Testimony of Dr. Gary Oxman re: Senate Bill 384
Senate Committee on Health Care and Human Services, February 18, 2013

Chair Monnes Anderson, Members of the Committee

I'm Dr. Gary Oxman. I am a public health physician; I recently retired from a twenty-five year career as the public health officer for Multnomah County. I am speaking in support of Senate Bill 384 with the dash-3 amendments. I am speaking to to you today as a concerned Oregonian.

In my professional life, I have been involved in addressing the negative consequences of opiate use in Oregon for the past 15 years. I have been involved in the development of SB 384 and its amendments, and would like to provide you with some background on the bill and the situation it is intended to address.

I'd like to start with a few words about the opiate problem here in Oregon.

Opiates are drugs that are derived from opium or that have similar effects. You are probably familiar with the names of many opiates such as morphine, oxycodone, methadone, and heroin. Whether these drugs are manufactured and distributed through legitimate or illicit channels, their effects on the human mind and body are similar. One important negative consequence of taking too much of an opiate is overdose. Symptoms include impaired consciousness, slowed breathing and circulation, and in a significant number of cases - death.

More and more Oregonians, especially young people, are abusing prescription opiates, and are at risk of overdose and other harms of opiate use.

- Oregon had the highest rate in the nation for illicit use of prescription opiates from 2010-11.[3]
- Youth under 26 are increasingly at risk. This is seen in the number of admissions for treatment of opiate abuse.
    - The percentage of people under 26 admitted for treatment of prescription opiate abuse doubled between 1992 and 2011 - from 13% to 27%[4].
    - An even larger increase was seen in the percentage of young people admitted for treatment of heroin abuse - from 10% in 1992 to 41% in 2011[4].

As I mentioned above, legitimate and illicit opiates have the same physiological effects on people. More and more we are seeing an overlap in the abuse of prescription opiates and heroin. For example, in a 2011 survey done in Oregon, **45% of heroin users said they were hooked on prescription opiates before they started using heroin.**

This rising tide of opiate abuse is playing out in fatal overdose deaths.

- Prescription opiate overdose deaths in Oregon increased over 400% from 2000 to 2011 (33 to 179 deaths).[1]
- Heroin overdose deaths in Oregon increased 42% from 2002 to 2011 (101 to 143 deaths).[2]

Each of these deaths is a tragedy. In addition, the great majority of these deaths are preventable through a multi-faceted community approach. One facet is providing rapid emergency treatment so that an overdose does not result in death.

That is what Senate Bill 384 is all about.

Naloxone is a safe, widely-used antidote that can reverse an overdose and keep it from becoming fatal. Oregon law currently allows certain health care providers - physicians, nurse practitioners, some physician assistants, and some emergency medical personnel - to use naloxone to treat overdose. This is a common practice in emergency departments and in ambulance and other EMS response.

Senate Bill 384 authorizes public health departments and other organizations serving drug users to train lay people to provide emergency treatment for people who appear to be suffering from an overdose. This treatment includes administering naloxone as well carrying out non-medication treatment such as rescue breathing and calling 9-1-1.

The approach of SB 384 is not radical.

- Nationwide, community-based overdose treatment programs have been in place for more than 10 years. There are about 200 such programs across the country[5].
- As of 2012, 8 states have laws authorizing naloxone use by laypeople.
- Naloxone is distributed in a variety of settings across the US, including medical clinics, drug treatment programs, emergency housing shelters, syringe exchange programs, the Fort Bragg Army Base, and some law enforcement agencies. [5,9,10]

Most importantly, naloxone programs work.

- More than 50,000 laypeople have been trained. Their intervention has been credited with reversing more than 10,000 potentially fatal overdoses[5].
- Cities and states with naloxone distribution programs have seen 37%-90% reductions in overdose deaths.[6]
- Naloxone is highly cost-effective, even under very conservative economic models.[6]
- Naloxone has no potential for abuse and side effects are rare.
- Naloxone availability does not increase drug use.[7,8]

So what does SB 384 do?

- Fundamentally, SB 384 expands access to naloxone. In concept SB 384 is similar to current Oregon law that allows lay people to treat severe allergic reactions epinephrine (AKA adrenaline).

- It allows public health departments and other organizations to train laypeople to recognize and treat opiate overdoses. This includes authorizing these laypeople to receive, possess, and use naloxone.
- SB 384 does not require any organization to provide overdose response training. Organizations are entirely free to decide whether or not to offer this service in their community.
- It requires each training program to have clinical oversight by a qualified physician or nurse practitioner so that the actions of that program are medically appropriate and practical in the context of the organization's other work.
- It provides rule-making authority to the Oregon Health Authority to adopt rules addressing training standards. This will assure consistent and high-quality training statewide.
- It provides rule-making authority to the Board of Pharmacy so that safe and practical mechanisms to distribute naloxone can be put in place.

