

Dear Chairs Lieber and Kropf, members of the Committee,

My name is Tera Hurst; I am the Executive Director of the Health Justice Recovery Alliance. I am submitting this written testimony on behalf of HJRA in opposition to HB 4002.

HB 4002 is a continuation of the state's failure to address our addiction and housing crisis. State leaders charged with putting Measure 110 into place failed to implement it, which in turn delayed access to treatment at a time when fentanyl began killing our communities in record numbers. There wasn't enough detox available before fentanyl entered Oregon's drug supply, and that need only intensified because of it. For many of those who were able to obtain detox services, they were released right back to the streets without housing, without support, and without a plan to help be successful in their recovery. Trying to stay sober while living on the streets is nearly impossible.

As the fentanyl crisis worsened, providers tried to respond as best they could with limited resources. Measure 110 funding was not distributed to behavioral health providers in a timely manner, further delaying access to services. All the while problems persisted with the Measure 110 citation system, with stakeholders repeatedly calling on State leaders to act.

Measure 110 as a policy is not a failure; the failure lies in the State's inability to address the addiction and housing crisis with urgency. Throughout multiple legislative sessions and in interim workgroups, frontline addiction recovery providers have provided valuable insights from their work on the ground, as well as detailed plans of what they need to scale up services. By the time the funding reached providers and they were able to hire staff and scale up services, it was too late from a public perception point of view — and now we're passing policy to deal with that political problem instead of the actual one.

When it comes to how HB 4002 will impact the suffering we're seeing on our streets, those working on the frontlines have told you in their testimony, during advocacy days, and in thousands of letters and emails what the impact will be: more people will die because of this. HB 4002 is not a treatment-first approach. It is a criminalization approach that will jail people living with addiction. A true treatment-first approach would be to invest the \$500 million dollars that OHA states is needed to scale up Oregon's treatment infrastructure.

If you were truly trying to solve the addiction crisis instead of the political problem, you would have created a policy based on evidence — one that incorporates [research findings like those of RTI International](#), which has been studying Measure 110 for the last three years. RTI's research found *no evidence* that Measure 110 was responsible for our state's tragic upsurge in fatal overdoses, and found that Measure 110 did not cause the uptick in crime, homelessness, or drug use. Their findings are consistent with the results of a [2023 JAMA Psychiatry study](#), which also found "no evidence" that Measure 110 was "associated with changes in fatal drug overdose rates"

during its first year. If you were serious about solving this crisis, more of those researchers would have been brought before the committee to share their findings.

A *New York Times* analysis of the research confirmed that, in every region across the country, communities experience a nearly identical skyrocketing death toll to what Oregon has experienced when fentanyl saturates its drug market. **Measure 110 went into effect at the same time fentanyl hit Oregon, and correlation is not causation.**

An OHSU Gap Analysis showed Oregon has a 49% gap between the amount of treatment needed and what is currently available. And a long-awaited [study from OHA found that Oregon needs a \\$500 million investment in treatment beds](#) in order to meet the current demand for services. This research makes it clear that it's the severe lack of services that is one of the main reasons so many people with addictions in our community are languishing, suffering and dying openly on our streets. You know that we don't have capacity to meet the current demand for services now. Recriminalizing addiction may help *you* get re-elected, but on the ground where it matters, HB 4002 will only deepen the cycle of despair and make the work of providers that much harder. People will die because of this policy and that is not an exaggeration.

I genuinely want to know: When it's the state that failed to implement Measure 110 in the first place, how are you going to implement this new system you're creating amid an overwhelming chorus of criminal legal stakeholders *and* behavioral health experts all saying we don't have the capacity for this? And just as importantly it won't address the problems you were tasked to solve.

Optional deflection creates confusion. HB 4002 creates a patchwork of potential health care doors at the discretion of...who? Law enforcement? Why do we continue putting our law enforcement in these positions where they're expected to do social work? They don't want to — nor should we expect them to — do social work. It's real solutions like the Portland Police Bureau/Provider Pilot Project that create the trust and partnership between peers and law enforcement to get people into care.

