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TO: The Honorable Representative Rob Nosse, Chair
House Committee on Behavioral Health and Health Care

FROM: Rachael Banks
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SUBJECT: Opioid Harm Reduction Policy Package

Chair Nosse and members of the committee; I am Rachael Banks, Public Health Director at the Oregon Health Authority (OHA). I am here to testify on behalf of OHA on Oregon's overdose crisis, an issue that affects individuals, families, and every community in our state.

On average, three people are dying in Oregon each day from unintentional drug overdose. Many more people are struggling with substance use disorder and are at high risk for overdose.

Substance misuse and substance use disorder (SUD) are widespread in Oregon, and people who use drugs often face stigma related to their drug use. Stigma can prevent people who use drugs from accessing overdose prevention supplies, treatment and health care.

Despite similar opioid misuse across all races and ethnicities, American Indian/Alaska Native and Black communities experience dramatically higher rates of overdose deaths compared to other racial and ethnic groups, and these inequities are continuing to worsen. These populations have been disproportionately impacted by systemic racism, social-economic-political injustices, and bias. The COVID-19 pandemic exacerbated longstanding inequities and substance use disorder (SUD) risk factors among historically marginalized communities by disrupting daily life; decreasing access to health services and shelter; and increasing social isolation, economic hardship, and anxiety. These inequities can worsen health outcomes, including increasing the risk of drug overdose death.

While Oregon has made notable progress in reducing prescription opioid overdose, the state is experiencing a significant increase in overdoses from illicitly

manufactured fentanyl (IMF) and non-opioid drugs such as methamphetamine. Fentanyl overdose deaths increased nearly 600% between 2019 and 2021 and has now surpassed methamphetamine as the most frequent drug involved in overdose deaths. Fentanyl is projected to account for nearly 90% of opioid overdose deaths in 2022.

Fentanyl availability and potency are important factors contributing to overdose increases. Fentanyl is 80-100 times stronger than morphine and about 50 times stronger than heroin. It is increasingly common for many types of illicit substances to be adulterated with fentanyl. As fentanyl becomes more prevalent in the illicit drug supply, fatal and non-fatal overdoses are increasing.

The Oregon Health Authority prioritizes the strategies for substance use disorder prevention, harm reduction, treatment, and recovery outlined in the current Oregon Alcohol and Drug Policy Commission (ADPC) 2020-2025 Statewide Strategic Plan, the OHA Overdose Initiative Work Plan, and two federal grants, the Centers for Disease Control and Prevention Overdose Data to Action and the Substance Abuse and Mental Health Services State Opioid Response. These strategies are essential for responding to our current crisis comprehensively and across the continuum of substance use and misuse prevention, overdose prevention, recognition and response, and substance use disorder treatment. System transformation is needed to achieve equitable outcomes along the continuum. Cross-agency, multisector governance structure could further align and leverage prevention, harm reduction, treatment, and recovery strategic plans, initiatives, and key strategies needed to comprehensively address substance use and overdose.

HB 2395-2, Oregon's Opioid Harm Reduction Policy Package, provides solutions to address these critical, life-and-death needs. The bill prioritizes integrated harm reduction approaches across prevention, care, treatment, and recovery, which will save lives now. The bill presents solutions through the following means:

1. Increase Harm Reduction Approaches Statewide
2. Increase Naloxone Availability Statewide
3. Implement Standardized Reporting System for Naloxone Use and Overdose Deaths Statewide
4. Technical Fixes

1. Increase Harm Reduction Approaches Statewide

Exempting items that reduce health risks associated with substance use from Oregon's drug paraphernalia list and expanding affirmative defense to harm reduction interventions and programs would decrease transmission of infectious diseases such as HIV and hepatitis C, decrease life-threatening infections such as sepsis and endocarditis, prevent overdoses, and increase distribution by a broader range of agencies and programs.

This component of the proposed policy package has the potential to significantly improve outcomes for communities and people at risk of infections, injuries, and overdoses by permitting access to state funds to purchase exempted harm reduction supplies. Agencies implementing programs on the front lines of the overdose crisis could purchase and distribute a more comprehensive range of harm reduction tools and equipment and increase opportunities for life-saving engagement with people at risk of life-threatening infections and overdose.

2. Increase Naloxone Availability Statewide

Increasing the availability of naloxone and similar overdose reversal medications, removing barriers to the public's access to naloxone, making it freely available in public spaces, and educating the public about its use will help save lives. In Oregon, a potential bystander was present in over half of overdose deaths in 2020, which indicates missed opportunities for lifesaving actions, such as administering naloxone, at the time of the person's fatal overdose.

Targeted distribution of naloxone to people who use drugs and people at highest risk of overdose increases the chances that naloxone will be available and administered by a bystander to reverse an overdose event. First responders have a unique opportunity to distribute naloxone for future use when they have contact with an individual who is using drugs and at high risk for future overdose. Establishing a fund to bulk purchase and distribute naloxone would address the current reality that naloxone is prohibitively expensive for many Oregonians.

The Save Lives Oregon/Salvando Vidas Oregon (SLO/SVO) Harm Reduction Supply Clearinghouse (HRSC) provides no-cost supplies, such as life-saving naloxone, infection prevention supplies, and wound care kits to agencies that directly distribute these materials to people at risk of overdose. In 2022, over 195,000 doses of naloxone were distributed to 184 agencies across the state. The HRSC project does not have a secure, sustainable funding source. Ensuring funding to the HRSC project would sustain HRSC operations, expand the HRSC to include broader types of agencies, and immediately help save lives.

3. Implement Standardized Reporting System for Naloxone Use and Overdoses Statewide

Many agencies and organizations, including OHA, already have mandatory or voluntary systems in place for recording naloxone administration and fatal and non-fatal overdoses. However, the current systems do not fully capture the breadth and magnitude of overdose events, and there are significant lags in accessing overdose death data due to delays in toxicology testing. A standardized reporting system would allow OHA to systematically track overdoses, identify overdose trends, and share information across counties and sectors.

A faster, more responsive overdose reporting structure and an enhanced statewide notification system would enable more rapid and efficient response to community overdose increases and overdose cluster events by public health and behavioral health systems. An inventory of existing data collection and reporting structures and identifying strategies to improve and integrate these systems would be a crucial first step in creating a new system that prevents reporting duplications. In addition to oversight from a commission, the success of a new overdose reporting system will depend on engagement with and participation from communities disproportionately impacted by the overdose crisis, including individuals with lived experiences of SUD and overdose, families who have lost members to fatal overdoses, including adults and minors, organizations that serve people who use drugs, Federally Recognized Tribes, and tribal health organizations.

4. Technical fixes:

The proposed technical fixes are “low hanging fruit” and would benefit communities across Oregon.

Conclusion

These legislative concepts are immediate solutions that could be implemented through Oregon’s existing infrastructure. In the longer term, addressing the many factors contributing to substance use and overdoses – including the effects of racism, stigma, and other forms of trauma – will be a crucial aspect of the state’s response to the overdose crisis.

The Oregon Health Authority appreciates the committee addressing critical need. Thank you for the opportunity to testify today. I am happy to answer any questions.