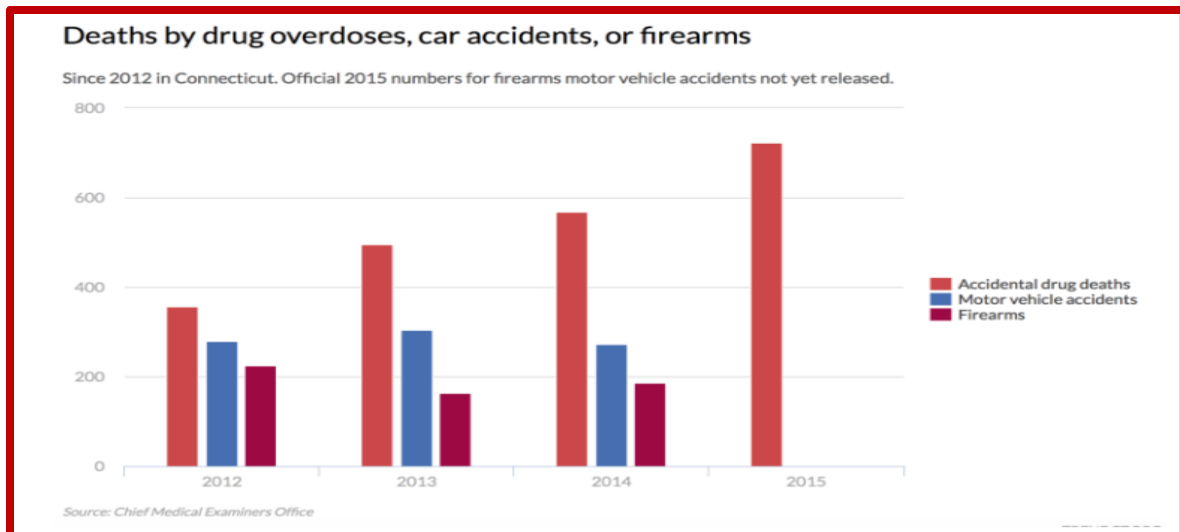
Legislative Breakfast 2017
December 18, 2017
9:30 AM to 11:30 AM
Jewish Community Center
1035 Newfield Ave., Stamford, CT 06905

TOPIC: OPIOID ABUSE

PROBLEM

1. Deaths related to opioids, heroin, fentanyl and related drugs have soared across the country; the death rate in the USA exceeded 53,000 people in 2016.
2. Drug overdose deaths also continue to soar in Connecticut, outnumbering deaths due to motor vehicle accidents or firearms



3. The impact of the massive addiction we are seeing in Connecticut and across the country exceeds that of just human loss and suffering. It also has costs in terms of lost productivity, increased health care costs and expanded child abuse & neglect costs along with associated child and family assistance expenditures; it also has increased costs associated with the criminal justice system and education system interventions.
4. During the 1st three months of 2016, on average, 2.3 people died from drugs in Connecticut <u>each day</u>; there were 208 overdose deaths in the 1st three months of 2016.

This trending surpassed that seen in 2015. The largest increase in drug deaths in Connecticut was related to Fentanyl, a synthetic opioid.

5. Trending of drug-related deaths in Connecticut is highly alarming when viewed over a span of 5 years:
    a. Fentanyl:
        - 2012: 14 deaths
        - 2013: 37 deaths
        - 2014: 75 deaths
        - 2015: 188 deaths
        - 2016: 332 deaths (projected)

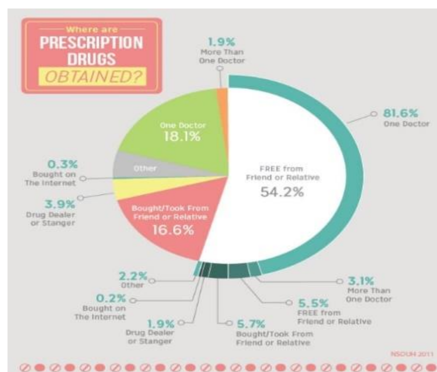
    b. Heroin:
        - 2012: 174 deaths
        - 2013: 258 deaths
        - 2014: 327 deaths
        - 2015: 416 deaths
        - 2016: 440 deaths (projected)