We've seen from our work on this pilot that the concept is working; in just the first six pilots 99 people have been connected to care. 53 of those people were connected to services that same day. Detox and treatment are the two services people ask for the most.

The pilot project's success in getting people rapid access to low-barrier services is only because we have developed relationships with outreach workers and law enforcement that, prior to Measure 110, did not exist. They are working together, within the confines of a stressed and overburdened system, to connect people with addiction recovery services. During the day of each pilot event, participating shelters, detox and treatment centers attempt to hold several beds for people we might meet that day who want help. I can tell you sitting in on the events that usually about halfway through the day those held beds are full, and that's when the outreach workers begin leaning more on their relationships to connect people with care.

Things are starting to work. There has been a nearly 300% increase in new services funded by Measure 110. Since services have increased in Portland, crime has decreased, and [property crime rates are at their lowest point now since March of 2021.](#)

Even with the passage of HB 4002, Measure 110 addiction recovery providers will continue to provide services. But the state failed to implement Measure 110, and we have ongoing concerns about how the state will implement this new complicated system — particularly amid an overwhelming chorus of criminal legal and behavioral health experts saying that the system does not have capacity for the additional work this law will create. However, we must work together to ensure that implementation of this new system goes well, and we must not lose sight of our shared goal to create a system of care that works for everyone, is available on-demand, and ensures the communities most impacted by drug war policies are given the resources to heal.

Sincerely,

Tera Hurst
Executive Director
Health Justice Recovery Alliance





Oregon Measure 110 Research Symposium

January 22, 2024
Key Takeaways

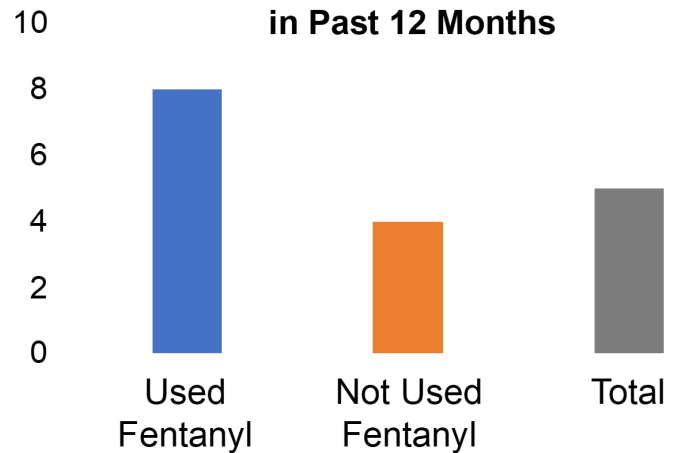
Panel 1: Overdose Mortality

Early studies found no association between M110 and fatal overdoses. Data from people who use drugs in Oregon suggest many nonfatal overdoses are being reversed by naloxone administered outside of the 911 emergency system.

Presenters: Alex H. Kral, Spruha Joshi, Brandon Del Pozo, and Morgan Godvin

- Oregon's fatal opioid overdoses dramatically increased when fentanyl was introduced to Oregon's unregulated drug supply in 2020.
- Two separate longitudinal studies using U.S. vital statistics and crime laboratory-tested seized drug data found no association between fatal overdoses and M110's implementation.
- 2023 cross-sectional study with 468 people who use drugs across 8 counties in Oregon found:
 - 78% reported witnessing an overdose in the past year, with an overall median of 5 witnessed overdoses (Figure).
 - Compared to those who did not regularly use fentanyl, people who used fentanyl were more likely to administer naloxone and less likely to call 911 during a witnessed overdose due to fear of law enforcement engagement (51% vs 61%).

Median Overdoses Witnessed
in Past 12 Months



- Those who were incarcerated in the past 12 months were more likely to report an overdose (33% vs 18%; $p < 0.001$)

Resource:

- Joshi et al, 2023



Panel 2: Substance Use Disorder Services

Services for people diagnosed with substance use disorder continue to increase post M110 implementation, but service availability gaps persist even with the significant growth in the peer recovery workforce.

