



The Oregon Coalition of Local Health Officials

January 30, 2023

House Behavioral Health and Health Care

HB 2395 -2

Good afternoon Chair Nosse and members of the committee. For the record, my name is Sarah Lochner and I am here on behalf of the Oregon Coalition of Local Health Officials – CLHO for short – the statewide association for local public health.

CLHO is in strong support of all of HB 2395 with the -2 amendment, bringing a number of bills into one – as making short acting opioid antagonists widely available, easily accessible, and getting the general public comfortable with administering it will save lives and reduce the strain on first responders and hospitals. In addition, I want to highlight a few of the specific other policies that will be included.

I'd like to focus my testimony on the harm reduction, public education, and data pieces – because these are classic public health strategies.

For some folks, harm reduction strategies seem too radical. But the general idea is that to get people who use substances into the treatment continuum, we must meet them where they're at, reduce harm, and save lives. And if you've ever had a loved one in the throes of addiction, this is what you'd want too.

Harm reduction programs can help to reduce costs by reducing the negative health consequences of drug addiction, helping individuals to maintain employment and income, reducing criminal activity and related costs, and reducing the need for social services.

This is why the provisions of HB 2880 are important. They decriminalize several items of drug paraphernalia including fentanyl test strips and pipes. Why should we decriminalize pipes? Well, because they are harm reduction strategy. Folks who smoke their drugs have more control over how much they ingest, so they are more likely to not

overdose. Whereas if they take pills, which are pre-portioned, they take what happens to be in the pill and that's really a giant unknown with street drugs.

Lastly, data. Good data is the life blood of public health. We cannot solve a problem if we don't know what it is, who is affected, and where. As such, we need to standardize the data collected across the state as proposed in HB 2881 so that we can compare apples to apples. This will allow us to know when Clatsop County is seeing a drastic decline in overdoses or deaths, for example, and we can say, "Hey, you're doing really well. What's your strategy?" and we can then spread that success to other parts of the state.

And lastly, the provisions of LC 1042 would capture more data through Accidental Youth Overdose Reporting. 2020 and 2021 saw a drastic spike in overdoses and deaths of young people as a result of counterfeit pills laced with fentanyl, and this can happen in clusters. This bill requires suspected accidental overdose deaths for youth be reported to the county mental health authority where the youth lived if they died outside their home county. It also directs OHA to create a communication plan that communities can use to inform their opioid overdose response, helping prevent further deaths in their community.

This is a small expansion of data and programming OHA currently offers around youth suicide, to help contain contagion and help communities heal from tragic loss.

CLHO urges your support on HB 2395 with the -2. Thank you.