

# Interviews with People Who Use Drugs in Oregon

## Fentanyl Results

# Collaborators



**HIVAlliance**



# Leadership

- **Funded by** Centers for Disease Control and Prevention (CDC) Overdose Data to Action grant: Oregon Health Authority (OHA) Public Health Division (PHD) Injury and Violence Prevention Program (IVPP)
  - **Oversight by** Oregon HOPE (Oregon HIV/Hepatitis and Opioid Prevention and Engagement) study: Oregon Health and Science University (OHSU) and OHA PHD Acute and Communicable Disease Program (ACDP)
  - **Implemented by** Comagine Health, with recruitment support of PRIME+ Peer Program: OHA Health Systems Division (HSD) Behavioral Health
-

# Presentation Purpose

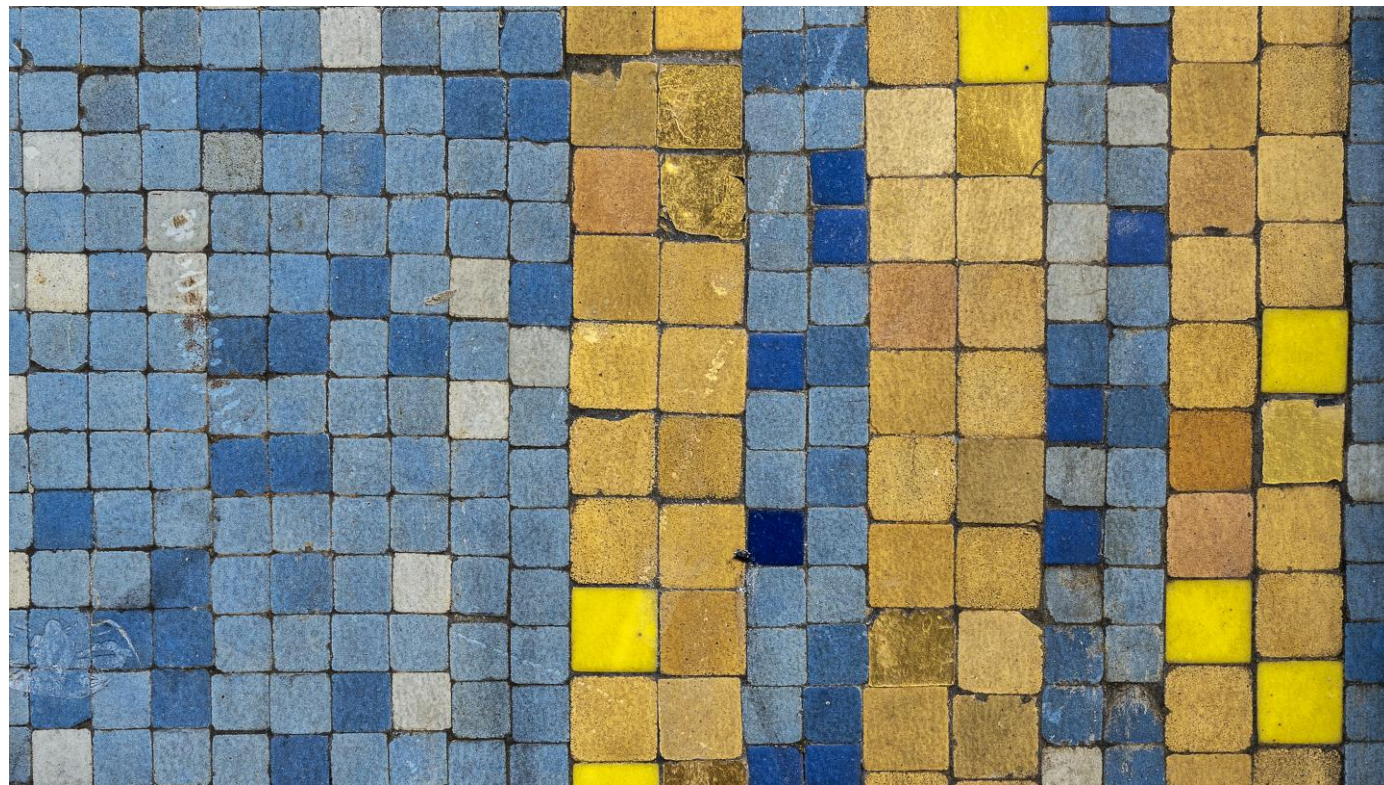
- Share results from interviews with people who use drugs (PWUD) in Oregon about their knowledge about and experience with fentanyl
- Generate recommendations to decrease harms of fentanyl based on results and your experiences

# Plan for today

- Background
- Data collection overview
- Participant information
- Results
- Recommendations

