

SB2247

Measure Title: RELATING TO OPIOID ANTAGONISTS.

Report Title: Opioid Antagonists; Prescriptions; Dispensing; Pharmacists
Authorizes pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and
Description: caregivers of opioid patients without the need for a written, approved collaborative agreement.

Companion:

Package: None

Current
Referral: CPH

Introducer(s): BAKER, ESPERO, GALUTERIA, IHARA, INOUYE, KEITH-
AGARAN, KIDANI, KIM, NISHIHARA, K. RHOADS,
RUDERMAN, TOKUDA, S. Chang

**PRESENTATION OF THE
BOARD OF PHARMACY**

TO THE SENATE COMMITTEE ON
COMMERCE, CONSUMER PROTECTION, AND HEALTH

TWENTY-NINTH LEGISLATURE
Regular Session of 2018

Thursday, February 22, 2018
9:30 a.m.

TESTIMONY ON SENATE BILL NO. 2247, RELATING TO OPIOID ANTAGONISTS.

TO THE HONORABLE ROSALYN H. BAKER, CHAIR, AND MEMBERS OF THE
COMMITTEE:

My name is Lee Ann Teshima, and I am the Executive Officer for the Board of Pharmacy (“Board”). Thank you for the opportunity to comment on S.B. 2247, which is similar to H.B. 1924. The Board supports this bill with suggested amendments.

This proposed measure authorizes pharmacists to “prescribe and dispense” an opioid antagonist to opioid patients, as well as family members and caregivers of opioid patients.

The Board offers the following amendments:

Maintaining a signed acknowledgment form

Delete the following sentence on page 4, lines 17-19: “The pharmacy shall maintain the signed acknowledgment form with the prescription record[.]” The Board questions whether this requirement is necessary since the pharmacies are already required to maintain the prescription. Pharmacies have expressed concerns as to how to maintain the “acknowledgment” form signed by the person receiving the opioid antagonist and whether this is appropriate. Unnecessary or burdensome

requirements that do not afford consumer protection may prevent pharmacies from providing this service to their communities. Therefore, the Board respectfully requests deletion of this sentence.

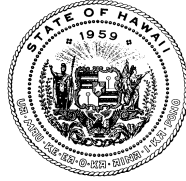
Scheduling an appointment to prescribe and dispense an opioid antagonist

Delete subsection (c) on page 5, lines 3-7: “A pharmacist who prescribes an opioid antagonist pursuant to subsection (a) shall not require the individual who is at risk for an opioid overdose, family member, or caregiver to schedule an appointment with the pharmacist for the prescribing or dispensing of the opioid antagonist.” The Board respectfully submits that any law requiring pharmacists to immediately service an individual by prescribing and dispensing a drug or administering a drug is unreasonable. The Board does not believe this bill intends to provide an opioid antagonist in an emergency situation, but rather, to allow pharmacists to prescribe and dispense an opioid antagonist to an opioid patient, family member, or caregiver, should the patient overdose on opioids where no medical assistance is immediately available. Pharmacists should be allowed to have clients make an appointment, if necessary, to prescribe and dispense an opioid antagonist to ensure the pharmacist has an opportunity to consult and speak with the clients. The ability to schedule an appointment would also reduce the waiting time for the client to obtain the prescription. For these reasons, the Board respectfully requests the deletion of subsection (c).

Senate Bill No. 2247
February 22, 2018
Page 2

These amendments would allow pharmacists to better serve their communities by providing access to opioid antagonists without unnecessary or burdensome requirements that could potentially affect patient safety.

Thank you for the opportunity to provide comments on S.B. 2247.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of S.B. 2247
RELATING TO HEALTH**

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: February 22, 2018

Room Number: 229

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department of Health (DOH) strongly supports the intent of
3 S.B. 2247, which expands the scope of registered pharmacists' practices by allowing registered
4 pharmacists to prescribe, dispense, and provide related education of opioid antagonists without
5 the need for a written, approved collaborative agreement. The DOH also defers to the Board of
6 Pharmacy on the regulation and implementation of the proposed requirements under
7 HRS Chapter 461.

8 The DOH is greatly appreciative to the sponsors of this bill for emphasizing the need to
9 build upon the significant precedent in Hawaii law that supports expanded access to opioid
10 antagonists combined with the role of registered pharmacists as the primary point of contact for
11 those who need opioid and other narcotic prescriptions is necessary to help prevent opioid abuse,
12 misuse and overdose. Opioid antagonists are an important tool for the community to combat
13 opioid overdose and overdose fatalities. According to the Hawaii Opioid Action Plan
14 (Dec. 2017), there are an average of nearly 400 nonfatal overdose incidents each year, nearly half
15 of which require hospitalization. Each opioid-related overdose costs an average of \$4,050 per
16 emergency department visit in Hawaii, and about \$40,100 for each hospitalization.