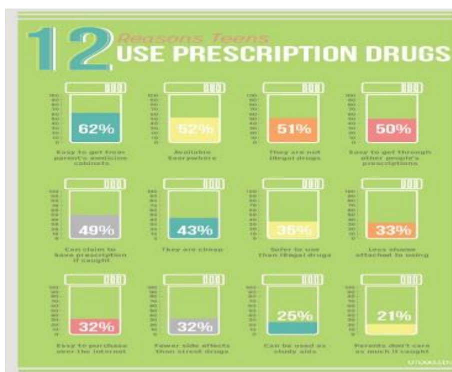
    c. All drugs:
        - 2012: 357 deaths
        - 2013: 495 deaths
        - 2014: 568 deaths
        - 2015: 729 deaths
        - 2016: 826 deaths (projected)

6. It is important that local Health Departments have overdose data in real time in order to understand the prevalence of a problem as it is occurring. A basic requirement for local health, and one of the statutorily mandated "Essential Services", is to monitor the health status of the community they serve so that timely interventions may be made. An example of this is the wide ranging scope of responsibilities associated with the mandated reporting of and local health response to ***lead poisoning***, which unlike drug overdoses, does not usually have death as a potential outcome.

7. One reason given by DPH for not adding overdoses to the list of reportable diseases or conditions is that a drug overdose does not fit the "infectious disease" criteria that was the original basis for the development of the list. It is important to realize that lead poisoning, carbon monoxide poisoning, botulism, tetanus, and silicosis, among others, are all mandated reportable conditions that are not infectious or communicable diseases. ***See attached*** *which includes letter from DPH on changes to reportable diseases, minutes of DPH Advisory meeting where this was discussed, letters of support to include drug overdoses as a reportable disease.*

8. Real-time surveillance of all overdose events will help to inform appropriate responses to prevent overdose events and deaths, and can help to address fundamental questions about the epidemic such as the number of individuals who are switching to products with fentanyl adulterants**. Source: Recent Johns Hopkins report (see section 6 – pg 8)** **https://www.jhsph.edu/events/2017/americas-opioid-epidemic/report/2017-JohnsHopkins-Opioid-digital.pdf**
9. Because all states have a system by which certain diseases and conditions are required to be reported to the state health department, typically within a relatively short period of time, *adding non-fatal overdose to the list of reportable conditions* may be an effective and cost-effective way of improving access to this important data. **Source: Network for Public Health Law- Overdose Reporting Requirements** **https://www.networkforphl.org/_asset/nrlzcb/overdose-reporting-requirements.pdf**
10. The United States uses about 80 % of the world's prescribed opiates; we are the only country that permits direct drug marketing by pharmaceutical companies to the public.
11. It continues to be a data-supported fact that the vast majority of prescription drugs that become abused originate from legitimately obtained prescriptions. Once dispensed and in a home medicine cabinet they are readily confiscated and diverted by people abusing them for non-medical purposes. About 70 % of people who use diverted opioid prescription pain relievers report getting the pills from a friend or family member**. Source:** Johns Hopkins Bloomberg School of Public Health.





12. According to the Centers for Disease Control (CDC), past misuse of prescription opioids is the strongest risk factor for heroin initiation and use.

13. Accidental poisonings of very young children who get into household medications is also a growing problem; "The top culprits were narcotic (opioid) painkillers such as OxyContin/ Oxycodone, Percocet and Vicodin as well as drugs used to treat addiction to opioids (Norton 2014). **<u>This type of accidental poisoning of our little children is directly related to the rise in opioid prescription abuse. (9,500)</u>**

14. The Centers for Disease Control (CDC) reports that buprenorphine (a medicated used in "medication-assisted treatment" for opioid addiction) was **the most prevalent prescription poisoning for children**.

