130th Legislature
Senate of Maine
Senate District 34

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Testifying in Support of LD 1428 "An Act To Increase the Availability of Nasal Naloxone in Community Settings"

Senator Claxton, Representative Meyer and distinguished members of the Health and Human Services Committee: I am Joe Rafferty, I proudly represent all of the people of Senate District 34 in the Maine Senate and I'm here to testify in support of LD 1428 "An Act To Increase the Availability of Nasal Naloxone in Community Settings." Please accept this written testimony as I am unable to testify live.

It is a sad fact that over 130 Americans die of drug overdose every day.[1] The opioid epidemic has taken a toll on people all across the country, and Maine is no different. Distribution of naloxone in public places is action we can take today to begin reversing the tide on this issue.

Earlier this week we had a similar bill come through the Education and Cultural Affairs committee and had the fortune of Gordon Smith, Director of Opioid Response in Governor Mills' Administration join us for testimony. The essential difference between the two bills is that this one proposes naloxone be available in public buildings where the other bill, LD 772, proposes naloxone be available in schools. When Mr. Smith joined, he shared some valuable statistics that I would like to relay here. As of this week, the state has over the past 26 months purchased over 60,000 doses of intranasal naloxone, sold under the brand name Narcan. The medication is given as a single spray into one nostril with additional doses given every two to three minutes in alternative nostrils. It is remarkably effective when given in time and we have documented well over 1000 "saves" in the past two years.[2] Over one thousand lives saved. Over one thousand families whose loved one is still here because of this life saving drug. Think about the impact of that for a moment.

I think it is important to mention that naloxone has no potential for abuse and is harmless to those who are not experiencing an opioid overdose.[3] That means that if a bystander believes

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[1] https://www.ama-assn.org/delivering-care/opioids/lifesaving-naloxone-should-be-available-almost-everywhere#:~:text=The%20AMA%20House%20of%20Delegates%20adopted%20new%20policy%20to%20%E2%80%9Csupport,the%20individual%20holds%20a%20prescription.%E2%80%9D&text=The%20widespread%20of%20naloxone%20in,successfully%20accomplished%20when%20this%20happens.

[2] http://legislature.maine.gov/backend/app/services/getDocument.aspx?doctype=test&documentId=154101

[3] https://www.ama-assn.org/delivering-care/opioids/lifesaving-naloxone-should-be-available-almost-everywhere#:~:text=The%20AMA%20House%20of%20Delegates%20adopted%20new%20policy%20to

someone was in need of naloxone that they could administer it without worry that they were doing them harm. I imagine you might be wondering, what is the likelihood of a bystander intervening in this way? Apparently, quite good. The Prehospital Emergency Care Journal released a study with the goal of answering this very question. Fifty participants completed the simulation to administer naloxone to a stranger with a 98% success rate, meaning only one participant failed to do it correctly. Moreover, they concluded that "bystanders are willing and able to access pre-stationed naloxone and administer it to a simulated patient in a public space. Public access naloxone stations may be a useful tool to reduce time to naloxone administration, particularly in areas where opioid overdoses are clustered."

Personally, I do not see the difference between AEDs being available in public places versus naloxone. Of course, none of us want to see these emergency tools be used, but I would rather them be in place in case they are needed. And the reality is that they are needed, but the good news is we can take action with this bill.

I am proud to support this measure and thank you for the opportunity to testify.

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