17 This measure also allows the Hawaii Opioid and Substance Misuse Initiative to
18 accomplish the following objectives of the Hawaii Opioid Action Plan (Dec. 2017) that pertain
19 to prevention and pharmacy-based interventions:

- 1 • Objective 4-1: “By April 2018, launch a public awareness campaign that includes
2 a website and collateral material to increase awareness of opioid issues, risks and
3 centralize resources in Hawaii;”
- 4 • Objective 5-1b: “By July 2019, modify Hawaii Revised Statutes to allow
5 pharmacists prescriptive authority to prescribe naloxone to patients and
6 community members to increase access to life-saving medication;”
- 7 • Objective 5-2: “By June 2018, provide continuing education presentation on
8 pharmacist role in screening for risk for patients with opioid prescriptions;” and
- 9 • Objective 5-3: “By October 2018, develop naloxone training program for
10 pharmacists.”

11 Thank you for the opportunity to testify on this measure.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection and Health
February 22, 2018 at 9:30 a.m.

By
Carolyn Ma, PharmD, BCOP
Dean
UH Hilo Daniel K. Inouye College of Pharmacy

SB 2247 – RELATING TO OPIOID ANTAGONISTS

Chair Baker, Vice Chair Tokuda, and members of the Committee:

My name is Carolyn Ma, and I am the Dean for the Daniel K. Inouye College of Pharmacy (DKICP). The college fully supports this bill that will authorize pharmacists to prescribe and dispense an opioid antagonist to patients, family members and caregivers of patients who take opioids.

Pharmacists, regardless of type of practice, have extensive professional involvement with opioid use and abuse. A strong knowledge base regarding optimal pain management including the use of opioids has been an ongoing portion of our curriculum since the inception of the DKICP in 2007. All U.S. accredited colleges of pharmacy more than adequately prepare student pharmacists in courses related to this area of pharmacology and therapeutic practice.

Table 1, below, addresses the year of curriculum and course title that, in a recent request by the Hawai'i State Dept. of Health, outlines our curriculum based on six objectives related to opioids. The table further divides the curriculum into didactic and clinical experiential coursework. The DKICP currently provides 19 hours in didactic teaching on the subject area. Dedicated experiential hours will vary upon the practice site, the individual pharmacist preceptor as well as consideration to the specialty area. For instance, an oncology (cancer) or critical care rotation would contain much more exposure to pain management care as opposed to an ambulatory primary care clinic rotation.

This information details our current state of curriculum. In response to the recent change in HAR 461, "pharmacists to dispense an opioid antagonist in accordance with a written collaborative agreement", the DKICP plans to create a pharmacist certificate program for academic year 2018/2019. The course called "Planned improvements to Pain Management/ Opioid Related Education" will address the specifics of naloxone prescribing and dispensing.

Thank you for this opportunity to testify in support of SB 2247.

TABLE 1. Coursework Relative to DOH Objectives

Program Year	PharmD. Curriculum Course Title	Approx hours of instruction	DOH Objectives**					
			1	2	3	4	5	6
DIDACTIC CURRICULUM								
1	Self Care I	2		x				
2	Pharmacy Law and Ethics	2			X			x
3	Integrated Therapeutics III	5	x	X	X	x	x	
3	Complementary Medicine	3		x				
3	Basic & Applied Toxicology	7			x		X	
	Total Didactic Hours	19						
EXPERIENTIAL CURRICULUM								
1	IPPE: Community/Retail Pharmacy	160*		X			x	x
2	IPPE: Hospital	80*	x	X	X	x	x	
4	APPE : Ambulatory	240*						
4	APPE : Community/Retail	240*					x	x
4	APPE: Medicine, Acute Care	240*	x	x	x	X		
4	APPE: Hospital Pharmacy	240*	X	X				
4	APPE: ELECTIVE - Narcotics Enforcement Agency	240*						X
	*Hours include other content. Amount of student exposure to opioid-related issues may vary from rotation and preceptor/faculty							
	** Objectives Per DOH:							
	1. Prescribing guidance for opioid naïve patients who develop acute pain							
	2. Appropriate use and alternatives to opioids for chronic pain							
	3. Identifying and treating opioid dependence							
	4. Appropriate use and alternatives to opioids for operative procedures and post-operative care							
	5. Use of informed consent in opioid prescribing							
	6. Use of prescription drug monitoring program (PDMP) database in opioid prescribing							

SB-2247

Submitted on: 2/20/2018 11:53:24 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Testifying for OCC Legislative Priorities Committee, Democratic Party of Hawaii	Support	No

Comments:

**PRESENTATION OF THE
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES
DEMOCRATIC PARTY OF HAWAII'**

TO THE COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

THE SENATE

TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

Thursday, February 22, 2018

9:30 AM

Hawaii State Capitol, Conference Room 229

RE: Testimony in Support of SB2247 OPIOID ANTAGONISTS

To the Honorable Rosalyn H. Baker, Chair; the Honorable Jill N. Tokuda, Vice-Chair, and Members of the Committee on Commerce, Consumer Protection and Health:

Good morning, my name is Melodie Aduja. I serve as Chair of the Oahu County Legislative Priorities Committee of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on Senate Bill No. 2247, relating to opioid antagonists; prescriptions; dispensing; and pharmacists

The OCC Legislative Priorities Committee is in favor of Senate Bill No. 2247 and support its passage.

