

Written Testimony HB 2395

I am a general pediatrician with special interest in injury and fatality prevention in children and youth. I work directly with patients and families in hospital and clinic settings. I hear, firsthand, stories from youth who struggle with anxiety and depression, and adopt high risk behaviors to mitigate life stressors. This is a diverse group of kids in trouble – some self-isolate to avoid bullying; others find support with peers just like them, often skipping school, or escaping with drugs; less often, I see high functioning youth, getting straight A's, but avoiding social situations, dropping out of sports, and being invisible in their room at home. All of these kids are struggling in their own way, and across the board, report having every day access to cannabis and prescription and non-prescription drugs.

I can't predict which of these kids will experiment with mind altering substances, and eventually develop substance use disorders. I can't predict which of those kids will accept the wrong pill, unknowingly contaminated with fentanyl; and I can't predict which bystander may be carrying naloxone and take action to prevent a tragic loss of life.

I can predict the families will be devastated and shocked; feel responsible for not knowing; not being prepared; never connecting their child or adolescent with what we know to be "insufficient" community mental health care.

Oregon believes in science*

- More than four (4) times as many people died from drug overdose (OD) than from homicide in the first month of 2021.
- 11.2% of overdose deaths are aged 15 to 24 years.
- Opioids/synthetic opioids are a factor in at least 7 out of every 10 overdose deaths

*data from the National Center on Drug Abuse Statistics

The lack of availability of naloxone is a discredit to community efforts to achieve "respect for all" in Oregon; but the lack of substance abuse outpatient treatment programs for adolescents is an outrage to Oregonians who acknowledge, and perhaps have born witness, to the opioid epidemic as a public health emergency.

The Opioid Harm Reduction package pivots our efforts to attack today's epidemic head-on and provide solutions based on science. Short acting opioid antagonists, like naloxone, have been shown to be incredibly safe and effective in reversing opioid poisoning.

First, it will get naloxone into the community where the poisonings are happening. Naloxone must be readily available to be able to be administered to victims in the minutes between the first signs of an opioid poisoning developing and the rapid progression of the poisoning to death. Funding is vital in order to place naloxone in the hands of Oregonians at risk and their friends and family members.

Second, it will direct State Board of Education to adopt rules for administration of short-acting opioid antagonist to any individual on school premises who experienced or is experiencing opioid overdose, without written permission and instruction from parent or guardian; providing criminal and civil immunity for to school staff providing this life-saving intervention.

Perhaps most importantly, this package will allow minors to obtain outpatient diagnosis or treatment of substance use disorder by mental health care provider without parental knowledge or consent; and provide the mental health care provider with immunity from civil liability for diagnosis or treatment.

We appreciate the commitment of Rep. Dexter, legislators and other partners to address the opioid epidemic. We urge the legislature to move forward judiciously yet expeditiously in passing this package of life saving legislation.

Sincerely,

Tamara M. Grigsby, MD