



## LEGAL INTERVENTIONS TO INCREASE ACCESS TO NALOXONE IN CONNECTICUT Fact Sheet

### Background

Fatal drug overdose is a nationwide epidemic that claims the lives of an increasing number of Americans every year – over 47,000 in 2014.<sup>1</sup> The majority of these deaths are caused by opioids, both prescription painkillers and heroin. The overdose crisis has not spared Connecticut, where nearly 275 people died of heroin-related overdoses in 2014, up from 174 in 2012. Many of the victims were using more than one drug, and the total number of overdose deaths for the year was greater than 300.<sup>2</sup> Tragically, most of these deaths are preventable. Opioids kill by depressing respiration, and this opioid-induced respiratory depression can typically be reversed if a generic, relatively inexpensive medication called naloxone is administered in time.<sup>3</sup>

However, access to naloxone and other emergency treatment has historically been limited by laws that make it difficult for those likely to be in a position to reverse an overdose to access the drug and discourage overdose witnesses from calling for help.<sup>4</sup> State practice laws generally discourage or prohibit the prescription of drugs to a person other than the person to whom they will be administered (a process referred to as third-party prescription) or to a person the physician has not personally examined (a process referred to as prescription via standing order). Additionally, some prescribers are wary of prescribing naloxone because of liability concerns.<sup>5</sup> Likewise, even where naloxone is available, bystanders to a drug overdose may be afraid to administer it because of liability concerns.<sup>6</sup> Finally, overdose bystanders sometimes fail to summon medical assistance for fear of being prosecuted for possession of illegal drugs or similar crimes.<sup>7</sup>

In an attempt to reverse the unprecedented increase in preventable overdose deaths, nearly all states have amended their laws to increase access to emergency care and treatment for overdose victims, including the administration of naloxone.<sup>8</sup>

Connecticut was one of the first states to change its laws to increase access to the life-saving medication, acting in 2003 to provide limited immunity to medical professionals who prescribe the medication. While groundbreaking at the time, by 2015 the majority of states had passed legislation that went well beyond immunity for providers. Partly in response to positive experiences in those states, in 2015 the legislature revisited and strengthened the 2003 law. As explained in more detail below, these amendments permit certified pharmacists to prescribe the medication and permit it to be prescribed to a person with whom the prescriber does not have a provider/patient relationship. The immunity provisions for those who prescribe, dispense, and administer naloxone were strengthened as well.

In addition, in 2011 the state passed two laws designed to encourage people who witness overdoses to seek medical assistance for those individuals. As explained below, these laws provide limited criminal immunity for drug and paraphernalia possession for individuals who seek help in an overdose, as well as the overdose victim.



## Limited Immunity for Possession of Drugs and Drug Paraphernalia

In many cases, overdose bystanders may fail to summon medical assistance because they are afraid that doing so may put them at risk of arrest and prosecution for drug-related crimes.<sup>9</sup> The 2011 law (often referred to as the Overdose Good Samaritan law) attempts to address this problem by providing limited immunity from arrest and prosecution for drug and drug paraphernalia possession for both a person acting in good faith who seeks medical assistance for an individual experiencing a drug- or alcohol-related overdose and the person suffering from the overdose where the evidence for prosecution was obtained as a result of the seeking of medical assistance.<sup>10</sup> The law provides the same protection for a person who seeks medical assistance for him or herself where the person believes that they are experiencing an overdose.<sup>11</sup> These changes provide immunity from possession charges only; no protection is provided for other crimes such as the sale of illegal drugs.

## Increased Access to Naloxone

The 2015 law also takes several steps to make it easier for those likely to be in the position to save a life to do so by administering naloxone, the standard treatment for opioid overdose. First, the new law permits a pharmacist to prescribe naloxone as long as the pharmacist has received training and certification by a program approved by the Commissioner of Consumer Protection.<sup>12</sup> A pharmacist who prescribes naloxone is required to provide training regarding administration of the medication, and to maintain a record of the dispensing and training.

The new law also increases the opportunities to increase access to naloxone for those who may be in a position to use it to reduce overdose. First, it permits any health care professional who is otherwise permitted to prescribe naloxone to prescribe, dispense, or administer the medication to any person, whether or not that person is a patient of the provider. This provision permits, for example, a mother of a son in recovery to be prescribed naloxone to have on hand in the event that the son relapses and suffers an overdose. The provider is provided with full civil and criminal immunity for prescribing, dispensing, or administering the medication as permitted by the law. The law also explicitly permits any person who believes that another person is suffering an opioid overdose to administer naloxone to that person, and provides civil and criminal immunity to a person who does so.