Senate Bill No. 2247, is in alignment with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it authorizes pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and caregivers of opioid patients without the need for a written, approved collaborative agreement.

Specifically, the DPH Platform states, "[w]e also support the establishment of adequate mental health and statewide drug rehabilitation programs set up in conjunction with policing policies aimed at enabling all that seek assistance to obtain whatever support assistance is needed to allow them to remain free of drug dependence. (Platform of the DPH, P. 7, Lines 382-384 (2016)).

Given that Senate Bill No. 2247 authorizes pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and caregivers of opioid patients without the need for a written, approved collaborative agreement, it is the position of the OCC Legislative Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja

Melodie Aduja, Chair, OCC Legislative Priorities Committee

Email: legislativepriorities@gmail.com, Tel.: (808) 258-8889



February 22, 2018

The Honorable Rosalyn H. Baker, Chair
The Honorable Jill N. Tokuda, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: SB 2247 – Relating to Opioid Antagonists

Dear Chair Baker, Vice Chair Tokuda, and Committee Members:

The Hawaii Medical Association (HMSA) appreciates the opportunity to testify on SB 2247, which authorizes pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and caregivers of opioid patients without the need for a written, approved collaborative agreement. We support the intent of SB 2247 but, would respectfully ask the Committee to consider the following comments and amendments:

- We suggest including language that would require a collaborative agreement between a pharmacist and a physician in order to ensure relevant information about a patient's medical history is taken into considered for this type of prescription.
- Consider deleting "caregiver" from Section 2(a); this is a departure from normal prescribing procedure and could present liability and operational issues. In particular, were these prescriptions to be issued to family and caregivers, who would be liable for administering the prescription and who would ultimately be billed for the service(s)?

Please note that we appreciate the intent of this measure to expand access to opioid antagonists, and our comments are provided in the interest of making sure our members and their dependents receive the safest and most effective medical services possible.

Thank you for allowing us to testify on SB 2247.

Sincerely,

Pono Chong
Vice-President, Government Relations



Dedicated to safe, responsible, humane and effective drug policies since 1993

TO: Senate Committee on Commerce, Consumer Protection and Public Health
FROM: Carl Bergquist, Executive Director
HEARING DATE: 22 February 2018, 9:30AM
RE: SB2247, RELATING TO OPIOID ANTAGONISTS, **SUPPORT**

Dear Chair Baker, Vice Chair Tokuda, Committee Members:

The Drug Policy Forum of Hawai'i (DPFHI) **supports** this measure to authorize pharmacists to prescribe opioid antagonists like naloxone to patients, family members and caregivers. In 2016, we applauded the passage and enactment of Act 68, (Session Laws of 2016), which contained provisions related to pharmacists and opioid antagonists. It created immunity for pharmacists who dispense naloxone and other similar drugs, but required the use of “written collaborative agreement” to make use of this possibility. Unfortunately, such agreements have not proved practical, and that is why we welcome this bill that will make it easier for pharmacists to begin prescribing and dispensing this life-saving medication. [According to CVS Pharmacy, naloxone is available at their pharmacies without a prescription on 41 states](#), but not Longs here in Hawai'i.

Since the enactment of Act 68, naloxone has been made increasingly available around the country and helped save countless lives. Pharmacies have played an important role in different states, dispensing naloxone pursuant to different access models. The model that this bill proposes is a very efficient way to make naloxone as widely available as possible without further delay. It is important that the passage of this bill be accompanied by public education by the Department of Health, the pharmacies and community-based organizations. Finally, we welcome that the term “caregiver” is defined as a person with a “personal relationship” with a patient – this will allow peers with the best knowledge of, and greatest access to, to some of the individuals most at risk to procure naloxone.

Thank you for the opportunity to testify.

SB-2247

Submitted on: 2/19/2018 3:27:52 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Uyemoto	Testifying for Hawaii Pharmacist Association	Support	Yes

Comments:

SB 2247 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

The Hawaii Pharmacists Association **strongly supports** SB 2247, which will allow pharmacists to prescribe, dispense, and provide related education for an opioid antagonist such as naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

The latest statistics show that an estimated 64,000 drug overdose deaths occurred in 2016. Overdose deaths are now the leading cause of death among young Americans, killing more than HIV, gun violence, or car crashes. Majority of these deaths occurred in Americans younger than 50 years of age and the incidence of drug overdose deaths in younger Americans ages 20 to 30 are steadily increasing.

