

Chairs Lieber, Kropf and members of the committee,

Our organization appreciates the presentations in yesterday's committee especially from the panel of experts that focus on a health response to the behavioral health emergency in our communities. These are precisely the approaches the state of Oregon should be taking. The crisis in our state is driven by a 23% increase in homelessness over two years, fentanyl in our communities, and a chronic lack of detox, sobering, and crisis centers connected to treatment and housing services.

Measure 110 providers are serving thousands of Oregonians have greatly expanded services and are saving lives every day but they cannot solve this problem on their own.

The answer to our crisis is clear, and it will take bold leadership to fully fund the continuum of care and emergency response needed. Oregonians cannot wait any longer. Please see our policy roadmap as the solutions we need to address this crisis. People are dying. We must act now!

Too many Oregonians with addiction are unable to access detox services, treatment, recovery housing, and the culturally appropriate wraparound services necessary for recovery. This has created a crisis in our communities, neighborhoods, and families. The goals of policies to address this crisis should be to:

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- Save lives;
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- Ensure that everyone who seeks addiction recovery services can receive them quickly, easily, and in
  - a way that meets their cultural and linguistic needs — especially the Black, Latinx, Indigenous, Tribal, Native and other communities of color disproportionately affected by the war on drugs;
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- Maintain and expand current funding for culturally and linguistically-specific addiction recovery providers
  - — particularly those serving the communities of color most impacted by drug war policies, as well as low-income and rural Oregonians;
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- Reduce the negative impacts of addiction on our communities;
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- Be evidence-informed and solutions-oriented, bringing together all parties working on the frontlines
- of this crisis, from behavioral health providers and law enforcement, to policymakers, local community leaders, first responders, and more;
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- Efficiently and effectively invest public dollars.
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**The situation today:** According to the [January, 2023 Oregon Substance Use Disorder Services Inventory and Gaps Analysis](#) conducted by the OHSU-PSU School of Public Health:<sup>1</sup>

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- There is a 49% gap between the amount of substance use disorder treatment that is needed and what is currently available;
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- 50% of substance use service providers say they do not have capacity to meet demand;
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- There is an estimated 51% gap in healthcare providers authorized to prescribe buprenorphine, a life-saving medicine to help treat opioid addiction;
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- Statewide gaps in equity and access include insufficient provision of culturally relevant services to protected classes, language interpretation and translation services, and a workforce that does not represent the demographics of the state.
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The situation is particularly dire for people living outside without stable housing, whether in the forests of Deschutes County, the streets of Portland, or in rural communities across the state; the odds are stacked against people desperately trying to get the help they need. Just a few examples:

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- All counties in Oregon have a higher risk of hospitalization rates due to alcohol or drug diagnosis
- use than the national median.<sup>2</sup>
- Deschutes, Jackson, Lane, Lincoln, Marion, Multnomah, Polk, and Yamhill Counties are at the highest risk.
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- Of the 31,712 individuals ages 12 and over estimated with an SUD in the past year in Deschutes County,
- an estimated 31,468 individuals needed but did not receive treatment in a specialty facility.<sup>3</sup>
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- Portland's Hooper Detoxification Stabilization Center is forced to turn away some 200 people a month
- - as many people as it serves - due to lack of capacity. 58% of people who manage to get into Hooper are released back onto the street because of a lack of recovery housing, making it nearly impossible for their recovery to continue.<sup>4</sup>
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As the Committee moves toward making its final recommendations, **we urge you to continue taking a holistic, healthcare-based approach to address the root causes of the addiction crisis and ensure that policy solutions do not take us backwards to failed drug war policies that disproportionately harmed Black and Brown Oregonians.** Building upon the healthcare approach started with Measure 110 is an essential part of the solution. As advocates and providers working on the frontlines of this crisis, we urge policymakers to think bigger and bolder. Harsh drug laws don't prevent drug use and addiction: 32 states have higher overdose rates than Oregon, and all of them have harsher drug laws. No state in the country has successfully arrested its way out of the addiction crisis. Voluntary treatment is more effective than mandated treatment<sup>5</sup>, and we must ensure that everyone in Oregon who needs treatment can get it.

