



Opioid Harm Reduction Policy Package - HB 2395 (-2) Omnibus

Background

Accidental deaths and hospitalizations stemming from the use of opioids have dramatically increased since 2019¹. Illicitly manufactured fentanyl has emerged as a key driving force behind this tragic increase in morbidity and mortality.

We must expeditiously and effectively take action as a state to address this threat to the health and safety of Oregonians. This policy package is informed by professional medical experience as well as conversations with a variety of community stakeholders including emergency room physicians, first responders, harm reduction experts, public health professionals, students, educators, community-based organizations serving people suffering from substance use disorder and family members of people lost due to accidental overdose.

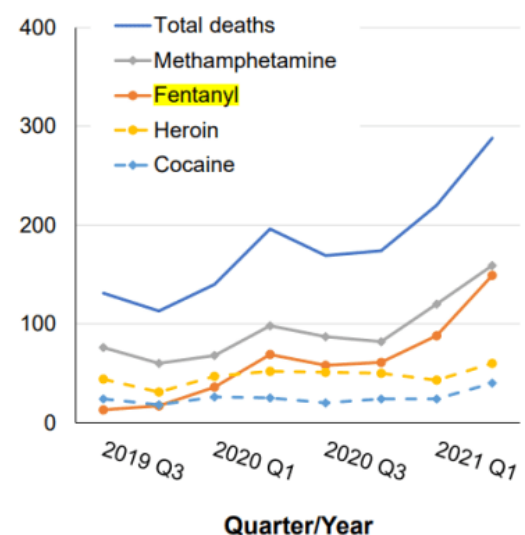
Solution

This omnibus bill seeks to address current barriers to harm reduction efforts to start saving lives as soon as possible. These are not silver bullets but rather concepts to uplift harm reduction as part of the treatment continuum. This package is broken down into 3 themes.

1. Access to Opioid Antagonists & On the Ground Prevention

- **Drug Paraphernalia Reform: Section 21 - Section 25**
After voters passed Ballot Measure 110 in 2020, small quantity possession of certain drugs was decriminalized in Oregon, however paraphernalia remained criminalized. This criminalization extends to the distribution of fentanyl test strips and other tools which are proven interventions to reduce the risk of overdose and drug-related death^{2,3}.
- **Naloxone Availability in Publicly Accessible Buildings & OHA Standing Order for Naloxone: Section 6 - Section 9**
Naloxone is an incredibly safe intervention for reversing opioid overdoses, and the widespread availability of naloxone, and other short-acting opioid antagonists, will save lives on a regular basis^{4,5}.

Figure 1. Unintentional drug overdose deaths by drug and quarter, Oregon, July 2019–June 2021



Source: Oregon Health Authority

¹ Oregon Health Authority, Public Health Division. Opioids and the Ongoing Drug Overdose Crisis in Oregon: Report to the Legislature. Portland, OR. September 2022. This report fulfills the OHA annual reporting of opiate and opioid overdoses that ORS 432.141 requires

² Krieger, M. S., Goedel, W. C., Buxton, J. A., Lysyshyn, M., Bernstein, E., Sherman, S. G., Rich, J. D., Hadland, S. E., Green, T. C., & Marshall, B. D. L. (2018). Use of rapid fentanyl test strips among young adults who use drugs. *The International journal on drug policy*, 61, 52–58. <https://doi.org/10.1016/j.drugpo.2018.09.009>

³ Darke, S., Hall, W. Heroin overdose: Research and evidence-based intervention. *J Urban Health* 80, 189–200 (2003). <https://doi.org/10.1093/jurban/ite022>

⁴ Wermeling D. P. (2015). Review of naloxone safety for opioid overdose: practical considerations for new technology and expanded public access. *Therapeutic advances in drug safety*, 6(1), 20–31. <https://doi.org/10.1177/2042098614564776>

⁵ Walley, A. Y., Xuan, Z., Hackman, H. H., Quinn, E., Doe-Simkins, M., Sorensen-Alawad, A., Ruiz, S., & Ozonoff, A. (2013). Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: Interrupted time series analysis. *BMJ*, 346(jan30 5). <https://doi.org/10.1136/bmj.f174>

This concept simply removes barriers to naloxone availability by allowing OHA to issue standing orders for the owner of publicly accessible buildings and other entities to obtain short-acting opioid antagonist kits. The concept ensures the building owner, entity, and anyone who may utilize the available naloxone are protected from civil and criminal liability.

- **First Responder Distribution of Naloxone:** *Section 1 (2)(3)*

First responders save lives every day by administering short-acting opioid antagonists (naloxone) to people suffering from an opioid overdose. Often these patients return to their prior alert state and defer further care; however, they are at high risk for repeat unintentional overdoses.

This concept allows first responders (police, fire, EMS) to distribute short-acting opioid antagonist kits for future use to any individual who may need or request one. This will free up capacity to respond to other emergency situations and ensure better access in the community to this lifesaving category of medications.

- **OHA Opioid Antagonist Bulk Purchase Fund:** *Section 26 - Section 29*

To reduce barriers to opioid antagonists currently experienced by hospitals, first responders, schools and other entities, this concept creates a fund to bulk purchase opioid reversal medication and distribute to qualifying organizations. This concept does not provide funding but establishes the fund.

2. Understanding & Education

- **Accidental Youth Overdose Reporting:** *Section 30 - Section 33*

When youth pass away due to overdose, it is crucial that impacted communities are able to react quickly to the tragic loss of life. This concept would allow cross-county notification when a youth that lives in a county dies in another due to overdose. OHA is required to collaborate on a standardized notification plan through which Local Mental Health Authorities (LMHAs) will communicate with one another to allow for a localized public health response in the decedent's community.

- **Standardized Opioid Overdose Data:** *Section 34 - Section 35*

Oregon counties have varying practices for recording and reporting on the impact of opioid overdoses across the state. Our ability to take effective action to protect the public's health depends on a robust and reliable data set.

This concept would establish a commission to inventory existing statewide and local opioid reporting standards and craft recommendations for statewide improvement.

3. Technical Fixes

- **Minor's Access to Substance Use Treatment:** *Section 15 - Section 20*

Anyone wanting treatment for substance use should have access to care. Youth under 15 must have parent or guardian consent to receive treatment and in most cases their care teams are able to receive this consent safely. There are rare instances, especially in environments of intergenerational substance use, where requiring consent may put a child who wishes to have access to treatment at risk of harm.

This concept would allow providers to give confidential treatment to minors under 15 years if disclosing their desire for treatment would put the patient at risk of harm; this would include protection from disclosure in the insurance explanation of benefits.

- **School Staff Administration of Naloxone:** *Section 10 - Section 14*

In an emergency, public school staff should be confident that they are legally protected when taking critical action to save a student's life. Currently, the law is unclear as to whether this is the case should staff need to give

naloxone to a student who is found unresponsive in a school building without a parent/guardian's prior authorization.

This concept clarifies that school staff are shielded from civil and criminal liability should they need to administer naloxone to students without prior written consent and instructions from parents/guardians so long as the staff member was acting in good faith.

- **Short Acting Opioid Antagonist Language:** *Section 1 - Section 5; Section 36 - Section 38 (and throughout the bill)*
Naloxone reverses the effect of opioids and is currently the only short-acting medication available for broad use from the class of medications known as opioid antagonists. More medications in this class are needed and some are in development. Current Oregon law refers specifically to the single drug "naloxone" rather than this broader class of medications.

This concept would change "naloxone" in current statute wherever it is named to "short-acting opioid antagonist" which is defined as any short-acting drug approved by the FDA for the complete or partial reversal of an opioid overdose.

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