As a pharmacist, it is distressing to admit that the main culprit for these drug overdose deaths are prescription opioids. Due to their effect on the part of the brain which regulates breathing, opioids in high doses can cause respiratory depression and ultimately death. Fortunately, these deaths are preventable. If a person receives timely administration of an opioid antagonist such as naloxone, the effects of an opioid overdose can be reversed.

Over the past year, the Department of Health has spearheaded the Hawaii Statewide Opioid Initiative. Many state branches and community partners are working together to prevent the opioid epidemic from taking root in Hawaii. Pharmacists are the most accessible community healthcare providers and we believe that by leveraging that accessibility we can help get naloxone to the people who need it most. By supporting SB 2247 we hope that public access to naloxone will be expanded exponentially, resulting in a decrease of preventable opioid overdose deaths in our communities.

Thank you for this opportunity to provide testimony on SB 2247.



SB2247 Pharmacists Prescribe Opioid Antagonists

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH:

- Senator Rosalyn Baker, Chair; Senator Jill Tokuda, Vice Chair
- Thursday, February 22nd, 2018: 9:30 am
- Conference Room 229

HAWAII SUBSTANCE ABUSE COALITION (HSAC) Supports SB2247:

GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide hui of almost 40 alcohol and drug treatment and prevention agencies.

The Hawaii Opioid Action Plan (Plan), the collaborative gathering of about 150 political, government, insurers and providers, including HSAC members, developed plans that included pharmacists prescribing and dispensing opioid antagonists such as naloxone.

- Naloxone is safe
- Saves lives.
- Following other states, we need it because opioid overdose is the leading cause of accidental deaths in Hawaii.

We came together with so many, accomplishing so much in a short time because we are cognizant of the impending crisis due to Hawaii's opioid misuse and high overdose.

We appreciate the opportunity to provide testimony and are available for questions.

SB-2247

Submitted on: 2/21/2018 6:57:06 AM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Catalina Cross	Testifying for Times Pharmacy	Support	No

Comments:

SB 2247 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

I am writing to offer strong support for SB 2247, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB 2247, public access to naloxone will be exponentially expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB 2247.

Catalina Cross

Director of Pharmacy

Times Supermarket



SanHi

GOVERNMENT STRATEGIES
A LIMITED LIABILITY LAW PARTNERSHIP

DATE: February 21, 2018

TO: Senator Rosalyn Baker
Chair, Senate Committee on Commerce, Consumer Protection and Health
Submitted Via Capitol Website

RE: **S.B. 2247 Relating to Opioid Antagonists**
Hearing Date: Thursday, February 22nd, 2018 at 9:30 a.m.
Conference Room: 229

Dear Chair Baker and Members of the Committee on Commerce, Consumer Protection and Health:

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 19 stores on the islands of Oahu, Maui, and Hawaii.

Walgreens **supports the intent of S.B.2247, but requests amendments to the bill.** S.B. 2247 seeks to allow pharmacists to prescribe and dispense opioid antagonists to patients, family members or caregivers without the need for a written approved collaborative agreement.

Walgreens is committed to comprehensive efforts to combat drug abuse and has supported several measures aimed at helping curb the opioid crisis. We believe that making opioid antagonists widely available and obtainable is one way in which Hawaii can help to address opioid overdoses. Walgreens also notes that Hawaii is one of a handful of states remaining that has not fully operationalized making opioid antagonists available via pharmacies. This measure is a critical step towards addressing this issue.

Walgreens would request the following amendments be made to this measure to ensure that the bill can be effectively implemented:

1) Opioid Antagonist Recipient (page 3, lines 4-14):

"§461- Opioid antagonist; authority to prescribe and dispense; requirements. (a) A pharmacist may prescribe and dispense an opioid antagonist to **an individual who is at risk of an overdose a patient or family member or caregiver of a patient **an individual** who is at risk for an opioid overdose regardless of whether the patient has evidence of a previous prescription for an opioid antagonist from a practitioner authorized to prescribe opioids. The opioid antagonist prescribed and dispensed for a family member or caregiver of an individual who is at risk for an opioid overdose shall be prescribed and dispensed in the name of **the individual who is requesting the opioid antagonist "Opioid Antagonist Recipient" or "OAR".****

Pharmacies need to assign every prescription to a person in their systems, for reimbursement and billing purposes. Not having a name as proposed by inserting the term "Opioid Antagonist Recipient" will create operational challenges for pharmacies.

2) **Acknowledgment form (page 4, lines 6-10):**

~~(3) Obtain an **a signed** acknowledgment form signed by the person receiving the opioid antagonist. The pharmacist shall notify the practitioner who authorized the original opioid prescription that an opioid antagonist was prescribed and dispensed by the pharmacy. For opioid antagonists that are prescribed to **the individual at risk of an overdose**, "Opioid Antagonist Recipients" patients, the practitioner **who authorized the original opioid prescription** shall be notified if applicable. The pharmacy shall maintain the signed acknowledgment form with the prescription record; and~~

As amended:

(3) Obtain a signed acknowledgment by the person receiving the opioid antagonist. For opioid antagonists that are prescribed to the individual at risk of an overdose, the practitioner who authorized the original opioid prescription shall be notified if applicable.