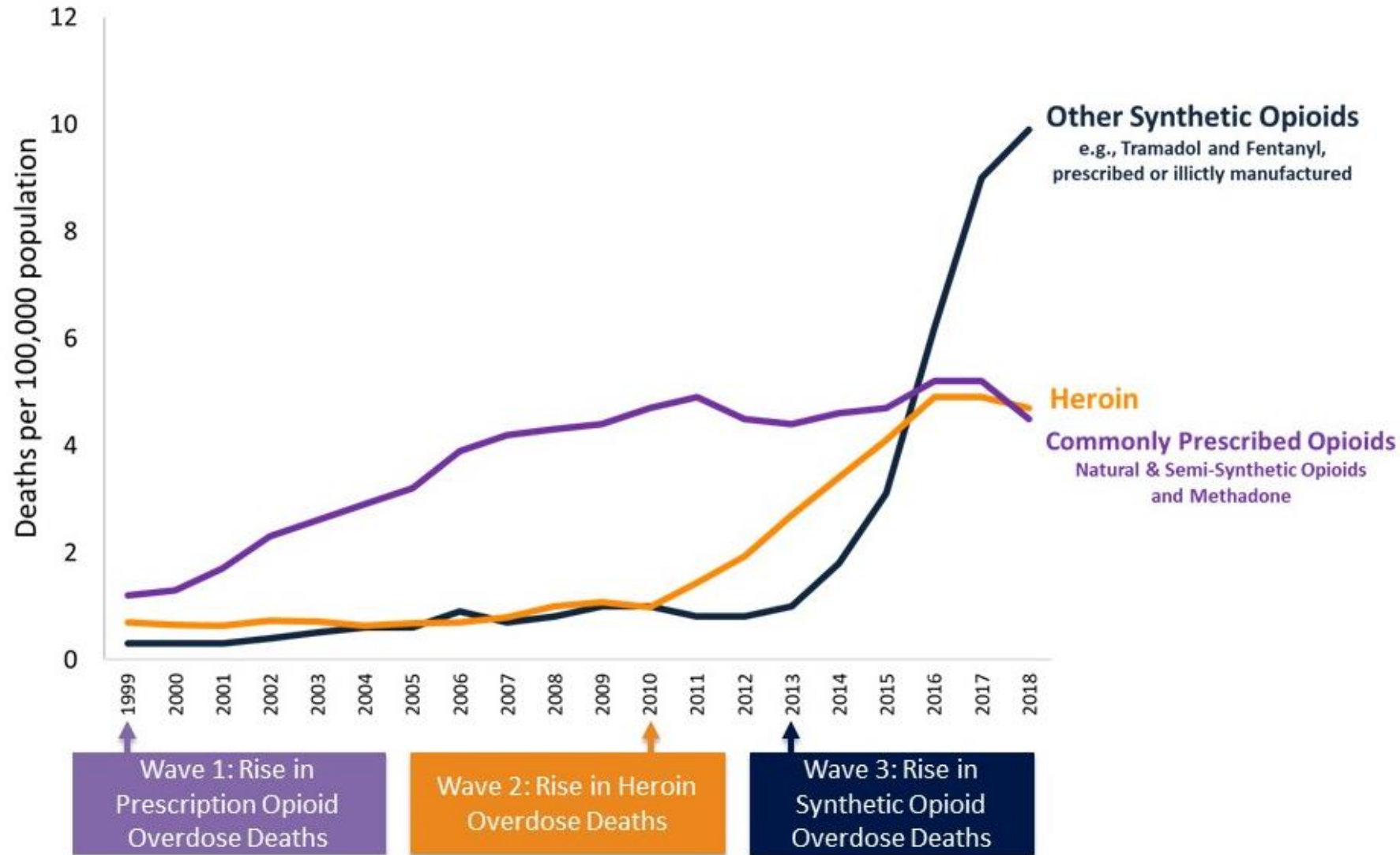
# Background

---





# Rise in Fentanyl Overdose Deaths in U.S. since 2013

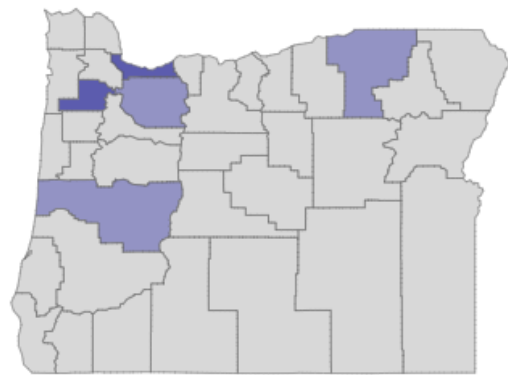


# Increased reports of overdoses involving fentanyl and fentanyl in drug supply in Oregon

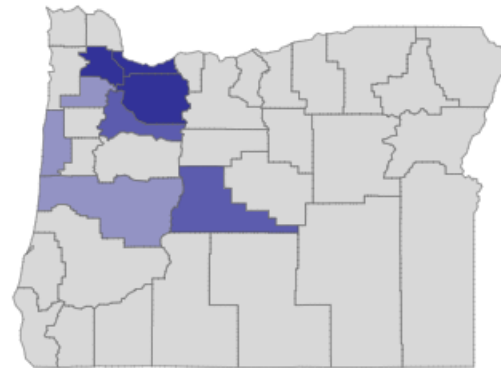
- Hearing from peers and other community partners working with people who use drugs
- Trends developing in surveillance data
  - State Unintentional Drug Overdose Reporting System (SUDORS)
  - Hospital and Emergency Department Data
  - High-Intensity Drugs Trafficking Area (HIDTA)



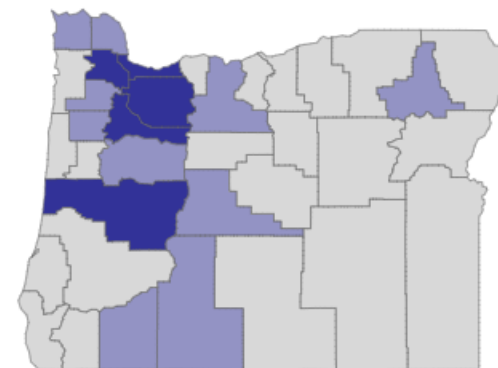
# Rise of Non-Rx Fentanyl Deaths In Oregon