It's time for solutions that let mental health and drug treatment professionals help people who need and want treatment, freeing up law enforcement to focus on violent crime instead of implementing controversial policies that disproportionately harm Black and Brown communities and our houseless neighbors. Below is a policy roadmap with real solutions to move our state forward and help Oregon save lives and build out a full system of care.

### **1: Unequivocally reject controversial recriminalization policies**

Whether couched as policies to force treatment or recriminalize addiction, the evidence is clear: harsh drug laws don't prevent drug use and addiction: 32 states have higher overdose rates than Oregon, and all of them have harsher drug laws. Locking up people struggling with addiction isn't going to solve the problems we face. We must not go backwards and instead find new and better ways to integrate health care and public safety responses.

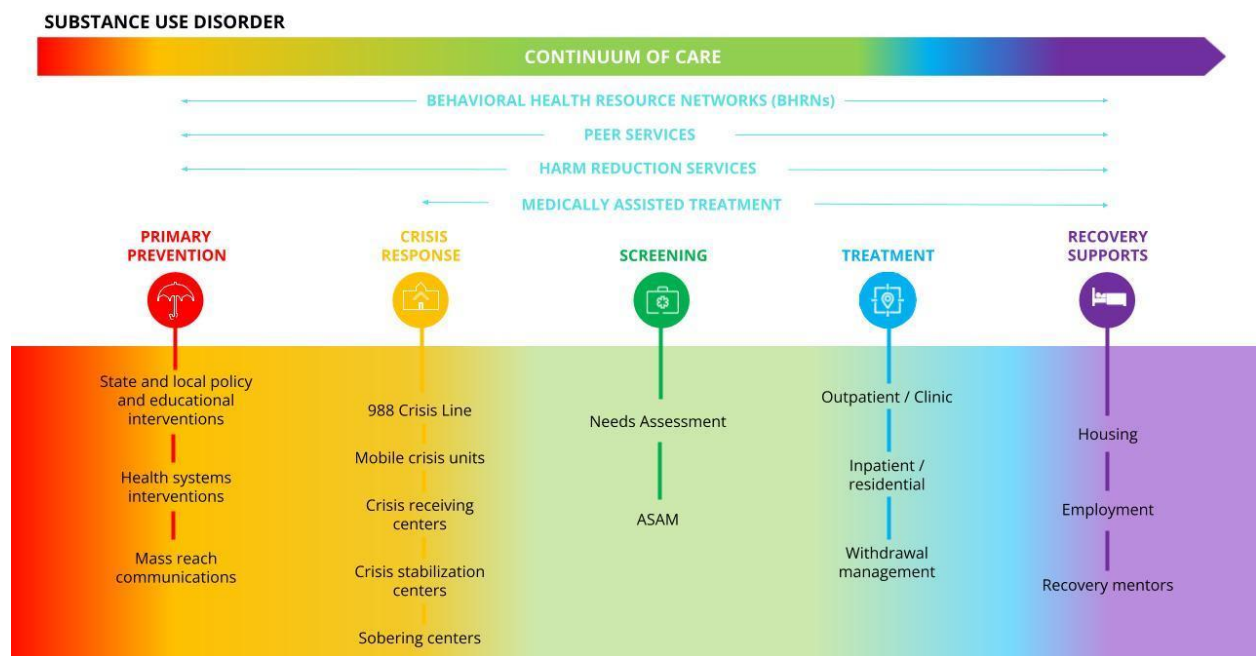
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- **Re-criminalizing addiction is certain to increase overdose risk, disrupt current treatment investments, and once again saddle people with criminal records that can create lifelong barriers**
- to housing, employment, education, and other services.<sup>6</sup>
- Public health data shows that people are 27 times more likely to die from drug overdose after leaving jail or prison.<sup>7</sup>
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- **Studies show that a health response to addiction is more effective than incarcerating people for drug offenses** — and that incarceration actually has a negative impact on public safety.
- Evidence shows that more punitive, criminal responses (such as misdemeanor and felony convictions) are not effective tools to deter drug use or mitigate the harm it can cause.<sup>8</sup>
- Initial findings from an independent evaluation show that Measure 110 has not caused an increase in crime.<sup>9</sup>
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- **Recriminalization will result in deep racial disparities,**<sup>10</sup>
- and Portland already has the 5<sup>th</sup>
- highest rate of racial disparities in arrests.<sup>11</sup>
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- **Forced treatment and recriminalization will revert us to a system where people cycle through Oregon’s jails,** disrupting their health services, employment, and housing, without improving public disorder relating to drugs.
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- **Forced treatment will further burden a strained legal system.**
- Because of an acute shortage of public defenders, Oregon is under a federal court order to provide
- representation within seven days to anyone entering the system or release them. Adding more people to the system will increase the strain on the system and will do nothing to increase access to treatment.<sup>12</sup>
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**2: Address the addiction and overdose crisis and the cycle of despair in Oregon by funding the full continuum of care.**

