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Oregon State Legislature
Joint Legislative Committee on Addiction and Community Safety
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Re: Testimony Submission in the Oregon State Legislature

To the Members of the Joint Legislative Committee on Addiction and Community Safety, Oregon State Legislature:

Thank you for the opportunity to offer evidence to your committee. My testimony aims to provide information regarding the use of the criminal justice system to initiate treatment for substance use disorders. As a Senior Research Fellow at the Health Policy Center of the Urban Institute, I bring nearly two decades of research experience in areas including behavioral health, substance use disorder services, treatment, and policy, and health equity. My expertise extends to federal and state health care reform legislation and health-related data analysis and shaping policies including Medicaid and Medicare reforms and the Affordable Care Act. My research, where I have directed research projects focusing on behavioral health, maternal and youth substance use, and culturally effective care, is published in prominent journals such as the *New England Journal of Medicine*, *JAMA Health Forum*, *Health Affairs*, and *Pediatrics*, and has been cited by major media outlets, including the *New York Times*, *Wall Street Journal*, and *Forbes*. I hold a BA in Economics from Princeton University and a PhD in Health Economics from the Johns Hopkins Bloomberg School of Public Health.

This testimony presents research that shows the benefits of non-coercive approaches for engaging individuals with substance use disorders, as research consistently supports harm reduction and voluntary treatment as effective. In contrast, criminalizing drug use—the main alternative to the expansion of harm reduction and treatment services—has serious negative consequences for individuals and society and does not provide a sustainable, long-term approach to the harms associated with drug use (Volkow 2021; Pew 2018).

1. **Benefits of Harm Reduction Services and Voluntary Treatment:** Research demonstrates that harm reduction services rather than punitive approaches to substance use have substantial positive impacts on public health. For example, 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). Clients of syringe services programs are about five times more likely to engage in treatment and three times more likely to stop using substances compared with similar individuals who do not use syringe services 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).

2. **Negative Association Between Criminal Justice System and Recovery:** Research from Kopak et al. (2016), one of the largest independent evaluations of substance use treatment programs across the United States, provides evidence that involvement in the criminal justice system can negatively impact treatment and recovery for individuals with substance use disorder (Kopak et al. 2016). While the criminal justice system can act as an entry point to treatment for some individuals with substance use disorder, the evidence presented by Kopak and colleagues demonstrates the strong association between recurrence of use and re-arrest, suggesting that the criminal justice system's focus on punitive measures rather than on comprehensive treatment and support may hinder the recovery process. Other coercive policies, such as drug treatment courts and involuntary drug treatment programs often fail to connect participants with effective treatment and can exacerbate racial disparities (Brown 2010; Cissner et al. 2013; Krawczyk et al. 2017; Matusow et al. 2013). In addition, a meta-analysis showed that drug courts often cost more than they save (Downey and Roman 2010).
3. **Interest in Voluntary Reductions in Substance Use or Treatment:** Contrary to the assertion that individuals with substance use disorder are generally unwilling to seek treatment or reductions in substance use voluntarily, evidence shows that harm reduction services programs have proven to be a particularly effective means of engaging these individuals. Survey data demonstrate significant interest in reducing or stopping drug use among clients in syringe service programs, for example almost half of people who used methamphetamine as their main drug were interested in reducing or stopping their stimulant use, contradicting the idea that coercion is necessary for treatment initiation (Banta-Green, Newman, and Kingston 2018; Jakubowski et al. 2022; Taylor et al. 2021).
4. **Overcoming Stigma and Stereotypes:** Nonpunitive approaches to substance use are crucial in overcoming stigma and stereotypes, thereby facilitating increased treatment engagement (Olsen and Sharfstein 2014; Kepner, Meacham, and Nobles 2022).

In conclusion, the evidence favors a voluntary treatment approach to substance use disorders including comprehensive harm reduction services and de-emphasis on criminalization and coercion. Moreover, it is premature to assess the effectiveness of Oregon's Drug Addiction Treatment and Recovery Act (DATRA), considering past underfunding of substance use disorder services and treatment programs, the substantial delay in DATRA's funding for services and treatment, and the need for standing up new services and treatment infrastructure.

This perspective is crucial for the committee to consider as it shapes policies that impact public health and safety. I am available to speak to the committee at any time if there are any questions about my research.

Thank you for your consideration.

Sincerely,



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Citations

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