



Date: Monday, December 4, 2023
To: Joint Interim Committee on Addiction and Community Safety Response
From: Kelie McWilliams, Executive Director
Re: Support for Measure 110

Co-Chairs Lieber and Kropf and Members of the Committee:

My name is Kelie McWilliams. I live in Polk County, Oregon, and am a constituent of Senator Deb Patterson and Representative Paul Evans. I am a small business owner, a mother of three, and Executive Director of Cultivating Solutions (formerly the Rural Engagement Project). Because of my policy expertise in rural communities, I was appointed to serve as a voting member of the Oregon Alliance to Prevent Suicide, where one of the issues we work on is substance use.

When I was 18, my uncle died of a fentanyl overdose. He had been suffering from the effects of prolonged substance abuse secondary to significant, complex, and ongoing trauma. As often happens, he experienced trauma after trauma after trauma, and because he lacked access to other resources, he turned to substance use to cope. His addiction became more severe over many years and caused devastating consequences for his health. Then, one day, he got some bad news, cut his medication patches open, and used them to end his life and his pain.

I watched in horror and heartbreak as his death divided our family. Some were compassionate and understanding, but most weren't. I heard others blame him for not being "accountable," for not "getting hold of his demons." **I watched people who could have helped while he was alive blame him for his death after they had decided his issues weren't theirs to help with.**

My uncle lived in an isolated rural community. After experiencing a severe injury in a farm accident, he became permanently disabled, leading him to live on a fixed, very low income for almost all of his adult life. It also led him to an opiate addiction that turned into an estrangement from his father that lasted nearly 20 years. On top of that, there was only one medical practice in town, where two primary care doctors practiced. There were no mental health providers or pain specialists available. **I share all of this context because you must understand that this is not a unique story.** According to the Rural Health Information Hub, 34 of Oregon's 36

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counties are designated as “complete mental health professional shortage areas” by the Federal government. What happened to my uncle 18 years ago is continuing to happen across this state and our nation, and the wake of destruction is palpable in rural communities.

Back then, there was no one who cared about the person he was under the layers of trauma, but I remember that he loved going fishing and spending time outdoors. He loved playing games and was a practical jokester. He loved to jump scare me and my cousins, make funny voices, and take us to ice cream and movies. He loved his daughter, me, and so many others.

What happened to my uncle wasn’t his fault, but it killed him all the same. **I have always wondered how much would have been different had even one of his obstacles not existed or been easier for him to overcome.** As I look around today, I see my uncle everywhere. I see him in the cheerful but tired grocery clerk who scans groceries she can barely afford, in the man with frayed shoes and a tattered jacket who is begging for a \$3 cheeseburger just for the comfort of something warm in his belly, and in the abused teenager sleeping under an overpass to stay out of the freezing rain and avoid an abusive family situation. **I see my uncle daily in the faces of my neighbors, more than half of whom are living in poverty.** In fact, 15% of the kids in my local school district are homeless or housing insecure, which puts them at additional risk for introduction to substance use. I know some of them are already turning to substances to cope with life circumstances you and I will never have to face. Would it really help them to add an arrest record to their list of challenges?

These are people I see and speak to often. **You will be targeting them for arrest and prosecution if you choose to return to policies that criminalize addiction.** The War on Drugs was an abysmal failure, and embracing criminalization demonstrates a lack of willingness to cultivate solutions to our most pressing problems. You cannot and will not end substance use by locking people up.

Rolling back our only step forward tells all Oregonians that the “failures of the system” are a feature, not a bug. The desire to return to failed “War on Drugs” era policies, which were only successful in stigmatizing addiction and locking up Black, Indigenous and other People of Color (BIPOC), demonstrates a complete and willful disregard for and apathy toward the needs of the people of Oregon. **This committee includes three career prosecutors, but no healthcare workers, no social workers, no therapists—no one actually qualified to help someone with an addiction crisis—which tells me that the Legislature is not interested in solutions that aren’t carceral in nature.** Re-criminalizing personal use will not solve the crisis we face now. It will simply stigmatize it further.

Arresting people and throwing them into jail for addiction makes the problems they face more traumatic and more shameful for everyone, and more costly for taxpayers. When people get out, they experience more obstacles, including difficulty obtaining and maintaining stable treatment, housing, employment, and education. All Oregonians deserve real solutions that help our communities thrive.

I've lost many to addiction, but the loss of my beloved uncle still leaves me bereft. There are no words for how important it is that we preserve and strengthen Measure 110. **Drug addiction isn't a criminal issue—it's a systemic public health problem. It should be treated with healthcare and addiction services, not jail.**

There are a number of relatively simple policy changes we can make to ensure that we are able to address addiction and substance use without relying on police or the threat of incarceration.

1. We should expand Medicaid to cover all substance use disorder patients, regardless of income.
2. We should create a statewide mental health and substance use network, effectively making all therapists and substance use counselors across the state “in-network” for Medicaid. This would allow people in rural communities to access treatment from providers across the State, eliminating barriers of geography.
3. We should revise our current prescription schedules to cover every dose and modality of simple, cost-effective, evidence-based medication treatments that can be used to stave off cravings and lessen the impacts of withdrawal, such as Suboxone, Naltrexone, and Naloxone. In many cases, these drugs are inaccessible to those who need them, and all obstacles should be considered deadly delays.
4. We should provide housing, childcare, and employment resources to all Oregonians, because those who have hope for a beautiful tomorrow are less likely to become addicted and more likely to seek treatment if they already are.

The problem is not decriminalization, but rather State inaction — your inaction — and unnecessary bureaucracy at OHA that has caused extensive, deadly delays in treatment rollout. **If the blame for our current circumstances lies anywhere, it is with the State, not with those people trying to survive under impossible circumstances.**

I urge you to support Measure 110 and to work toward developing real solutions that will help Oregonians get the services they need without criminalizing addiction or returning to the failed War on Drugs. Thank you for your time.

Sincerely,



Kelie McWilliams
Executive Director