DATE: February 7, 2024
TO: Joint Committee on Addiction and Community Safety Response
FROM: Rebecca Nelson
RE: Oppose HB 4002, HB 4036, SB 1555

Chairs Lieber and Kropf, Members of the Committee,

My name is Rebecca Nelson and I live in Eugene, Oregon. **I am writing to express my opposition to House Bill 4002, HB 4036, and SB 1555.**

Addiction is a health care issue, *not* a crime.

In 2020, Oregonians from across the state overwhelmingly voted in support of Measure 110. Oregon voters made it clear that we want to fund treatment for addiction/Substance Use Disorders (SUD), we want to decriminalize drug possession, and we want to address addiction as the *public health* crisis that it is. The Oregon Legislature is now attempting to undo the will of the voters, and to go back to the failed policies of the "War on Drugs." Using the criminal legal system is *not* the answer to a public health crisis. We know that incarceration does not work to address addiction–it only causes more harm and trauma, worsens health outcomes, and significantly increases the risk of someone dying from an overdose.

The recriminalization of addiction proposed by HB 4002, HB 4036, and SB 1555 will inevitably harm and traumatize Oregonians who struggle with addiction, and it will inflict more government harm and violence on Black, Indigenous, and People of Color (BIPOC) communities. BIPOC Oregonians will be arrested at higher rates and will be most likely to face incarceration and harsher sentencing.

Furthermore, these bills would force people into torturous withdrawals and increase overdose deaths. Oregon county jails are currently seeing record deaths among people in custody, including by drug overdose, and they are not equipped to safely manage fentanyl withdrawals. After going through excruciating pain, people will be released back to the streets, which is the most dangerous time for overdose risk. In addition, recriminalization will dramatically increase the burden on the Oregon public defense system that is already in crisis, and thousands more Oregonians will have to face drug possession charges without legal representation by a public defender.

According to the Health Justice Recovery Alliance (HJRA):

- Incarceration is linked with increased mortality from overdose.
- In the first two weeks after their release from prison, individuals are almost 13 times more likely to die than the general population.
- From 2001 to 2018, the number of people who have died of drug or alcohol intoxication in state prisons increased by more than 600%.
- The criminalization of drug possession contributes to stigma and deters people from seeking voluntary health services, including Substance Use Disorder (SUD) treatment.

We know that incarceration will not solve drug addiction–we need proven, effective solutions: 24-hour mental health crisis services including mobile crisis teams, emergency crisis intervention services, detox centers with staff properly trained on withdrawal management, patient-centered treatment planning, inpatient and outpatient treatment programs, case management, peer support programs, counseling services, family support services, community-based mental health services, harm reduction programs, housing resources, and so much more. **People need hope, not jail.**

This issue is also deeply personal to me. As I write this testimony, my partner is currently in inpatient treatment in Massachusetts for Opioid Use Disorder (OUD). With her consent, I want to share some of her experiences.

My partner has been in long-term recovery from Opioid Use Disorder, but recently experienced a relapse. Although she was carrying so much shame, she opened up and shared with me that she'd relapsed and that she wanted to seek help. We began reaching out to treatment centers locally and around the state, making dozens upon dozens of phone calls, but we could not find her a bed anywhere in Oregon. She was in need of immediate care and was beginning to experience intense withdrawal symptoms. After a few days of this, we were finally able to get her a bed at a local detox center, which was paid for by grant funding since they did not accept her health insurance. While it was a relief for her to finally access care, her experience at the detox was deeply concerning. She was placed in a dark room with nine other patients for five days, everyone experiencing different levels of withdrawal symptoms. There were no groups or counseling sessions offered–the patients just spent days sleeping in a dark room, occasionally being woken for medications or meals. After she was discharged, there was no follow-up or treatment plan, she was back on her own, relying heavily on my support.

Unsurprisingly, two weeks later, without the health care and adequate support she needed, my partner relapsed again. This time, however, she attempted to overdose on fentanyl twice within a 48-hour period. After she shared this with me, I took her to the Emergency Department at our local hospital. The ER staff were not equipped to deal with someone experiencing suicidality and Opioid Use Disorder. She was placed in a cold room, with no blankets, on a mattress on the floor, and security guards observing her from the hallway. I understand that some safety precautions were necessary to ensure my partner wouldn't harm herself, but this environment was in no way conducive to supporting her mental health. I was eventually allowed back into the room with her, and we spent all night cold and miserable sitting in the ER, with an occasional nurse coming in to check her vitals. At one point, the ER doctor tried to give my partner a dose of buprenorphine, which my partner declined–she had to educate the doctor on the fact that it would dangerously trigger precipitated withdrawal. It was shocking to me that the ER doctors were not very knowledgeable about treating OUD/SUD, further highlighting the desperate need for investment in training and education for health care providers in Oregon.

Eventually, the ER crisis worker on duty let us know that she was able to secure a bed for my partner at a dual-diagnosis (mental health and SUD) inpatient treatment center in Portland, and

we were so relieved that she would finally be able to get the care she needed. I planned to drive my partner up to Portland that morning for her intake, but when we called the treatment center before leaving Eugene, they told us that no beds were available. We tried to explain that the ER staff had assured us that she would be admitted, but we were told that we must have been mistaken. We were right back at square one, with no viable options for treatment in Oregon. I cannot convey just how terrifying and hopeless it is to be in that situation.

After discussing the options, my partner and I decided the best solution was for her to seek treatment out of state. She reached out to family in Massachusetts, called a few inpatient treatment centers in Boston, bought a plane ticket, and headed east. Within 24 hours of arriving in Boston, she was admitted to an excellent inpatient treatment center. I want to note here that my partner experiences privilege in many ways: she was raised upper-middle class, has a college degree, is white, has a job and health insurance, has housing, and her family is able to provide some financial support. Even with these privileges, and a desire on her part to get help, it was practically impossible for her to access detox and treatment here in Oregon. It is devastating to think of the insurmountable barriers to care that thousands of Oregonians face who aren't as privileged. Again, this sheds light on the urgent need for investment in treatment for addiction and mental health in Oregon. I will also note that if my partner had been arrested during her relapse and was currently in jail and/or facing criminal charges, there's a good chance she would not be here today, nor would she have been able to get the care she needed.

In the past, my partner has been incarcerated and caught up in the criminal legal system due to addiction and drug possession. When she shares these experiences with me, it is abundantly clear that being incarcerated only caused her more harm and trauma, and that she was more likely to relapse or overdose after being released from jail. She's also shared with me that having a criminal record for drug possession has had many long-term harmful impacts on her life, including: PTSD and worsening mental health conditions, difficulty finding employment, difficulty finding housing, disenfranchisement/being stripped of her right to vote, and more.

Once again, criminalization is not the answer. Addiction is a health care issue, *not* a crime.

This is why I urge your **no vote on HB 4002, HB 4036, and SB 1555**. Thank you for your time.

Sincerely,

Rebecca Nelson
Eugene, OR