



Chairs Lieber and Kropf, members of the Committee,

For the record, my name is Tera Hurst and I am the Executive Director of the Health Justice Recovery Alliance. I am submitting this testimony on behalf of HJRA in opposition to HB 4002.

HB 4002 abandons the goal we all share of treating addiction through a public health approach. By recriminalizing possession of small amounts of drugs, HB 4002 would give law enforcement, not addiction health providers, the ultimate authority to determine who gets treatment services and who doesn't. It would create more barriers to care, and put those who don't want treatment in front of those desperately seeking help. We can't help all those seeking services now. To give one example, people line up outside Portland's Hooper Detox Center every morning literally begging for treatment. About 200 people are turned away each month, and 6 in 10 of those admitted are released right back onto the streets.

What HB 4002 is proposing is not evidence-based. There is no evidence that Oregon's public health approach to addiction has increased overdoses or affected public safety. According to the New York Times analysis of the research, every region across the country shows a nearly identical skyrocketing death toll to Oregon's when fentanyl saturates its market. Measure 110 went into effect at the same time fentanyl hit Oregon. Correlation is not causation. But, if we are going to assert that correlation is causation, let's also consider this: There has been a nearly 300% increase in new services funded by Measure 110. Data shows that since services have increased in Portland, crime there has decreased. Perhaps there is some correlation there, as we know from 50 years of harmful drug war policies that when we saddle people with lifelong barriers they often get stuck in a cycle of criminality and despair. And when we give them access to services and hope for a better future, their lives improve and they re-engage with their communities and become productive members of society.

We know that recovery outcomes are best when help is made available on-demand in the most low-barrier way possible. And we know that when providers, law enforcement, and stakeholders come together in partnership, more people get the help they need. Here's an example of a program we've been working on that could really use your support:

For the last several months addiction recovery providers and Portland-area law enforcement have been working together on a pilot project to help people living outside, struggling with addiction, and suffering from unmet behavioral health needs. This project is part of a broader effort to curb public drug use without criminalizing addiction, giving police a new tool to connect

people with lifesaving interventions like detox, basic needs referrals, addiction treatment, mental health and medical care, and other supports.

Here's how it works: during these events, when law enforcement encounters someone using drugs in public, they offer them the opportunity to meet with a trained outreach worker. If the person agrees, an outreach team is deployed to their location within 10 minutes or less. If that person wants services, the outreach worker attempts to get them same-day access to care. If same-day care is not available, outreach workers maintain contact to support the person with their services plan, while also working to navigate wait lists and other barriers to get them access to care as quickly as possible.

We've held five pilot events so far, connecting 82 people with services. 73% of individuals interacted with indicated interest in connecting with services. The top service needs were for shelter, detox, treatment, peer support, mental health and medical care. (Below I am including along with this testimony a few data points and stories from the pilot project.)

The problem with this pilot project is that we can't take it to scale yet. There simply aren't enough services. Instead of re-criminalization, we need your help getting more detox beds online, more withdrawal management services, more housing, and more treatment. We can't afford to waste a single penny of taxpayer dollars on a harmful program. We need more detox, more supported and recovery housing, more rapid response on our streets with outreach workers trained to get people into care. That is the right approach for Oregon.



Downtown Portland Pilot Project

IN COLLABORATION WITH
PPB
MHAAO
RECOVERY NW

February 7, 2024

About the Project

Addiction recovery providers and Portland-area law enforcement are **teaming up to save lives** and help some of our community's most vulnerable citizens: those who are living outside, struggling with addiction, and suffering from unmet behavioral health needs.

Measure 110-funded addiction service providers, in partnership with the Portland Police Central NRT Bike Squad and advocacy coalition the Health Justice Recovery Alliance, have completed **5 Pilot events** in Old Town Portland.

Community Providers played vital roles in staffing each pilot with **culturally and linguistically specific** outreach teams securing emergency shelter, detox, and treatment beds for those who needed help.

This project gives Police a **new tool** to connect people with lifesaving interventions:

- ✓ Detox
- ✓ Shelter
- ✓ Basic needs referrals
- ✓ Addiction treatment
- ✓ Mental health/Medical care
- ✓ Community supports

A Word From Portland Police

“The Portland Police want access to effective interventions for people struggling on the street. We are not addiction specialists, and we look forward to this continued partnership to help us improve community safety and livability in downtown Portland.”

Officer David Baer
Portland Police
Central NRT Bike Squad



Pilot Project Dates

PPB and Teams take to the streets to provide resources on the spot.