We would suggest simplifying this requirement as proposed above or removing it, as most states do not include an acknowledgment form requirement. There are problems with implementing the acknowledgement form as the language as drafted. For example, we would recommend striking the second sentence because it may not be possible in all cases to notify the prescriber if a family member or caregiver is not aware of who the prescriber is. In addition, there are concerns with the last sentence and how pharmacists would maintain the acknowledgement form depending on the format it is in.

We recognize that other stakeholders have similar concerns with this measure, and are happy to work with them on language that addresses the implementation issues. Thank you for the opportunity to submit testimony regarding this bill.

SB-2247

Submitted on: 2/20/2018 10:34:20 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rachel L. Kailianu	Testifying for Ho`omana Pono, LLC	Support	Yes

Comments:

Testimony of
Jonathan Ching
Government Relations Specialist

Before:
Senate Committee on Commerce, Consumer Protection, and Health
The Honorable Rosalyn H. Baker, Chair
The Honorable Jill N. Tokuda, Vice Chair

February 22, 2018
9:30 a.m.
Conference Room 229

Re: SB2247, Relating to Opioid Antagonists

Chair Baker, Vice-Chair Tokuda, and committee members, thank you for this opportunity to provide testimony on SB2247, which expands the scope of registered pharmacists' practices by allowing registered pharmacists to prescribe, dispense, and provide related education of opioid antagonists without the need for a written, approved collaborative agreement.

Kaiser Permanente Hawai'i supports the intent of SB2247 and offers the following COMMENTS

Kaiser Permanente Hawai'i unequivocally agrees with the Legislature's finding that deaths caused by opioids are often preventable via timely administration of an opioid antagonist such as naloxone and is firmly committed to empowering health care professionals, such as pharmacists, who can safely provide naloxone and related education about the risks of opioid misuse.

We appreciate the intent of SB2247 in seeking to further what the Legislature intended in its passage of Act 68, Session Laws of Hawai'i 2016, which took several steps to reduce opioid-related drug overdoses in the State by encouraging the use of opioid antagonists to assist individuals experiencing or at risk of experiencing an opioid-related drug overdose.

While we support the intent of SB2247, we offer the following comments:

- (1) We have concerns with Section 2, Page 3, lines 12-16 regarding the name which the opioid antagonist is to be dispensed to. As currently drafted, the requirement that the opioid antagonist "shall be prescribed and dispensed in the name of "Opioid Antagonist Recipient" or "OAR" will present system challenges for Kaiser Permanente Hawai'i given that every prescription needs a medical record number and name. In addition, there is an added layer of complexity with Kaiser Permanente's integrated systems, which include medical record,

pharmacy, and membership. We understand that other stakeholders are open to working to find language that will address our concerns. We request time to work with the relevant stakeholders to find compromise language;

- (2) Kaiser Permanente Hawai'i questions the intent of the acknowledgement form listed in Section 2, Page 4, lines 10-11, 17-19, specifically on what the acknowledgement affirms; and
- (3) In Section 2, Page 4, lines 11-17, the requirement for a pharmacist to notify the original prescriber may not be possible in certain cases, particularly if the family member or caregiver does not know who the prescriber is.

We respectfully request consideration of our comments and we look forward to working with the committee and stakeholders to further this measure. Thank you for the opportunity to testify on SB2247.

SB 2247 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

I am writing to offer strong support for SB 2247, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB 2247, public access to naloxone will be exponentially expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

In addition, there is a shortage of primary care physicians in Hawaii and this will not end soon. Pharmacists help the situation with the shortage in many areas such as allowing prescribing, dispensing, administration and education for many drug related therapies.

Nurse Practitioners have prescribing authority. Pharmacist should have prescribing authority too.

Thank you for this opportunity to provide testimony on SB 2247.



Life Foundation & The CHOW Project

677 Ala Moana Boulevard, Suite 226
Honolulu, HI 96813
(808) 521-2437 | (808) 853-3292



TESTIMONY IN SUPPORT OF SB 2247: RELATING TO OPIOID ANTAGONISTS

TO: Senator Rosalyn Baker, Chair; Senator Jill Tokuda, Vice Chair; Senate Committee on Commerce, Consumer Protection, and Health

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Thursday, February 22, 2018 9:30 AM Conference Room 229, State Capitol

Dear Chair Baker, Vice Chair Tokuda, and members of the Committee on Commerce, Consumer Protection, and Health:

I thank you for this opportunity to testify in **support** of SB 2247 which allows pharmacists to prescribe, dispense, and provide naloxone related education to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

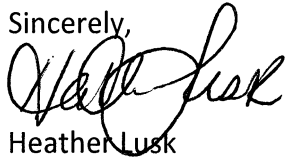
The opioid epidemic continues to plague our nation. According to the Center for Disease Control, opioid overdose fatalities have increased from 33,000 to 53,000 in 2016. Deaths caused by opioids are often preventable via timely administration of an opioid antagonist, such as naloxone. Since the launch of The CHOW Project's naloxone program, just a little over a year ago, there have been over 60 recorded overdose reversals. This is a prime example of the meaningful impact increased public access to naloxone can make.

