

S.B. 1285, AN ACT ESTABLISHING AN OVERDOSE PREVENTION CENTER PILOT PROGRAM

Peter Canning, Paramedic, Supports the Bill

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Connecticut should authorize overdose prevention centers, where people can use controlled substances under the supervision of trained staff. This will prevent unnecessary deaths. I've been a paramedic in Hartford for over 30 years. I've responded to fatal overdoses under bridges, behind locked public bathroom doors, in cars on dark streets, and in spare boarding house rooms. Like 91% of the 1329 people who died of overdose in Connecticut in 2023, these people died using alone.¹ All their deaths were preventable.

When an opioid overdose is recognized and naloxone, an opioid antagonist, is given before a person's heart stops beating from lack of oxygen, the result is life. The increasing public availability of naloxone has helped reduce fatal overdoses in our state by 32% since our rolling 12-month high set in November of 2021.² Today 24% of 911 overdose patients receive citizen naloxone before the arrival of emergency medical services.³ Now when I arrive on scene, instead of finding someone in cardiac arrest with family of friends desperately attempting CPR, I often witness them embracing a revived loved one. Unfortunately, there are too many other overdose victims who are not found in time. Lifeless for hours or even days, all I can do is confirm a strip of flatline on my heart monitor and put a sheet over their bodies. These are the people overdose prevention centers can help.

These sites are needed more than ever because our current illicit drug supply is toxic. Fentanyl, responsible for 92% of all opioid deaths in the state, is too strong for drug dealers, lacking sophisticated equipment, to mix to a consistent dose.⁴ A \$2 0.1 milligram bag of powder sold on the street may contain barely enough active ingredient for a person to feel any effect or it may contain a dose lethal even for the most experienced user. Despite the danger, too many people (driven by stigma and law) hide their use and they die because there is no one there for them when their breathing stops.

Connecticut state Senator Saud Anwar has introduced a bill to create a pilot overdose prevention center here in our state.⁵ Overdose prevention sites have been successful in other countries. Insite in Vancouver, Canada has had over 4.6 million visits since 2003, with 12,000 overdose reversals and not a single death.⁶ Onpoint established two centers in New York City in 2021 and to date has reversed over 1700 overdoses, again with no deaths.⁷

In 2022, I spoke on a panel with Sam Rivera, the man who started and runs the New York sites. He described the camaraderie that develops among the people who use drugs there. Instead of doing an extra bag, people talk with each other about the NBA finals. Women who avoided mirrors when they started coming there now wear makeup. The place is a community where people with substance use disorder feel safe. They no longer see themselves as junkies, the objects of scorn and stigma. People are called by their given names, not by generic slurs. They feel human. These supervised injection sites are not just a place where people can use drugs safely, but as the harm reduction activist Guy Felicella has said, "it's also a place to STOP using drugs."⁸ Trained staff are there to connect people with social services and for those who are ready, treatment and recovery. Research has shown these sites save

lives and money, and lead to a greater chance of users getting off drugs.^{9 10 11}They are places of transformation.

I once believed that drug use was a character flaw, but thanks to the lessons my patients who used drugs have taught me, I have learned not to judge the roads other people have traveled. Childhood trauma, sexual abuse, injury and mental health can all set someone down a path they could not have foreseen and one that is difficult to break free from. Addiction is a disease that must be fought with caring, patience and love.

The medical provider's Hippocratic oath says, "Into whatsoever house, I enter, I will enter to help to the sick." An overdose prevention center is a house of community, that represents the love our state is capable of offering some of its most vulnerable citizens. Let us choose life.

¹ Centers for Disease Control and Prevention, "SUDORS Dashboard: Fatal Drug Overdose Data," December 12, 2024, <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

² F. B. Ahmad, J. A. Cisewski, L. M. Rossen, and P. Sutton, "Provisional Drug Overdose Death Counts," National Center for Health Statistics, updated February 17, 2025, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

³ Connecticut Department of Public Health, "Statewide Opioid Reporting Directive (SWORD) 2023 Annual Report June 2023-May 2024," CT EMS SWORD Statewide Opioid Reporting Directive Newsletter, June 2024, https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/ems/pdf/sword/sword-newsletters/2024/swordjune2024nl_final.pdf?rev=66469c8db0314ddfafcd2ad1fde905b&hash=49BB26C6970CEAD94EDFA3E856563EB8

⁴ Connecticut Office of the Chief Medical Examiner, "Connecticut Accidental Drug Intoxication Deaths," Office of the Chief Medical Examiner, March 1, 2024, <https://portal.ct.gov/-/media/OCME/Statistics/Calendar-Years.pdf>

⁵ S.B. 1285, AN ACT ESTABLISHING AN OVERDOSE PREVENTION CENTER PILOT PROGRAM, <https://cga.ct.gov/2025/TOB/S/PDF/2025SB-01285-R00-SB.PDF>

⁶ Lori Culbert, "Inside the battle to open Insite 20 years ago, and why it never ended," Vancouver Sun, September 15, 2023, <https://vancouversun.com/health/inside-the-battle-to-open-insite-20-years-ago-and-why-it-never-ended>

⁷ Facher, Lev. "An NYC nonprofit has reversed 1,700 overdoses since 2021. Under Trump, it faces an uncertain future". statnews.com. Archived from the original on 2025-02-10. Retrieved 17 February 2025

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⁹ B. D. Marshall, M. J. Milloy, E. Wood, J. S. Montaner, and T. Kerr, "Reduction in Overdose Mortality After the Opening of North America's First Medically Supervised Safer Injecting Facility: A Retrospective Population-Based Study," *Lancet* 377, no. 9775 (April 2011):1429–37, [https://doi.org/10.1016/S0140-6736\(10\)62353-7](https://doi.org/10.1016/S0140-6736(10)62353-7)

¹⁰ H. Hagan, J. P. McGough, H. Thiede, S. Hopkins, J. Duchin, and E. R. Alexander, "Reduced Injection Frequency and Increased Entry and Retention in Drug Treatment Associated with Needle-Exchange Participation in Seattle Drug Injectors," *Journal of Substance Abuse Treatment* 19, no. 3 (October 2000): 247–52, [https://doi.org/10.1016/s0740-5472\(00\)00104-5](https://doi.org/10.1016/s0740-5472(00)00104-5)

¹¹ A. Irwin, E. Jozaghi, B. W. Weir, S. Allen, A. Lindsay, S. Sherman., "Mitigating the Heroin Crisis in Baltimore, MD, USA: A Cost-Benefit Analysis of a Hypothetical Supervised Injection Facility," *Harm Reduction Journal* 14, 29 (2017), <https://doi.org/10.1186/s12954-017-0153-2>