

Resolution 2017-001: Naloxone Availability
Alcohol and Drug Policy Commission
State of Oregon

Guided by the State Legislature, which created this Commission to establish priorities and policies for drug abuse prevention and treatment (ORS 430.241 and ORS 430.242); and

Recognizing that several regions of the United States are experiencing an increasing number of opioid overdose deaths; and

Recognizing that the number of overdose deaths may increase in Oregon because (a.) opioids are frequently prescribed in Oregon (b.) the presence of prescription opioids in Oregon homes makes them more available to young children who may accidentally ingest them, and to older children who may experiment with them, (c.) illicitly-supplied opioids may be counterfeit, adulterated or enhanced with fentanyl or other high-potency opioids; and

Recognizing that the opioid drug fentanyl, and related drugs that may be used to enhance the potency of illicit opioids, may endanger those who handle or accidentally inhale the drug, such as evidence technicians, lab personnel, and law enforcement canines; and

Recognizing the potential of the opioid antagonist drug naloxone to save lives when it is administered to overdosed individuals by first responders, or by families, friends, and acquaintances of opioid users;

The Oregon Alcohol and Drug Policy Commission:

1. Encourages the Oregon State Police, county sheriff departments, police departments, local fire departments, public and private ambulance services, to supply naloxone and training to first responder personnel, to stock the drug in all first response vehicles, laboratories, evidence storage areas, jails, and detention facilities;
2. Encourages the state's colleges, universities, and public schools to maintain an available stock of naloxone on their premises;
3. Encourages arenas, stadiums, performance and dance venues, and other facilities where large groups of people congregate, to maintain an available stock of naloxone on their premises, including considering co-locating naloxone supplies where AED devices are available;
4. Encourages the Oregon Health Authority, through its "bulk purchasing" or rebate arrangements or other means, to negotiate the most favorable pricing possible with the producers and distributors of naloxone, and to make naloxone available at reduced prices to all of the entities mentioned in the preceding paragraphs;
5. Encourages to Oregon Health Authority to require medical and dental providers who prescribe opioids through CCOs and Medicaid-funded healthcare to co-prescribe naloxone;
6. Encourages the Public Health Division of the Oregon Health Authority to collaborate with commercial pharmacies in Oregon to reduce barriers to dispensing naloxone.

Resolved by the Alcohol and Drug Policy Commission, April 27, 2017.

Commission Chair: _____