**DAY
1**

DEC 13 2023



**DAY
2**

DEC 27 2023



**DAY
3**

JAN 11 2024



**DAY
4**

JAN 24 2024



**DAY
5**

FEB 5 2024



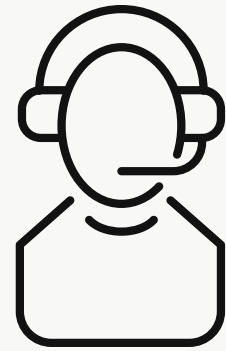
**NEXT
DAY**

FEB 14 2024



Total PPB and Peer Activity

54

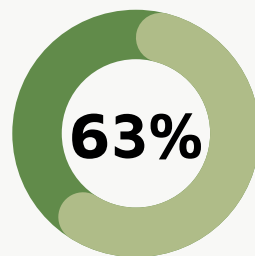


**Total Dispatch Calls from
PBB to Team Headquarters**

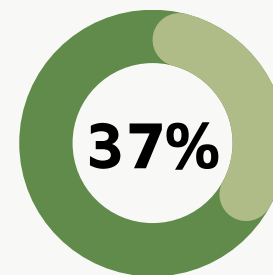
82



**Total Persons on Street
Peer Teams Interacted With**



**From Measure
110 Calls**



**From Outreach
Encounters**

Peer Activity



18

**Average Number of
Peers Involved Per Day**



**10 mins to
3 hours**



**Range in Length of
Peer Encounters**



Top Locations of Dispatched & Persons Served

GO TO MAP

SW Park Ave & Salmon St

NW 6th & Glisan

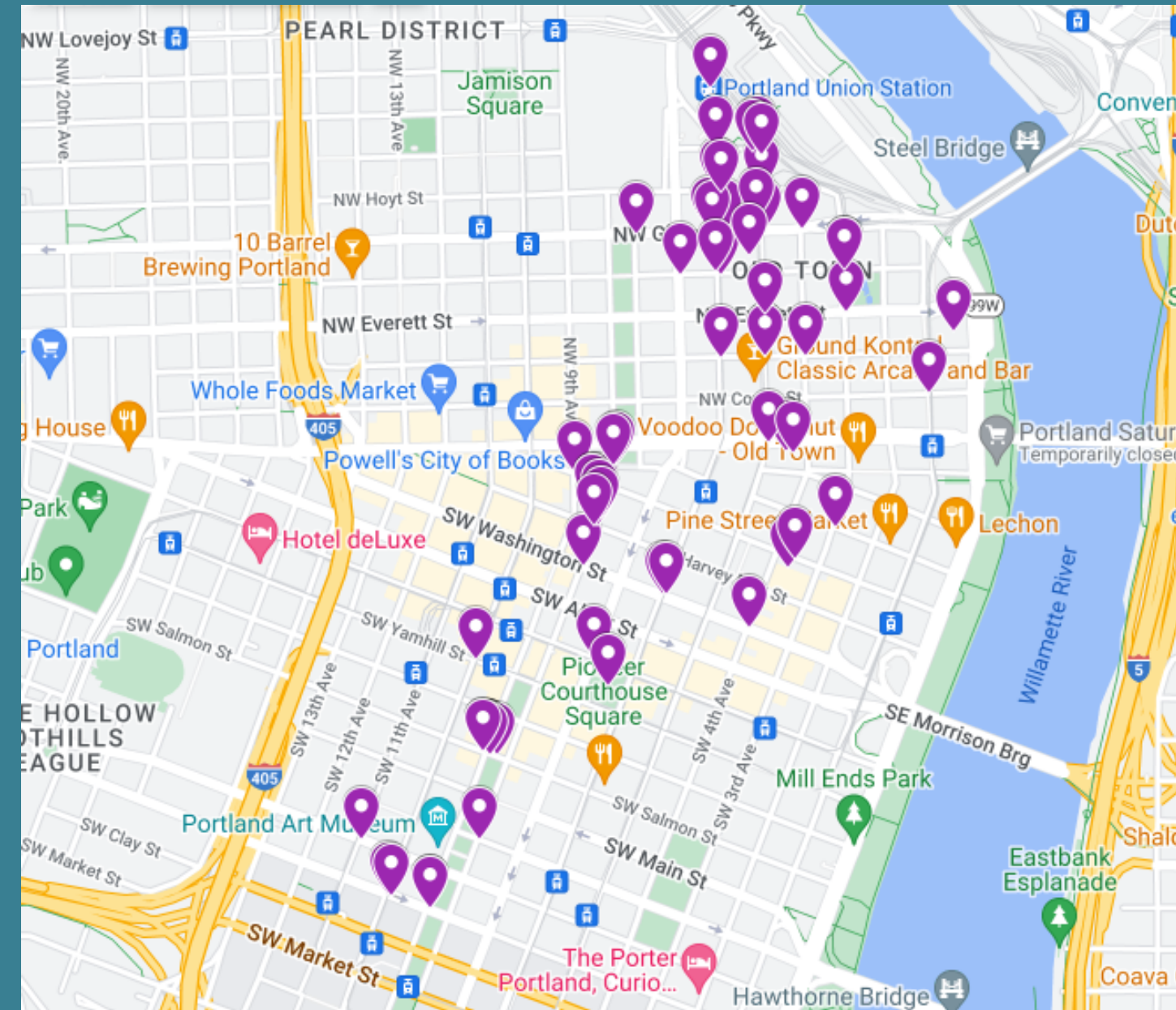
5th & Irving

Park & Oak

6th & Washington

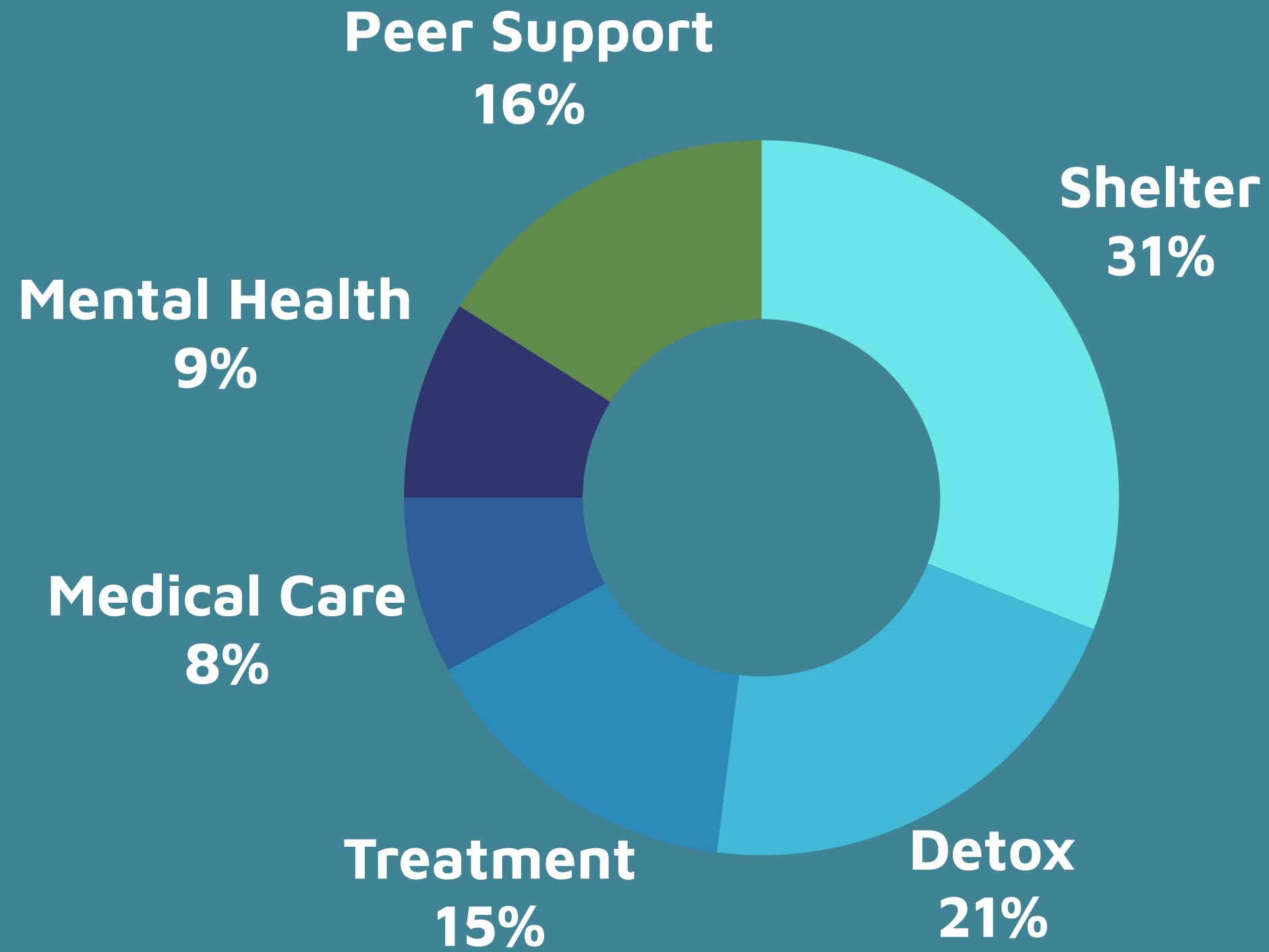
5th & Burnside

4th & Oak



Map of Downtown Area of Portland
with locations of Dispatch & Persons Served

Top Services Requested By Persons



Outcomes of Interactions



74%

**Expressed Interest in
Connecting to
Services**

and of
those



51%

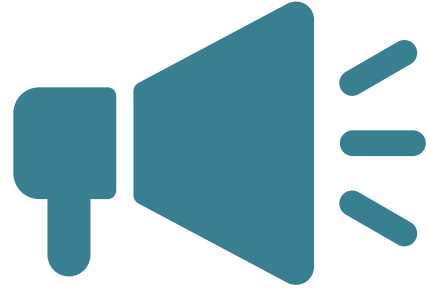
**Successfully
went through
with the Referral**



"When police officers offered the opportunity to the individual to speak with us and connect him to services, he jumped at the chance. He was willing to go directly to detox. We were able to seize the moment and get him connected to all that was available. It was truly an honor to walk with this young man and help alleviate some of his suffering in the moment. That is what our work as peer support specialists is all about."

