Dear Members of the Public Health Committee:

You know the statistics. On average, every day in Connecticut close to 4 people die of an overdose. And it’s getting worse. In 2016, there were 931 fatal overdoses in our state. Last year, there were 1,425.\(^1\) Connecticut is in the top 10 states for age-adjusted rate of deaths per 100,000 persons and exceeds the national average, and with only Maine, in New England, with worse outcomes than us.\(^2\)

My name is Gregg Gonsalves. I live in New Haven, Connecticut and have been a resident of this state for 15 years. I am an associate professor of epidemiology at the Yale School of Public Health and an adjunct associate professor at the Yale Law School. My research focuses on the intersection of substance use and infectious diseases. Before I came to Yale, I worked on these issues with community organizations around the world, including in New York, in South Africa, in Russia, India and China. These opinions are my own, not of my employer.

Just this month, in the *Annals of Epidemiology*, we published an article called *Geographic and temporal trends in fentanyl-detected deaths in Connecticut, 2009-2019*, led by my post-doctoral fellow Haidong Lu, which showed the geographic distribution and trajectory of fentanyl-detected fatal overdoses in our state from 2009-2019. In short, the spatial patterns show fentanyl moving from the northeast of our state in 2009 but spreading across the state starting in 2014. During this decade, close to half of overdose deaths in Connecticut were fentanyl-detected, with fentanyl overtaking other opioids as cause of death during this time.\(^3\)

You have a chance to make a difference. What I can tell you from my experience is that we are punching way below our weight in Connecticut. With our resources, we should be doing far, far better than our neighbors in combating the overdose crisis. Let me be clear—punitive approaches, interdiction efforts are not what we need—they don’t work and exacerbate the problem. We have a new paper under submission right now, entitled *Modeling the impacts of increasing criminal penalties for fentanyl possession* suggesting that states that enhance penalties for drug possession increase rates of incarceration and increase overdose deaths at considerable human and financial costs to states.\(^4\) What we need in Connecticut is expansion of opioid agonist therapy (e.g., methadone and buprenorphine) linked to a range of services for people who use drugs, as my colleague at Yale, Sandy Springer, is doing in collaboration with the Department of Public Health and community groups in the state.\(^5\)

The two laws under consideration today are critical to our success in battling the overdose crisis. I want to get straight to the point on these two bills.

First, SB9, Section 4-5’s establishment of Harm Reduction Centers in Connecticut is a groundbreaking move for our state. Over 30 countries have already have these kinds of programs and our neighbors in New York and Rhode Island have established programs or have them in the works.\(^6,7\) These programs do not increase drug use or crime but do encourage people to seek treatment for their opioid use disorder—the data are clear on this and I ask you to follow the science, which supports these kinds of approaches.\(^8,9\)

Second, I applaud the provisions in SB 9, Section 6-9 which seek to expand access to naloxone through the Opioid Antagonist Bulk Purchase Fund, and HB 6913, Section 2, which includes provisions to help establish naloxone access for students, teachers and staff in our schools in the state. Last year we had 41 fatal overdoses among 15-24 year olds in Connecticut and these provisions are part of the solution to keeping our youth safe in this state.\(^1\) However, there is some concern that the provisions of SB 9, Section 6-9, which establish a new grant system for naloxone, re-invent the wheel, putting bureaucratic obstacles in place, when there is an efficient system already in place.
Finally, HB 6913, Section 4’s restrictions on the transport of controlled substances is counterproductive. Methadone and buprenorphine—key interventions for opioid use disorder—are controlled substances and this provision of HB 6913 will interfere and prevent mobile methadone clinics, which are vital to expanding access to medications in our state, from delivering the care we need for people who use drugs in Connecticut. I urge you to strike this language, or better yet, replace it with a provision specifically authorizing mobile services for methadone and other opioid agonists.

I cannot overstate how important these two bills are to everyone in Connecticut. Overdose is a preventable tragedy for thousands of families in our state—and SB 9 and HB 6913—are crucial parts of the solution. Connecticut should be a leader in overdose prevention and the treatment and prevention of substance use disorder not just in our region, but nationally. These bills start us on that path.

Thank you for your work and your commitment to this critical public health issue for our state.