This highlights the need for increased public access to health care professionals who can safely provide naloxone and related education about the risks of opioids. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities.

SB 2247 will expand the scope of registered pharmacists' practices by allowing registered pharmacists to prescribe, dispense, and provide related education of opioid antagonists without the need for a written approved collaborative agreement. This action will significantly expand public access to naloxone, ultimately resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to testify in support of SB 2247.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Lusk". The signature is fluid and cursive, with the first name "Heather" written in a larger, more prominent script than the last name "Lusk".

Heather Lusk

Executive Director

CHOW Project + Life Foundation

SB-2247

Submitted on: 2/16/2018 4:39:08 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

SB-2247

Submitted on: 2/19/2018 1:01:14 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Hiroimi Saito	Individual	Support	No

Comments:

SB 2247 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

My name is Hiroimi Saito. I am a registered pharmacist. I am writing to offer strong support for SB 2247, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB 2247, public access to naloxone will be exponentially expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB 2247.

Hiroimi Saito RPh

SB-2247

Submitted on: 2/19/2018 1:37:03 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Quan Truong	Individual	Support	No

Comments:

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

My name is Quan Truong, pharmacy student and intern. I am writing to offer strong support for SB 2247, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB 2247, public access to naloxone will be exponentially expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB 2247.

SB-2247

Submitted on: 2/19/2018 2:25:16 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tia Medeiros	Individual	Support	No

Comments:

SB 2247 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

I am writing to offer strong support for SB 2247, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

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Thank you for this opportunity to provide testimony on SB 2247.

SB-2247

Submitted on: 2/19/2018 2:33:42 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ron Okamura	Individual	Support	No

Comments:

Pharmacists are the most accessible healthcare professional and will have an impact to reduce opioid overdose fatalities. Pharmacists have the skills and knowledge necessary to provide education on opioid antagonists. SB 2247 will expand public access to Naloxone.

I support SB 2247.

Date: February 19, 2018

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Jill N. Tokuda, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

Re: **SUPPORT for SB2247**, Relating to Opioid Antagonists
Hrg: February 22, 2018 at 9:30 am at Conference Room 229

Dear House Committee on Commerce, Consumer Protection, and Health,

I am writing in strong **SUPPORT of SB2247** to authorize pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and caregivers of opioid patients without the need for a written, approved collaborative agreement.

The opioid epidemic has taken a great toll nationally and in Hawai'i. Opioid antagonists prevent deaths from opioid overdoses and accidental ingestions. Naloxone, the most commonly available opioid antagonist, can be safely and effectively administered by non-health professionals but currently requires a practitioner's prescription.

Pharmacists are the most accessible health professionals. As part of our education, all pharmacists are trained in the appropriate indications, use and administration of naloxone, as well as in providing patient/care giver education for safe and effective naloxone administration.

Allowing pharmacists to prescribe and dispense naloxone to patients, family members and caregivers of patients taking opioids has been shown to increase the availability of naloxone at the time and place it is required, and to prevent needless deaths.

Passage of this measure will increase public access to naloxone and decrease preventable opioid-related deaths occurring in our community.

I strongly **support SB2247** and respectfully ask you to pass this bill out of committee.

Many thanks for your consideration,

Forrest Batz, PharmD
Keaau, HI

SB-2247

Submitted on: 2/19/2018 2:51:46 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

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

Comments:

This bill would improve access to naloxone, a drug that can help reverse an opioid overdose before it kills;

Family members and caregivers of at risk individuals will be able to buy naloxone at any pharmacy without a prescription;

Keeping naloxone at home can save a life while waiting for emergency services;

The CHOW Project has distributed naloxone kits to community members in Hawai'i since September 2016, and these have helped save dozens of lives.

SB-2247

Submitted on: 2/19/2018 4:45:08 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
T O	Individual	Oppose	Yes

Comments:

Emailed 2/19/18 at 4:45pm Testimony for SB2247---

As a pharmacist, I strongly OPPOSE this bill. Prescribing is a physician's task especially without a collaborative agreement. Pharmacists will be assuming ALL liability for whatever happens to the patient, family members, and caregivers. This is another terrible example of a band-aid approach from legislators trying to stop a gushing wound.