## Conclusion

Connecticut has joined the majority of states that have taken legislative action to increase access to emergency medical care for drug overdose.<sup>13</sup> While it is too early to tell whether these changes will reduce overdose deaths, initial data from other states are encouraging. A recent evaluation of a naloxone distribution program in Massachusetts, which trained over 2,900 potential overdose bystanders, reported that opioid overdose death rates were significantly reduced in communities in which the program was implemented compared to those in which it was not.<sup>14</sup> Initial evidence from Washington State, which passed an overdose Good Samaritan law in 2010, is positive, with 88 percent of people who use drugs surveyed indicating that they would be more likely to summon emergency personnel during an overdose as a result of the legal change.<sup>15</sup>

Interestingly, Connecticut has not joined the 37 states that now permit naloxone to be prescribed via standing order. These orders permit naloxone to be dispensed to any person who meets criteria specified by the prescriber, as opposed to a particular individual, and have proven helpful in increasing access to naloxone in many states.<sup>16</sup>

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## SUPPORTERS



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## REFERENCES

- <sup>1</sup> R. Rudd et al., *Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014*, 64 MORBIDITY AND MORTALITY WEEKLY REPORT 1378 (2015).
- <sup>2</sup> L. Hernandez, *Connecticut Overdose Deaths Top 300 in 2014*, NEW HAVEN REGISTER, Jan. 4, 2015, available at <http://www.nhregister.com/article/NH/20150104/NEWS/150109816>.
- <sup>3</sup> See C. Baca, et al., *Take-home Naloxone to Reduce Heroin Death*, 100 ADDICTION 1823; Centers for Disease Control and Prevention, *Community-Based Opioid Overdose Prevention Programs Providing Naloxone – United States*, 2010, 61 MORBIDITY AND MORTALITY WEEKLY REPORT 101 (2012).
- <sup>4</sup> See Davis CS, Webb D, Burris S. *Changing Law from Barrier to Facilitator of Opioid Overdose Prevention*, 41 JOURNAL OF LAW, MEDICINE AND ETHICS 33 (2013).
- <sup>5</sup> See Leo Beletsky, et al., *Physicians' knowledge of and willingness to prescribe naloxone to reverse accidental opiate overdose: challenges and opportunities*, 84 Journal of Urban Health 126 (2007).
- <sup>6</sup> For an excellent review of the ways in which law and law enforcement hinder access to naloxone, see Scott Burris, et al, *Stopping An Invisible Epidemic: Legal Issues In The Provision Of Naloxone To Prevent Opioid Overdose*, 1 DREXEL LAW REVIEW 273 (2009).
- <sup>7</sup> Karin Tobin, et al., *Calling emergency medical services during drug overdose: an examination of individual, social and setting correlates*, 100 ADDICTION 397 (2005); Robin A. Pollini, et al., *Response to Overdose Among Injection Drug Users*, 31 AMERICAN JOURNAL OF PREVENTIVE MEDICINE 261 (2006). They may, of course, fear arrest for other reasons (such as existing warrants or non-drug crimes) as well, but the immunity in most current laws is limited to drug (and in some cases, alcohol) crimes.
- <sup>8</sup> For a comprehensive list of other state efforts, see NETWORK FOR PUBLIC HEALTH LAW, LEGAL INTERVENTIONS TO REDUCE OVERDOSE MORTALITY: NALOXONE ACCESS AND GOOD SAMARITAN LAWS (2015), available at [http://www.networkforphl.org/\\_asset/qz5pvn/network-naloxone-10-4.pdf](http://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf).
- <sup>9</sup> Karin Tobin, et al., *Calling emergency medical services during drug overdose: an examination of individual, social and setting correlates*, 100 ADDICTION 397 (2005); Robin A. Pollini, et al., *Response to Overdose Among Injection Drug Users*, 31 AMERICAN JOURNAL OF PREVENTIVE MEDICINE 261 (2006).
- <sup>10</sup> “Good faith” does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search. Conn. Gen. Stat. § 21a- 267(d) (2011).
- <sup>11</sup> These protections are codified in two separate sections of the 2011 legislation: Conn. Gen. Stat. § 21a- 267(e) and Conn. Gen. Stat. § 21a- 279(g).
- <sup>12</sup> Although the law refers to “opioid antagonist,” we have used the term “naloxone” throughout this fact sheet. The law defines “opioid antagonist” as “naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.” Conn. Gen. Stat. 17a-714a.
- <sup>13</sup> For a comprehensive list of other state efforts, see NETWORK FOR PUBLIC HEALTH LAW, LEGAL INTERVENTIONS TO REDUCE OVERDOSE MORTALITY: NALOXONE ACCESS AND GOOD SAMARITAN LAWS (2015), available at [http://www.networkforphl.org/\\_asset/qz5pvn/network-naloxone-10-4.pdf](http://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf).
- <sup>14</sup> Alex Walley, et al., *Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis*, 346 BMJ f174 (2013).
- <sup>15</sup> Banta-Green, C. Washington’s 911 Good Samaritan Overdose Law: Initial Evaluation Results (Nov. 2011), available at <http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-05.pdf>
- <sup>16</sup> Davis CS, Carr D. *Legal Changes to Increase Access to Naloxone for Opioid Overdose Reversal in the United States*, 157 Drug and Alcohol Dependence 112 (2015).