

RACHAEL WONG, DrPH DIRECTOR

> PANKAJ BHANOT DEPUTY DIRECTOR

#### STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

P. O. Box 339 Honolulu, Hawaii 96809-0339

February 10, 2015

# **Memorandum**

TO:	The Honorable Josh Green, M.D., Chair Senate Committee on Health	
	The Honorable Gilbert S.C. Keith-Agaran, Chair Senate Committee on Judiciary and Labor	
FROM:	Rachael Wong, DrPH, Director	
SUBJECT:	S.B. 302- RELATING TO DRUG OVERDOSE PREVENTIO	N
	Hearing: Wednesday, February 11, 2015; 1:40 p.m. Conference Room 414, State Capitol	

**PURPOSE**: The purpose of the bill is to create immunity for individuals who prescribe, possess, or administer an opioid antagonist, such as naloxone hydrochloride, during an opioidrelated drug overdose. Authorizes emergency personnel to administer naloxone hydrochloride. Requires Medicaid coverage for naloxone hydrochloride. Exempts pharmacists and pharmacies from licensure and permitting requirements, except for drug storage requirements, for storing and distributing opioid antagonists. Makes an appropriation for drug overdose recognition, prevention, and response, including the distribution and administration of naloxone hydrochloride.

**DEPARTMENT'S POSITION**: The Department of Human Services (DHS) provides comments on this measure related to the provision in the bill to require Medicaid to cover an opioid antagonist such as naloxone hydrochloride.

AN EQUAL OPPORTUNITY AGENCY

The Medicaid program, through its managed care plan now known as Quest Integration, currently covers this drug. However, depending on the health plan, a prior authorization may be required. Individuals, who are allowed to prescribe within their scope of practice, may write a prescription for the opioid antagonist.

Thank you for the opportunity to provide comments on this bill.



HAWAII SUBSTANCE ABUSE COALITION

# **SB302 RELATING TO DRUG OVERDOSE FOR PREVENTION**

COMMITTEE ON HEALTH: Senator Josh Green M.D., Chair; Senator Glenn Wakai, Vice Chair COMMITTEE ON JUDICIARY: Senator Gilbert Keith-Agaran., Chair; Senator Maile Shimabukuro, Vice Chair

- Wednesday, February 11, 2015 at 1:40 p.m.
- Conference Room 414

# **HSAC Supports SB302:**

Good Morning Chair Green; Chair Keith-Agaran; Vice Chair Wakai; Vice Chair Shimabukuro; And Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than thirty treatment and prevention agencies across the State.

The Hawaii Substance Abuse Coalition fully supports funding to create immunity for individuals and emergency personnel who prescribe, possess, or administer an opioid antagonist such as naloxone hydrochloride during an opioid-related drug overdose. Requires medicaid coverage, exempts pharmacists and makes an appropriation for prevention.

HSAC supports immunity and prevention.

Across the nation, opioid abuse is becoming an epidemic, especially prescription painkillers and, increasingly, heroin. We have the proven science today to know what to do:

- Reduce drug diversion,
- Expand successful treatments programs (including medication-assisted treatments),
- Use naloxone to curb overdose deaths and keep people alive long enough that they can be treated successfully.
- Develop new medications for pain.

# NALOXONE

If a person accidentally ingests too much pain medication or overuses prescription opioids, or abuses heroin, naloxone can very quickly restore normal respiration to a person whose breathing has slowed or stopped. Naloxone can be widely used by emergency medical personnel and other first responders for this purpose. Unfortunately, by the time a person having an overdose is reached and treated, it is often too late.

So far, 17 states have passed laws allowing for wider use of naloxone to prevent overdose fatalities. Through these laws, family members and friends as well as emergency personnel, such as police and firefighters, can use this life saving drug.

