

Submitter: Andrew Seles

On Behalf Of:

Committee: Joint Committee On Addiction and Community Safety Response

Measure: HB4002

There is a reactive, impulsive move to repeal Measure 110 which, supported by 58% of Oregon voters in 2020, decriminalized possession of small amounts of illegal drugs. It also provided money diverted cannabis tax dollars for treatment programs, many of which have been slow to develop even as fentanyl led to a perceived increase in overdoses in Oregon.

Recent data from the Journal of the American Medical Association, however, concludes that there is no statistically significant difference in the monthly rate of drug overdose deaths pre and post implementation of Measure 110.

While anecdotal "evidence" may cause some to support repeal, the data does not support repeal. It is also ill-advised when treatment programs have not been given a fair chance; decriminalization began February 1, 2021, yet the deadline for new drug treatment services was eight months later. All of this was happening during the COVID crisis when the medical system was maxed out. If we are honest in our approach to addiction we would provide remedies and we would face the causes of addiction...not easy in a culture that believes in rugged individualism and is itself addicted to shaming and blaming. People use drugs to avoid pain or to seek pleasure...both, too often, reactions to the specter of trauma and wounding rampant in our world. As a society, we have a long way to go to remedy our own complicity in the causes of addiction.

As a twelve step program "graduate," and student of addiction studies, I have some grave concerns about HB 4002:

- HB 4002, abandoning cannabis tax dollars, in shifting the responsibility from the community to the individual, will not provide the resources to solve this complicated problem; that reflects a very naïve and conservative view of reality.
- "Don't change horses in the middle of the stream:" Implementing recovery and treatment programs for Measure 110 has been slow to develop in the pipeline and have only recently begun to have an impact.
- It's a mistake, if not unconscionable to put responsibility for this proposed transition on to police officers untrained in behavioral social services; too much is already expected of them. Unfortunately, it is quite telling that the language in 4002 provides an inordinate amount of detail of how to handle addicted "criminals" under the jurisdiction of the Department of Corrections. Any detail about a community-based pathway to treatment, especially peer support, in conjunction with law enforcement is sadly missing.

- Again, HB 4002 puts a very American conservative knee-jerk focus on “the individual” when it proposes that the individual's insurance will handle the cost. The disease of addiction is akin to a pandemic and requires community resources to combat it.
- While mention is made of harm reduction medications being provided in jails, Naloxone provision and distribution is missing from HB 4002; again, this reinforces the punitive aspects of this legislation.
- A glaring omission from this proposed legislation is the lack of inpatient medical support for those experiencing drug withdrawal. I think as a society we would have more compassion than to allow an addict going cold turkey on a jail cot or being minimally medicated and put back on the street without the supportive services necessary for real rehabilitation.