



To: Members of the Senate Committee on Health Care

From: State Representative Maxine Dexter, M.D., House District 33

Date: June 2, 2022

Subject: Preventing Unintentional Opioid-Related Overdoses in Oregon

Chair Patterson, Vice-Chair Kennemer, and Members of the Committee,

For the record, my name is Dr. Maxine Dexter, State Representative for House District 33 encompassing NW Portland and NE Washington County on the indigenous lands of the Cowlitz, Clackamas, Grand Ronde. Thank you for your time today. I speak to you today from my perspectives as a legislator, a mother and a physician to ask for your attention and consideration of an urgent public health issue of utmost importance – unintentional opioid-related overdoses in Oregon.

This is not an issue that has gone unnoticed. Many colleagues, including Representative Prusak, have been working to increase awareness and tools to address the crisis for years and my colleagues in the clinician’s caucus are helping support and lift up this work for the upcoming session. As healthcare workers and legislators, our communities have been reaching out, looking for help to address this challenge which is being felt in nearly every age group and social demographic. For years, leaders in healthcare, law enforcement, public schools and our community at large have worked hard to combat the overprescription of opioids, and the rise in opioid addiction that followed. Working together, they made great strides. However, we are now in a different place, need further understanding, and have to take actions that address distinct challenges that are rising quickly due to the increased circulation and lethality of illicitly manufactured fentanyl (IMF).

Nationally, Oregon ranks first in illicit drug use disorder, based on recent data from the National Survey on Drug Use and Health, and last in the percentage of the population needing but not receiving treatment for substance use disorders.¹ In 2021, Oregon drug overdose deaths increased at least 33.6%, according to the National Center for Health Statistics, compared to an average 16% increase nationwide. This coincides with a surge of illicit fentanyl sold and intercepted in Oregon. OHA's Public Health Director, Rachel Banks will provide more detailed information about what is happening in Oregon later in this panel, and some strategies being considered to address this disparity in accidental deaths.

This is a public health crisis that will not be effectively mitigated, as has been done to some degree with prescription opioids, by decreasing the amount in circulation. We have very little ability to control the explosive growth in this drug being trafficked in our communities as has been seen before us in cities across the U.S. and Canada. Things will likely continue to get worse. We must take action that will decrease the senseless and unnecessary deaths that are tragically taking the lives of people throughout our communities. We can do that with a strategy known as Harm Reduction. Harm Reduction is a proactive and evidence-based approach to reduce the negative personal and public health impacts of behavior associated with substance use at both the individual and community levels. Harm reduction strategies in this scenario include distributing naloxone and training people how to use it, making fentanyl test strips legal to use and distribute, increasing mental health and substance use treatment, investing in community support networks and generally decreasing the stigma of having and dealing with substance use. In other words, we need to recognize that we won't be able to completely stop drug use, and instead must put in place policies that will help save as many people as possible.

Many of you listening today have likely seen the headlines and heard about the young people in our communities who have tragically died from accidental overdoses due to Illicitly Manufactured Fentanyl. Just this last March, two students died of accidental overdoses within 24 hours of each other from the same Portland public high school. The Beaverton School District has been working on an educational campaign, "Fake and Fatal" about the danger of Illicitly manufactured Fentanyl, after seeing too many students in their district lost to accidental overdoses. In recent months Portland Public Schools have committed to providing naloxone (an opioid antagonist) in every middle and

¹Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, December 2021 Report. Oregon data extracted by the Mental Health and Addiction Certification Board of Oregon (<https://drive.google.com/file/d/1WYJOaDSrvHeKan2A0rOHgW9dsacrDvPP/view>)

highschool and have changed district policies to make sure staff are allowed to administer it. Proactive leadership like this in districts across our state is inspiring and learnings from these interventions should be shared and best practices replicated. We have much more we can do for our youth by building increased awareness, including in-school resources and a shared understanding that inaction is not an option.

Across our state, communities are grappling with how to decrease the risk of death due to accidental opioid overdoses in every part of our community. Today, the goal for our panel is to define the problem, share information, start the conversation with you about possible strategies to reduce the harm to Oregonians. Most importantly, we want to create a shared desire to do something definitive to respond to this public health crisis.

As many of you know, I'm a critical care physician. That means that my job is to care for people who are the sickest and at highest risk for death in the hospital. Frequently during a shift I am in charge of running what is called a "code blue" where a patient's heart has stopped and our code team arrives at a literal run to try to bring them back to life. One of the first things we often do, if a patient has stopped breathing, is administer a drug called Naloxone. Naloxone, also known by its trade name Narcan, is an Opioid Antagonist. This drug can reverse the effects of a narcotic – and it works exceptionally well and very quickly. It is one of the first things we use in the hospital because it is safe to give, works well if the patient has narcotics in their system and can't hurt. Seriously. It is one of the only medications I can give that I don't have to worry about whether it can do harm, no matter who the patient is.

Naloxone works and it's easy and safe to give. Currently, it is not as widely available as it could or should be. Naloxone and potentially other opioid antagonists are extremely safe and effective tools that can be used by anyone with simple and proper training. They cannot be abused, and are safer to use than an aspirin or an EpiPen. Accidental opioid overdoses are preventable and to be successful in preventing death we must help the general public understand how opioid antagonists work and not be afraid to use them. My hope is that we can create broad public awareness about opioid overdoses and the potential life-saving intervention of giving naloxone. This will ultimately allow community members, when encountering someone who needs help, to not only have naloxone on hand or nearby, but to consider giving it as quickly as they would consider starting CPR. If we create a shared understanding about how easy it may be to save a life, I believe many people would be willing to do just that.

As I stated earlier, Oregon has the slimmest supply relative to the increasing demand for substance abuse treatment beds available in the country. Today you'll also hear from Director Banks, Representative Grayber and Haven Wheelock, who are all on the front lines of addressing this public health crisis in varying ways from different positions. Please listen with open minds and compassionate hearts as we have been on the ground treating and assisting those with substance use disorders for decades. Measure 110 has received a lot of media attention lately, and rightly so as the need for help is enormous. We have to hold ourselves accountable, and effectively use the funding that was made available to support our treatment systems and provide the support people need.

As with any public health crisis, we will be most effective if we strategically focus on approaching the issue from various sectors with a coordinated approach. Building coalitions and getting input from the community members most impacted is key to addressing this crisis in the multi-faceted way that is necessary to truly bring about change. This should be a priority for all of us in the legislature.

I would like to take a moment to acknowledge the loss and heroic advocacy of the Epstein family, who sadly lost their son Cal to an accidental overdose from one counterfeit "blue" fake OxyContin pill in 2020. They continue to fight to increase community awareness and have used their tragic loss as inspiration to help save others. Sadly, we know there will continue to be many others like Cal, unless we courageously and definitively take action.

I am thankful to the other panelists joining me today, in the following order:

- Director Rachel Banks, MPA, Public Health Division, Oregon Health Authority.
- Representative Dacia Grayber, HD 35, who is also a firefighter with Tualatin Valley Fire and Rescue.
- Haven Wheelock, MPH, IDU Health Service Program Coordinator, Outside In.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maxine Dexter', written in a cursive style.

Representative Maxine Dexter, M.D.
House District 33 (NW Portland and NE Washington County)