The bottom line is that opiate overdose deaths are preventable. SB 384 creates important tools to respond to the Oregon's opiate crisis. I am confident that SB 384 will save lives of Oregonians.

ADDITIONAL INFORMATION

Organizations in Support of Naloxone Distribution

1. American Medical Association [12]
2. American Public Health Association [13]
3. Office of National Drug Control Policy [14]
4. United Nations Office on Drugs and Crime [15]
5. National Association of Drug Diversion Investigators [16,17]
6. Substance Abuse and Mental Health Services Administration [11,18]
7. U.S. Conference of Mayors [19]
8. National Alliance of State and Territorial AIDS Directors [20]
9. Centers for Disease Control and Prevention [5,21]

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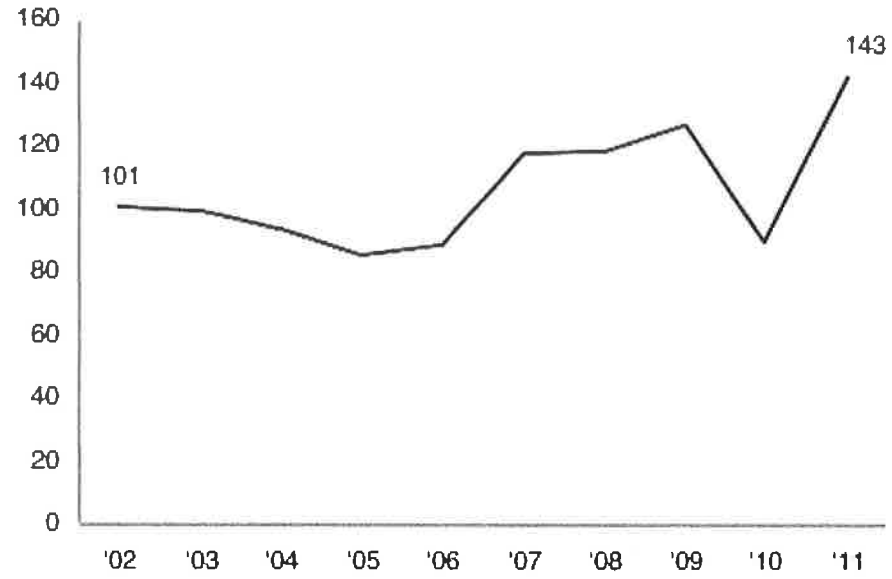
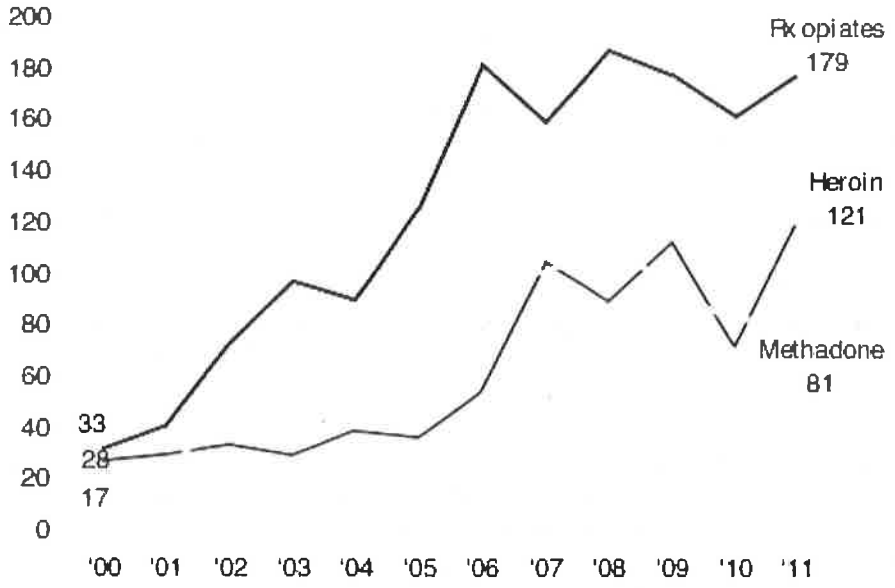
Data Charts

Figure 1. Heroin overdose deaths, Oregon, 2002-11*



Source: Oregon State Medical Examiner Drug Related Death Reports *Prescription opiate overdose deaths were not available through these reports.
(http://www.oregon.gov/OSP/SME/Drug_Related_Death_Statistics.shtml)

Figure 2. Overdose deaths, Oregon, 2002-11*



Source: Vital Records (via Dagan Wright at Oregon Health Authority)

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