Presenters: Kristen Donheffner, Daniel Hoover, and Alexis Cooke

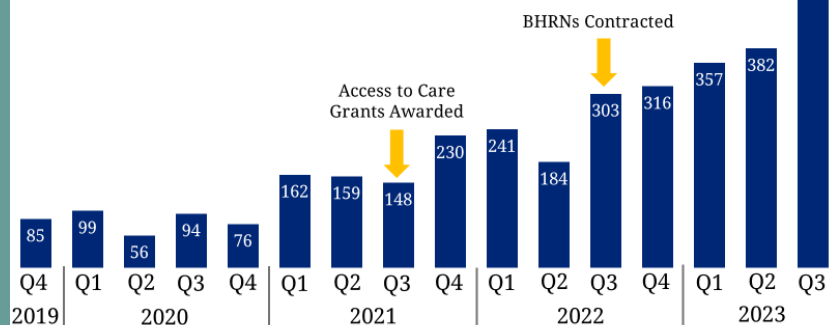
- New certifications for Recovery Peers have been increasing since 2020 with 325 peers certified in 2020 and 1269 peers certified in the first 3 quarters of 2023 (Figure).
- The challenges of peer work include limited access to housing, withdrawal management, and residential treatment services for all who want these services.

Resource:

- Oregon Health Authority M110 Data Dashboard



Recovery Peer Certifications



Key Takeaways Continued

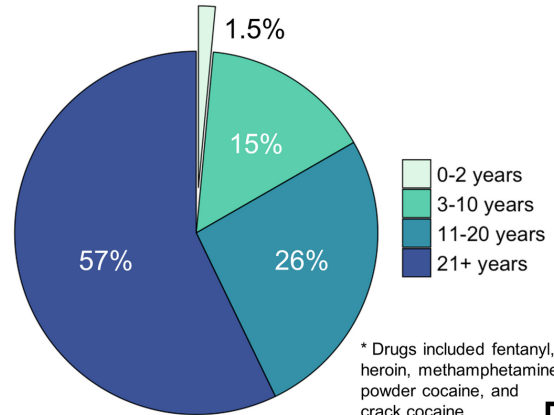
Panel 3: Housing, Harm Reduction, and Family Services

Interviews of people who use drugs show that a significant proportion were Oregonians who were unstably housed and who have sought housing assistance, but only minority have received such services.

Presenters: Marisa Zapata, Esther Chung, Judith Leahy, and Camille Cioffi

- Cross-sectional study with people who use drugs across 8 counties in Oregon found:
 - Very few people (1.5%) started using drugs after M110 passed (Figure).
 - No evidence people moved to Oregon to use drugs after M110 was passed; the median length of time living in Oregon was 24 years.
- Save Lives Oregon distributed 370,000+ naloxone doses since 2022. Community organizations reported more than 7,500 opioid overdose reversals in Oregon since 2020.
- Approximately 1 in 10 birthing people have a substance use disorder diagnosis at the time of delivery and avoid seeking care due to fear of punishment leading to worse health outcomes for mothers and children.

Number of years using drugs* (n=467)



Resource:

- TEDxSalem: So you think you understand homelessness, Marisa A. Zapata



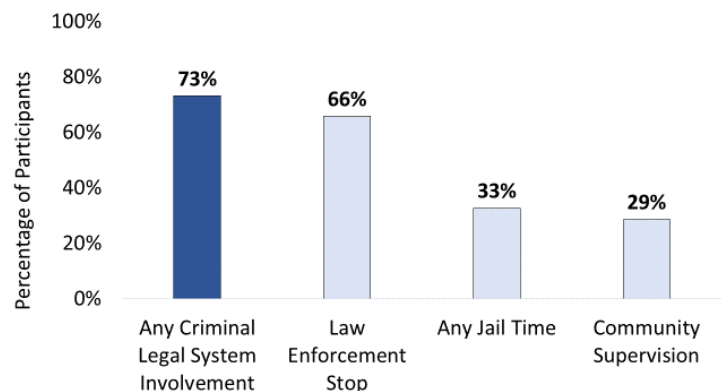
Panel 4: Law Enforcement

Following M110 implementation, despite declining drug-related arrests, people who use drugs are still heavily policed, especially those who are unhoused and on community supervision.

