

To the Joint Interim Committee on Addiction and Community Safety Response:

My name is Kara Traffas, and I am a concerned Oregon citizen and a recent Master of Social Work graduate of Pacific University. I have worked with many individuals experiencing substance use disorder and houselessness throughout my career thus far and am very concerned by the lack of resources available to those seeking addiction services.

I now live in the Portland area, but for the past two years, I lived in downtown Eugene and every day saw my houseless neighbors trying to make ends meet. Last year, I interned at a hospital in the Eugene-Springfield area within the social work care management department. At that hospital, I worked with many individuals who were experiencing serious health consequences as a result of houselessness and substance use. Many times, I would call inpatient SUD treatment centers in the area on behalf of patients in order to get information or inquire about the current wait time until a bed was available. I was almost always told that it would be months before a bed was available, and on the rare occasion that I was given a shorter estimate, the estimate would lengthen when I clarified that the patient in question used Medicaid as their health insurance. Sometimes the rehab representative would ask me to tell the patient to call every week to check if there was availability--an outrageous request when the people I worked with did not necessarily have phones or a consistent ability to charge their phones.

After making these calls, I would have to break the news to individuals in dire need of inpatient treatment that there was none immediately available. Already hospitalized due to the severity of their addiction-related health problems, they could not afford to wait. I would sit in shared grief with these individuals as they feared for their lives.

Meanwhile, without housing, without addiction treatment, these individuals' health conditions continued to deteriorate. We know that chronically unhoused individuals often have health problems and care needs similar to housed individuals who are 20 years older. I saw for myself that this is true. I worked with many unhoused individuals in their forties or fifties who had needs similar to other patients in their sixties and seventies and--tragically--even worked with individuals in their forties and fifties who were eligible for hospice (estimated to have 6 or fewer months left of life).

The problem of houselessness is inextricably linked to the problem of addiction. I was told countless times by individuals that they felt sobriety was impossible until they were no longer unhoused.

Recriminalization is a waste of time and resources. Criminalizing drug use only criminalizes poverty and houselessness when support is needed, not punishment. It is also ludicrous to portray the criminal justice system--which often mandates treatment--as a solution to addiction when there are not even enough available services for those voluntarily seeking treatment.

We need more treatment options. We need more affordable and ADA-accessible housing options. And we need these solutions now.

Please use your power and influence to make these solutions a reality.

Respectfully,

Kara Traffas, MSW
Pacific University MSW Student | Class of 2023

Pronouns: she/her/hers