15. In Connecticut unwanted medications are turned in to local police departments across Connecticut and burned in growing amounts in an all-out effort to get opioids and other controlled substances out of circulation. The figures below depict the success of this program that started as a grass roots effort with this coalition

Connecticut Drop Box Collection Results by Year:

Year	Amount Burned (lbs.)
2012	3,639
2013	8,149
2014	15,930
2015	23,651
2016	33,803

Department of Consumer Protection 11-13-17

16. A recent study at John Hopkins University School of Medicine found that in regard to controlled substances ordered for pediatric surgery patients:
    - The patients only used an average of 34% of their dispensed drug
    - Only 7% of parents in the study disposed of their medicine. The remaining medications remained in their medicine cabinets.

17. Presently there are no mandated guidelines for the storage or disposal of medications used in someone's home during home care or hospice services, although hospices are required to instruct patients and/or their families about how to properly and safely dispose of medications after they are no longer in use. These controlled substances remain a source of diverted drugs for those addicted to opioids or who have discovered their street value. In health care facilities these medications are kept under strict storage requirements because of their potential diversion and misuse.

OUR QUESTIONS FOR YOU:

1. **Would you consider legislation to add drug overdoses under Reportable Diseases for Health Departments?**

2. **Would support a statewide guideline for emergency rooms for managing patients who present with opoid overdosing?**

   Rhode Island is the 1st State to have enacted this under the Alexander Perry and Brandon Goldner Act (Wagner, 2017). Yale New Haven is working on this. It includes the following basic components:

   - Follow the discharge planning standards as stated in current law
   - Administer standardized substance use disorder screening for all patients
   - Educate all patients who are prescribed opioids on safe storage and disposal
   - Dispense naloxone for patients who are at risk, according to a clear protocol
   - Offer peer recovery support services in the emergency department
   - Provides active referral to appropriate community provider(s)
   - Comply with requirement to report overdoses within 48 hours to RIDOH
   - Perform laboratory drug screening that includes fentanyl on patients who overdose

   Effective discharge planning and professional case mangement is especially important with this high-risk patient population, as are peer support programs.

3. **Would you support having access to the nasal talking Narcan dose dispensers in the same places where AEDs are now in place (schools and colleges, public gathering locations, restaurants and bars, etc.) so that fewer lives can be lost due to oversdoses?**

   Connecticut has passed a number of laws that increase access to narcan (Nalaxone), a life-saving opioid antagonist; to protect those that administer narcan; Prescription Monitoring Program; Prescription Drug Return Program; and it reconvened the Alcohol and Drug Policy Council to focus on reducing opioid overdose deaths and establishing goals for prevention, treatment and recovery for opioid addiction. (See Dube. (2017) on CT's Drug Abuse Laws.) Despite this, Connecticut's overdose deaths continue to increase and access to unused prescription drugs continues to be the #1 risk factor for heroin addiction. Right now it is a siloed problem and each individual school district/health department makes its own call making equal access to care for all an arbitrary issue.

4. **Would you support legislation to have all controlled substances packaged in blister packs**?

   This would allow ready visibility to see if a dose has not been given appropriately, and when

a dose is missing that should not be?

When controlled substances are placed in vials it is very hard
to identify if pills have been diverted or over-used, especially when the medication is being provided to someone who is not in a health care setting. This is especially valuable when the patient is older, possibly confused, and being cared for by another in a home care or hospice type of arrangement.

4. **Would you support requiring that all home health and home hospice providers have policies and procedures for the safe storage of opioid medications in the patient's home, as well as policies and procedures for their safe disposal?**

Increasingly CT residents are choosing to "age-in-place", with health care services provided at home rather than in an institutional setting such as a nursing home or assisted living facility . Home hospice is a similar situation, whereby large amounts of medications, many of them opioids, are unsecured in the patient's home inviting diversion and misuse. Ohio has similar legislation regarding hospice Ohio Bill 366. Please see:
https://legiscan.com/OH/text/HB366/2013

RESOURCES/REFERENCES

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