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Testimony in support of SB165: Standards governing the use and administration of emergency opioid antagonists

Chairman Schmidt and Committee Members:

Thank you for the opportunity to express my strong support for SB165.

Senate Bill 165 offers a much needed framework for improved access to naloxone, an opioid antidote, which has the potential to immediately reverse the potentially life-threatening effects of an opioid overdose.

As a practicing EMS and Emergency Medicine physician I have the opportunity to provide care to individuals who have opioid addictions that overdose. Most are abusing either prescription pain killers or heroin. However, not all opioid overdoses are intentional or are the result of an addiction. There are accidental ingestions of prescription opioids by well-meaning patients who inadvertently take more than prescribed or who have an unexpected over-sedation with typical opioid dosing.

Regardless, when an individual overdoses on an opioid it can result in respiratory failure which can quickly result in death. The ability for loved ones, family members, friends, bystanders, or first responders such as law enforcement to have an antidote (naloxone) readily available), appropriately trained on and the ability to administer has the potential to save lives. This has been demonstrated in other states that have enacted expanded access to naloxone laws similar to SB165. For example, Wheeler et al. reported in 2015 in the Morbidity and Mortality Weekly Report published by the CDC that as a result of mass naloxone education and expanded access to laypersons in a majority of the states that approximately 26,000 overdoses were reversed.

In addition, our law enforcement officers that serve in our communities are increasingly fearful about inadvertent exposures to lethal opioids such as carfentanyl, a powerful opioid 10,000 times stronger than morphine. Carfentanyl is now being placed in the heroin supply and if inadvertent exposure to law enforcement occurs through inhalation or dermal absorption during their activities HB 2217 would allow the law enforcement agency and individual officers to carry naloxone, obtain training and be prepared to administer to themselves or their colleagues if exposed.

The safety of naloxone is outstanding. There is virtually no risk to an individual should there be an inadvertent/accidental administration of this medication. Likewise, there is essentially no abuse potential of naloxone itself. It would be helpful to consider naloxone auto-injectors in the same manner society views epinephrine auto-injectors for those with severe allergic reactions. It is not uncommon for a family member to carry an epinephrine auto-injector in case their loved one experiences an allergic reaction. Similarly, SB 165 would allow a family member of a known heroin addict, or individual who requires prescription pain killers to carry and administer naloxone in case of

inadvertent overdose.

Again, I urge the Committee to support SB 165 due to proven success of expanding naloxone access in other states throughout the U.S. as well as the virtually absent risk of adverse effects and abuse potential of naloxone itself.

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