and liberties, the right to consent to or refuse care is a fundamental right of any patient which must not be eroded, no matter how much one may disagree. This legislation, if passed, would represent a step backwards in our efforts to manage substance use disorder as a treatable health condition. Should the wording of the statute indicate incarceration, there are additional concerns. Nationwide, drug overdose is the leading cause of death following a period of incarceration, and in the state of Connecticut more than half of those who died by overdose in 2016-2018 were formerly incarcerated.<sup>4</sup> It is critical that we protect the public's health, rather than facilitate poorer outcomes.

The wording "take a person into custody" is overly vague and of substantial concern. There is no indication in the legislation that overdose survivors who encounter compulsory treatment, incarceration, or forced hospitalization would receive evidence-based treatment.

From the standpoint of law enforcement, these services are already overburdened by the overdose crisis and police are not the appropriate actors to determine a survivor's need for medical care. Further, racial inequity in the criminal-legal system, including the enforcement of laws, has been well documented.<sup>5</sup> There is no indication in the bill regarding how this policy would be equitably and reasonably implemented, and not used as another tool of criminalization and coercion among communities of color.

In addition, the law if enacted would place police officers and the department that employs them at risk. Since police officers are unlikely to have the professional training to make medically informed decision, they may be open to lawsuits in the event that a decision has disastrous consequences. Such lawsuits might include officers' departments and municipalities with serious economic implications.

In conclusion, there is simply no evidence that this approach will produce any positive outcomes, either for the individual victim, the police officer, or the community. As the literature and evidence supporting harm reduction and decriminalization of drugs and the people who use them continues to grow more robust, I urge you to oppose HB 5583 which, if passed, will likely cause significant damage to the health and wellbeing of people who use drugs, worsen outcomes for people who experience an overdose, and exacerbate the opioid overdose crisis in Connecticut.

Thank you,



Robert Heimer, Ph.D.  
Professor of Epidemiology and of Pharmacology

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<sup>4</sup> [https://portal.ct.gov/-/media/OPM/CJPPD/CjCjpac/CJPAC-Presentations-Folder/2019-Presentations/Presentation- Kyle\\_CJPAC-OCT-2019.pdf?la=en](https://portal.ct.gov/-/media/OPM/CJPPD/CjCjpac/CJPAC-Presentations-Folder/2019-Presentations/Presentation- Kyle_CJPAC-OCT-2019.pdf?la=en)

<sup>5</sup> <https://www.sentencingproject.org/issues/racial-disparity/>