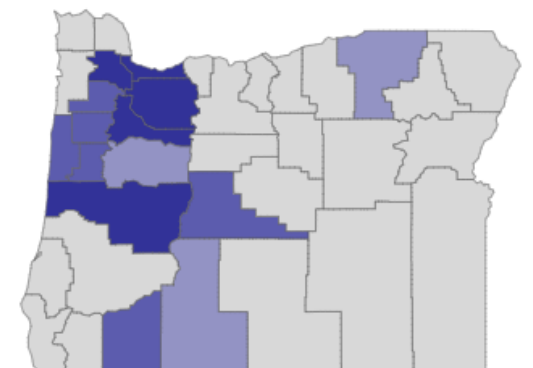
**2013**



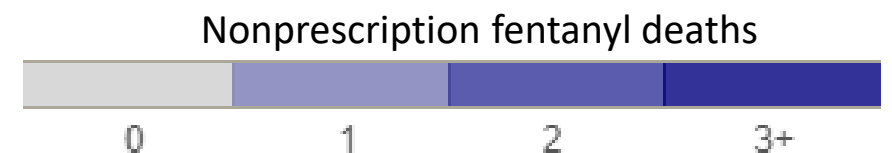
**2015**



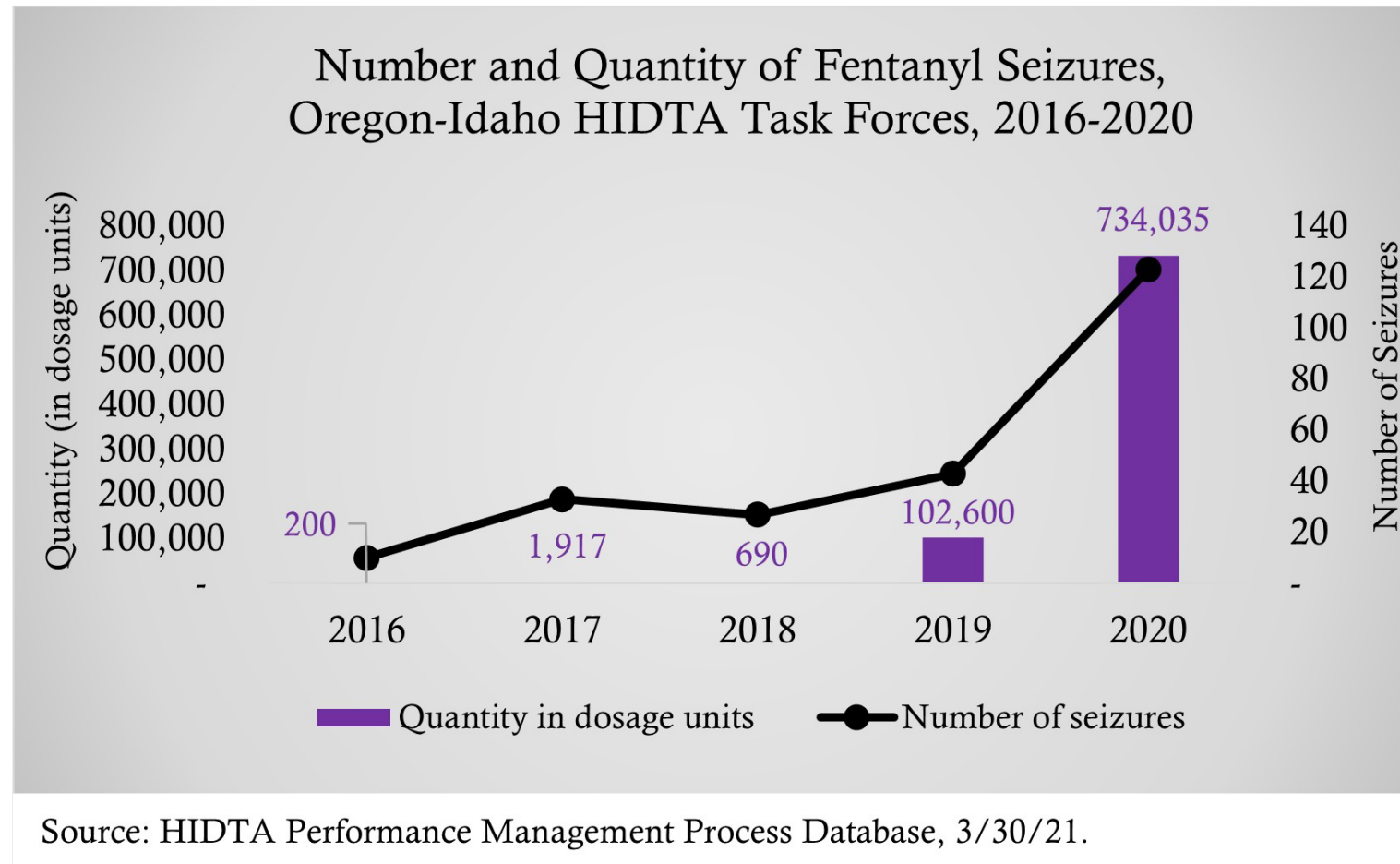
**2017**



**2019**



# Rise in Number of Fentanyl Seizures and Quantity in Oregon and Idaho



# Oregon-Idaho High-Intensity Drug Trafficking Area (HIDTA) 2021 Threat Assessment

- Methamphetamine and heroin remain top threat
- Fentanyl and cocaine are emerging threats
- Counterfeit pill availability increasing

# Data Collection Overview

---



# Recruitment

- Collaborated with community partners including harm reduction agencies and peer services programs
  - Asked participants to tell their friends
  - Posted flyers
-

# Interviews

- Conducted from 5/11/2021 – 6/25/2021
  - Conducted 34 interviews via phone
  - Participants were eager to help and had a lot to share
  - In some cases, syringe service program and peer services program staff provided their phone and support
-



# Counties Represented

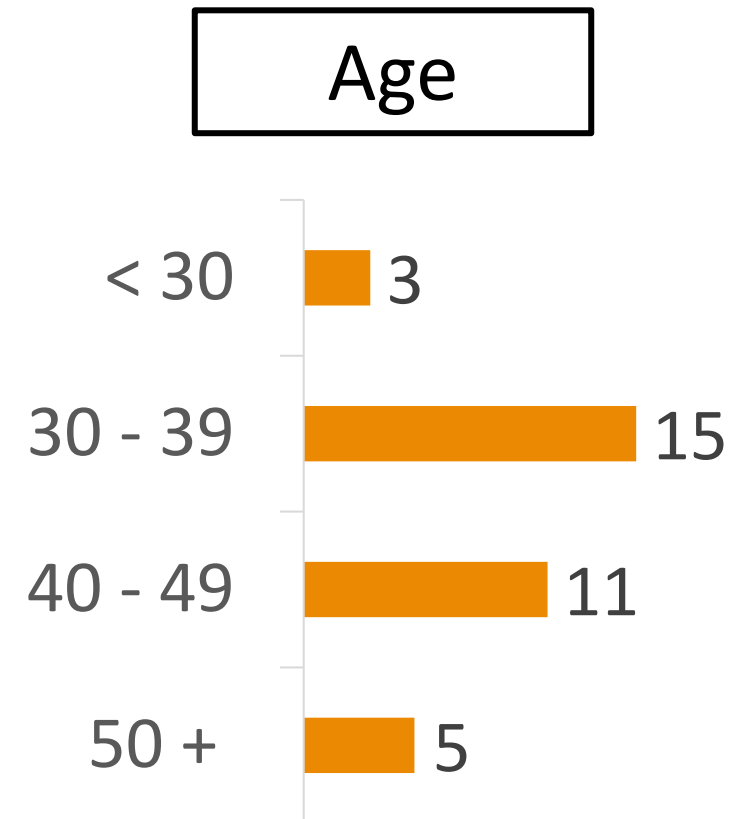
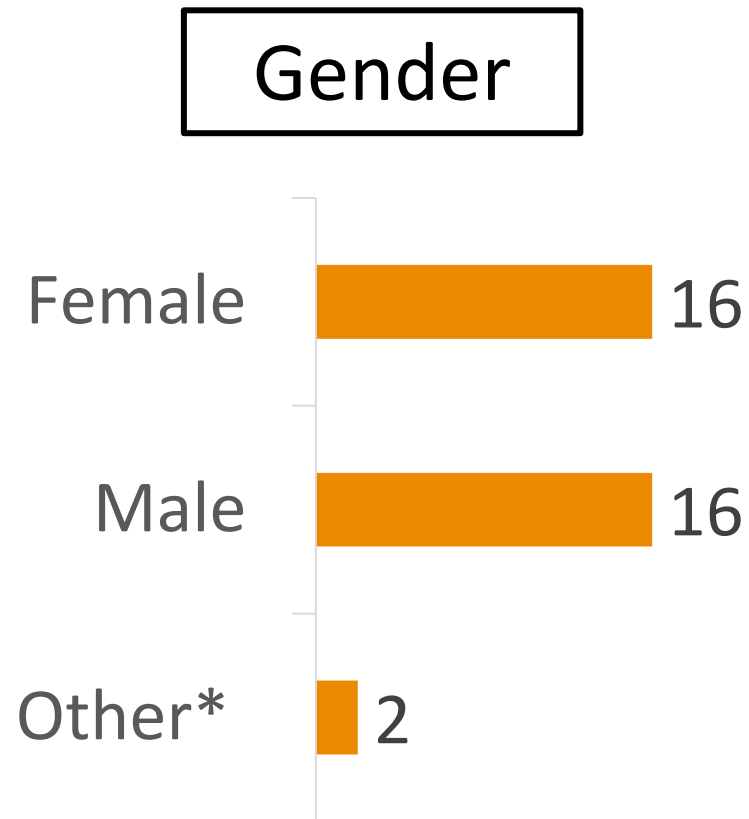
| County    | Region    | # of interviews completed |
|-----------|-----------|---------------------------|
| Clatsop   | Coast     | 4                         |
| Deschutes | Central   | 3                         |
| Josephine | I-5 South | 6                         |
| Lane      | I-5       | 4                         |
| Marion    | I-5       | 6                         |
| Multnomah | Metro     | 6                         |
| Umatilla  | I-84 East | 5                         |
| Total     |           | 34                        |