Instead of requiring pharmacists to stick their necks out liability wise, the legislature should enact legislation to make physicians, APRN's and PA's accountable for failing to properly monitor the addicts they are creating, and for writing large quantities of opioid prescriptions for non-specific "back pain." Insurance companies should penalize physicians and pharmacies for filling prescriptions that do not make sense and you should also require all providers to use the Prescription Monitoring program rather than just the pharmacists.

This bill may sound like a good idea but the Pharmacist needs to be protected from liability and this BILL does not do that..

T. Ocampo

SB-2247

Submitted on: 2/19/2018 5:03:34 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laurie West	Individual	Oppose	No

Comments:

I **STRONGLY OPPOSE** SB 2247, as pharmacists already are challenged to fulfill their primary duty of managing medication orders; pushing more physician and nursing duties onto pharmacists is not in the best interest of patients. This “drive-through”/“cookie-cutter” approach to healthcare erodes individualized treatment and needs to be reversed. Neither consumer nor pharmacist is well-served by this proposed legislation.

SB-2247

Submitted on: 2/19/2018 5:10:17 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Maly Nakoa	Individual	Oppose	No

Comments:

As a registered nurse of 21 years I strongly oppose this bill. An opioid antagonist must be carefully monitored and should only be prescribed by a Provider who will be able to do this.

Expanding Pharmacist privileges without putting patient safety at the forefront is irresponsible and negligent.

SB-2247

Submitted on: 2/19/2018 5:11:01 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
natasha sky	Individual	Oppose	No

Comments:

SB-2247

Submitted on: 2/19/2018 5:17:46 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thaddeus Pham	Individual	Support	No

Comments:

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

I am writing to offer strong support for SB 2247, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB 2247, public access to naloxone will be exponentially expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB 2247.

SB-2247

Submitted on: 2/19/2018 9:36:55 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lara Gomez	Individual	Support	No

Comments:

SB 2247 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

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Thank you for this opportunity to provide testimony on SB 2247.

SB-2247

Submitted on: 2/20/2018 5:12:36 AM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Chad Kawakami	Individual	Support	No

Comments:

SB 2247 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

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Thank you for this opportunity to provide testimony on SB 2247.

SB-2247

Submitted on: 2/20/2018 9:48:26 AM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard S. Mejia	Individual	Support	No

Comments:

SB 2247 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

I am writing to offer strong support for SB 2247, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

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Thank you for this opportunity to provide testimony on SB 2247.

Sincerely,

Richard S. Mejia, RPh.

SB-2247

Submitted on: 2/19/2018 1:37:03 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Quan Truong	Individual	Support	No

Comments:

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

My name is Quan Truong, pharmacy student and intern. I am writing to offer strong support for SB 2247, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

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Thank you for this opportunity to provide testimony on SB 2247.

SB-2247

Submitted on: 2/20/2018 2:01:36 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
carla favata	Individual	Oppose	No

Comments:

Strongly oppose this bill! The prescribing of meds is an MD task, not a pharmacist, especially without a memorandum of agreement. There's too much liability for everyone except MD's.

SB-2247

Submitted on: 2/20/2018 2:13:41 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bryce Fukunaga	Individual	Support	No

Comments:

SB 2247 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

I am writing to offer strong support for SB 2247, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

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Thank you for this opportunity to provide testimony on SB 2247.

SB-2247

Submitted on: 2/20/2018 9:06:31 PM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alec Wong-Miyasato	Individual	Oppose	No

Comments:

SB-2247

Submitted on: 2/21/2018 12:39:41 AM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kelli Goo	Individual	Support	No

Comments:

SB 2247 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Sen. Rosalyn H. Baker (Chair), Sen. Jill N. Tokuda (Vice Chair), and Members of the Commerce, Consumer Protection, and Health Committee

I am writing to offer **strong support** for SB 2247, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

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Thank you for this opportunity to provide testimony on SB 2247.

SB-2247

Submitted on: 2/21/2018 6:47:46 AM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
SueAnn Yasuoka	Individual	Support	No

Comments:

Feb 21, 2018

Committee on Commerce, Consumer Protection, and Health

Please Support SB 2247.

As a pharmacist in RETAIL, we are accessible health provider that will be able to assist the community to prevent/treat opiod overdose. Removing the need for a collaborative agreement will remove the barrier to be restricted bu the collaborative practitioner. I SUPPORT SB 2247.

Thank you for the oppportunity to provide testimony.

Sincerely,

SueAnn Yasuoka

Community Retail Pharmacist

SB-2247

Submitted on: 2/21/2018 11:33:44 AM

Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kalma Wong	Individual	Oppose	No

Comments:

Sen. Baker, Sen. Tokuda, & Members of the Committee:

I am writing in strong support of SB 2247, which would authorize pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and caregivers of opioid patients without the need for a written, approved collaborative agreement. I was happy to receive training from The CHOW Project at last fall's Overdose Awareness Day event at Harris United Methodist Church.

