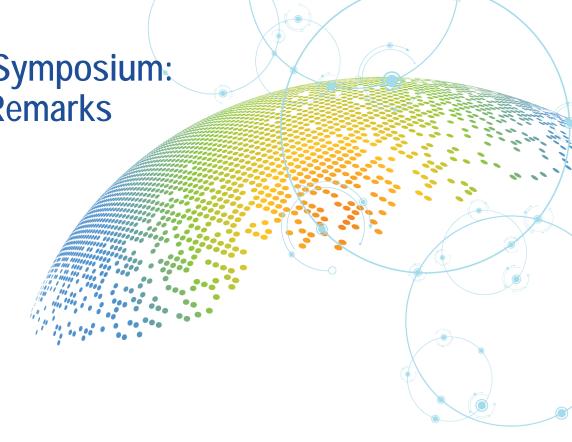
Measure 110 Research Symposium: Summary and Closing Remarks

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Salem, Oregon on January 22, 2024

Summary

- After five decades of treating substance use disorders as primarily a criminal and legal problem, Oregon voters decided to prioritize a public health approach through the enactment of Measure 110.
- While the law was enacted almost 3 years ago, implementation took longer.
 - It took time for the criminal legal system to figure out how to reorient their work with respect to drugs and people who use drugs, and
 - It took a year and a half for the majority of the state's large investment in housing, treatment and harm reduction services to be granted through Behavioral Health Resource Networks.

Summary

- Evaluating such a novel law which represents huge institutional changes has had its challenges
 - Evaluations of the first 18 months are lacking the housing, treatment, and harm reduction component of M110.
 - Measure 110 was not the only substantial event in the early 2020s that impacted drug use, health, and law enforcement in Oregon and elsewhere.
 - COVID-19 and shelter-in-place ordinances
 - The murder of George Floyd and ensuing public sentiment towards law enforcement
 - Introduction of fentanyl to the unregulated drug supply
 - Rising housing market and shortage of affordable housing
 - Evaluations of secondary sources of data are limited by long delays until those data are available. For example, overdose mortality data are not available for a year.
 - There have only been a few primary data collection efforts, and these are limited in that they do not have data that predate M110.

Summary of Panel 1: Overdose Mortality

- While overdose mortality has dramatically increased in Oregon from 2020 to the present, this is consistent with national and regional trends, which are primarily impacted by introduction of fentanyl into the unregulated drug supply.
- During the early period when access to housing, treatment, and harm reduction had yet to be ramped up, Measure 110 did not have a significant positive or negative impact on drug overdose mortality in Oregon.
- People who use drugs are accessing naloxone through M110-funded syringe services programs and are saving many lives.

Summary of Panel 2: Substance Use Disorder Services

- During the first full year of M110 funding, programs quickly ramped up services for screening, assessments, treatment, peer-support services, harm reduction, housing and supported employment.
- At the time M110 was enacted, Oregon did not have a large certified workforce in peer-support services for substance use disorder treatment.
- To facilitate people getting linked to substance use disorder treatment,
 M110 funds were expended on peer-support services, which required developing a certified workforce to do this difficult work.
- The challenges of peer work include

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- needing support to manage the stress associated with their work, and
- limited access to housing, withdrawal management, and residential treatment services for all who want these services.

Summary of Panel 3: Housing, Harm Reduction, and Family Services

- While many in Oregon blame M110 for increases in homelessness, there are other important forces leading to homelessness including rising rents and house costs, less employment opportunities in the informal sector, COVID shifting people to working at home, decline in appetite for shopping in brick&mortar locations, and rising income disparities.
- M110 did not attract large numbers of people to move to Oregon or to start using drugs in Oregon.
- Many people who use drugs are experiencing houselessness, most of whom have sought housing, with only a minority getting housed.
- Harm reduction organizations have delivered over 370,000 of doses of naloxone to people who use drugs.
- 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.

Summary of Panel 4: Law Enforcement

- Officer stops, possession of a controlled substance (PCS) arrests, and drug court enrollment were all declining prior to M110's passage.
- When compared to other states, there was no significant change in overall arrests, arrests for violent crimes, or non-drug arrests in Oregon after M110.
- As compared to 8 cities in CA, ID, and WA, there was no change in calling 911 for police in Portland and Eugene after M110.
- Over two years after M110 was enacted, three-quarters of people who use drugs reported still being stopped by police in past year. No significant differences in being stopped by police by race/ethnicity.
- People who use drugs were hopeful M110 would bring fewer law enforcement interactions, less time in jail, and a shift towards policing crimes like violent offenses and larger-scale drug distribution.

Closing Remarks

- It is too early to determine whether M110 has succeeded or not.
- While M110 has not caused more overdose deaths compared to other
 Western states, now that it is fully implemented, it will be important to see if it can reduce overdose mortality as compared to neighboring states.
- Decriminalizing drugs has not led to increases in crime or 911 calls for service, as many fear.
- We have decades of data showing us that a return to treating substance use disorder primarily as a criminal and legal issue will lead to more drug use, more potent drugs, and increasing physical and mental harms associated with drug use.

Acknowledgments

- This symposium was supported by Arnold Ventures.
- Thanks to Salem Convention Center Staff.
- It takes a village to organize a oneday symposium: thanks to all the organizers at RTI International and Comagine Health.
- Thanks to all the in-person and virtual participants.

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