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February 17, 2017

Senator Vicki Schmidt, Chair  
Senate Public Health and Welfare Committee  
Kansas Senate  
Topeka, Kansas

RE: SB 165

Dear Senator Schmidt and Members of the Committee:

I am writing on behalf of the Academy of Integrative Pain Management (formerly American Academy of Pain Management) to support SB 165, an act that would expand access to both abuse-deterrent opioid analgesics and to emergency opioid antagonists. AIPM recognizes the challenges involved in addressing two major public health crises, namely, inadequate treatment for pain and prescription drug abuse, and to that end, has been heavily involved in both national and state-level efforts to address both health concerns. The expanded access that this bill would provide is a vital component of a comprehensive approach to simultaneously addressing both public health crises and would undoubtedly save the lives of many Kansans.

When prescribed and monitored appropriately, many patients do well on opioid medications, and experience improvements in pain, function, and quality of life. There are instances, however, where medications are used inappropriately. The disastrous consequences of inappropriate use include a variety of adverse outcomes, including death. However, there are numerous steps that can be taken by policymakers to avoid those adverse outcomes, two of which are contemplated by SB 165: improved access to abuse-deterrent opioid analgesics and improved access to opioid antagonists (naloxone).

#### Improved access to abuse-deterrent opioid analgesics (ADOs)

The path to opioid overdoses, in many cases, begins with the misuse of prescription pain relievers. Over 70% of abusers of prescription pain relievers got them from friends or relatives. These pills are most frequently passed along by family or friends or sold on the street and then crushed, melted or otherwise altered to get a more powerful effect. However, abuse-deterrent opioid analgesics lose their effectiveness when they are crushed or melted, making them far less desirable to those who would otherwise divert the medications for unlawful use. It is our belief that ADOs should be part of a multi-faceted approach to decreasing abuse. **Although ADOs do not prevent users from simply consuming too much of a medication, they may help reduce the public health burden of prescription**

**opioid abuse in Kansas by making it harder and less desirable to abuse opioid medications in common illicit and dangerous ways.**

People are prescribed ADOs, rather than non-ADOs, to treat their pain conditions for a variety of reasons: some want to prevent access to non-ADOs to the teenagers living in their home; some live with roommates; some have a history of substance use disorder (not just prescription-related, but alcohol and illicit drugs). Whatever the reason, these persons, along with their health care providers, have decided that an ADO is an appropriate medication to simultaneously manage their health condition and to protect the public safety. **All persons, regardless of their unique medical condition or their financial standing, should have access to high quality and effective health care.**

**It is vital that you act now to ensure appropriate access to ADOs.** The Food and Drug Administration (FDA) wrote in a 2013 ADO-related guidance for drug makers that the "FDA considers the development of these products a high public health priority." Further, in February 2016 the FDA announced that they will now mandate that any new opioid go before an outside committee of experts, unless the product has abuse-deterrent properties. It is clear that the FDA has recognized the promise of these life-saving medications, but they will only live up to that promise if they are affordable to those who need them.

Improved access to naloxone

Many people with pain experience significant pain relief and improved functioning as a result of using opioid pain relievers. When used as prescribed by a competent provider, these medications are almost always safe. However, patients may develop transient medical conditions, such as respiratory infections, that make their usual doses unsafe and increase their risk of unintended overdose. Additionally, despite warnings to the contrary, patients occasionally may exercise poor judgment and consume alcohol or other substances that substantially increase overdose risk when combined with their prescription medications. **We do not believe that either of these circumstances should result in a patient's death, an outcome that can be prevented by the prompt administration of readily-available naloxone.**

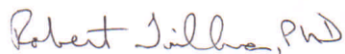
Other individuals use licit and illicit opioids as part of a pattern of substance abuse. These people are at substantial risk of unintended fatal overdose as a result. In fact, according to the Centers for Disease Control and Prevention, "...from 2000 to 2014 nearly half a million Americans died from drug overdoses. Opioid overdose deaths, including both opioid pain relievers and heroin, hit record levels in 2014, with an alarming 14 percent increase in just one year." We believe that substance abuse should not be a fatal medical disorder, and we advocate for the availability of naloxone for these individuals, as well. **We know of no evidence that such a vital harm reduction strategy results in increased substance abuse, but we do know that such a strategy saves lives.**

This bill would direct the Board of Pharmacy to issue a statewide opioid antagonist protocol that establishes requirements for a licensed pharmacist to dispense naloxone, ensuring that this life-saving drug is able to be in the hands of patients, first responders, and concerned community members. Community-based access to naloxone is a vital way to save lives—according to the CDC, over 26,000

overdose rescues have been made using overdose reversal kits distributed by community groups (a figure that is ever-growing).

**All individuals at risk of an opioid overdose, whether because of illicit drug use or through an unexpected reaction to a legitimately and appropriately taken medication, will benefit from passage of SB 165.** This bill is an important step in solving the current problem of unintended overdose deaths resulting from the use of opioid pain relievers and illicit opioid drugs. I respectfully urge you to sign this bill into law, and I am happy to discuss this issue with you or your staff if necessary. Please feel free to contact me if questions arise after your hearing. Thank you for the opportunity to be heard.

Sincerely,



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About AIPM: The Academy of Integrative Pain Management is the premier organization for all clinicians who care for people with pain. It is the largest pain management organization in the nation and the only one that embraces, as part of its mission statement, an integrative model of care, which: is patient-centered; considers the whole person; encourages healthful lifestyle changes as part of the first line of treatment to restore wellness; is evidence-based; brings together all appropriate therapeutic approaches to reduce pain and achieve optimal health and healing; and, encourages a team approach.