Addressing addiction as a health issue means investing in a full continuum of care with evidence-informed, culturally and linguistically-specific services. We must maintain and expand current funding for culturally and linguistically-specific addiction recovery providers across the Substance Use Disorder (SUD) Continuum of Care — particularly those serving Black, Latinx, Indigenous, Tribal, Native and other communities of color disproportionately affected by the war on drugs, as well as low-income and rural Oregonians.

Funding the SUD Continuum of Care means ensuring that a wide-range of evidence-informed interventions are available at every point of the path to recovery, from prevention to long-term recovery support, and everything in between. The SUD Continuum of Care is a framework that provides a comprehensive and coordinated approach to addressing SUDs:



*Oregon Health Authority Graphic*

The SUD Continuum of Care typically consists of a range of services that vary in intensity, duration, and scope. Without providing services across the continuum of care, patients are more likely to cycle through the system without getting the stability they need for long-term recovery, which increases the likelihood of relapse and overdose. **To that end, we urge the state to make critical investments to increase funding for the following services:**

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- **Culturally and linguistically-specific addiction recovery providers**
- — particularly those serving Black, Latinx, Indigenous, Tribal, Native and other communities
- of color disproportionately affected by the war on drugs, as well as low-income and rural Oregonians.

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- **Primary prevention education**
- to youth in schools and at home.
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- **Youth services**
- across the SUD Continuum of Care, including more withdrawal management and detox facilities.
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- **Response and interventions to people in crisis:**
- Mobile crisis units, crisis-receiving centers,
- stabilization centers, and medical detoxification/sobering centers, including funding more mobile clinics to distribute medications for opioid use disorder. Mobile clinics can expand access to Medication-Assisted Treatment capacity more quickly, to more people,
- at a lower cost.
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- **Low-barrier sobering centers:**
- 24-hour stabilization centers where individuals can regain
- physical sobriety while under medical supervision, learn more about treatment options, and be kept off the street following disruptive or unsafe behavior exhibited while under the influence of drugs or alcohol. Withdrawing from alcohol and drugs without medical
- supervision can lead to dangerous health impacts, and even death.
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- **Clinical treatment services:**
- Medications for Opioid Use Disorder (MOUD), Outpatient, Intensive Outpatient Treatment, Residential
- Treatment, and medically supervised withdrawal management and detox, including MOUD in jails and correctional facilities.
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- **Recovery and transitional housing**
- to ensure that after detox no one is released back to the streets; more housing solutions for medically intensive short-term stays, which are designed to stabilize someone in early recovery before they enter treatment housing.
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- **Low-barrier supportive housing and permanent housing**
- for individuals in recovery from SUD, including family housing.
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- **Wraparound recovery services:**
- Drop-in centers, supported employment, recovery mentors, life skills-building classes and support;
- identify increased and ongoing funding sources for addiction recovery services that are not Medicaid-eligible.
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- **Peer support, harm reduction, and outreach**
- to give people hope and build the trust needed to facilitate a strong foundation for recovery. Fully fund the Save Lives Oregon Harm Reduction Clearinghouse, an initiative to save lives and reduce harm caused by drug use by providing organizations and tribal
- communities with harm reduction supplies, training, and resources.
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**In addition, to build out housing and treatment, the state must work during the 2024 legislative session to:**