Naloxone is currently the only FDA approved overdose medication. Moreover, it is relatively safe in its administration because it uses syringes fitted with an atomizer to enable the drug to be sprayed into the nose. NIDA and other agencies are working with the FDA and drug manufacturers to support this intranasal formulation. With overdose education and naloxone distribution (OEND) programs, naloxone can be applied directly to opioid users by their friends or loved ones, or other potential bystanders. OEND programs are an effective, as well as cost-effective, way of saving lives.

With science, we can save people's lives in the event of overdose and reverse the current healthcare trend by improving outcomes and reducing costs.

We appreciate the opportunity to testify and are available for questions.

From:	mailinglist@capitol.hawaii.gov
To:	HTHTestimony
Cc:	kglick@wheelchair-kauai.com
Subject:	Submitted testimony for SB302 on Feb 11, 2015 13:40PM
Date:	Monday, February 09, 2015 6:46:59 PM

Submitted on: 2/9/2015 Testimony for HTH/JDL on Feb 11, 2015 13:40PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Kevin Glick	Hawaii Community Pharmacists Association	Support	No

Comments: Hawaii Community Pharmacists Association supports the intent of this legislation. Increasing the access to opioid antagonists will have a substantial positive impact in the prevention of over dosages in Hawaii.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

#### Testimony of Mihoko E. Ito on behalf of Walgreen Co.

DATE: February 10, 2015

TO: Senator Josh Green Chair, Committee on Health

> Senator Gil Keith Agaran Chair, Committee on Judiciary and Labor

Submitted Via <u>HTHtestimony@capitol.hawaii.gov</u>

RE: S.B. 302 - Relating to Drug Overdose Prevention Hearing Date: Wednesday, February 11, 2015 at 1:40 p.m. Conference Room: 414

Dear Chairs Green and Keith Agaran and Members of the Joint Committees on Health and Judiciary and Labor,

We submit this testimony on behalf of Walgreen Co. ("Walgreens"). Walgreens operates stores at more than 8,200 locations in all 50 states, the District of Columbia and Puerto Rico. In Hawaii, Walgreens now has 20 stores on the islands of Oahu, Maui and Hawaii.

Walgreens **supports** S.B. 302, which allows health care professionals to prescribe, dispense and distribute an opioid antagonist to an individual at risk of experiencing an opioid-related overdose.

Walgreens participated in and is in full support of the working group that convened to discuss systemic improvements to curbing the overuse of prescription narcotic drugs. Walgreens supports this measure because it seeks to counter the effects of opioid overdoses and allows access to medicine that is critical to helping to prevent and treat opioid-overdoses in Hawaii.

This bill will encourage health care providers to prescribe opioid antagonists to patients on chronic opioid pain medications, in order to address prescription drug overdoses. The

Gary M. Slovin Mihoko E. Ito C. Mike Kido Tiffany N. Yajima 1099 Alakea Street, Suite 1400 Honolulu, HI 96813 (808) 539-0840 measure will ultimately help prevent overdoses, and decrease the number of deaths resulting from opioid overdoses in Hawaii.

Thank you very much for the opportunity to submit testimony on this measure.

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Hawaii's voice for sensible, compassionate, and just drug policy

**Committee on Health** 

Senator Josh Green, Chair Senator Glenn Wakai, Vice Chair

# **Committee on Judiciary and Labor**

Senator Gilbert S.C. Keith-Agaran, Chair Senator Maile S.L. Shimabukuro, Vice Chair

> Wednesday, February 11, 2015 1:40 p.m.

Conference Room 414 State Capitol 415 South Beretania Street

# **Executive Director Rafael Kennedy,** In strong support of SB 302 - Relating to Drug Overdose Prevention

Aloha Chairs Green and Keith-Agaran, Vice Chairs Wakai and Shimabukuro, and members of the Health and Judiciary and Labor committees,

Mahalo for your time and consideration in this matter. We very much support this bill. SB302 is a bill expanding access to Naloxone (also commonly known by the trade name Narcan<sup>®</sup>) which as you may know, is a drug that can stop an overdose in progress and save lives. This is one of our top priorities for the 2015 legislative session.

