



# Opioids in Connecticut: A Primer and Legislative Update

Prepared for the Commission on Children by Christine Mayor, M.A., April 2016

## What are opioids?<sup>1</sup>

Opioids include legal prescriptions (hydrocodone, oxycodone, morphine, fentanyl, and codeine) and illegal substances (heroin, variety of synthetic drugs.) Traditionally prescribed to relieve pain as well as other symptoms, like control of coughs and diarrhea, they can be misused.

In the 2013 and 2014 National Survey on Drug Use and Health, more than half of those who misused prescription opioids got them for free from a relative or friend and 22.1% from a doctor. As opioids are used repeatedly, a person's tolerance increases and they may turn to the black market for more prescription drugs or switch to cheaper substitutes like heroin.

In addition, opioid pills sell for a minimum of \$30 up to several hundred dollars per pill, versus heroin's much cheaper \$10 per hit.

## Heroin Use

Can be snorted, smoked or injected. Most rapidly acting of the opioids and is highly addictive.

Symptoms of heroin use:

- euphoria, drowsiness, respiratory depression, constricted pupils, nausea, dry mouth;
- injection of heroin includes risk of abscess at the injection point, sepsis, hepatitis B & C, HIV.

Heroin addiction:

- 80% of heroin addicts started with painkillers<sup>2</sup>

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<sup>1</sup> Source: U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)

<sup>2</sup> HBO documentary: "Heroin: Cape Cod USA"

- Very difficult addiction to recover from, causing compulsive drug-seeking behavior, physical dependence, and tolerance which can lead to the need for increasing doses. 90% of heroin addicts relapse within the first year.
- The pain relief component is reinforcing, and can bind to many cells in the body, leading to the “pleasure pathway” that is activated when someone is addicted to drugs. Additionally, relief from emotional pain can be reinforcing – many individuals who have experienced trauma or loss are at higher risk for addiction once they begin with pain medication.
- Over time, causes brain changes where the brain stops making its own opiates. Therefore, the only way a person can feel better is by using more heroin. This can take months to years before normal functioning returns.

#### Withdrawal:

- Withdrawal can be severe, and can be as quickly as 4-6 hours after use and subside after a week.
- Symptoms: yawning and sleep difficulties, diarrhea, stomach pain or nausea/vomiting, weakness, muscle pains, increased sweating, anxiety or nervousness
- Even after withdrawal is done, person is likely to experience fatigue, depression, and cravings.

#### Heroin overdose symptoms:

- Slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and death
- Highest risk for overdose is after a period of abstinence, especially among new and/or younger users.

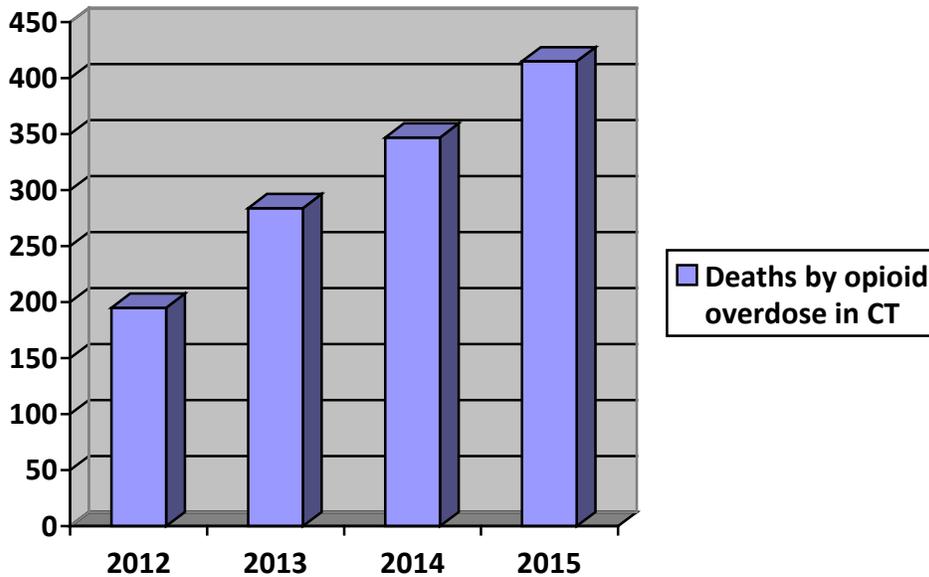
#### Impact of pregnant women using heroin:

- Withdrawal when pregnant can lead to fetal death.
- With opioids, including prescription pills, can lead to birth defects if taken in first trimester.
- With chronic untreated heroin use, increased risk of fetal growth restriction, fetal death, abruption placenta, preterm labor, etc.<sup>3</sup>
- Compulsive drug-seeking behavior in addicted pregnant women can also lead to other risk factors, including exposure to STIs, victims of violence, prostitution and other crime, incarceration, loss of child custody, homelessness, etc.
- Babies born addicted:
  - Hyperactivity of central and autonomic nervous system.
  - Poor feeding, irritability, low birth weight.
  - May go through withdrawal.

