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Joint Committee on Addiction and Community Safety Response  
To: Chair Lieber, Chair Kropf, and Members of the Committee  
From: Kelsi Manley, MD, FACP; and Jenny Silberger, MD, FACP on behalf of the  
Oregon Chapter of the American College of Physicians  
Date: February 6, 2024

Re: Support for Legislation Addressing Substance Use Disorders

Dear Chair Lieber, Chair Kropf, and Members of the Committee,

I am writing on behalf of the American College of Physicians, Oregon Chapter, representing approximately 1,750 physicians and medical students, to express our support for legislation addressing substance use disorders (SUD) as matters of public health in our state.

We commend the legislature's efforts to recognize SUD as a public health issue and improve access to treatment. Substance use disorders are chronic medical conditions, akin to other chronic illnesses, and acknowledging them as such is vital for crafting effective, evidence-based solutions. As healthcare workers, we witness the suffering that addiction causes, but we also witness how treatment can result in remission, improved quality of life, and recovery for our patients and communities. Therefore, we **support several proposed amendments of HB 4002, and make further recommendations to your committee below.**

**Current Situation:**

The current crisis in Oregon<sup>1,2</sup>, exacerbated by the rise in overdoses during the COVID-19 pandemic, demands urgent attention. As physicians, we witness the impact of addiction on our patients daily. The criminal justice system provides opportunities for treatment, yet recent incarceration remains a significant risk factor for SUD-related deaths. A 2023 study highlighted the association between recent incarceration and higher rates of overdose, especially affecting rural Oregonians<sup>3</sup>. We have opportunities to improve access to life-saving care through HB 4002, while minimizing potential harms from criminalization.

### **Medications for Opioid Use Disorder (MOUD):**

We emphasize the critical role of Medications for Opioid Use Disorder (MOUD) – methadone, buprenorphine, and naltrexone – in saving lives<sup>4</sup>. Despite their proven efficacy, access barriers persist. Methadone, with over 40 years of supporting data, faces access limitations in rural Oregon. Hospital stays, an opportune time for MOUD initiation, encounter challenges in post-discharge coordination. The criminal justice system is another access point and multiple clinical trials have demonstrated increased retention in treatment and reduced illicit opioid use after release when treated with MOUD during incarceration<sup>5</sup>. Still, a recent study of rural Oregonians who use drugs shows a stark gap in evidence-based MOUD utilization among those recently incarcerated in rural Oregon, with only 18% of patients receiving appropriate treatment with medications that work<sup>3</sup>.

### **A Coordinated Holistic Approach and Harm Reduction:**

Much more needs to be done to treat SUD throughout the continuum of disease, but harm reduction measures, including naloxone distribution, syringe service exchanges, and fentanyl testing strips, remain an integral component to any evidence-based approach. Fentanyl's prevalence underscores the need for proactive measures to save lives and minimize harm<sup>6</sup>. We advocate for a comprehensive strategy that not only addresses individual treatment but also considers community safety and public health, and we commend the legislature for bringing healthcare and public safety officers into these discussions.

### **Recommendations:**

Building on the groundwork laid by Measure 110, legislative efforts thereafter to improve coordination and accountability, and legislative concepts and amendments proposed to-date by bipartisan efforts, we support the following recommendations for the 2024 legislative session and beyond:

#### **Expand the SUD Workforce:**

- Address the critical shortfall in the SUD workforce through increased funding, loan forgiveness programs, and enhanced training initiatives.
- Recognize the importance of culturally appropriate care and ensure equitable access, particularly in underserved rural areas and communities disproportionately affected by SUD and access barriers.

Enhance Access to MOUD during, in transition out of, and after Incarceration:

- Prioritize funding for comprehensive addiction care services in jails and prisons, including MOUD programs.
- Establish healthcare-addiction partnerships and technical assistance to expand jail- and prison-based counseling and MOUD initiatives.
- Improve coordination immediately after incarceration to avoid gaps in services, an incredibly high risk time for overdoses and loss to follow up.

Combat Discrimination in Housing and Post-Discharge Facilities:

- Work towards reducing discrimination in residential housing and skilled nursing facilities, ensuring equitable access to care for individuals with SUD.

Strengthen Detoxification and Crisis Centers:

- Support and expand diversion programs that utilize detoxification and crisis centers as alternatives to incarceration.
- Acknowledge the success of existing programs, such as the detoxification and inpatient center opened with Measure 110 dollars in Portland, and support similar initiatives statewide.

Eliminate Prior Authorizations for Evidence-Based Medications:

- Recognize the urgency of time-sensitive access to care during periods of patient motivation.
- Support the elimination of prior authorizations within the narrow scope of approved, evidence-based treatments for substance use disorders.

Preserve Measure 110 Funding Streams:

- Ensure ongoing analysis of gaps in substance use disorder treatment across the state informs coordinated efforts to disperse funding equitably.
- Safeguard the funding allocated by Measure 110, addressing specific gaps in care, especially in rural communities lacking access to methadone through opioid treatment programs.

Establish Primary Prevention Funding:

- Acknowledge the underfunding of SUD prevention in current statewide systems.
- Establish a new funding pipeline focused on primary prevention to address the escalating rates of SUD, particularly among Oregon's youth.

**Conclusion:**

In conclusion, the Oregon Chapter of the American College of Physicians strongly urges the committee to support legislation that acknowledges substance use disorders as public health issues and expands access to evidence-based and comprehensive

treatment. By adopting a multi-faceted approach that aims to minimize harms from incarceration while increasing access to evidence-based care, we can alleviate suffering, improve outcomes, and foster a healthier Oregon.

Thank you for your attention to this critical matter. Please feel free to contact us for additional information or to discuss these recommendations further.

Sincerely,

Kelsi Manley MD, FACP, Co-chair of the Health & Public Policy Committee of the Oregon Chapter of the American College of Physicians

Jenny Silberger, MD, FACP, Governor of the Oregon Chapter of the American College of Physicians

#### References:

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- 2 Oregon Health Authority : Oregon Trends with U.S. in Accelerated Drug Overdoses : External Relations Division : State of Oregon.  
<https://www.oregon.gov/oha/ERD/Pages/Oregon-trends-with-U.S.-in-accelerated-drug-overdoses.aspx>. Accessed 18 Mar. 2021.
- 3 Hoover DB, Korthuis PT, Waddell EN, et al. Recent Incarceration, Substance Use, Overdose, and Service Use Among People Who Use Drugs in Rural Communities. *JAMA Netw Open*. 2023;6(11):e2342222. doi:10.1001/jamanetworkopen.2023.4222
4. Sordo, et al. BMJ 2017. <https://www.bmj.com/content/357/bmj.j1550>
5. Moore KE, Roberts W, Reid HH, Smith KMZ, Oberleitner LMS, McKee SA. Effectiveness of medication assisted treatment for opioid use in prison and jail settings: A meta-analysis and systematic review. *J Subst Abuse Treat*. 2019;99:32-43. doi:10.1016/j.jsat.2018.12.003
6. Oregon State Unintentional Drug Overdose Reporting System (SUDORS), 2023