



March 6, 2017

TO: The Honorable Mitch Greenlick, Chair
House Committee on Health Care

FROM: Katrina Hedberg, MD, MPH
State Public Health Officer
Public Health Division
Oregon Health Authority

RE: HB 3315, Directs the Oregon Health Authority to establish drug take-back kiosks in retail pharmacies and hospitals.

Chair Greenlick and members of the committee, I am Dr. Katrina Hedberg, Health Officer and State Epidemiologist for the Public Health Division of the Oregon Health Authority. I am here today to provide information on HB 3315.

Over the past 15 years in Oregon and across the US, there has been a dramatic increase in overdose deaths and hospitalizations due to prescription opioid pain medications. From 2000 to 2011 the rate of prescription opioid overdose deaths increased more than 300% (from 1.4 to 5.6 deaths per 100,000 population); since 2011 the rate has decreased slightly but remains more than 3 times higher than in 2000. In 2010, drug overdose deaths surpassed motor vehicle traffic deaths and remains the leading cause of unintentional injury death.

In 2016, opioids were prescribed to Oregonians at a rate of 960 opioid fills per 1,000 residents, almost enough for one opioid fill per Oregonian. In 2014, Oregon has the 2nd highest rate of non-medical use of prescription pain relievers, much of this likely due to left-over pain pills in the medicine cabinet.

Addressing the epidemic requires a multi-pronged approach: reducing the number of opioid pills in circulation; increasing access to alternative pain treatment; increasing access to naloxone rescue; and increasing access to medication-assisted treatment. In 2015, the Oregon Health Authority launched an Opioid Overdose Initiative that has engaged internal and external stakeholders in addressing the

issue. Examples of efforts to address the epidemic include: Coordinated Care Organizations adopted a Performance Improvement Project aimed at decreasing opioid prescribing; Medicaid implemented a back pain guideline that allows reimbursements for non-pharmacological pain care, and establishes new prescribing thresholds for chronic non-cancer pain; the OHA Health Services Division is increasing access to outpatient treatment for opioid use disorder and access to medication assisted treatment; and the Public Health Division convened an opioid prescribing guideline task force which endorsed Oregon-specific guideline that we in the process of implementing throughout Oregon.

This work is the result of contributions of hundreds of people from the state's medical boards and associations, the Pain Commission, the Oregon Health Leadership Council, the Oregon Coalition for the Responsible Use of Medications, the CCO medical directors and pharmacy directors, local public health authorities, local behavioral health practices, the drug abuse prevention community, hospitals, emergency departments, academic institutions, public health epidemiologists, and policy makers.

Drug take-back supports the goal reducing the number of pills in circulation. OHA has been participating in discussions with other agencies and stakeholders, including the Board of Pharmacy, Department of Environmental Quality, the Association of Oregon Counties, the Oregon Coalition for the Responsible Use of Medications to identify the most efficient and effective method for moving this forward.

Oregon is at the forefront in the US in our approach to addressing opioid overdose through: improving pain care and adding non-pharmacological supports for patients; establishing mechanisms in CCOs to reduce risky prescribing; expanding access to medication-assisted treatment; increasing access to naloxone; and making timely and actionable data available to the public. Establishing drug take back efforts, particularly at the points of sale at no cost to consumers, is thought to be a key to reducing diversion of those medications.

Thank you for the opportunity to testify today. I am available to answer questions.