

December 5, 2023  
Oregon Legislature  
Joint Interim Committee on Addiction and Community Safety Response

Chairs Lieber and Kropf, Members of the Committee:

We write as Internal Medicine physicians and students who care for patients with substance use disorders every day. We witness the suffering they endure, the effects on their families, and the impacts on our community in our hospital rooms. As healthcare workers with a front-row seat to the addiction crisis in our state, we urge you to acknowledge substance use disorders as the public health issues they are, and to meet this challenge of our time with a focus on evidence, urgency, and compassion.

**Current State of SUD in Oregon:**

Oregon faces a daunting challenge, having the second highest rate of substance use disorder (SUD) in the nation and ranking 50th for access to treatment. <sup>i</sup> The public's limited knowledge of and access to evidence-based policies for opioid use disorders coupled with underfunded harm reduction initiatives necessitates increased education and support. <sup>ii</sup> Measure 110, passed overwhelmingly in 2020, marked a significant step towards addressing SUDs through a public health lens by decriminalizing possession of small quantities of drugs and allocating new funding for addiction treatment programs. <sup>iii</sup> The discussion of Measure 110 and next steps should be evidence-informed and solutions-oriented, bringing together all parties working on the frontlines of this crisis, from physicians, behavioral health providers and law enforcement, to policymakers, local community leaders, first responders, and more.

**The Need for Comprehensive Treatment and Harm Reduction:**

Addiction is a chronic medical illness and requires long-term management akin to other chronic illnesses, with similar rates of medication adherence and relapse. <sup>iv</sup> Evidence-based drug treatment programs are essential, as they have been proven effective in assisting individuals in achieving and maintaining recovery, and thereby reducing the burden on healthcare systems and improving community health outcomes. <sup>v</sup> We call on you to maintain and expand current funding for treatment and recovery programs, with special attention to culturally and linguistically-specific addiction recovery providers — particularly those serving the communities of color most impacted by drug war policies, low-income, and rural Oregonians.

Untreated SUDs lead to increased risk of drug possession convictions, recidivism, economic loss, and potential loss of life - further widening structural disparities. <sup>vi, vii</sup> We all deserve to be safe, regardless of where we live, how we look, or who we are. The reliance on punishment and prison hasn't worked — we can improve public safety by focusing on preventing and addressing the root causes of crime — like poverty and lack of opportunity. We need to invest in evidence-based solutions like improving and increasing access to mental health services including inpatient psychiatric treatment and addiction treatment programs.

Patients are more likely to have positive outcomes when physicians are involved in their SUD treatment. <sup>viii</sup> As healthcare workers, we took an oath to dedicate our lives to the service of humanity, to respect the autonomy and dignity of our patients, to maintain the utmost respect for human life, and to practice our profession with conscience and dignity in accordance with good medical practice. Recriminalization as proposed by some will not make our communities safer, and we have decades of evidence to support that treating use disorders as crimes rather than medical entities does not work. Further, coercing treatment has not been shown to be effective for people with substance use disorders. Oregon faces a

dire shortage of providers and facilities to serve those who *want* addiction treatment<sup>i</sup>; as we navigate these early stages of increased funding and treatment structures that Measure 110 provides, recriminalization and coercive treatment would threaten our already strained resources. Any path forward must consider workforce expansion if we desire to care for the Oregonians who want and deserve treatment for this medical illness.

We all deserve to be safe, regardless of where we live, how we look, or who we are. Everyone in Oregon who needs treatment should have access to it. We urge the legislature to continue its path toward making the spirit of Measure 110 a reality in our communities. We want to thank the committee for the thoughtful approach you are taking in addressing the addiction crisis in our state, examining systemic challenges, and centering the solutions for Oregonians in evidence and compassion.

Sincerely,

Anna Rozzi (Medical Student), Dr. Kelsi Manley, and Dr. Robert “Logan” Jones

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<sup>i</sup> Oregon Secretary of State Audit Report: <https://sos.oregon.gov/audits/Documents/2023-03.pdf>

<sup>ii</sup> NIH Study on Opioid Use Disorders: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9537727/>

<sup>iii</sup> Oregon Measure 110: <https://www.oregon.gov/oha/HSD/AMH/Pages/Measure110.aspx>

<sup>iv</sup> JAMA on Chronic Medical Illness and Addiction: <https://jamanetwork.com/journals/jama/article-abstract/193144>

<sup>v</sup> Methadone and buprenorphine for the management of opioid dependence: a systematic review and economic evaluation. Health Technology Access. <https://pubmed.ncbi.nlm.nih.gov/17313907/>

<sup>vi</sup> National Institute on Drug Abuse. <https://nida.nih.gov/publications/drugfacts/criminal-justice>

<sup>vii</sup> International Journal of Drug Policy. <https://www.sciencedirect.com/science/article/pii/S0955395922002882>

<sup>viii</sup> Journal of Addiction Medicine on Pharmacotherapy in SUD: