

The Oregon Health Authority (OHA) knows there is a need for **immediate action** to address the polysubstance and overdose crisis in Oregon. This crisis has disproportionate impacts on Tribal communities, communities of color and economically marginalized groups.

## OHA identified **four goals** for immediate action:

### 1. Engage communities for action

- OHA will partner with the nine Federally Recognized Tribes in Oregon to identify strategies directed by the Tribes.
- OHA will conduct a series of statewide listening sessions to seek input on reducing overdose and increasing access to low-barrier treatment services. OHA will involve:
  - » Local agencies
  - » Community-based organizations
  - » Health providers, and
  - » Peers
- OHA will report a summary of findings from listening sessions feedback. This will inform short-term and long-term overdose and polysubstance response actions OHA takes.

### 2. Adjust naloxone distribution

- OHA will assess and address any immediate barriers to efficient naloxone distribution through Save Lives Oregon.
- OHA will adjust naloxone distribution to meet increased community needs. This includes the following, in communities with the highest overdose morbidity and mortality:
  - » The use of new venues, and
  - » Expand non-traditional harm reduction supply distribution sites.
- OHA's existing supply of naloxone will help support the most affected communities experiencing overdose.

### 3. Enhance public awareness and education

- OHA, through culturally and linguistically specific materials and media, will provide evidence-based information on:
  - » Overdose prevention
  - » Fentanyl
  - » Xylazine
  - » Methamphetamine, and
  - » Other drug issues.
- These materials will include:
  - » Fact sheets
  - » Resource tools
  - » Social media prevention messaging, and
  - » Content for newsletters.

### 4. Outreach, harm reduction and access to treatment

OHA will increase immediate, same-day connection to harm reduction and medication-assisted treatment (MAT) by:

- Leveraging behavioral health resource networks (BHRNs), and
- Augmenting resources in hot spot areas with additional peer recovery initiated in medical establishments in existing (PRIME+) sites.

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