- Tammy Wilkins, BHRN Director, MHAAO

Community Partners Engaged



ADVOCACY

HJRA

PPB



PEER
SUPPORT

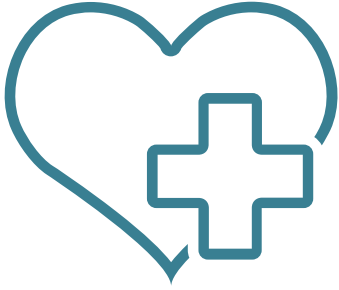
MHAAO

BHRC

Miracles Club

Transcending Hope

NW Instituto Latino



DETOX

Recovery NW

Cedar Hills



TREATMENT

Another Chance



SHELTER

Portland
Rescue Mission

Laurelwood

Real Life Stories

Jan 24 2024

"I engaged with a peer who is homeless and was using fentanyl. The peer accepted support and the opportunity for IOP treatment through Another Chance Treatment Center. The peer successfully completed the intake and is scheduled for assessment with sober living housing."

Peer Support Specialist, MHAAO



Real Life Stories

Jan 11 2024

"I was doing outreach when I approached this peer and started to build rapport. I shared my lived experience as a person of color with substance use. I was able to convince him about doing detox and he said yes! I connected him with Recovery Works NW and he will be admitted today!"

Peer Support Specialist,
Miracles



Real Life Stories

Jan 24 2024

"As we encountered the peer, she was disoriented and triggered from police citation. As we began to offer service, she became more receptive. We transported her to the BHRC and stored her belongings. Now the opportunity is open for further services."