Naloxone is an opioid antagonist (see diagram courtesy of COPE), meaning that it works by detaching opioids from the receptors in the brain, allowing for the normal functioning, especially of breathing, to return.<sup>1</sup> Administration of naloxone also puts patients brings on withdrawl

1

Community Overdose Prevention and Education. "Why Naloxone?" *COPE Australia*, 2014. http://www.copeaustralia.com.au/naloxone/.

symptoms. It is therefore not a drug that has the potential for recreational use, and is non-addictive.<sup>2</sup>



It is also worth noting that while the opioids are not attached to the receptors in the brain, they *are* still in the blood and tissues, so Naloxone is not a way for opioid users to pass a drug screen, a question that has been raised in the past. Side effects with Naloxone are rare, and its administration is easy. Some preparations of Naloxone can be injected into the outer thigh muscle through clothing, or sprayed into the nasal cavity.<sup>3</sup> It is also relatively inexpensive, especially compared with the costs of treatment for the more severe damage Naloxone helps to prevent.

Despite these features, right now, Naloxone is only available by prescription, and is therefore it is not in the hands of some of the populations most vulnerable to accidental opioid overdose. This includes especially many people who use heroin or who use unprescribed narcotic pain killers. Because it must be administered quickly to reverse an overdose, Naloxone needs to be *in the hands* of people who use drugs, and people who live with people who use drugs. This bill, unlike some similar bills before the committees, authorizes non-profit organizations to store and distribute Naloxone, as this will allow third parties, especially the CHOW project that works with the syringe exchange program, to make sure Naloxone gets into the hands of those who are likely to need it. This is

<sup>2</sup> Substance Abuse and Mental Health Services Administration. *Opioid Overdose Prevention Toolkit*, 2014. http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/SMA14-4742.

 <sup>3</sup> Substance Abuse and Mental Health Services Administration. Opioid Overdose Prevention Toolkit, 2014.

http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/SMA14-4742.

important because the CHOW project has much greater and more direct access to high-risk populations than government bodies are likely to have.

17 other states have already implemented Naloxone programs like the one proposed in this bill: California, Colorado, Connecticut, Illinois, Kentucky, Maryland, Massachusetts, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Rhode Island, Vermont, Virginia and Washington state, and so far those states have reversed an approximate **10,000 overdoses** thanks to increased access to Naloxone.

This is a crucial time for preventing overdose deaths in Hawaii. In Hawaii, as in many other parts of the country, the tightening of prescription painkiller policies is driving a new heroin epidemic.<sup>4</sup> Unintentional drug overdoses have increased by 68 percent since 1999, surpassing automobile accidents as the number 1 cause of fatal injury in Hawaii. The evidence from the data collected by CHOW project is that this trend is continuing and steepening.<sup>5</sup> This problem will be compounded by other changes such as strengthening of the PDMP, and must be undertaken now.

Mahalo for your time and consideration on this matter, we sincerely urge you to move this bill forward.

Rafael Kennedy Executive Director, Drug Policy Forum of Hawaii

The Drug Policy Forum of Hawaii works to educate policymakers and the public about effective ways of addressing drug issues in Hawai'i with sensible and humane policies that reduce harm, expand treatment options, and adopt evidence-based practices while optimizing the use of scarce resources.

<sup>4</sup> Khazan, Olga. "How the War on Painkillers Created the New Heroin Epidemic." *The Atlantic*, October 30, 2014. http://www.theatlantic.com/features/archive/2014/10/the-new-heroin-epidemic/382020/.

<sup>5</sup> Des Jarlais, Don C., Stacy Lenze, and Heather Lusk. "2011/2012 Syringe Exchange Program Evaluation Report," 2012. http://www.chowproject.org/uploads/2/6/3/7/26371053/2012\_evaluation\_final.docx.



