May 11, 2017

House Committee on Rules
900 Court St. NE - HR 50
Salem, Oregon 97301

Re: HB 3440 - Opioids

Chair Williamson, Vice-Chairs McLane and Rayfield, and members of the committee, thank you for the opportunity to testify today in support of House Bill 3440. My name is Erin Browne and I am the Syringe Exchange Coordinator for Multnomah County Health Department.

In the four years since our original naloxone law passed, MCHD and Outside In have been able to distribute over 10,000 doses of naloxone to people who injection drugs in the Portland area.There was an almost 30% decrease in heroin deaths in Multnomah County from 2012 to 2013, and we do think naloxone distribution contributed to that decrease. It's remarkable because more people appear to be at risk for heroin overdose than ever before and heroin deaths have increased dramatically in the rest of the U.S.[1] At the same time, there are still barriers to naloxone access in Oregon.

We regularly work with agencies throughout Oregon that are unable to distribute naloxone to their staff because of the current naloxone law's requirement for clinical oversight. For example, there are agencies that provide supportive housing in Portland where overdose is not uncommon and who have been unable to provide staff with naloxone because they don't have physicians or nurse practitioners on staff to provide "clinical oversight." As a result, those agencies have had to rely on clients to step in and use their personal naloxone kits.We have also worked with law enforcement agencies and other social service agencies who have been delayed in supplying their officers with naloxone, for the same reason.

Naloxone is a safe drug and saves lives.[2] It is not a scheduled drug (controlled substance), because there is no potential for abuse of naloxone. It is very easy to use,

[1] NIDA: National Overdose Deaths, Number of Deaths from Heroin
Accessed online May 11, 2017 at:
https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates
[2] Wheeler, E et al. Opioid Overdose Prevention Programs Providing Naloxone to Laypersons — United States, 2014. Morbidity and Mortality Weekly Report: June 19, 2015 / 64(23);631-635.

and should not have a higher training threshold than any other prescription medication (including prescription opioids, which are much riskier). Restricting access to this drug is dangerous. Studies suggest that lay people are able to successfully use naloxone and save lives, with minimal or no training.[3] [4]

We support easing strict requirements around training as is written in this bill. Requiring naloxone-specific education may decrease the likelihood that prescribers will prescribe it (or that pharmacies will sell it) due to shortage of time, and may decrease likelihood that end users will seek it. In Massachusetts, they compared three communities – one with no naloxone, one with some naloxone, and one with a lot of naloxone. The two communities that had naloxone had greater reductions in OD deaths and hospitalizations than the community no naloxone. But the community with the most naloxone had the biggest decreases in deaths and hospitalizations.[5]

We are grateful for the naloxone laws that have already passed in Oregon. Being able to provide syringe exchange clients with naloxone has already saved countless lives. Most of the naloxone distribution in Oregon is taking place in and around Multnomah County. Rural Oregon already faces challenges in access health care providers[6]; passing House Bill 3440 would allow for greater access to this life save drug.

Thank you.

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[3] Behar E, Santos GM, Wheeler E, Rowe C, Coffin PO. Brief overdose education is sufficient for naloxone distribution to opioid users. Drug Alcohol Depend. 2015 Mar 1;148:209-12.
[4] Doe-Simkins M, Quinn E, Xuan Z, Sorensen-Alawad A, Hackman H, Ozonoff A, Walley AY. Overdose rescues by trained and untrained participants and change in opioid use among substance-using participants in overdose education and naloxone distribution programs: a retrospective cohort study. BMC Public Health. 2014 Apr 1;14:297.
[5] Walley AY, Xuan Z, Hackman HH, Quinn E, Doe-Simkins M, Sorensen-Alawad A, Ruiz S, Ozonoff A. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. BMJ. 2013 Jan 30;346:f174.
[6] "Health Care Shortage | Oregon Office of Rural Health | OHSU." http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/health-care-shortage.cfm. Accessed 11 May. 2017.