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<sup>3</sup> <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Opioid-Abuse-Dependence-and-Addiction-in-Pregnancy>

## Extent of the Problem



- 2015: 720 CT residents died of drug overdoses, including 415 from opioids (compared to opioid deaths 2012: 195; 2013: 284; 2014: 347)
- Large surge already in 2016, linked to Fentanyl overdoses – 12 overdoses in a two-day period in January 2016
- DHMS: drug overdose is the leading cause of death for males ages 18-25
- “Typical” heroin user in CT is white, male, and suburban

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### Prevalence in youth

- Approximately 1 out of every five 11<sup>th</sup>- grade students in southeastern Connecticut have misused a prescription pain medication to get high in 2012-2013.<sup>4</sup>
- Almost half of young adults 18-25 receiving substance abuse services are treated for opioid addiction (DHMAS, 2013.)
- National study, 2015<sup>5</sup>:
  - Opioids are easy to get and share: 1/3 say easy to acquire, with half of these saying they could do so within 24 hours
  - Nearly 1/3 know someone who has overdosed, yet 37.2% say they wouldn't know where to go for help if either they or someone they knew was experiencing an overdose
  - While the vast majority of 86.6% known that pain medication is addictive, nearly 1 in 6 would consider trying a pain pill that is not prescribed to them

<sup>4</sup> <https://www.cga.ct.gov/2015/phdata/tmy/2015HB-05906-R000311-Angela%20Rae%20Duhaim,%20M.A.,%20Southeastern%20Regional%20Action%20Council-TMY.PDF>

<sup>5</sup> <https://www.hazelden.org/web/public/document/youth-opioid-survey-report.pdf>

- 10.4% of all respondents report currently taking a prescription pain medication, commonly prescribed after surgeries (especially dental), or for short term or chronic pain, or for athletic injury
- Despite containing similar qualities of chemicals, youth consistently rated heroin at much higher danger than prescription pain medications

Where:

- Many shoreline communities
- More rural towns. There is a perception that it is just a problem in the big cities like Hartford, Waterbury, New Haven, Bridgeport, and Norwich. However, once adjusted per capita, smaller towns like North Canaan, Sharon, Sprague, Derby, New London, Franklin, Voluntown, Thompson, Westbrook, Harwinton, Washington, Windsor Locks, and Sherman show high levels of opioid overdoses and/or deaths per capita.<sup>6</sup>

## Pending 2016 Legislation

HB 5301: An Act Concerning Opioid Analgesic Prescriptions Issued to Minors

Sponsors: Reps. Roberta Willis, Ben McGorty, Mary Fritz, Theresa Conroy.

[http://cgalites/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which\\_year=2016&bill\\_num=HB05301](http://cgalites/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2016&bill_num=HB05301)

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- Would require parental consent for opioid prescriptions issued to patients under the age of 18.
- Practitioner would have to assess whether patient had ever suffered from psychiatric or substance-abuse disorder, as well as whether taking prescription meds for these disorders, before prescribing.
- Practitioner would have to discuss with patients and their parents the risk of addiction and overdose, as well as risks of taking with alcohol, benzos, or other central nervous system depressants.
- Would not apply if medical emergency, associated with surgery, takes place at another location (e.g. hospital, emergency facility, respite, etc.)

Status: Joint favorable reports out of the Committee on Children and the Committee on Public Health; sent to the House Calendar.

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<sup>6</sup> <http://trendct.org/2016/01/06/heroin-and-opioid-overdoses-on-the-rise-in-connecticut-towns/>

SB 5: An Act Establishing a Fee on the Manufacture, Distribution, Prescription, and Dispensation of Opioids.

Sponsors: Sen. Joseph Crisco, Rep. Mary Mushinsky.

<https://www.cga.ct.gov/2016/TOB/s/pdf/2016SB-00005-R01-SB.pdf>

- Title 12 to be amended to establish a fee on the manufacture, distribution, prescription, and dispensation of opioids.

Status: Joint Favorable Substitute out of FIN Committee, 4/1/16 filed with Legislative Commissioner's Office.

SB 129: An Act Requiring a Study of Abuse-Deterrent and Nonabuse-Deterrent Opioid Analgesics.

Sponsor: Public Health Committee, chaired by Sen. Terry Gerratana and Rep. Matthew Ritter.

[https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which\\_year=2016&bill\\_num=129](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2016&bill_num=129)

- Would require the insurance commissioner to study the abuse-deterrent and nonabuse-deterrent opioid analgesics, including:
  - health insurance coverage in Connecticut for each type;
  - frequency of dispensation of each type over 12 months preceding;
  - manufacturer cost comparisons;
  - comparisons of out of pocket expenses for each form; and
  - availability of generic versions;

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Status: Joint favorable reports out of the Public Health Committee and Insurance Committee; tabled for Senate calendar, file number 429.

SB 352: An Act Concerning Prescriptions for and the Dispensing of Opioid Antagonists and Opioid Drugs.

