

Chairs Lieber and Kropf, members of the Joint Interim Committee On Addiction and Community Safety Response,

I am a Certified Recovery Mentor working at the Equi Institute and living in the Portland metro area. Recently, I decided to do a deep dive on Measure 110, its rollout, and possible solutions to the problems we're experiencing on the ground level of recovery. I discovered that prior to Measure 110, Oregon had 50% of the SUD treatment it needed to have to match community need (Lenahan et al. 2022). The slow rollout of funds, and the fact that the measure has only been in place for two years, has set the measure up for failure. In this deep dive, I also looked into mandated treatment models and their efficacy. One study in support of the model found that it was only successful in programs that had been established for over 10 years, and appropriately staged a trust process. Out of 3,633 programs, only 630 courts were included in the study as appropriate measures of court mandated treatment and its positive impacts (Lidenfeld, 2022). Our court system, especially in Portland, is already overwhelmed, which begs the question: How exactly is the suggested alteration to include more mandated treatment going to work? We're already struggling to match the voluntary need for services, how are we going to suddenly match the need for mandated?

My suggestion, based on what we're seeing on the ground, is to focus on preventing overdose deaths while we create infrastructure to match the public need for SUD treatment and supportive services. The empirically proven method of accomplishing this, is with safe use sites. Safe use sites can be staffed by mostly peers with a few EMTs, or folks trained in medical practices of preventing overdose deaths. Harm reduction services, such as syringe services programs, are associated with reduced overdose death rates (Walley et al. 2013; Irvine et al. 2022), decreased rates of new HIV and hepatitis C infections (Platt et al. 2017; Fernandes et al. 2017; Fraser et al. 2018; Turner et al. 2011), increased engagement in substance use disorder treatment and reduced drug use (Hagan et al. 2000; Strathdee et al. 2006; Jakubowski et al. 2022; Hood et al. 2020). Those using syringe services programs are about five times more likely to engage in treatment and three times more likely to stop using substances compared with those who do not use these programs (Hagan et al. 2000). Harm reduction services have also been shown to protect first responders from needlestick injuries (Bluthenthal et al. 2007; de Montigny et al. 2010; Riley et al. 2010; Tookes et al. 2012).

I implore you to allow us on those of us on the ground the ability to save lives rather than institute a punitive measure for something that is often a survival behavior. Within my personal recovery, forced treatment was a trauma that exacerbated and extended my use. As an advocate for those I work with, I feel it is my duty to prevent the same harm I experienced. I hope that you will consider what I have presented to you in regards to Measure 110 and the steps we need to take to prevent the unnecessary deaths of hundreds of Oregonians. If you would like more information on my research, please feel free to reach out to me anytime.

Sincerely,  
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