Peer Support Specialist, MHAAO



Real Life Stories

Feb 5 2024

"We met the peer on the street and learned that the peer expressed interest in going to detox and/or shelter. We brought them back to the BHRC to get more options. The peer was able to get some clothes at BHRC. We called several shelters and secured a spot for at the Portland Rescue Mission. Our peers walked with him to the shelter and helped put him in a long term arrangement. The peer expressed happiness for this service."

Peer Support Specialist, Miracles



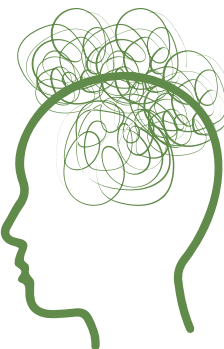
What Else is Needed



More real-time access to spaces in detox centers, treatment facilities, and shelters--to ensure people get the care they need when they want it



More trauma-informed outreach interactions that build trust and relationships



Less police coercion and punitive measures



Creation of “landing space” for interim peer support / overnight shelter while waiting for detox, treatment, and shelter openings



Contact Us

For more information about the pilot project and to learn how you can support it please contact:



Tera Hurst, Health Justice Recovery Alliance
tera@healthjusticerecovery.org



Dave Baer, Portland Police Bureau, Central Bike Squad
David.baer@police.portlandoregon.gov



Janie Gullickson, Mental Health & Addiction Association of Oregon (MHAO) jgullickson@mhaoforegon.org