HAWAII MEDICAL ASSOCIATION 1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814 Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

# COMMITTEE ON HEALTH

Senator Josh Green, Chair Senator Glenn Wakai, Vice Chair

<u>COMMITTEE ON JUDICIARY AND LABOR</u> Senator Gilbert S.C. Keith-Agaran, Chair Senator Maile S.L. Shimabukuro, Vice Chair

DATE: Wednesday, February 11, 2015

- TIME: 1:40PM
- PLACE: Conference Room 414
- FROM: Hawaii Medical Association Dr. Christopher Flanders, DO, Executive Director Lauren Zirbel, Community and Government Relations

# Re: SB 302 OVERDOSE PREVENTION

#### Position: SUPPORT

Hawaii Medical Association supports this measure.

Hawaii has an opportunity to reduce opioid related deaths with this bill. Improving access to naloxone, a very safe and non-addictive medication, has great potential to save lives if we put it in the hands of those who are most available to help.

Thank you for the opportunity to submit testimony.

Officers

President - Robert Sloan, MD, President-Elect – Scott McCaffrey, MD Immediate Past President – Walton Shim, MD, Secretary - Thomas Kosasa, MD Treasurer – Brandon Lee, MD Executive Director – Christopher Flanders, DO



# Community Health Outreach Work

677 Ala Moana Blvd., Suite 226 Honolulu, HI 96813 Phone (808) 853-3292 • Fax (808) 853-3274

# **TESTIMONY IN SUPPORT OF SB 302 – RELATING TO OVERDOSE PREVENTION**

TO: Senator Josh Green, Chair; Senator Glenn Wakai, Vice Chair; Members of the Senate Committee on Health

Senator Gilbert S.C. Keith-Agaran, Chair, Senator Maile S.L. Shimabukuro, Vice Chair; Members of the Senate Committee on Judiciary and Labor

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Thursday, February 11, 2015 1:40PM Room 414

Dear Chair Green, Chair Keith-Agaran and members of the committees,

Thank you for the opportunity to provide testimony **in strong support** of SB 302, Relating to Overdose Prevention.

Hawaii, like much of the U.S. is experiencing an overdose epidemic with over 1500 people in Hawaii dying from accidental drug overdoses over the past decade and deaths from accidental drug overdose was the leading cause of fatal injuries in Hawaii from 2009-2013. According to the Department of Health, Injury Prevention Branch, most of these overdoses were caused by opioids. Increasing access to Naloxone, a non-narcotic Opioid antagonist, has been shown in some communities to lower the fatal overdose rate by up to 50%. Nationwide, at least 10,000 reversals have been recorded due to successful use of Naloxone.

For over 20 years the CHOW Project has been working improve the lives of men women and families experiencing homelessness who also may be touched by addiction. The CHOW Project is dedicated to serving individuals, families, and communities adversely affected by drug use, through a participant-centered harm reduction approach. CHOW works to reduce drug related harms such as but not limited to HIV, hepatitis B/C and overdose. CHOW has seen an increase in overdose among its participants and would like to be able to not only carry Naloxone, but train participants and family members how to use Naloxone in the event of an opioid overdose.

Thank you for considering this bill – it will save lives by getting Naloxone into the hands of those who can use it to reduce the fatalities associated with overdoses in Hawaii.

Sincerel

Heathe Luck Executive Director CHOW Project

From:	mailinglist@capitol.hawaii.gov
To:	HTHTestimony
Cc:	joyamarshall0416@gmail.com
Subject:	*Submitted testimony for SB302 on Feb 11, 2015 13:40PM*
Date:	Sunday, February 08, 2015 7:33:04 PM

Submitted on: 2/8/2015 Testimony for HTH/JDL on Feb 11, 2015 13:40PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Marshall	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Submitted on: 2/10/2015 Testimony for HTH/JDL on Feb 11, 2015 13:40PM in Conference Room 414

Submitted By	Ordanization	Testifier Position	Present at Hearing
Wendy Gibson	Individual	Support	No

Comments: I support this as a harm reduction technique.

