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On Behalf Of:
Committee: Senate Committee On Rules
Measure: HB2395

<https://www.themarshallproject.org/2015/08/14/narcan-it-saves-lives-does-it-enable-addicts>

This bill is primarily corporate welfare backed by astro-turf lobbying of fake patient groups to pad the bottom line of one of Big Pharma's most corrupt corporations - Emergent Biosolutions. From an evidence-based medicine perspective, there is no current epidemiological data demonstrating widespread availability of naloxone results in lowered morbidity or mortality on a population-level. Claims that naloxone is "lifesaving" are based in propaganda and P/R but do not pass scientific scrutiny, and there is ample evidence that naloxone availability actually enables addiction. Meanwhile, this bill advances a "standard of care" creating potential liabilities for those who might not have an expensive pharmaceutical product on-hand when it is expected. If it becomes expected naloxone is always available in our day care centers, kindergartens, libraries, community centers, bookstores, salons, and sports bars, all these institutions will be saddled with the additional cost of maintaining a naloxone supply or risk being sued.

Naloxone is a generic that was invented in the 1970's and became approved for its current use by the FDA in the mid 90's. It costs 50 cents to make, but Emergent Biosolutions sued aggressively to keep competitors out of the market and then jacked up the price to \$150.00. Emergent engaged in a massive propaganda and P/R campaign to sell "fentanyl overdose" as an inflated health crisis. This was aided and abetted by the corrupt Oregon Wealth authority and the CDC which manipulated opioid incident statistics by quietly switching from passive to active surveillance. In other words, the current perception of a fentanyl crisis is exactly that - a paper perception and a numbers game. In 2017, Emergent's Marketing Director publicly stated that schools, colleges, and libraries were "untapped markets." In years since, the corporation has partnered with the DEA and even the USDOJ to construct hoaxes such as the "rainbow fentanyl halloween candy" lie (pushed in fake tik tok videos featuring nurse-actors) and the "addicts lick doorknobs for a high" - again featuring fake business owners on social media. The reality is there has not been one confirmed on-campus overdose in the entire state of Oregon. Claims from Portland Public Schools have either not been substantiated, were false alarms, or took place off-campus. Still, Oregon Medicaid spent \$3 Million in a bulk purchase by the unaccountable CCO CareOregon where records are shielded from the Oregon Public Records Law for the exact contractual arrangements with Emergent.

Another problem is the trigger-happy administration of naloxone brought about mostly

through training and P/R has created a false perception that overdoses are being "Reversed." Most such "overdoses" are not true overdoses and are merely a junkie being high. It is nearly impossible to overdose on pharmaceutical-grade opioids - what is called an overdose is actually polypharmacy (drug interactions, which are common in impure street drugs cut with unknown chemicals). One of Emergent's board members, Jerome Hauer, has family ties to the narcotics trade - meaning Emergent is profiting on both sides of the drug war. In 2001, Hauer had documented foreknowledge of the Anthrax attacks, and Emergent made a substantial profit from the Anthrax scare by selling bulk anthrax vaccines to the pentagon.

Unless there are population-based studies to support publicizing wider naloxone availability, the legislature should not enact this bill. In the past 5 years, both perceived fentanyl problems AND naloxone distribution have increased - a disturbing correlation. One possibility is addicts, knowing a potential overdose can be treated, push their limits and engage in reckless behavior.

<https://unlimitedhangout.com/2020/04/investigative-series/a-killer-enterprise-how-one-of-big-pharmas-most-corrupt-companies-plans-to-corner-the-covid-1>