

TAKING MEASURE 110 IN A NEW DIRECTION: OUR PRINCIPLES FOR CHANGE

AND/OR is the only organization voicing the opinion of a majority of Oregonians: Measure 110 must be repealed.

- Oregon needs a robust treatment system that confronts addiction with the level of urgency required for life-and-death-crises.
- The number one goal of Oregon's behavioral health system should be achieving sobriety and long-term recovery for those that are suffering.
- Law enforcement officers must be given the ability to confiscate hard drugs on sight and drug dealers should be held accountable to the fullest extent of the law.
- The crisis on our streets is becoming a crisis in our schools – swift policy changes must be made to protect our children.

A NEW DIRECTION'S FINDINGS & RECOMMENDATIONS RELATED TO OREGON'S ADDICTION CRISIS

1. Recovery as defined by the State of Oregon **does not include sobriety**. Rather, Recovery means: "The process of healing and transformation for an individual to achieve full human potential and personhood in leading a meaningful life as they define it in communities of their choice."

Recommendation: Cast a transformative vision for addiction in Oregon that pursues population health defined as long term recovery and sobriety.

2. Oregon had the highest rate of increase in **fatal overdoses in the nation with a one-year increase of more than 67 percent**. Meanwhile, Oregon ranks 50th in the US for providing access to addiction treatment.

Recommendation: Direct a majority of marijuana, alcohol, and cigarette taxes to fund prevention, streamlined access to treatment statewide, and additional beds.

3. Drug use and drug possession by minors are legal under Measure 110, making the consequences for minors in possession for alcohol more severe than meth, cocaine, or fentanyl. As a result, there has been a **666% increase in teen overdoses in two years**.

Recommendation: Restore consequences for possession, divert kids into treatment and allow drug confiscation.

4. State imposed regulatory burdens hinder the process of getting an individual into treatment, **creating additional barriers for those seeking treatment**, as well as for the providers.

Recommendation: Cut regulatory burdens that prevent the behavioral health system from expediting assessment and program entry.

5. There is **no statewide database that tracks bed availability** at treatment facilities which limits coordination among healthcare providers, law enforcement, and treatment providers.

Recommendation: Modernize the behavioral health system. Inventory statewide treatment services and maintain real time access to acuity levels and beds. Establish a long-term relationship with those facing substance use disorders where the goal is lifelong sobriety.

6. **Faith-based treatment providers** and religious communities are not consistently offered as resources for those seeking help, and therefore are being **underutilized**.

Recommendation: Allow faith-based treatment providers and religious communities, often viewed as a more trusted source than traditional providers, to be consistently offered as an option for those seeking treatment.

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7. Accountability measures have been taken from law enforcement and the courts. In the two years Measure 110 has been in place, only **50 people** have sought voluntary treatment.

Recommendation: We support many of the recommendations made by the Oregon Association of Chiefs of Police, the Oregon State Sheriffs Association, the Oregon District Attorneys Association, and the League of Oregon Cities, including:

- *(#7) Prioritizing adequate and sustainable funding for Oregon's Specialty Courts.*
- *(#8) Establishing the authority to utilize welfare holds of up to 72 hours for intoxicated persons who pose a danger to self or others.*
- *(#10) Establishing Opioid Overdose Quick Response Teams.*

8. Law enforcement officers have been left without the appropriate resources to connect struggling individuals with help outside of the judicial system. This is **largely due to eroding support for law enforcement that started in 2020**.

Recommendation: Establish incident response partnerships between law enforcement and service providers.

9. Addiction Recovery Centers are not required to track how many people get sober and stay in recovery, but instead track encounters and provided services.

Recommendation: Track data that aligns with a vision of prevention, long-term recovery and sobriety. Allow all shelters, including low barrier shelters, to provide services that align with the goal of sobriety and long-term recovery.

10. Measure 110 cut services to drug abuse prevention and alcoholism services, programs in cities and counties, and funding for schools and state police by an estimated **\$265 million** in the most recent budget cycle.

Recommendation: Identify expenditures that funded treatment prior to Measure 110 and restore funding at the city and county levels.

11. Whistleblowers, not internal systems, flagged fraud and abuse which caused funding to be withdrawn from three Measure 110 grant recipients.

Recommendation: Immediately audit performance and expenditures to date. This includes performance outcomes on an individual basis, by population, by demographic, and by sustained sobriety. Expenditure audits must be completed to limit waste, fraud and abuse.

12. Senate Bill 0755 (2021 Legislative Session), which established **Behavioral Health Resource Networks (BHRNs)**, states that one of the tools to analyze the success with Measure 110 includes examining if "Access to harm reduction services has increased."

Recommendation: An uptick in harm reduction services should not be a core measurement of success for Measure 110. The language should be struck (amended) from Senate Bill 0755.

13. Measure 110 set a policy that drug addiction treatment would be available to all those who needed access, but **only 10% of dollars** have gone to treatment.

Recommendation: Measure 110 is a pro-drug policy that does not support drug use prevention and long-term sobriety and should be repealed. At the same time, the changes listed above support the modernization of Oregon's Behavioral Health System and should be implemented.