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Submitted on: 2/10/2015 Testimony for HTH/JDL on Feb 11, 2015 13:40PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Jenny Lee	Individual	Support	No

Comments: Expanding access to Naloxone will, simply put, save lives. Please support this bill as a matter of public health and compassion.

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Submitted on: 2/10/2015 Testimony for HTH/JDL on Feb 11, 2015 13:40PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Kavika Puahi	Individual	Support	No

Comments: With constant coverage of overdose deaths in the news, it would be a mistake to not address this issue now. Along with the fact that increased community access to Naloxone can reduce overdose fatalities by 50% it is paramount that this bill moves forward.

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Submitted on: 2/10/2015 Testimony for HTH/JDL on Feb 11, 2015 13:40PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Marilyn Mick	Individual	Support	No

Comments: This "Good Samaritan" bill allows medical amnesty to those calling 911 for accidental drug overdoses and will save lives.

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Community Health Outreach Work to Prevent AIDS 677 Ala Moana Blvd., # 226 Honolulu, HI 96813, (808) 853-3292

# **TESTIMONY IN SUPPORT OF SB 302 – RELATING TO OVERDOSE PREVENTION**

TO: Senator Josh Green, Chair; Senator Glenn Wakai, Vice Chair; Members of the Senate Committee on Health

Senator Gilbert S.C. Keith-Agaran, Chair, Senator Maile S.L. Shimabukuro, Vice Chair; Members of the Senate Committee on Judiciary and Labor

FROM: Jean L. Mooney, Housing Specialist, The CHOW Project

Hearing: Thursday, February 11, 2015 1:40PM Room 414

Dear Chair Green, Chair Keith-Agaran and members of the committees,

As a former opiate addict, I urge you to please consider this LIFE-SAVING Bill. In the past when I was using, three people overdosed right in front of me; instead of running, I stayed and did the right thing, I provided Rescue Breathing until the Paramedics arrived. (most people would have run) *Imagine had I had access to Naloxone*! I could have brought those folks who overdosed out of their LIFE- THREATENING situation, using a NON-NARCOTIC, non-toxic, easily available prescription drug.

I am truly blessed to be in a position to help people who have addictions as I once had, in the work I do for The CHOW Project. In doing my work I have found that the great majority of opioid overdoses have happened to folks taking prescription medication. What I sincerely believe is that **any opioid prescription** should <u>automatically</u> come with a LIFE-SAVING prescription of NALOXONE. *Maybe one day*, but I ask that you please consider **SB 302** to ensure the safety of all opioid users, legal and otherwise, their family and friends and the community as well.

Thank you for the opportunity to provide testimony in strong support of SB 302, Relating to Overdose Prevention.

\*\*Hawaii, like much of the U.S. is experiencing an <u>overdose epidemic</u> with over 1500 people in Hawaii dying from accidental drug overdoses over the past decade and **deaths from accidental drug overdose was the leading cause of fatal injuries in Hawaii from 2009-2013**. According to the Department of Health, Injury Prevention Branch, <u>most of these overdoses were caused by opioids</u>. Increasing access to Naloxone, a non-narcotic Opioid antagonist, has been *shown in some communities to lower the fatal overdose rate by up to* **50%**. Nationwide, at least 10,000 reversals have been recorded due to successful use of Naloxone. Wouldn't it be amazing to add Hawaii to this growing list!

