Senate Bill 755: Oregon Can Do Better

March 1, 2021

Good morning, Chair Prozanski and Members of the Committee. Thank you for the opportunity to testify this morning. My name is Richard Harris. I live in Portland and am retired from a 50-year career in mental health and alcohol and drug treatment services. My last job was as the State Addictions and Mental Health Director.

M 110 was approved by voters with overwhelming support which I believe was motivated by an understanding that the longstanding practice of criminalizing people with addictions was harmful, ineffective, and used to punish poor people. Drug possession charges have been disproportionately applied to people of color. Approval of M 110 was a recognition by the public that addiction is a health issue, not a criminal issue.

This decision to approve M 110 was also motivated by a basic understanding that treatment and recovery services are not readily accessible or available, and that people are desperate for treatment and recovery. According to SAMSHA, Oregon ranks 48th among 50 states in providing access to people who need drug addiction treatment and are unable to get it.

What is wrong with Oregon's approach to treatment and recovery?

In my opinion, there are 3 problems that are responsible for Oregon's poor performance in addressing substance use disorder:

- 1) Lack of investment of state funds to fully address the need for on-demand treatment and recovery services. Oregon's financial investment in a treatment system has mostly shifted to Medicaid-based funding of services while cutting back what little funding is provided by general fund dollars. A simple truth is that more treatment to end waiting lists requires more funding, not less funding. In addition, higher than expected revenue from marijuana tax has been used to backfill state funds instead of expanding investment in treatment and recovery. In fact, underfunding treatment and recovery is a longstanding problem, as evidenced, for example, by the failure to increase the beer and wine tax for over 50 years.
- 2) Over the last 8 or 9 years, Oregon has moved to a Medicaid model of treatment. This move results in limits to the range of effective treatment tools and keeps the focus on short-term interventions such as detoxification, residential treatment, and traditional outpatient treatment. All other types of supportive recovery services and immediate access (such as recovery housing and supported housing) are not part of the sustainable, funded services. Providers, cities, and counties are left to find resources to support a full range of other services.
- 3) The state has used crime instead of treatment to address addictions. Expecting people with addictions to get clean and sober by charging them with a crime that stigmatizes them for a lifetime of punishment and disadvantage is inhumane and extremely bad public

policy. The criminal approach has been a major emphasis of the war on drugs, and we now have an opportunity in Oregon to reverse this longstanding failure with a sensible policy to provide quality treatment and recovery services under SB 755.

How does SB 755 change the current system of treatment and recovery?

SB 755:

- ends criminalization of addictive behavior for possession and substitutes health-based services for punishment;
- prohibits back-filling other funds, including general funds, with marijuana tax revenue;
- identifies and captures a sustainable source of funding that will grow over coming years;
- specifically describes a system of services that build on the current Medicaid services, provide immediate access for individuals seeking services, and provide support for long-term recovery;
- identifies a grant-based system to cover the cost of a range of services that will bring more community providers into the treatment and recovery system, particularly for BIPOC people and those not served in the Medicaid system;
- fills a need for broader-based services across all parts of the state;
- will provide more effective long-term recovery services, including safe and supportive housing; comprehensive harm reduction services, including safe housing; peer mentors to support entry into treatment and support for long-term recovery; and supportive employment services.
- will also increase capacity of low barrier outpatient services in combination with recovery housing;
- will provide transparency to funding and provision of services by creating an Oversight and Accountability Council
- will make clear how substance abuse disorder treatment and recovery dollars are being spent and who is receiving services.

Please do not make any substantial changes to this law! It is designed to build new and more effective services.

Yes, Oregon can do better but only by following the new approach provided by SB 755. It is not business as usual.

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