# Participant Information

---



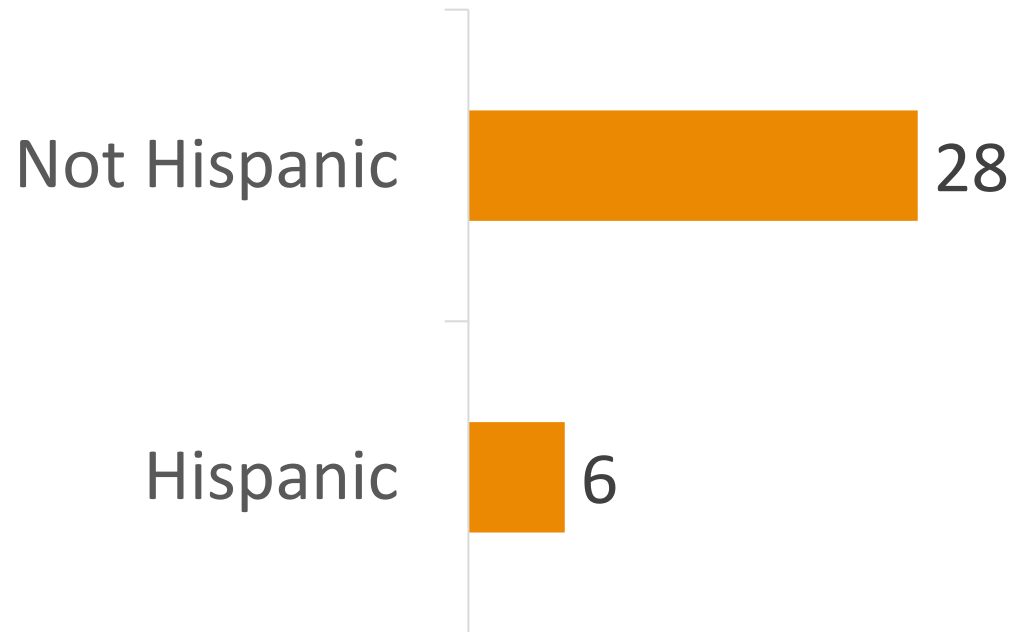
# Participant Characteristics (N = 34)



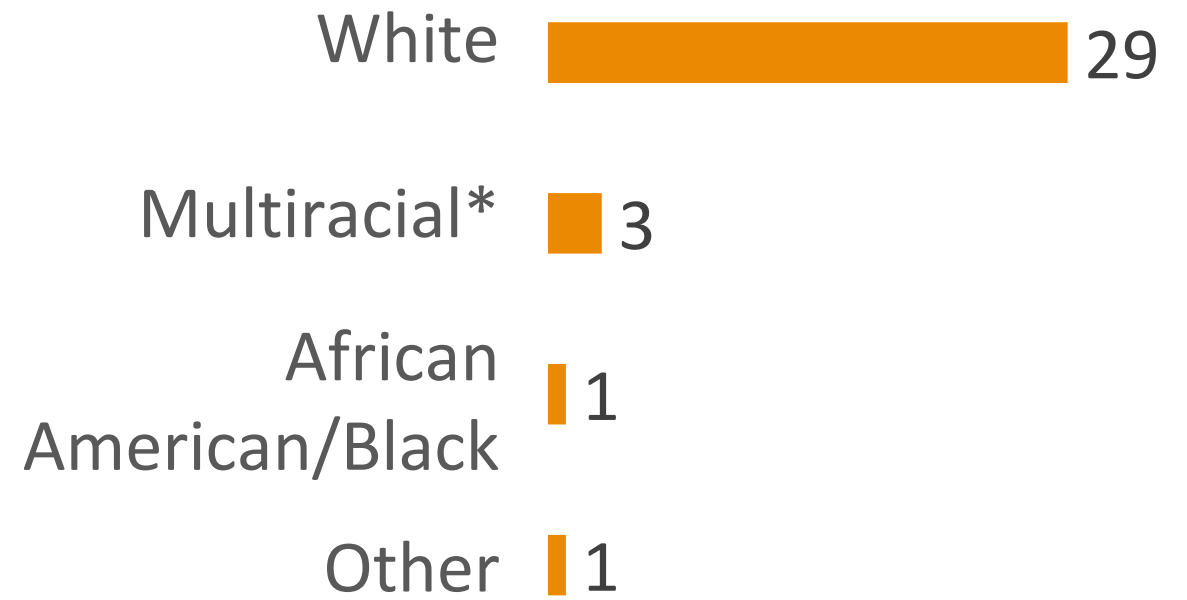
\*The 2 participants that selected 'Other' identified as 1) using she/her pronouns and 2) non-binary.

