

# HARM REDUCTION OHIO

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## Naloxone Amendment to HB 341 Proponent Testimony

Chairman Burke, Vice Chairman Huffman, Ranking Member Antonio, and members of the Senate Health, Human Services, and Medicaid Committee, thank you for allowing me to provide written testimony to support an amendment that will make it easier to furnish naloxone to people who may need it in a to reverse potentially fatal opioid overdoses.

I am Dennis Cauchon, founder and president of Harm Reduction Ohio, a statewide harm reduction organization based in Granville, Ohio. Harm Reduction Ohio is the only legal and licensed lay distributor of naloxone in Ohio. This amendment would strip us of this monopoly – and that’s a good thing! Lay person distribution of naloxone should be encouraged and easy as possible. Scientific evidence, practical experience and common sense show that lay person distribution of naloxone is the most accurate and least expensive way to distribute naloxone in a way that reduces overdose death.

Harm Reduction Ohio distributes naloxone through a network of more than 60 layperson volunteers across Ohio. Most of these volunteers are people in recovery or moms who’ve lost a child and want to prevent more overdose death. We also have a statewide online naloxone ordering service -- [harmreductionohio.org/get-naloxone/](http://harmreductionohio.org/get-naloxone/) -- that is the largest in the country and has provided naloxone by mail to all 88 Ohio counties. Overall, we will distribute more than 15,000 naloxone kits in Ohio this year, likely making us the state’s largest naloxone distributor. We generate about 100 reported overdose reversals every month and have many more reversals that do not get reported back to us.

We are a Project DAWN program but, unlike our valuable counterparts at local health departments, we operate through layperson volunteers who have deep connections to and are trusted by people who use drugs and those who love them (family, friends, co-workers). Layperson distribution is an example of the concept of “faster, better, cheaper.” Our layperson network delivers naloxone more accurately and at a fraction of the per unit cost as a pharmacy, medical provider or local government can.

This amendment would eliminate the biggest hurdle to lay distribution: the need to have a Terminal Distributor of Dangerous Drugs License to obtain or furnish naloxone. To medical professionals -- pharmacies, hospitals, local health departments -- a TDDD License is an everyday part of doing business. To an ordinary citizen, it’s an insurmountable obstacle -- too technical, too expensive, too time-consuming, too incomprehensible for a mom whose only concern is preventing overdose deaths in their hometown.

I know how hard it is to comply with current rules because it took me months to figure out how to get our naloxone-only TDDD License. I worked with the kind support of health care lobbyists, physicians, the Board

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of Pharmacy, the Ohio Department of Health and other medical professionals to get through the regulatory maze. Today, Harm Reduction Ohio uses its license to empower lay distribution across Ohio. We say “yes, you can operate under our TDDD License” to essentially every qualified layperson in Ohio who wants to hand out naloxone.

However, local organizations shouldn't have to use us and our TDDD License to obtain and hand out 20 naloxone kits in Ironton or 50 in Tiffin. Pharmaceutical companies and the state pharmacy will only deliver to sites that have a TDDD License. In lay person delivery, that means Harm Reduction Ohio. We now operate a huge fulfillment operation directing naloxone to local layperson distributors who, with this amendment, would be able to obtain the naloxone directly. Just as importantly, it would let local groups of peers, families and social service providers to get local funding for locally run naloxone distribution programs. Many United Ways and local foundations want to fund layperson naloxone outreach in their communities. However, the inability for these groups to obtain naloxone on their own effectively blocks local funding for homegrown lay person naloxone distribution.

This amendment is deregulation at its best. Naloxone need not be regulated as if it's Oxycontin. It has no potential for abuse and no serious side effects. The amendment will empower Ohio residents to serve their families, friends, communities and the stigmatized population of people who use heroin, cocaine, meth, fake pills and other drugs that can cause a fentanyl-related overdose death.

The elimination of the TDDD License requirement also eliminates the need for an M.D. or D.O. to serve as medical director of the naloxone program. Without a required TDDD License, a nurse practitioner or physician's assistant can sign the medical protocol needed to oversee naloxone distribution. Finally, the amendment simplifies the rules for “service entities” -- libraries, homeless shelters, etc. -- so that they can possess naloxone both to administer the drug in case of emergency and to furnish it to those who need it.

This amendment removes regulatory barriers so that citizen volunteers all over Ohio can do what they desperately want to do: prevent more overdose death. It deserves your support. Thank you.