

2/24/2024

Re: HB 4002

Members of the Joint Committee on Addiction and Community Safety Response;

I am writing to you to express my support of the amendments proposed in HB 4002, particularly the creation of the Oregon Jail-Based Medications for Opioid Use Disorder Grant Program. I am an Addiction Medicine/Family Medicine physician who practices in Medford, and my organization, The Oasis Center of the Rogue Valley, specializes in the ongoing support needed for families affected by substance use disorders. Currently, our center cares for approximately 1,000 patients, roughly 30% of these patients are children whose parents have a substance use disorder.

Over the past three years our clinic has had 12 parents die secondary to complications of fentanyl use. It is important to note that while overdose is the leading cause of death related to fentanyl, its use is strongly associated with other primary causes of mortality. In our clinic, two fatalities were due to untreated asthma exacerbations related to the inhalation of fentanyl. These deaths are not represented in the overdose statistics. As a result of these deaths, 34 children lost at least one parent, and in one particularly tragic case, lost both.

The effect of the fentanyl crisis on families and future generations cannot be overstated. We need to utilize all the tools at our disposal to intervene. Jails are an important point of potential intervention because, even with decriminalization of drug possession, an extremely high percentage of persons in jail have substance use disorders. For those with fentanyl use disorder, or other opioid use disorders, starting medications for opioid use disorder during incarceration can be life changing.

I have personally witnessed this. Our agency works closely with the Medford Livability Team, a branch of the Medford Police Department. About two months ago, the Livability Team contacted me regarding a patient of mine with fentanyl use disorder. The officer was taking the patient to jail, however he knew that she was established with me and if I wrote a prescription for buprenorphine prior to her being incarcerated she would be able to receive the medication. The officer came to my office, with the patient in the back of the patrol car, and I hand wrote a prescription for buprenorphine to take to the jail. The patient was able to start the medication in jail and was released to a residential substance use disorder treatment, where she is still in treatment.

Had the officer not contacted me, the patient would not have been started on buprenorphine in the jail. In fact, this patient had been previously incarcerated without medication treatment and went immediately back to substance use upon release.

The ability to provide treatment within jail systems, and necessary linkage to treatment upon release, will change the trajectory of people's lives. It will prevent many from returning to dependent drug use and the associated "immediate reward" brain changes that lead to criminal activity.

I respectfully ask that you pass HB 4002 with appropriate funding for the Oregon Jail-Based Medications for Opioid Use Disorder Grant Program,

Kerri Hecox, MD, MPH

Medford, Oregon