# Participant Characteristics (N = 34)

## Ethnicity

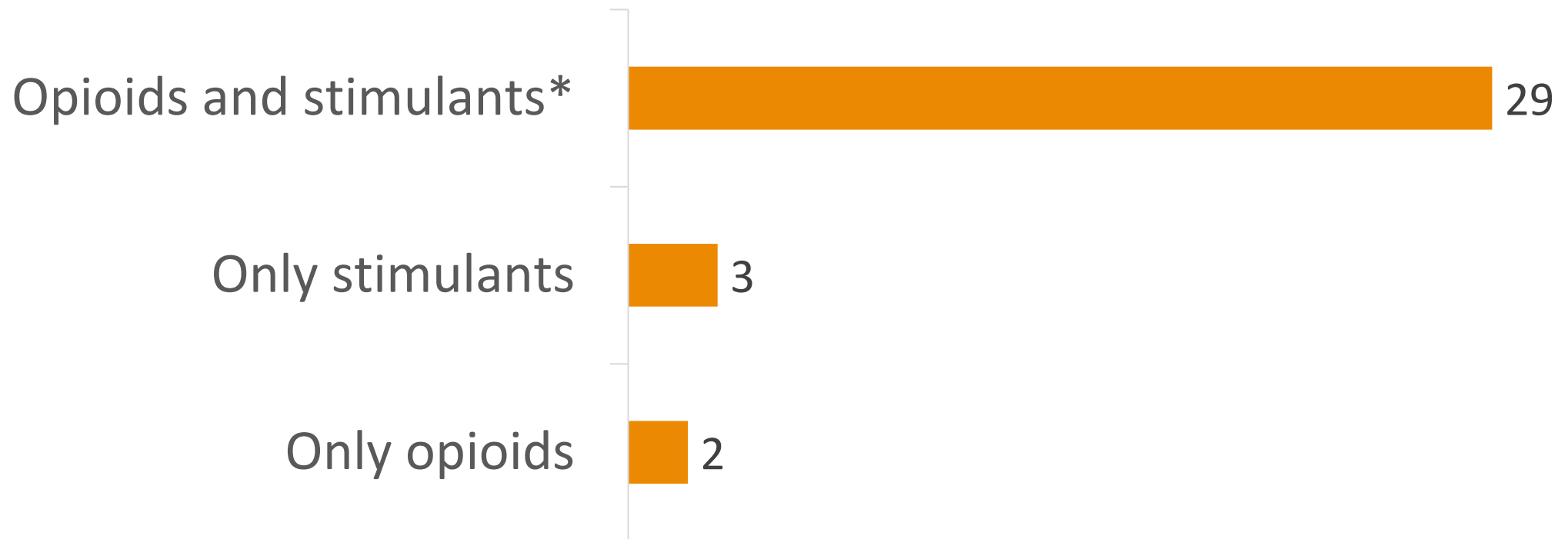


## Race



\*All 3 were American Indian/Alaska Native and another race

# Past 30-Day Drug Use (N = 34)



\*Opioids: primarily heroin; Stimulants: primarily methamphetamine

# Results

---





# What did we hear about from participants?

|                                     |   |  |
|-------------------------------------|---|--|
| <b>Knowledge about<br/>fentanyl</b> | <b>Exposure to<br/>fentanyl</b>                           | <b>Preferences for<br/>fentanyl</b>        |
| <b>Harm reduction<br/>behaviors</b> | <b>Experiences of<br/>fentanyl-involved<br/>overdoses</b> | <b>Suggestions for<br/>PWUD and others</b> |

# What did we hear about from participants?

|                                 |  |                                 |
|---------------------------------|--|---------------------------------|
| <b>Knowledge about fentanyl</b> | Exposure to fentanyl                       | Preferences for fentanyl        |
| Harm reduction behaviors        | Experiences of fentanyl-involved overdoses | Suggestions for PWUD and others |

# Knowledge about fentanyl

---

▷ Participants expressed knowledge that fentanyl was dangerous, common, and present in many different drugs.

“ It’s killing a lot of people right now. It’s extremely potent, and it’s killing a bunch of people right now. I think I’ve lost 30 friends because of fentanyl in the past, I don’t know, six months.”

“ I heard that the crystal meth and the heroin are both cut with it, at least a little bit.”

▷ Different perceptions of the dangers of fentanyl, often based on what drugs were being used.

“ I have not [heard of fentanyl in meth]. Is that a thing?... They’re trying to get people strung-out on it, I guess. Well, I guess. I don’t know. I don’t see how it would smoke very well in meth, but I could be wrong.”

# What did we hear about from participants?

|                          |  |                                 |
|--------------------------|--|---------------------------------|
| Knowledge about fentanyl | Exposure to fentanyl                       | Preferences for fentanyl        |
| Harm reduction behaviors | Experiences of fentanyl-involved overdoses | Suggestions for PWUD and others |

# Exposure to fentanyl

---

What are the changes in the drug supply?

**Fentanyl**

**Convos  
about  
supply**

**Non-  
fentanyl**

What are people's experiences of these changes?

**Concerns**

**Location  
impact**

**Questions**

# Exposure to fentanyl

## Fentanyl

Most participants reported increases in fentanyl in drug supply over past few years and suggest:

- ▷ Fentanyl is coming from surrounding states
- ▷ Fentanyl pills are increasing in availability
- ▷ Adulterations are intended to make the drugs more addictive and are affecting different groups of people who use (e.g., people who use methamphetamine, young people)

- “ It wasn't here, and now it is. It's everywhere. I've noticed a lot more people being addicted just straight to fentanyl, even.
- “ People are pressing it and putting it in their heroin. It gets you more addicted, so the more addicted you get, the more you keep coming back, putting your money in. That's security for them dealers.
- “ Heroin is being wiped out. Played out, I guess. Yeah. It's all about the fentanyl because, if you get in good with a dealer, you're going to get each pill for \$9 a pop.

What are the changes in the drug supply?



# Exposure to fentanyl

## Convos about supply

Many participants reported dealers not letting them know fentanyl was in supply because:

- ▷ Don't know
- ▷ Tell people what they want to hear

“ People will say whatever they want to get their stuff to sell. I've heard people say, “Well, do you like fentanyl?” and you say “No,” they're like, “No, there's none in it.” “Well, do you like fentanyl?” “Yeah.” “Oh, well, then yeah. It is in there.” It's really frustrating.

