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**Testimony opposing HB 5583: An Act Concerning Emergency Intervention By A Police**  
**Officer When A Person Suffers An Overdose**  
**Public Safety and Security Committee**  
**March 2, 2021**

Dear Representative Horn, Senator Bradley, Senator Osten, Representative Paolillo, and distinguished members of the Public Safety and Security Committee,

My name is Francesca Maviglia. I am trained in public health and I currently work as a Fellow with the Global Health Justice Partnership (GHJP) at Yale Law School and School of Public Health. The GHJP conducts public health and policy research and advocacy on issues at the intersection of health and human rights; in particular, since 2017 we work in collaboration with the Sex Workers and Allies Network (SWAN) of New Haven to support their harm reduction activities and advocacy.

I am writing to testify in opposition to House Bill 5583 because I believe that if passed, it will be actively harmful to the health and rights of people who use substances and it will worsen the problem of fatal overdoses rather than ameliorate it.

I understand that the intention of the bill is to use overdose events as an opportunity for law enforcement to connect people to treatment services and needed medical care. However, doing so by taking people into custody is problematic and harmful for a series of reasons.

In the first place, involuntary treatment has been shown to be ineffective in fighting addiction. Some research has even shown that people with a history of involuntary treatment are at higher risk of non-fatal overdoses.<sup>1</sup> Therefore, forcibly bringing people who have experienced an overdose to treatment or medical services by taking them into custody will at best be ineffective in decreasing their risk of a future overdose and at worst actively harmful.

Arrest is often highly distressing and traumatizing. Being taken into custody would add to the trauma of the overdose itself and to the burden of unmet mental health needs and histories of trauma that many people who suffer from addiction already have. It may also make people less

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<sup>1</sup> Rafful, C., Orozco, R., Rangel, G., Davidson, P., Werb, D., Beletsky, L., and Strathdee, S. A. (2018) Increased non-fatal overdose risk associated with involuntary drug treatment in a longitudinal study with people who inject drugs. *Addiction*, 113: 1056– 1063. doi: 10.1111/add.14159.

likely to call emergency services if an overdose occurs again in the future: fear of arrest and interactions with law enforcement has been repeatedly shown to be a barrier that keeps people who witness an overdose from calling emergency services, even in states with Good Samaritan Laws, thus increasing the risk of fatal overdose.<sup>2</sup>

Research has also shown that individuals with a history of interactions with the criminal justice system (including being stopped by police, arrested, convicted, or incarcerated) are less likely to interact with medical, financial, labor market, and educational institutions.<sup>3</sup> Taking people into custody after they overdose may have a negative impact on their future access to medical care, employment, education, and so on – including access to substance treatment and harm reduction services.

In conclusion, post-overdose care must be compassionate, trauma-informed, and respectful of the rights and dignity of people who use substances. Interactions with the criminal justice system are traumatic and can trigger a chain of long-lasting consequences for many people; thus, coercing people into services through law enforcement is not an evidence-based approach and has a high potential to cause further harm. Increasing the accessibility of naloxone and providing trainings on overdose reversal to the community would be a more effective strategy to prevent overdose deaths. Expanding harm reduction services and in particular increasing the availability of drug test strips, which can be used find out the content of the substances before consumption in order to be able control to dosage appropriately, is an evidence-based overdose prevention strategy rooted in a public health approach.

For these reasons, I hope you will oppose House Bill 5583. Thank you for your time and consideration.

Respectfully,  
Francesca Maviglia

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<sup>2</sup> For one example among many of research on the topic, see: Johnson, L. T., & Shreve, T. (2020). The ecology of overdose mortality in Philadelphia. *Health & Place*, 66, 102430. <https://doi.org/10.1016/j.healthplace.2020.102430>

<sup>3</sup> Brayne, S. (2014). Surveillance and System Avoidance: Criminal Justice Contact and Institutional Attachment. *American Sociological Review*, 79(3), 367–391. <https://doi.org/10.1177/0003122414530398>