

From: Jeanne Molitor [REDACTED]
Sent: Friday, January 08, 2016 4:19 PM
To: Rep. Paul Seaton <Rep.Paul.Seaton@akleg.gov>
Subject: Support HB23

I have been a nurse for 3years. 24 of those years were spent in Emergency Rooms. 20 of those 24 years were in an Anchorage ER. The heroin epidemic has hit everyone hard on every front. From Loved ones dying, to thefts from users trying to feed their habit, to the rehab facilities that are either non-existent in Alaska or overflowing with the addicts from this epidemic. One step is to legalize and protect those that might been a situation to save a life verses watch one wither away. Intranasal Naloxone is a simple way to save a life. Save the ambulance bill, keep them out of our ER's. Support this bill. My best friend's son died of a heroin overdose. They lived across the street. Two kids two houses from me supplied him with the heroin he died using. I l've in a middle class home one block from Service High. This epidemic hits us all. This is one small step in acknowledging the problem and moving towards dealing with it; all the other actions that need to be taken are much bigger and expensive. This does not cost the State anything; it will save money in ambulance and ER visits. Jeanne

From: Meganrittermd [REDACTED]
Sent: Friday, January 15, 2016 11:26 PM
To: Rep. Paul Seaton <Rep.Paul.Seaton@akleg.gov>
Subject: SB23 support

Good evening Representative Seaton,

I am an Anchorage physician with a strong interest in advocating for SB23 and any additional legislation which addresses the current drug overdose epidemic devastating our state and nation. I am also a faculty member at the WWAMI School of Medical Education and have medical students interested in working on approaches to battle this deadly issue as well.

For prescribed drug overdoses, the initiating event is a physician prescription. Considering enacting e-prescribing for controlled substances with the intent that physicians would then prescribe smaller quantities, resulting in fewer pills in our communities, is a consideration. Patients in pain struggle to travel to physician offices for hard copy prescriptions to take to a pharmacy. And physicians are aware of this hurdle for their patients and are inclined to balance prescription quantity with compassion for their patients' pain and mobility status. With diffuse physician education and strong recommendations to prescribe smaller quantities, e-prescribing could lessen the flood of unused prescribed controlled substances into our communities.

Secured and monitored lock boxes in offices which hand out controlled substance prescriptions would allow for patients to conveniently return leftover medications to their physicians. And physicians and staff could be trained to query patients on their usage and return of leftover meds. I believe California has a system similar to this in place. Currently, there is little to no discussion with patients or convenient systems in place regarding the disposal of unused controlled substances. This an area ripe for change.

Having all state troopers and police officers carry naloxone and be trained in the simple administration could save precious time and lives in the increasing cases of opioid overdoses, as police officers are often the first to arrive on scene before paramedics and medical first responders.

Pharmacy dispensation of naloxone without a prescription would allow families of opiate users the chance to have this life-saving antidote available at home for immediate administration in overdose cases. Pharmacist counseling and educational material could be required with dispensation.

Additionally, since for many this epidemic begins with a physician's prescription, we could require physicians to educate their patients and family members on the use of naloxone and dangers of overdose whenever they prescribe opioid controlled substances. And have a naloxone prescription issued with each opiate prescription, if naloxone is not already available to them. In essence, we could be better educating the patients and families of overdose risks while removing barriers to obtaining the reversal medication.

All ER overdose patients and families could be discharged with a naloxone prescription and training in its use. After the trauma of an overdose, family members/loved ones would welcome overdose prevention management strategies and information, yet this is not done.

I recognize that not all of these suggestions may be best addressed by state legislation. For that assessment, I rely on you and your colleagues for input. I will also notify Senator Ellis of my interest in tackling this pervasive and devastating issue.

Please let me know how I can help advocate for SB23 and any associated legislation.

Thank you for your attention to this epidemic and compassion for the victims and family members affected by it.

Sincerely,

Megan Ritter, MD