Other participants reported dealers letting them know fentanyl was in the supply and to use cautiously.

“ I've had my dealers tell me before, for sure, “Hey, be careful with this stuff. It's got fentanyl in it.”

What are the changes in the drug supply?

# Exposure to fentanyl

## Non-fentanyl

Participants noted that the heroin and methamphetamine supply fluctuate.

- ▷ Some say heroin/meth are more available and some see no change
- ▷ Drug potency and cost fluctuates
- ▷ High turnover with dealers can cause supply to fluctuate

“ **Yeah. Basically, you never know what you’re going to get.** It could be, one day, you go to see your dude, and it’s really, really good. The next day, you go back... and it’s the same place and the same person. You get something from them, and it just wipes you out—annihilates you.

---

What are the changes in the drug supply?

# Exposure to fentanyl

What are people experiences of these changes?

## Concerns

Most participants reported being concerned about exposure because:

- ▷ Overdose risk
- ▷ Fentanyl is everywhere

Few participants reported not being concerned about exposure because:

- ▷ Don't use heroin
- ▷ Don't inject drugs
- ▷ Have been using for a long time

“ My concern is that the risk for overdose has just greatly increased... The drug varies in potency as it is, so it's just kind of like playing Russian roulette.

“ I personally don't have any concerns because, like I said, I personally don't use heroin.

# Exposure to fentanyl

---

What are people experiences of these changes?



## Exposure

Participants reported learning their drugs are adulterated with fentanyl when:

- ▷ Experience an overdose or pass out
- ▷ Feel tired after using methamphetamine
- ▷ Receive a urine drug test result positive for fentanyl

“ When I gave a UA for my mental health, it showed up in there, so I know that people had put it in the heroin that I was using. But I don't know how to tell. I didn't use it enough for that.

# Exposure to fentanyl

---

What are people experiences of these changes?



## Exposure

People who use methamphetamine were surprised about fentanyl adulteration.

“ I’ve got this friend of mine who only does meth. He’s literally what they call “dope sick” from not doing meth. I’m like, “Dude, that’s got fentanyl in it. You’ve got to test your meth, so test your meth.” Sure enough, his meth had fentanyl in it. So he’s going through this withdrawal, which is very similar to an opiate withdrawal. He’s like “I don’t do opiates so I don’t understand.”

# Exposure to fentanyl

---

What are people experiences of these changes?

## Location impact

Participants said that the reason for fentanyl in the drug supply was due to geographic features of their location, such as

- ▷ Major highway access through their county
- ▷ Highway access between states

“ One hundred percent likely. I think this is the drug capital of the world. I can't get it anywhere as easily as I can here. Complete strangers, I can get it from.

“ It's guaranteed. I mean, we're right on the I-5 corridor... That's where it's all coming from, so it's a very, very high chance, living here.



# Exposure to fentanyl

---

What are people experiences of these changes?

## Questions

Participants were interested in learning more about fentanyl, specifically:

- ▷ Ways to reduce harms from fentanyl
- ▷ Ways to identify fentanyl
- ▷ Ways to identify strength and potency of fentanyl
- ▷ Statistics about fentanyl adulteration rates

“ People are overdosing and they’re wanting to find out what’s going on out on the streets. What would you need to reduce the fentanyl?

“ Well, I do want to know if there is a way to tell if it’s in your drug by, does it have a certain taste or smell? I’m sure that it does because everything does, but if they could educate people on what we’re looking for, then that would help.

# What did we hear about from participants?

|                          |  |                                 |
|--------------------------|--|---------------------------------|
| Knowledge about fentanyl | Exposure to fentanyl                       | Preferences for fentanyl        |
| Harm reduction behaviors | Experiences of fentanyl-involved overdoses | Suggestions for PWUD and others |

# Preferences for fentanyl

---

What are the changes in purchasing behaviors?

**Avoid**

**No  
change**

**Seek out**

What were reasons for changes in purchasing  
behaviors?

**Dislikes**

**Likes**

# Preferences for fentanyl

What are the changes in purchasing behaviors?



## Avoid

Participants engage in various behaviors to avoid buying drugs that contain fentanyl by

- ▷ Buying from trusted sources
- ▷ Examine drugs before buying
- ▷ Communicating with dealers about whether the drug contains fentanyl or not

“ I only buy it from the same people: One. I always go to the same person. I just don't buy from random people.

“ They say, “No. There's no fentanyl in it,” or “I don't know.” It's like, “Well, I want to test it before I buy it.” That takes a little grit. Some of them are really surprised to find out there's fentanyl in it.

“ I always ask the person who I'm getting it from if there's some in it or not. If there is, then I would like to go the opposite way and try to find something else that doesn't have fentanyl in it.

# Preferences for fentanyl

What are the changes in  
purchasing behaviors?

No  
change

Participants reported that they cannot or do not engage in any action of avoiding fentanyl because it is considered unavoidable.

- “ Really, I can't do anything. I really don't do much to avoid it. I don't want it. All you can do is hope for the best.
- “ I don't seek it out, per se. It's in the heroin. It's just kind of like something you have to deal with. There's no way to avoid it. If I had a choice, I wouldn't choose it. I wouldn't. I don't like it.

# Preferences for fentanyl

---

What are the changes in  
purchasing behaviors?



## Seek out

Few participants intentionally seek out fentanyl. Those that do:

- ▷ Ask their dealer questions
- ▷ Buy from a trusted source

“ I say, “Do you guys have heroin?” or whatever. If they do, then, “Do you have fentanyl, or do you have stuff that has fentanyl in it?” They’ll say yes or no. It’s just pretty broad, pretty common knowledge amongst this circle of us, what it is.

“ it’s a quicker fix than a needle is. Sometimes the veins collapse and they just can’t use a needle, so the pills are a lot better use for them.

# Preferences for fentanyl

What were reasons for changes in purchasing behaviors?



## Dislikes

Many participants reported they did not like fentanyl because of:

- ▷ Increased risk of overdose
- ▷ Physical effects of fentanyl (i.e., short-lived, more intense withdrawal, more addictive properties, downer)
- ▷ Uncertainty of the potency

“ I don't like the taste. I don't like the effects of it. I don't like that it's short-lived. I don't like the overdose capabilities of it and the risk involved. Just the danger to it is mainly what I don't like about it.

“ It's so hard to dose. I don't trust somebody to distribute it across the bag that I'm doing. I don't trust their knowledge.

