

Dane Zahner, Southern Oregon Prevention Manager, HIV Alliance (he, him and his)  
HB 2376 Hearing

I am here in support of HB 2376 and thank you all for being here today

We provide Naloxone through our syringe exchange to at risk clients. We do new trainings and refill refreshers. We also provide community based to individuals on long term prescriptions, community partners as well as police officers and first responders. The model we use is to get Naloxone in the hands of every client using Opioids and Meth with Fentanyl mixed in it.

We provide new injection equipment, testing for HIV and HCV as well as STI, Naloxone and Fentanyl testing equipment.

We provided a total of 17,683 doses to a total of 5548 individuals (new and refill clients). This represented 2458 clients at risk, 2359 refill clients, and 731 individuals from community, agency and police trainings

We reversed 559 overdoses in 2020. These are reported by clients to us doing refills.  
We have also educated our Meth use clients to treat it as an opioid due to fentanyl presence in it.

We deal with clients that are actively in substance use disorder. We educate clients about fentanyl requiring multiple doses to reverse overdoses. That meth should be treated as an opioid. We provide every client the 6-step method for reversal, this is in person, online via video by Multnomah county and each kit has full instruction included for references.

This model would be similar to this bill with each and every prescription Opioid prescription having Naloxone as well.

We remind everyone in every training they do not need a prescription and to ask their pharmacist for Naloxone if they need them. There are many barriers and this education is crucial in bringing awareness of need and understanding across every pharmacy. We provide trainings to agency that deal with clients on long term prescriptions, possible injection drug use. We also assist agency with individuals that are new to treatment and at risk, Jail release programs in Lane and Josephine Counties. Police trainings and refills in 5 counties.

Rural setting, people not understanding the need for prescriptions with every opioid, awareness by asking every pharmacist. Cost of scripts with different insurances. We as mentioned are focused on the most at risk but we make sure everyone to understand we can assist to overcome barriers.

If you prescribe an opioid you should prescribe Naloxone with it.

Recent research from Pew also confirms that expanded access to naloxone can curb opioid overdose deaths. A study of five states that require co-prescribing found that prescriptions of naloxone grew by 255 percent in the 90 days following implementation of the mandate compared with the 90 days prior.

Thanks for listening today and please support HB2376