

HB 2376
***Co-Prescription of Opioid Antagonist Reduces Opioid Overdose Deaths,
Supports Patient Safety and May Save Money***

Drug overdose is the leading cause of accidental death in the United States, with opioids being the most common drug.ⁱ HB 2376 is a public health measure that requires providers to educate patients on the risks of opioids and to offer a co-prescription of an opioid antagonist (such as naloxone) that temporarily counteracts the effects of an overdose.

Opioids by the Numbers

Too often, an opioid antagonist is not in the right hands at the right time. Co-prescription ensures an opioid antagonist is easily accessible for those at risk of overdose.

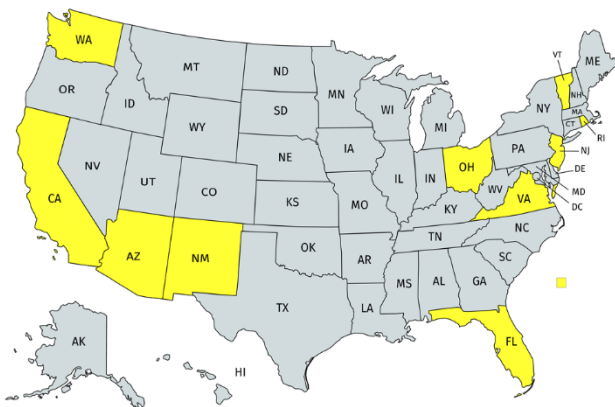
Across the country, 47,000 people died in 2017 from opioid overdoses.ⁱⁱ Of that, 36% of deaths came from prescription opioid overdoses.ⁱⁱⁱ

The state of Oregon is in an opioid crisis.

From January to June 2020, at least 339 people died of a drug overdose in Oregon. This figure is nearly 40% higher than the number of overdose deaths from the same period in 2019 and represents an increase of nearly 35% from the previous six-month period, July to December 2019.^{iv}

- 2018 - Number of overdose deaths from Rx Opioids in Oregon: **151^v**
- 2018 - Number of opioid deaths in Oregon: **339^{vi}**

Opioid overdose can happen anytime, to anyone using opioid drugs, in any community. Construction workers recovering from an on the job accident. Nurses lifting patients into bed. The weekend warrior who gets a running injury. People hurt in car accidents. Not a single segment of society is immune from the dangers of opioid overdoses.



State Efforts to Stop the Opioid Crisis

States have begun to deal with this public health crisis by passing co-prescription legislation because the timely administration of an opioid antagonist may reverse accidental overdoses. When states pass laws increasing access to an opioid antagonist, there is a 9% to 11% reduction in opioid deaths.^{vii}

States with Co-Prescription Laws or Regulations:
Ohio, Virginia, Vermont, New Mexico, New Jersey, Rhode Island, Arizona, Florida, Tennessee, Washington and California.

Cost Savings from Co-Prescription

The CDC currently estimates more than 1,000 emergency department visits daily related to the misuse of opioids.^{viii} A landmark observational study in safety settings found those who were co-prescribed an opioid antagonist had 63% fewer emergency department visits after one year. Co-prescribing an opioid antagonist may save resources by reducing emergency room visits and thereby potentially lowering some of the burdensome healthcare costs of the opioid epidemic.^{ix}

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How HB 2376 Works

HB 2376 is a public health measure that increases the amount of opioid antagonist available for those who are prescribed a high-dose opioid. **HB 2376** requires that when prescribers offer a high dose of opioids (over 50 MME), opioids in conjunction with a benzodiazepine, or to a patient with a history of substance use disorder, they must offer the patient a co-prescription of an opioid antagonist, increasing the chance that they have a life-saving tool at hand in case of overdose.

The bill also requires providers to give education on the prevention of overdoses and the use of opioid antagonist, ensuring patients are more knowledgeable about these powerful drugs, and have the information they need to save their lives in case of overdose.

The YES on HB 2376 Coalition



Data References

- ⁱ Schiller, Elizabeth Y. "Opioid Overdose." StatPearls U.S. National Library of Medicine, 2 Mar. 2019, <https://www.ncbi.nlm.nih.gov/books/NBK470415/>. Accessed October 2019.
- ⁱⁱ CDC. Data Overview. Overview of the Drug Overdose Epidemic: Behind the Numbers. <https://www.cdc.gov/drugoverdose/data/index.html>. Accessed Nov. 2020.
- ⁱⁱⁱ CDC. Data Overview. Overview of the Drug Overdose Epidemic: Behind the Numbers. <https://www.cdc.gov/drugoverdose/data/index.html>. Accessed Nov. 2020.
- ^{iv} Oregon Healthcare Authority. Oregon Trends with U.S. in Accelerated Drug Overdoses <https://www.oregon.gov/oha/ERD/Pages/Oregon-trends-with-U.S.-in-accelerated-drug-overdoses.aspx> Accessed March 2021.
- ^v National Institute on Drug Abuse. "Oregon Opioid Summary." NIDA, 29 Mar. 2019 <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/oregon-opioid-involved-deaths-related-harms>. Accessed November 2020.
- ^{vi} National Institute on Drug Abuse. "Illinois Opioid Summary." NIDA, 29 Mar. 2019, <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/oregon-opioid-involved-deaths-related-harms>. Accessed November 2020.
- ^{vii} AMA Opioid Task Force. "Help Save Lives: Co-Prescribe Naloxone to Patients at Risk of Overdose." AMA Opioid Task Force, August 2017, https://www.aafp.org/dam/AAFP/documents/patient_care/pain_management/co-branded-naloxone.pdf. Accessed January 2020.
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- ^{ix} Coffin, P. O., Behar, E., Rowe, C., Santos, G. M., Coffa, D., Bald, M., & Vittinghoff, E. (2016). Nonrandomized intervention study of naloxone coprescription for primary care patients receiving long-term opioid therapy for pain. *Annals of internal medicine*, 165(4), 245-252.

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