# Preferences for fentanyl

What were reasons for changes in purchasing behaviors?



## Likes

A few participants reported that they liked fentanyl because of:

- ▷ Intensity of high (e.g., calming or relaxing effects; help numb or pass time)
- ▷ Feeling of getting more for their money

Many who noted liking some aspects of fentanyl felt the risk of overdose and short effects were not desirable.

“ I guess just the little rush that it gives you—or the rush that it gives you—but it doesn’t last at all. That’s what I don’t like about it. I mean, the high makes me feel good—a nice, euphoric feeling through my whole body—but it goes away pretty quick, like 10 minutes. Then it’s gone.

“ It’s a good high. Don’t get me wrong. I just know why it’s killing people.



# What did we hear about from participants?

|                          |  |                                 |
|--------------------------|--|---------------------------------|
| Knowledge about fentanyl | Exposure to fentanyl                       | Preferences for fentanyl        |
| Harm reduction behaviors | Experiences of fentanyl-involved overdoses | Suggestions for PWUD and others |

# Harm Reduction behaviors

---

What are people doing to prevent overdose?

**Behaviors  
to reduce  
harms**

**Ways of  
detecting  
fentanyl**

**Fentanyl  
test strips**

**Naloxone**

# Harm Reduction behaviors

---

What are people doing to  
prevent overdose?



## Behaviors to reduce harm

Participants are engaging in many strategies to reduce the harms of fentanyl, with varying outcomes, including:

- ▷ Buying certain types of drugs that they believed would not contain fentanyl (e.g., methamphetamine)
- ▷ Buying only from trusted sources
- ▷ Using sensory methods (e.g., look, taste, smell)
- ▷ Smoking instead of injecting

“ Well, we only do meth. We don’t seek out any other drugs. We don’t do pills. We avoid that altogether.”

“ Smoke it rather than inject it, because you’ll go to sleep before you actually flop.

# Harm Reduction behaviors

---

What are people doing to  
prevent overdose?

## Ways of detecting fentanyl

Levels of confidence in detecting fentanyl in drugs varied widely.

▷ Participants reported a variety of tastes, looks, smells, and feels that made them think fentanyl was in their drugs.

“ That’s only if you’re looking at it real close, and you know what you’re looking at. Somebody who isn’t looking very carefully or isn’t thinking to look for it wouldn’t notice the difference. They look damn near identical.

# Harm Reduction behaviors

What are people doing to  
prevent overdose?

## Fentanyl test strips

Many participants mentioned that using fentanyl test strips helped increase their knowledge, others expressed frustration because of

- ▷ False negatives
- ▷ Inability to detect potency
- ▷ Difficulty accessing
- ▷ Difficulty using

“ They get test kits from me so they can find a source that doesn’t have it in it. They’re like, “Oh. Well, that’s why I have been having these reactions and everything.”

“ I’ve used the test strips on meth, which came back positive... Reading the instructions, expecting someone to remember to use them and do it correctly, I think it’s probably few and far between. It seemed like they were a lot of instructions. It had to be very—specifically—done, especially with the meth.

# Harm Reduction behaviors

What are people doing to  
prevent overdose?



## Naloxone

Participants held favorable opinions on the effectiveness of naloxone distribution

- ▷ It saves lives
- ▷ The importance of availability
- ▷ They avoid using alone

“ Since I’ve had Narcan—I think Narcan’s been used on me, as well—I’ve seen it absolutely save lives. Absolutely.

“ Changes I’ve made... Probably, just having Narcan in more places. I have it in my purse. I have it in my car. I have it in my boyfriend’s car.

“ I have somebody when I use, in case something happens. He’d always push me to have Narcan ready, in case of the fentanyl dope.

# What did we hear about from participants?

|                          |  |                                 |
|--------------------------|--|---------------------------------|
| Knowledge about fentanyl | Exposure to fentanyl                       | Preferences for fentanyl        |
| Harm reduction behaviors | Experiences of fentanyl-involved overdoses | Suggestions for PWUD and others |

# Experiences of fentanyl- involved overdoses

---

What did people share about their overdose experiences (self and others)?

**Details**

**Naloxone  
doses**

**Calling  
911**



# Experiences of fentanyl-involved overdoses

---

What did people share about their overdose experiences (self and others)?



## Details

Many participants have had, been witness to, or heard of a fentanyl-involved overdose. Overdose occurred when using:

- ▷ Heroin
- ▷ Methamphetamine/Cocaine
- ▷ Benzodiazepine (e.g., Xanax)

Participants' awareness of fentanyl in drugs before use varied and described:

- ▷ Small amounts causing overdoses
- ▷ Rapidness of overdose occurrence
- ▷ Increased frequency of overdoses
- ▷ Strength of overdoses (including descriptions of wooden chest syndrome)

“

There have actually been a few around me, around the kids that I met. People would shoot up. They feel protected from fentanyl. They overdosed, doing just a little amount, and had to be Narcanned and brought back.

”

“

I've never had CPR lessons, but I've had to breathe for somebody, pretty much, and help them. I've always been able to revive somebody. I've never lost somebody in front of me. I've had one friend. I couldn't even pry their mouth open. Their jaw was so clenched tight, I had to just breathe through their teeth kind of.

”

Details

What did people share about their overdose experiences (self and others)?

# Experiences of fentanyl-involved overdoses

---

What did people share about their overdose experiences (self and others)?



## Naloxone doses

Many participants described having naloxone used on them or using naloxone on someone else. Some participants described needing multiple naloxone doses when fentanyl was involved.

- “ I did a normal shot, like I normally do. I pushed half of it in my vein. I didn't feel it, so I pushed the other half. The next thing I know, I'm being woken up. They told me that they Narcanned me five times.
- “ Every time I've heard of the nasal ones, people have to use three or four of those on them because it doesn't get in their mucous membranes fast enough.

# Experiences of fentanyl-involved overdoses

---

What did people share about their overdose experiences (self and others)?



## Calling 911

Most participants reported not calling 911 when they or others experienced an overdose because they:

- ▷ Felt they had the situation under control
- ▷ Were concerned about interactions with law enforcement due to fear of arrest, parole, warrants
- ▷ Had negative past experiences with EMS, law enforcement, or health care

“

I can keep people alive and stuff like that, **I usually try not to call authorities**, even though if you are witnessing an OD and you call—Good Samaritan Law... I don't trust the police... **Whether they're going to arrest you, I'm sure they're going to remember who you are.** They're going to indicate that, because every time you call the police, it's reported and they write it down. They insert it in their records. I would recommend not to call the police. Call the fire department every single time.