Expanded access to naloxone will save lives. When an individual has overdosed, time is of the essence. Those who are nearby are best situated to administer an opioid antagonist that will keep that person alive until EMT's and other professionals are able to provide necessary medical care.

It is a welcome development that [Walgreens now offers naloxone without requiring a prescription in 45 states](#). Hawaii policymakers should also seek to support the efforts of nonprofit organizations like The Chow Project that make naloxone freely available to at-risk populations and those who serve them.

Research underscores the imperative of quick action to reverse overdose and the safety and effectiveness of allowing lay persons to administer opioid antagonists:

The effectiveness of naloxone is entirely time dependent. Death typically occurs within 1 to 3 hours after an overdose [citation]. Thus, naloxone is only successful in reversing an overdose if administered before overdose symptoms cause death. Medical first responders and emergency departments are equipped with naloxone. However, it is often the case that these service providers arrive too late to revive overdose victims....

Lay administration of naloxone is increasingly being used as a response to the epidemic of opioid-related fatality in the United States. In this review, we found that such administration was both safe and effective... (Giglio, Lee, & DiMaggio (December 2015). "[Effectiveness of bystander naloxone administration and overdose education programs: a meta-analysis](#)." *Injury Epidemiology*, 2(1): 10.)

Hawaii policymakers should also explore and support other measures to reduce the harm to individual health and well-being stemming from substance use and abuse. The current policy landscape needlessly stigmatizes and dehumanizes users and even those seeking treatment.

The former presidents of Switzerland and Portugal, now with the Global Commission on Drug Policy, underscore the need to have a broad array of policy interventions available:

U.S. leadership is still hesitating to take actions that have proven so effective in our countries and others around the world. There is a focus on reverting overdoses with naloxone and on expanding treatment, including [opioid substitution therapy] – which, at the moment, is available in fewer than 10 percent of treatment centers in the U.S. — and these are very welcome steps. But it is crucial to highlight that not everyone who is addicted to opioids is ready, physically and psychologically, to enter treatment. Other harm reduction measures that have helped save the lives of thousands are also necessary, particularly needle and syringe programs, supervised injection facilities, drug checking and heroin-assisted treatment for those who do not respond medically to methadone....

Different drugs need careful legal regulation according to their potential harms. The way prescription opioids have been handled until recently is an illustration of precisely where a substance was legally available but was not regulated according to its potential harms – in this case, too loosely.

In contrast, studies suggest that a substance that was, and for the most part still is, illegal has helped decrease harm. States with access to medical marijuana have 25 percent lower opioid addiction and overdose rates. In these states, each doctor writes 1,800 fewer annual opioid prescriptions. (Ruth Dreifuss & Jorge Sampaio. "[Our International Perspective On America's Response To The Opioid Epidemic](#)." *Huffington Post*, 02 Nov 2017.)

Hawaii's continued criminalization of possession of heroin and other opiates for personal use as a Class C felony stigmatizes and dehumanizes users and erects significant barriers to treatment for substance use disorders. These barriers are even more substantive for those with co-occurring mental health disorders. On this front, the recommendation of the Global Commission on Drug Policy is clear: "decriminalize drug use and possession for personal use at municipal, city or [state] levels. Do not pursue such offenses so that people in need of health and social services can access them freely, easily, and without fear of legal coercion." ([Position Paper: The Opioid Crisis in North America](#), October 2017.)

Drug abuse and addiction are the product of an intersection of many factors. A recent commentary observed that the opioid crisis is "fundamentally fueled by economic and social upheaval, its etiology closely linked to the role of opioids as a refuge from physical and psychological trauma, concentrated disadvantage, isolation, and hopelessness." (Dasgupta, Beletsky & Ciccarone (December 2017). "[Opioid Crisis: No Easy Fix to Its Social and Economic Determinants](#)." *American Journal of Public Health*, 108:182–186.)

Among the root causes of substance use disorders are economic instability, including lack of stable housing: “Poverty and substance use problems operate synergistically, at the extreme reinforced by psychiatric disorders and unstable housing. The most lucrative employment in poorer communities is dominated by manufacturing and service jobs with elevated physical hazards, including military service. When sustained over years, on-the-job injuries can give rise to chronically painful conditions, potentially resulting in a downward spiral of disability and poverty.” (*Id.*)

Hawaii policymakers are acutely aware of the state’s ongoing homelessness crisis, where substance abuse and co-occurring mental health issues are prevalent factors. Substance abuse and mental health concerns are also prevalent in the context of public safety. Criminalization, incarceration, and extensive periods of correctional supervision continue to perpetuate a cyclical range of harms to individuals and their families that spans generations. Fiscal resources would be more effectively spent on social services, including medical care that provides supervised mental health and substance abuse treatment in a non-correctional context.

In short, Hawaii should adopt a “health first” approach to substance use and abuse that emphasizes harm reduction and provides a range of treatment alternatives for those who seek it without legal coercion.

Sincerely,
Nikos A. Leverenz