Thank you for listening,

Jean L. Mooney, Housing Specialist The CHOW Project

From:	mailinglist@capitol.hawaii.gov
To:	HTHTestimony
Cc:	michaela.rinkel@gmail.com
Subject:	Submitted testimony for SB302 on Feb 11, 2015 13:40PM
Date:	Tuesday, February 10, 2015 1:19:46 PM

Submitted on: 2/10/2015 Testimony for HTH/JDL on Feb 11, 2015 13:40PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Michaela Rinkel	Individual	Support	No

Comments: I am a social worker in complete support of the Naloxone Overdose Prevention Bill. This is an important issue for our community as unintentional drug overdoses are on the rise. In Hawaii there were 150 deaths in 2013 from drug poisonings/overdose with a total of 1,581 over the past decade. Naloxone reverses opioid overdose. Naloxone is a low-cost, non-narcotic Opioid antagonist that blocks opioids like heroin and oxycodone yet has no potential for abuse and side effects are rare. With passage of this bill Hawaii would join 27 other jurisdictions in the U.S. have laws that increase access to Naloxone. Providing take-home Naloxone to people who use opioids and their family, friends and caretakers not only saves lives, it saves money. Please support this important piece of legislation!

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From:	mailinglist@capitol.hawaii.gov
To:	HTHTestimony
Cc:	stacylenze@yahoo.com
Subject:	Submitted testimony for SB302 on Feb 11, 2015 13:40PM
Date:	Tuesday, February 10, 2015 1:19:35 PM

Submitted on: 2/10/2015 Testimony for HTH/JDL on Feb 11, 2015 13:40PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Stacy	Individual	Support	No

Comments: On 2/3/15 I witnessed an overdose. I did chest compressions for nearly five minutes while waiting for the paramedics to arrive. If I'd have had access to Naloxone, the woman who had overdosed would have been awake and breathing on her own when paramedics arrived. Instead, she had a terrified first responder doing their best to administer CPR. I strongly support this bill. Thank you for hearing my testimony. -Stacy Lenze

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From:	mailinglist@capitol.hawaii.gov
To:	HTHTestimony
Cc:	melanie.boehm@usw.salvationarmy.org
Subject:	Submitted testimony for SB302 on Feb 11, 2015 13:40PM
Date:	Tuesday, February 10, 2015 1:52:29 PM

Submitted on: 2/10/2015 Testimony for HTH/JDL on Feb 11, 2015 13:40PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Melanie Boehm	Individual	Support	No

Comments: I support the responsible use of Naloxone in cases of overdose. I have personally witnessed Naloxone save someone's life.

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From:	mailinglist@capitol.hawaii.gov
To:	HTHTestimony
Cc:	Imaxera@chowproject.org
Subject:	Submitted testimony for SB302 on Feb 11, 2015 13:40PM
Date:	Tuesday, February 10, 2015 5:07:08 PM

Submitted on: 2/10/2015 Testimony for HTH/JDL on Feb 11, 2015 13:40PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Leilani Maxera	Individual	Support	No

Comments: I urge you to pass SB302 and make Naloxone available and safe to use for the people of the state of Hawai'i. Naloxone reverses opioid overdose. When administered during an overdose, Naloxone blocks the effects of opioids on the brain and restores breathing within 3 minutes of administration. Naloxone is a low-cost, non-narcotic Opioid antagonist that blocks opioids like heroin and oxycodone yet has no potential for abuse and side effects are rare. Increased community access to Naloxone can reduce overdose fatalities by 50%. Twenty-seven jurisdictions in the U.S. now have laws that increase access to Naloxone, and there have been over 10,000 overdose reversals using naloxone nationwide. From 2009-2013, drug poisoning/overdose was the leading cause of fatal injuries in Hawai'i, surpassing falls, motor vehicle, drowning and other injury-related deaths. In our state there were 150 deaths in 2013 from drug poisonings/overdose. The majority of drug-related overdoses occur in the presence of others. Half of the participants in Hawaii's syringe exchange program witnessed an overdose in the past two years. Overdose deaths are preventable! If these witnesses had access to Naloxone, they could have saved lives. Community-based naloxone education, training and distribution is effective. One study found for every 164 kits distributed, one life was saved. Why don't we have it here? Why is Hawai'i so behind other states in the area of curbing drug abuse and overdose? There are no excuses to not make Naloxone available. Please save lives and pass SB302!

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.