Testimony of Heath Myers

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before the

Joint standing Committee on Health and Human Services

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Good afternoon Senator Brakey and Representative Gattine and members of the Joint Standing Committee on Health and Human Services. My name is Heath Myers and I am an Overdose Prevention Coordinator for the city of Bangor. I am not here today to testify for or against LD 1547. However, I would like to share information about the lack of access to naloxone in the Bangor region as well as the dynamics that appear to feed this reality.

The stark truth is the state of Maine has been inundated with powerful, addictive prescription opioids. Regarding the effects of these substances, Dr. Andrew Kolodny, the co-founder of Physicians for Responsible Opioid Prescribing, states "These are drugs that are indistinguishable from the effects produced by heroin. We're essentially talking about heroin pills."

This truth means our perception of at-risk individuals should extend beyond those misusing heroin or prescription opioids to include those whom appropriately use prescription opioids as well as *anyone* in with access or exposures to these medication as family, friends, and community members.

Despite Mainers' ability to access to addictive opioids, naloxone, a non-addictive, non-scheduled opioid antidote is extremely hard to acquire. One hospital system I work closely with exemplifies this reality. Despite having the adamant support of the Chief Medical Officer and a fulltime pharmacy resident tasked with increasing prescribers, the hospital system saw only 2 doctors in roughly 2 years agree to prescribe naloxone.

My personal experience within a different hospital system was similar. Despite knowing my role as the city's Overdose Prevention Coordinator, my doctor informed me third party prescriptions, where an individual other than the identified party is provided a prescription, were forbidden by the hospital system. I also asked if I would be given a naloxone prescription if I ever had an injury or pain requiring an opioid. The response was "probably not".

There are multiple beliefs and perceptions acting as barriers to increasing access, especially third party access, to naloxone. One is the notion individuals will "push the limit". The science of addiction and dependence as well as anecdotal accounts suggest "pushing the limit" is highly unlikely. The overwhelmingly driver behind addiction and dependence is the fear of withdrawal. Administering naloxone will put an individual into opioid withdrawal, and at-risk folks are well aware of this unpleasant reality.

However, I can understand where the perception of "pushing the limit" comes from. I spoke with a sheriff who lamented "There was someone who was Narcaned 8 times, 8 times! Isn't that a problem?". I agree, it's a problem, but is the source of the problem is less likely naloxone than two other dynamics present in our state. On one hand, this state has long waiting lists for treatment and recovery services. It's possible the 8 naloxone administrations were a necessary bridge to treatment. It's also worth noting

early recovery, especially when an individual attempts an abstinence, is a high risk period. Relapses or slips with other addictive substances might result in consequences, but with opioids the results are often deadly. At the same time as seeing long waiting lines for treatment, the state is seeing a well-documented influx of Fentanyl which is often sold as heroin despite being 50-100 times higher. The amount of three grains of sugar of fentanyl can be fatal to an adult.

Finally, for many there is a strong concern naloxone will "make drugs safer". The fact is naloxone does do just that. But this reality is the upside of naloxone. Everyone is safer. Individuals struggling with addiction and dependence are safer with access to naloxone, just the same as at-risk individuals who take prescription opioids as prescribed. It is also makes everyone's families, children, neighbors, co-workers, and fellow community members safer by providing access to an antidote for accidental exposures to opioids like Fentanyl.

As a community, Maine certainly has major challenges to overcome before reversing the opioid crisis. I would be more than happy to make myself available to legislatures in order to provide more detailed research to inform the hard work ahead. In closing, I want to thank the members of the committee and the legislature at large for doing the hard work of crafting public policy aimed at preserving human life in the face of this drug crisis.

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