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- **Pass policies that align Oregon’s statute governing the siting of supported housing**
- **and secure/residential facilities with the requirements in the Fair Housing Act**, which will
- enable needed capacity to be built in communities across the state.
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- **Make FDA-approved SUD medications more readily affordable and available**
- to patients, providers (including correctional facilities), and pharmacies.
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- Ensure support systems are in place to provide addiction service providers with technical assistance
- to increase the workforce and decrease administrative burdens.
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- **Ensure the Oregon Health Authority is a supportive partner**
- and that rulemaking protects patients while not unduly burdening providers or delaying or reducing
- access to evidence-supported treatment and support.
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### 3: Increase partnerships between peers, law enforcement, and other first responders

Treating people with addiction with handcuffs instead of health care will not provide the solutions Oregonians want and deserve. We know from over 50 years of experience that criminalizing drug possession does not work — and that it only makes things worse. We cannot return to the failed war on drugs in Oregon, which did not nothing to solve our addiction crisis while disproportionately harming communities of color.

**Partnerships with first responders, including law enforcement, and the court system are an essential part of the solution.** Police are not behavioral health professionals, nor should they be. The State should:

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- **Fully implement the Class E citation and train law enforcement on how to connect people to BHRNs.** There must be a uniform citation with instructions on how to access addiction recovery services as well as have your case dismissed. Law enforcement and BHRN providers need support and training to ensure we are making this an effective tool for people to get help.
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- **Provide funding to establish and expand peer-based Street Outreach Teams to work in partnership with law enforcement** and ensure that the most effective, evidence-based interventions are occurring around public use and intoxication. Partnering with and reducing the burden on local law enforcement, these teams should be trained in de-escalation and overdose response, and provide connections to resources and services with those who are ready to engage. This model has already seen success with examples like CAHOOTS in Eugene, and other work happening in Deschutes County as presented before the Committee. The Third Avenue Project<sup>13</sup> is also a potential model to consider when designing these types of programs.
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- **Work to replicate existing programs elsewhere that help divert people with unmet behavioral health needs away from**
- **jail and into non-punitive, community-based systems of care.** Using successful models like the LEAD program, a community-based
- alternative to jail and prosecution for people who commit crimes related to their addiction or poverty, Oregon can create a similar program for individuals arrested for existing crimes related to their substance use, such as theft.
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- **Create a post-overdose outreach response protocol in coordination with law enforcement.**
- Multiple studies show that connecting with someone within 24 hours of their overdose is a successful
- strategy to encourage that person's engagement with treatment and recovery services. Oregon should fund quick response teams that connect with people within 24 hours of an overdose averted by Narcan to offer them support and connection to services.
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#### 4: Increase livability and address public use

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- **Ban drug use on public transportation.**
- Work with local jurisdictions to identify laws that need to be enforced or added to ensure everyone
- can be safe to and from work and school.
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- **Increase and fund regular street and community clean up.**
- Require the Oregon Department of Transportation to implement regular weekly routes to clean up
- their property. Hold all jurisdictions who oversee public land and right of ways accountable for conducting weekly, consistent clean-ups of trash and graffiti on their property.
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- **Review evidence-based interventions that have been proven to reduce public use, such**
- **as overdose prevention centers.** The
- CDC reports that connection to overdose prevention and harm reduction sites increases someone's

- likelihood of engaging in treatment services fivefold. After 20 years of operating around the globe, overdose prevention sites are a proven intervention to reduce public use and overdose deaths, while increasing access to vital treatment services.
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- **Enforce and strengthen existing laws relating to illegal dumping, graffiti, and littering.**
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- **Remove bureaucratic barriers and simplify community grant application processes**
  - so that small neighborhood groups and nonprofits can get involved and help with cleanup.
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- **Create work programs for trash cleanup & neighborhood revitalization.**
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## Conclusion

In passing Measure 110 in 2020, Oregon voters sent a clear message to policy makers: the criminal approach to addiction was not working. In the months before its passage, addiction rates were already skyrocketing, and it was clear a different path forward must be forged. The homelessness crisis and fentanyl influx have left communities reeling and instead of going backwards we have the opportunity to move forward on patient-centered public health solutions that not only help people in addiction but also recognize the multi-layered issues in our communities. Our communities will not be served by policies that are divisive and harmful. Instead we must come together and ensure that treatment is available for everyone who wants it, that our communities have the resources they need to help their residents who are struggling, and that we move forwards - not backwards - in delivering the behavioral health system that Oregonians deserve.

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## Endnotes

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