Sponsor: Public Health Committee, chaired by Sen. Terry Gerratana and Rep. Matthew Ritter.

[https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which\\_year=2016&bill\\_num=352](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2016&bill_num=352)

- Would allow for a prescriber to prescribe to a pharmacist a standing order for an opioid antagonist to any person at risk of experiencing an overdose or to family or friend to assist those at risk of an overdose.
- Antagonist would have to be administered by an intranasal application delivery system or auto-injection delivery system, approved by the U.S. Food and Drug Administration.
- When issuing a prescription for an opioid to an adult for first time, a prescriber could not issue more than a seven-day supply (unless specific condition, which must be documented, e.g. chronic pain associated with cancer diagnosis or palliative care.)

- For minors: also no more than a seven-day supply, and they would have to discuss the risks with parents or guardians.

Status: Joint favorable report out of the Committee on Public Health; Senate Calendar 318, File number 476.

#### HB 5053: An Act Increasing Access to Overdose Reversal Drugs

Introduced by: Senate President Martin Looney, Senate Majority Leader Bob Duff, House Speaker Brendan Sharkey, House Majority Leader Joseph Aresimowicz.

[https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill\\_num=HB05053&which\\_year=2016](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB05053&which_year=2016)

- Allows any licensed health care professional to administer opioid antagonist (like Narcan) to treat or prevent drug overdoses without being liable for action or violating professional standard of care (extension of existing Good Samaritan law.)
- Municipalities as of 1/1/2017 must have primary EMS providers to have training in administering opioid antagonists
- Prohibits insurance policies that provide prescription drug coverage for opioid antagonists from requiring prior authorization for drugs

Update: Joint Favorable (PH, PD, JUD), 4/6/16 tabled for the calendar house

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#### sHB 5537: An Act Concerning Revisions to the Public Health Statutes.

Introduced by: Public Health Committee

[https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill\\_num=HB05537&which\\_year=2016](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB05537&which_year=2016)

- Various revisions, but includes allowing licensed substance abuse treatment facilities providing methadone and related treatment to provide services to patients in nursing home facilities (rather than the patients having to go to the facility)

Update: Joint Favorable Substitute (PH), 4/7/16 filed as House Calendar 337

#### HB 5620: An Act Concerning Insurance Coverage for Opioid Analgesics and Requiring a Study of Impediments to Insurance Coverage for Substance Use Disorder Treatments.

Introduced by: Insurance & Real Estate Committee; Co-Sponsor: Kevin Kelly

[https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill\\_num=HB05620&which\\_year=2016](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB05620&which_year=2016)

- Prohibits health insurers from providing coverage for opioid analgesics for more than 30 day supply per prescription or refill
- Requires Insurance Commissioner to study impediments to receiving substance use disorder treatment:
  - Extent to which coverage is provided under policies
  - Types of treatment covered

- Requirements insured must meet for treatments to be covered
- Cost-sharing requirements for insured

Update: Joint Favorable (APP), 4/7/16 Filed with Legislative Commissioner's Office

sSB 0353: An Act Concerning Opioid Use Disorder.

Sponsors: Theresa Conroy, David Zoni, Cara Christine Pavalock, Sean Scanlon, Kevin Ryan, Robert Kane, Michelle Cook, Whit Betts, Melissa Ziobron, Art Linares, Mark Tweedie, Gayle Mulligan, Joseph Gresko, Michael McLachlan, Henri Martin, Mary Mushinsky

[https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill\\_num=SB00353&which\\_year=2016](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=SB00353&which_year=2016)

- Adds up to 6 members to the state's Alcohol and Drug Policy Council (licensed alcohol and drug counselor - LADC, pharmacist, 2 municipal police chiefs, EMS technician, executive director of the Health Assistance Intervention Education Network (HAVEN))
- Specifies components that may be included in the council's required plan for substance abuse treatment and prevention services:
  - strategy for information on medication-assisted treatment,
  - overdose rescue strategies, methods for safer drug prescribing and dispensing including training and education for health care providers,
  - recovery supports,
  - in-state long-term recovery treatment services and facilities,
  - developing a website with info on opioid use disorder and services,
  - program for police and EMS to connect with people in community seeking recovery from addiction and to offer immediate help).
  - Plan to be evidence-based, data-driven, with measurable goals including reducing number of opioid-induced deaths, consulting with experts
- Allows a physician, APRN or PA to refer a patient to a licensed alcohol or drug counselor for an assessment of opioid abuse or an intervention to prevent abuse
- Allows an LADC to:
  - Conduct substance use disorder screening or psychosocial history to determine risk for substance abuse
  - Develop preliminary diagnosis
  - Develop treatment plan and referral options if necessary
  - Ensure receive recommended services, treatment and recovery support
  - Submit opioid use consultation report to primary care provider to be reviewed and included in medical record

Update: Joint Fav Sub (PH), Favorable report tabled for Senate Calendar, 4/5/16 Senate Calendar 319, File number 477.