



Legislative Testimony
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**Written Testimony on House Bill 5723, An Act Concerning Police
Department Access to Opioid Antagonists such as Narcan**

Senator Bradley, Representative Horn, Ranking Members Champagne and Green,
and distinguished members of the Public Safety and Security Committee:

My name is Kelly McConney Moore, and I am the interim senior policy counsel for the American Civil Liberties Union of Connecticut (ACLU-CT). I am submitting this testimony about House Bill 5723, An Act Concerning Police Department Access to Opioid Antagonists Such as Narcan.

Today, there is widespread recognition that addiction is, fundamentally, an illness to be treated. In fact, opioid use disorder is a disability protected under the Americans with Disabilities Act.¹ Despite this, Connecticut and the rest of the U.S. has insisted on addressing the public health problem of drug addiction through criminal law for decades. This decision is inappropriate, ineffective,² a major driver of civil liberties violations,³ and a massive contributor to mass incarceration.⁴

Connecticut is currently in the midst of an opioid epidemic which is worsening, not improving.⁵ Connecticut residents are more likely to die from unintentional drug

¹ See "Drug Addiction and Federal Disability Rights Laws," U.S. Dep't of Health and Human Services, Office for Civil Rights (Oct. 25, 2018), *available at* <https://www.hhs.gov/sites/default/files/drug-addiction-aand-federal-disability-rights-laws-fact-sheet.pdf>.

² "Every 25 seconds: the human toll of criminalizing drug use in the United States." Human Rights Watch, Oct. 12, 2016, *available at* <https://www.hrw.org/report/2016/10/12/every-25-seconds/human-toll-criminalizing-drug-use-united-states>.

³ "How the war on drugs has infringed on U.S. civil liberties." Rice University Baker Institute for Public Policy, May 17, 2013, *available at* <https://blog.chron.com/bakerblog/2013/05/how-the-war-on-drugs-has-infringed-on-u-s-civil-liberties/>.

⁴ "Drug Policy." Prison Policy Initiative, *available at* <https://www.prisonpolicy.org/drugs.html>.

⁵ See "3-Month Rolling Average Rate per 100,000 Population and Count of ED Visits for 'Suspected Drug Overdose' Syndrome in Connecticut, by County of Residence, 2019." CT Dep't of Public Health (Oct. 17, 2019), *available at* https://portal.ct.gov/-/media/DPH/Injury-Prevention/Opioid-Overdose-Data/Final_Drug_ED_Maps_Mar_2019toSep_2019.pdf?la=en.

overdose than a motor vehicle accident.⁶ We need to respond with public health and epidemic responses to combat the rising number of deaths.

Police and other criminal legal system actors are simply not the appropriate people to handle the public health needs of the opioid epidemic; they are not public health actors whose sole job is to connect people with the health services they need. Nonetheless, we recognize that in our current system, police are often the first responders deployed to situations of overdose and addiction. For that reason, it is likely that increasing access to Narcan for police is a valid short-term harm reduction strategy. Nonetheless, we caution this Committee: relying on police as first responders to drug overdoses and other addiction crises will not improve our public health outlook for opioid addiction, but rather will prop up the system of mass incarceration by continuing to strengthen the harmful pipeline between drug use and prison. We urge this Committee to not only respond to the opioid crisis's immediate demands with policies like that of House Bill 5723, but to make policy that supports a long-term move away from dispatching police to drug use calls in favor of a public health-based approach.

⁶ "Opioids and Prescription Drug Overdose Prevention." CT State Dep't of Public Health, *available at* <https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/The-Office-of-Injury-Prevention/Opioids-and-Prescription-Drug-Overdose-Prevention-Program#Data>.