

February 6, 2024

Joint Committee on Addiction and Community Safety Response
Chair Lieber, Chair Kropf, and Members of the Committee
Re: OPPOSE HB 4002

Dear Chair Lieber, Chair Kropf, and Members of the Committee,

The Drug Policy Alliance, the leading organization in the U.S. working to end the drug war, repair its harms, and build non-punitive and equitable responses to the overdose crisis, submits this letter in strong opposition to HB 4002. HB 4002 is a harmful step backward: recriminalizing drug possession and giving police the power to decide who gets help are false promises of change. It will cycle people in and out of jail and right back onto the streets, all while increasing overdose risk, disrupting lifesaving services and treatment, and saddling people with criminal records that are lifelong barriers to housing, jobs, education, and so much more.

We share deep frustration with the continuous public suffering we are seeing in places statewide, from Portland to Eugene and beyond. But recriminalizing and rolling back Measure IIO is not the answer. Every community in Oregon deserves real solutions to address addiction, homelessness, public drug use, and the overdose crisis.



RECRIMINALIZING DRUGS IN OREGON WILL NOT MAKE OUR COMMUNITIES SAFER.

Increased calls to arrest and incarcerate people for using drugs will not address the housing shortage, poverty, mental health crises, or crime that contributes to the public suffering in our communities and has garnered so much media attention. Research! from the Pew Charitable Trusts shows that locking more people up for using drugs does not deter drug use, reduce crime, or prevent overdose deaths. In fact, criminalization worsens the causes of public suffering."

Treatment within the criminal legal system is not effective. Prisons and jails generally fail to provide evidence-based, effective treatment for substance use disorders. They often fail to provide any treatment at all: only I in I3 people^{III} who were arrested and had a substance use disorder received treatment while in jail or prison.

Criminalization also increases overdose risk. People recently released from jail or prison are up to 27 times more likely to die of an overdose than the general public. Many people leaving jail or prison have a reduced tolerance to opioids, increasing their lethality. Research found that the odds of experiencing non-fatal overdose was about 2x higher, among those who went through mandated treatment than those who did not. And for people who use drugs in public, encounters with police increase overdose risk.

Lastly, criminalization is racist. Today, even after Measure IIO, Black Oregonians are issued MIIO citations at double the rate of their population^{vii} and Portland police have the 5th highest arrest rate disparities in the country.^{viii} People of color are disproportionately



excluded from diversion^{ix} and are more likely to be placed in diversion programs that disproportionately fail people of color.^x If Measure IIO is rolled back, these communities will bear the brunt of punishment and be convicted, incarcerated, and saddled with criminal records — creating lifelong barriers to employment, housing, and education which will lead to higher levels of drug addiction, overdose deaths, poverty, and homelessness.

MEASURE IIO HAS NOT LED TO INCREASED CRIME, OVERDOSE OR HOMELESS RATES

There is no research to substantiate claims that Measure IIO is associated with any increases in crime. Two separate independent research projects found that Measure IIO is not associated with any changes in crime. Further, research has shown that among individuals who are arrested for "quality of life" offenses, less than 1% go on to commit any crime relevant to public safety, refuting the commonly held notion that criminalizing poverty effectively targets people who commit violent offenses.

Two separate longitudinal studies** found no association between fatal overdoses and Measure IIO. While overdose deaths**' have risen in Oregon, they have also risen in all other western states and across the country. Oregon's overdose death rate remains close to the national average, and far less than in places like West Virginia, which still enforces criminal penalties for drug possession.

Research also shows homelessness rates in Oregon have increased in tandem with the state's eviction policies**i, rising cost and limited supply of housing**ii, and longstanding rate of chronic homelessness*ix, not Measure IIO. There is also no evidence of an influx of unhoused drug users moving to Oregon from other states.



In fact, of a survey of 500 homeless Oregonians who use drugs,** three out of four have lived in Oregon for II years or more.

We also know that when the overdose and homelessness crisis meet, public drug use will inevitably increase. The reality is drugs can be a necessary survival tactic to stay awake and alive while living on the streets^{xxi}, not always the reason why people are unhoused.

MEASURE IIO HAS SHOWED MEASURABLE SUCCESS

Despite the slow rollout, the number of people accessing services^{xxii} funded by Measure IIO has increased dramatically since the funds have been dispersed to service provider:

- o Screening ↑ 298% (I.k to 5k)
- o Comprehensive behavioral health needs assessment ↑ II4% (2k to 4k)
- o Substance use disorder treatment ↑ 143% (3k to 8k)
- o Peer support services ↑ 205% (5k to 14k)
- o Harm reduction ↑ I48% (7k to I8k)
- o Housing services ↑ 296% (0.7k to 3k)
- o Supported employment ↑ 286% (0.3k to lk)

Average monthly arrests significantly declined after decriminalization took effect^{xxiii} xxiv. This translates to thousands fewer Oregonians being arrested and saddled with criminal records for low-level possession that can create lifelong barriers to jobs, housing, education, and so much more.

No longer arresting, incarcerating, and supervising people for drug possession has saved Oregon tens of millions of dollars. To date, Measure IIO has saved nearly \$40 million** from reduced criminal legal system costs and reinvested it into addiction services and social supports.



THERE IS A THE WAY FORWARD

Studies show**vi that a public health response is more effective at reducing overdose deaths and other harms associated with drug use than incarceration. We need more accessible, effective, and voluntary addiction and recovery services. We also need to centralize responses to people on the streets by increasing street outreach, offering more housing and humane shelter, creating community-led crisis-response teams, and opening overdose prevention centers to bring drug use indoors and connect people to care.

The overdose crisis and worsening health outcomes, growing houselessness and poverty, and the perception of increasing crime and public suffering will not be quickly solved. However, doubling down on the very policies that gave rise to these conditions while expecting a different outcome is certain to compound them.

There is no denying that these are serious challenges. But we know what works, and we have the power to address these challenges in productive and positive ways. HB4002 is not the right way. Please oppose HB 4002 and focus on real solutions.

Respectfully submitted,

Emily Kaltenbach Senior Director, State Advocacy & Criminal Legal Reform Drug Policy Alliance



¹ The Pew Charitable Trusts,"More Imprisonment Does Not Reduce State Drug Problems" (2018), https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems

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- XIII Davis, C. S., Joshi, S., Rivera, B., & Cerdá, M. (2023, September I). *Changes in arrests following decriminalization of low-level drug possession in Oregon and Washington*. International Journal of Drug Policy. https://doi.org/10.1016/j.drugpo.2023.104155
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