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The Honorable Senator Floyd Prozanski, Chair  
The Honorable Kim Thatcher, Vice Chair  
Senate Interim Committee on Judiciary and Ballot Measure 110 Implementation  
900 Court Street NE  
Salem, OR 97301

Re: Measure 110

Chair Prozanski, Vice Chair Thatcher and members of the committee,

For the record, my name is Ron Williams. Thank you for the opportunity to testify today. I'm the Director of Outreach for the Oregon Health Justice Recovery Alliance, the statewide advocacy coalition working to ensure that Measure 110 is fully implemented and that it centers around the needs of the communities most harmed by the war on drugs. Those include Black, Latinx, Native, Indigenous and tribal communities. I am also one of the Tri-Chairs of Oregon Health Authority's Measure 110 Oversight & Accountability Council.

For me these roles are much more than just a job; this work is deeply personal to me because I am also a person in long-term recovery. I have experienced the harms of a system that criminalizes addiction and reinforces the notion that people must be punished before they are offered help — if they're even offered help at all. I've seen how this flawed system has only contributed to the pain, trauma, and shame that led so many of us to begin using drugs in the first place.

The system we've had in place for over 50 years clearly isn't working, and Oregon voters recognized that last year when they passed Measure 110 by a 17-point margin.

It's for these reasons I'm excited to share with you how Measure 110, even in its first year, is already making a difference in people's lives.

Measure 110 has removed drugs as an excuse for police to stop, detain, arrest and harass people of color. Black, Indigenous and other people of color are more likely to be arrested and convicted for drug crimes than white people — despite no disparity in use. According to the Criminal Justice Commission, prior to 110 about 9,000 people were arrested for drugs each year — that's the equivalent of one arrest per hour. A conviction for drug possession can ruin lives, making it harder to get jobs, housing and more. The decriminalization provision of the law has only been in effect since February, and already thousands of Oregonians have been spared the trauma and barriers that can come with being arrested for even simple drug possession.

But we're not just decriminalizing addiction and drug use. Low-barrier addiction recovery services are becoming increasingly available throughout the state. Earlier this year, the state distributed more than \$30 million to 70 providers across 26 counties. As you are aware, advocates worked with lawmakers to secure \$270 million more for addiction recovery services over the next biennium, as part of a historic behavioral health package that invests nearly \$1 billion overall. Here are just a few examples of how 110 is increasing access to vital services throughout Oregon:

- Bridges to Change, an addiction recovery services provider, was set to close its doors in Wasco County. Measure 110 kept them open and even helped them expand. Since receiving their Measure 110 grant they have been able to provide 150 days of safe, stable housing for 20 community members pursuing their path to recovery, and have also helped an additional 30 people through their Wasco County walk-in center.
- The Oregon Washington Health Network (OWhN) recently opened three new drop-in peer centers: one each in Pendleton, Hermiston and Milton-Freewater. These centers offer low-barrier access to addiction recovery services.
- Fresh Out Community Based Reentry Program, which helps underserved and overrepresented Black and African American populations transition from prison back into society, has helped over 200 people since June, providing vital supports like rental assistance and job training.
- Community Outreach through Radical Empowerment (CORE) has been able to dramatically ramp up their outreach efforts in Lane County, providing peer support and overdose prevention services to some of the most vulnerable members of the community. Since receiving their grant in June, they have been able to increase

their street outreach efforts from four times a month to four times a *week*, and have conducted outreach in rural areas of the County that they've never had the capacity to serve before. So far, they have helped over 550 people through their outreach efforts.

Just last week, the Oregon Health Authority posted their Request for Grant Proposals for the next round of Measure 110 grants. These grants will focus on creating the Behavioral Health Resource Networks (BHRNs) in every county. BHRNs will provide:

- Behavioral health treatment that is evidence-based, trauma-informed, culturally specific, linguistically accessible, and patient-centered;
- Peer support and recovery services designed to help people continue to address their substance use;
- Housing (transitional and supportive) for people who use substances; and
- Harm reduction interventions including but not limited to overdose prevention and access to naloxone and hydrochloride, along with drug education and outreach.

These grants will help guarantee that all Oregonians will have access to a full array of low-barrier addiction services. They will provide services to anyone who seeks them — regardless of whether they have received a citation, are documented, or have health insurance. BHRNs will NOT charge for the services they provide.

The Health Justice Recovery Alliance has recently been focusing on community outreach, working our way across the state to get the word out about the benefits of Measure 110. We have presented to 10 Local Public Safety Coordinating Councils in both urban and rural settings, and have meetings with Councils in five other Counties scheduled to take place in the coming weeks. We have invitations out to Councils in all 36 Counties. We have met with county commissioners, government associations, public health officials and drug prevention specialists. Our outreach efforts are focused on four main goals: assuring that the law is implemented as the voters intended, educating Oregonians on new law, centering its implementation around the needs of the most impacted communities, and reducing stigma around addiction and drug use. From our conversations with folks across the state, we've learned that it can feel uncomfortable to embrace a new system, even if the old system is deeply flawed. It's easy and more comfortable to just continue doing what we've always done.

That's why it's important to remember that Measure 110 was written based on the most successful models used in other countries and was tailored specifically to address Oregon's addiction crisis. In 2001, Portugal shifted its approach to treat addiction as a

health issue, rather than a crime. As is happening with Measure 110, Portugal invested heavily in harm reduction and recovery services. As a result, overdose and HIV rates plummeted, drug use decreased, drug-related crime decreased, and law enforcement reported higher rates of job satisfaction as they're able to pursue drug distribution channels and drug dealers, as opposed to arresting people using drugs. Similar results have been found in Switzerland.

We've also seen here in Oregon how a health-first approach to drug use works far better than a criminal justice approach to drug use. Since 1989, Eugene-based CAHOOTS, launched by White Bird Community Clinic, has provided a mental health first response for crises involving mental illness, homelessness, and addiction. It is estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness. The CAHOOTS model demonstrates that fatal encounters are preventative. The program saves the city of Eugene an estimated \$8.5 million in public safety spending annually. This further illustrates that a health-based approach to addiction and behavioral health is not only more humane and effective, but far less costly than approaching these issues through the criminal justice system.

Recently, there have been murmurings questioning the effectiveness of Measure 110 as some in the media and elsewhere have pointed to low citation numbers or a lack of court appearances as indication that the law isn't working. We disagree.

By focusing on the low number of tickets police agencies are writing and missed court appearances, we uphold the idea that people who use drugs need to be punished while obscuring the outcomes that matter most. As we shift away from treating addiction as a criminal issue, we instead need to be asking: How many people, especially BIPOC people, are not being targeted by police and are no longer having their lives ruined by criminal convictions? We also need to start asking health-related questions: How many people have gained access to low-barrier treatment? How many lives are being saved through increased access to harm reduction services? How many people have supportive housing and are no longer living on the streets? How many people are able to gain employment? The outcomes that really matter are lives saved; services provided to people when they need them; and fewer people with criminal records as a result of their drug use.

I think the main takeaway when it comes to Measure 110 implementation is this: We have made significant progress in a short period of time, and we recognize that it's going to take time and hard work before all of the services promised in the law are made available

to all who need them. Our fractured behavioral health system didn't become so overnight; it took decades of disinvestment. The war on drugs created harms that span generations, deeply wounding entire communities. It's going to take time to change the system and heal these multi-generational harms. The road may be long, but we're on the right path now. We're committed to the journey of ensuring that this law is implemented well, that it saves lives, and that it becomes a policy model we are proud of and that other states can emulate.

Thank you for the opportunity to provide testimony on this important issue. I am happy to answer any questions you may have.