Dear Co-Chairs Lieber and Kropf and members of the Joint Interim Committee on Addiction and Community Safety Response,

My name is Kellen Russoniello, and I have nearly 15 years of drug policy research and advocacy experience. I write to you today in an attempt to assist the committee in its mission to find real solutions for the problems that Oregonians face and urge the committee to continue towards a drug policy based in health, compassion, and science.

We know from over 50 years of experience that the war on drugs is a catastrophic failure. <u>The</u> <u>U.S. arrests more people for drug possession than for any other offense</u> (conducting over one <u>million arrests per year</u>), saddling people with criminal records that can create <u>lifelong barriers to</u> <u>jobs</u>, <u>housing</u>, <u>education</u>, <u>and so much more</u>. Communities of color have long borne the brunt of drug law enforcement and are <u>overrepresented at every stage of the criminal legal system</u>.

The people of Oregon agreed that a new approach to drugs based in public health is needed when they voted for Measure 110 in 2020. Since then, opponents of Measure 110 have jumped at every opportunity to blame the law change for nearly every social problem that Oregonians face. While these problems are real and require genuine solutions, recriminalizing drug possession will do nothing to address public disorder concerns, and in fact, will only make things worse.

Research to date contradicts those blaming Measure 110 for public disorder. While it is true that overdose deaths have risen in Oregon, research has found that this increase was not associated with Measure 110 (Joshi et al, 2023, attached). Rather, the increase of fentanyl on the west coast and the COVID-19 pandemic likely played a significant role in the increase. Further research found that Measure 110 did not increase crime in Oregon, even as the number of arrests for possession decreased (Davis et al, 2023, attached; <u>RTI 2022</u>). Reductions in arrest for drug possession likely translates into thousands fewer people with a criminal drug record and the attendant collateral consequences, without a sacrifice to public safety (Davis et al, 2023, attached; Russoniello et al, 2023, attached). Measure 110 has also <u>saved nearly \$40</u> million from reduced criminal legal system costs and reinvested it into addiction services and social supports.

Despite their rhetoric, those calling to "amend, not end" Measure 110 are simply offering the same, failed war on drugs approach of criminalizing drug use. Oregon cannot go back to criminalizing people for drug use, which <u>will increase overdose</u> and infectious disease risk and result in police disproportionately arresting Black, Brown, and Indigenous people. Oregon's public defense system simply could not handle this reversion, especially if people remain on public defender caseloads when forced to be under supervision for years. <u>Oregon currently only has 1/3 of the public defenders it needs</u> to provide constitutionally adequate representation. Recriminalizing possession or criminalizing public use will only exacerbate this crisis.

Real solutions to public disorder must address the root causes. Oregon has the <u>third-highest</u> rate of homelessness and highest rate of chronic homelessness in the country. This is in large part due to the fact that <u>Oregon has one of the lowest supply of affordable rentals for people at</u> or below the poverty level. Measure 110 is funding some housing for people in recovery, but it is not a fix for Oregon's housing crisis. Increasing access to affordable housing options is a necessity to actually address homelessness in Oregon.

I also urge this committee to support improvements to service delivery under Measure 110 and other behavioral healthcare services in Oregon. Legislative support for increasing street outreach teams to engage people in services and respond to concerns about public disorder is needed. Programs like <u>CAHOOTS</u> in Eugene and the <u>Third Avenue Project</u> in Seattle provide excellent models that could be replicated. This committee should also consider supporting overdose prevention centers, which are places where people may consume pre-obtained drugs and receive intervention from trained staff if they experience an overdose. Over 30 years of evidence around the world has demonstrated that these programs save lives, connect people to services (including drug treatment), and reduce public disorder by bringing drug use inside.

I thank the committee for its dedication to addressing addiction, public safety, and related pressing concerns. We know that criminalizing people for drug use and possession is a detriment to public health and safety. I urge the committee to pursue solutions based in public health and science, which will be the only way to provide the real solutions Oregonians want and deserve.

Thank you for the opportunity to comment. Please do not hesitate to contact me should you have any questions.

Sincerely,

--

Kellen Russoniello, JD, MPH krussoniello@gmail.com