Presenters: Kelsey Henderson, Corey Davis, Sean Wire, Hope Smiley-McDonald, and Danielle Good

- Officer stops, possession of a controlled substance (PCS) arrests, and drug court enrollment were all declining prior to M110's passage.
- Monthly arrest data between 2019 to 2021 from Oregon and control states (CO, ID, MT, and NV) show fewer PCS arrests per 100K population in Oregon following M110.
- 2023 cross-sectional data from people who used drugs showed that 13% understood that M110 decriminalized all drugs and 73% reported substantial criminal legal system engagement (Figure). There were no statistically significant differences by race/ethnicity for being stopped by law enforcement in the past year.
- Portland and Eugene calls for service 911 trend data (2018 to 2023) were comparable to 8 cities in CA, ID, and WA, suggesting there were no spikes in what the Oregon public asked police to handle in Portland and Eugene following M110.

Past Year Criminal Legal System Involvement



SOURCE: RTI International, 2024, Oregon Measure 110 Drug Decriminalization Evaluation

Resources:

- Portland State University Report
- Davis et al. 2023
- RTI Insight Blog Post
- Smiley-McDonald et al. 2023

For more information about the symposium materials, please contact Lynn Wenger at lynndee@rti.org.





“Provider-Police Joint Connection” Project Summary

About the project: Portland-area Measure 110 addiction recovery providers and law enforcement are partnering to save lives and help people living outside with addiction and unmet behavioral health needs. The 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.

Six pilot events in the downtown Portland core area have been completed so far. Providers staffed each pilot with culturally and linguistically-specific outreach teams and secured emergency shelter, detox, and treatment beds for those who needed help.

“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

How it works: 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.

[Public health data \(https://bit.ly/M110datadashboard\)](https://bit.ly/M110datadashboard) shows that most individuals utilizing Measure 110 services go directly to providers. Similar programs that exist elsewhere demonstrate that when police are facing public drug use, having an immediate way to connect people with services is demonstrably more effective than issuing a [citation alone](#).

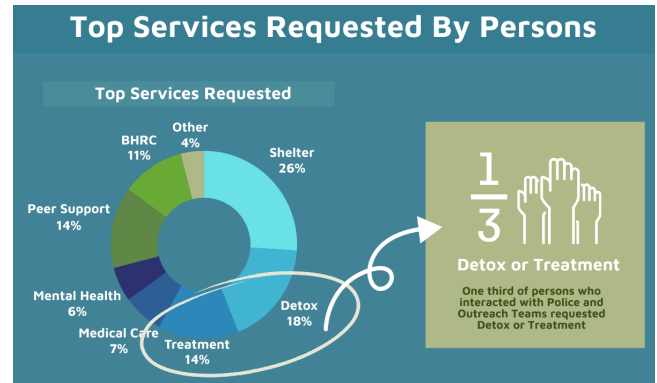
“I was doing outreach when I approached this peer and started to build rapport. I shared my lived experience as a person of color with substance use. I was able to convince him about doing detox and he said yes! I connected him with Recovery Works NW and he will be admitted today!”

Peer Support Specialist,
Miracles

Quick Stats: Pilot Events 12/13/23 - 2/14/24

Total Number of People Reached:	99
Outreach Interactions Resulting from Dispatch Calls:	54
Number of Peers Involved:	Average of 18 per day
Number of Law Enforcement involved:	Average of 12 per day
Average Length of Outreach Encounter:	~20 mins (range: 10 mins - 3 hours)
Number of People Connected to Services Same Day:	37%

What we've learned: This program shows that recriminalization is not necessary to get people help; it's trauma-informed outreach interactions that build trust and relationships. Further, when law enforcement and outreach workers partner directly, more people gain access to services. In order to scale this program up and bring it to more communities across Oregon, our leaders must work to create more real-time access to detox, treatment, shelters, and other critical services.







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

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

Janie Gullickson, MHA AO, jgullickson@mhaoforegon.org

<p>Pilot Project Data</p>  <p> SCAN ME</p> <p>https://qrco.de/PPBPilotData</p>	<p>Measure 110 Citation Data</p>  <p> SCAN ME</p> <p>qrco.de/benb9g</p>
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