”

# What did we hear about from participants?

|                          |  |                                 |
|--------------------------|--|---------------------------------|
| Knowledge about fentanyl | Exposure to fentanyl                       | Preferences for fentanyl        |
| Harm reduction behaviors | Experiences of fentanyl-involved overdoses | Suggestions for PWUD and others |

# Suggestions for PWUD and others

---

What are suggestions for other PWUD to help reduce harms of fentanyl?

**Harm  
reduction  
practices**

**Ask for  
help**

**Know  
your  
supplier**

What are suggestions for services, policies, practices to help reduce harms of fentanyl?

**More  
HR  
services**

**More tx  
options**

**Address  
stigma**

**Legalize  
drugs**

# Suggestions for PWUD and others

---

What are suggestions for PWUD to help reduce harms of fentanyl?

## Harm Reduction practices

Many participants encouraged other PWUD to use harm reduction practices to stay safe.

- ▷ Fentanyl test strips
- ▷ Start low, go slow (use small amount, you can always do more)
- ▷ Mix own shots
- ▷ Use clean supplies
- ▷ Always carry naloxone

“ Carry Narcan. Learn how to use the Narcan. There's a step-by-step little audio cartridge that, every time I get one, I give it away to somebody.



# Suggestions for PWUD and others

---

What are suggestions for PWUD to help reduce harms of fentanyl?

## Ask for help

Participants encouraged other PWUD to ask questions, ask for resources, and educate themselves. Participants specifically mentioned getting information from:

- ▷ Syringe service programs
- ▷ Parole and probation officers
- ▷ Treatment agencies
- ▷ Friends and other PWUD
- ▷ Doing own research online

“ It was at the needle exchange... It had color pictures of the pills and certain drugs that had fentanyl in it—that she said had been going around in [city]—and that they had used test strips on... **That was very informative. The pictures were good to see, first-hand, what it's in, what they look like.**

# Suggestions for PWUD and others

---

What are suggestions for  
PWUD to help reduce harms  
of fentanyl?



Know  
your  
supplier

Participants encouraged other PWUD to know who they are purchasing drugs from and ask them questions.

“ If there was a way for dealers plus consumers to be more transparent, that’s what I would want, ideally, so people know what they’re getting into.

# Suggestions for PWUD and others

What are suggestions for others to help reduce harms of fentanyl?

More  
harm  
reduction  
services

Most participants were interested in more information about fentanyl and more access to harm reduction services and supplies, like:

- ▷ Fentanyl testing strips
- ▷ More precise drug checking options
- ▷ Syringe service programs
- ▷ Naloxone
- ▷ Safe injection sites

“ People are going to do their drugs regardless of how hard you make it to get them or not or whatever. People are always going to do drugs. I feel like people’s lives are worth a lot more than what we value them at sometimes.

# Suggestions for PWUD and others

---

What are suggestions for others to help reduce harms of fentanyl?



## More treatment options

Some participants mentioned more access to treatment, specifically medications for opioid use disorder (MOUD).

“ I would probably open up more clinics, as far as medication-assisted clinics. Make treatment more available, more affordable for people.

“ I think Subutex is another good thing that helps people. It's like you have to go do screening and get it from a doctor, and blah, blah, blah. I think that if it could be over-the-counter, it would save so much people. So many people are constantly looking for Subutex, but don't have Medicare, Medicaid, or OHP, or a doctor, or something.

# Suggestions for PWUD and others

---

What are suggestions for others to help reduce harms of fentanyl?



## Address stigma

Many participants mentioned the need to address stigma in health care and the general public and to increase people's knowledge about needs of PWUD.

“ Don't treat me different just because you think I'm an addict or whatever. It's not a medical professional's job. Their morals shouldn't come into play, period. In fact, they take a Hippocratic oath and all that shit. That goes out the window as soon as you walk in, and you get scabs on your face or whatever their idea of a junkie is. You know what I mean? It's bullshit.

# Suggestions for PWUD and others

---

What are suggestions for  
others to help reduce harms  
of fentanyl?



Legalize  
drugs

Some participants suggested  
legalizing drugs so safety and potency  
could be better regulated.

- “ The only other thing I could possibly think of is complete legalization, and then we'll actually know what we're getting.
- “ Legalizing drugs so we can just go buy them from the doctor.

# Summary

- Participants expressed varied levels of knowledge about fentanyl dangers and presence in different drug types.
- Fentanyl is in the drug supply in Oregon, including in heroin and methamphetamine.
- Most participants did not like fentanyl and did not seek it out but often felt it was unavoidable.
- Participants are engaging in behaviors to keep themselves and others they care about safe.
- Many participants have had, been witness to, or heard of a fentanyl-involved overdose.

# Limitations and Considerations

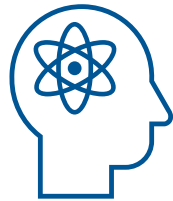
- This study recruited through harm reduction and peer support programs, so reflects people who access these services.
  - Reaching people with experimental or early use will need different approaches.
- Various substances in addition to fentanyl are increasingly being cut into drugs.
  - Northeast U.S. and Canada reporting serious infections and overdose from fentanyl cut with xylazine (an animal tranquilizer).\*
  - The need for drug checking and awareness-raising beyond fentanyl will likely grow in the PNW as well.

\*<https://www.cdc.gov/mmwr/volumes/70/wr/mm7037a4.html>

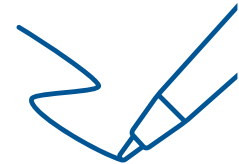


# We want to hear from you!

REACTIONS &  
THOUGHTS TO DATA



RECOMMENDATIONS  
BASED ON THESE  
DATA & YOUR  
EXPERIENCES



# Recommendations

- Provide more information about fentanyl to people who use drugs, including people who use methamphetamine
- Partner with trusted messengers to share information – syringe service program staff, peer recovery support specialists
- Establish drug checking services for more complete detection
- Encourage suppliers to test batches and inform people purchasing
- Make medications for opioid use disorder more accessible – telehealth options
- Work with health care and criminal justice to address stigma

# Thank you!

Please send questions or comments to:

**Judith (Jude) Leahy**

Oregon Health Authority  
judith.m.leahy@state.or.us

**Erin Stack**

Comagine Health  
estack@comagine.org

**Overdose Data To Action**

---

**Oregon HOPE**

---

**September 2021**

---