

Office of Representative Tawna Sanchez  
House District 43  
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March 20<sup>th</sup>, 2020

Joint Special Committee on Coronavirus Response  
900 Court St. NE  
Salem OR, 97301

Dear Co-Chairs Roblan, Holvey, and members of the Committee,

We would like to draw your attention to actions taken yesterday by the Oregon Liquor Control Commission (OLCC) to lower the barrier to acquiring alcohol which we believe will result in increased hospitalizations and arrests. We urge you to work to reverse the decision to allow home delivery of alcohol and move quickly to expand support for Oregonians struggling with their recovery from addiction.

The current COVID-19 crisis has exasperated an existing untreated addiction crisis in Oregon. We have the 3rd highest addiction rate in the country and rank last in access to treatment. There are five alcohol-related deaths each day in Oregon, which is a 34% increase since 2001. The current public health emergency will undoubtedly result in a dramatic increase in these statistics.

Most individuals in recovery from addiction rely on recovery support groups (aka mutual aid groups) such as Alcoholics Anonymous and Narcotics Anonymous and/or one-on-one counseling to sustain their recovery. Virtually all of these meetings and counseling sessions have been cancelled, denying our recovery community the fundamental tools they need to manage their chronic condition. While many have moved online, too many people in recovery—especially those in early recovery—do not have access to the technology needed or the technical aptitude to participate. Nor is there any meaningful statewide program providing access to certified peer or recovery mentors that can assist Oregonians struggling with their recovery. The net result is that we should expect, over the next several months, a sharp spike in what is commonly referred to as a “relapse.”

Yesterday’s actions by the OLCC, in response to Governor Brown’s executive order 20-07, will temporarily allow for curbside sales and home delivery of beer, wine and cider. Additionally, OLCC executive Director Steve Marks announced at yesterday’s meeting that the OLCC planned to meet again over the weekend to vote to extend these rules changes to cannabis and hard alcohol. While we appreciate these efforts are being made to mitigate the adverse financial impacts that Oregon’s restaurants, bars and wineries are facing, the OLCC actions appear to be blind to the public health consequences of increased alcohol sales.

Lowering the barriers to purchasing alcohol and cannabis will facilitate relapses within the recovery community, resulting in increased emergency room visits and police arrests. To do so while our

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healthcare system works overtime to redirect people away from our hospitals and our criminal justice system is thinking creatively of how to reduce the number of people incarcerated, is simply wrong. It's also important to recognize that alcohol consumption can reduce an individual's immune system. Not surprisingly, Pennsylvania has closed all liquor stores for the duration of the COVID-19 crisis.

Oregon was in crisis prior to the onset of the coronavirus. In addition to our 3<sup>rd</sup> highest addiction rate and lowest access to treatment in the nation, our prevention system is virtually non-existent. There are long wait times for treatment and we fund very little post-treatment recovery support. As a result of the current crisis, many treatment providers and the limited number of recovery community centers are closing their doors and laying off staff. Oregon is under threat of a complete collapse of our addiction recovery system of care.

We believe the state should take the following immediate actions to bolster Oregon's recovery community, diminish the impact alcohol is having on our healthcare system and prevent Oregon's fractured and incomplete addiction treatment and recovery continuum of care from completely collapsing:

1. Reverse the decision to allow for easier purchase of alcohol.
2. Follow the lead of Pennsylvania and close liquor stores for the duration of the crisis.
3. Require OHA to issue a statement encouraging people to reduce or eliminate the consumption of alcohol for the duration of the COVID-19 crisis.
4. Fund the immediate development and promotion of a peer-run 24-hour hotline that connects culturally relevant paid peers to individuals struggling with addiction and recovery (none currently exists).
5. Provide grants to public and private treatment providers and recovery community centers to pay peers and counselors to do proactive outreach to treatment center alumni (especially less technologically inclined seniors) and connect them with the online and telephonic support they require.

We appreciate that there is deep concern for the 145,000 employed in the alcohol sales industry. Indeed, many of them are our constituents. But the state needs to be equally concerned for the estimated 400,000 Oregonians struggling with untreated addiction and the estimated 700,000 Oregonians in recovery from alcohol and drug addiction. Economic concerns simply cannot override public health concerns.

Sincerely,

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Rep. Tawna Sanchez



Rep. Alissa Keny-Guyer