

# Briefing Note: Drug Policy in Oregon



## Introduction to Decriminalization in Oregon

Oregon (OR, USA) approved **Measure 110**, the Drug Addiction Treatment and Recovery Act, on their state ballot in November 2020. This involved the decriminalization of small quantities of all drugs, and allocated funding towards health services for those who use drugs. <sup>1</sup>

- This act redesignated the possession of small amounts of any drug from a misdemeanor criminal offence to an infraction only punishable by a citation and a fine of up to \$100.
- If the individual caught completes a health needs screening with verification for a court, the fine is waived.
  - This health screening could be through a Behavioural Health Resource Network, a designated Telehealth service (Phone hotline) or through an equivalent / more intensive treatment option within 45 days of the violation.
  - Failure to pay the fine did not result in additional penalties or incarceration.
- Police were the deciding authorities in the case of deeming personal possession, however, they were not allowed to search an individual based on the suspicion of Possession. They could, however, still confiscate any drugs they found through lawful searches.

In March 2024, the State Legislature voted to roll back on some components of the 3-year-old measure, including re-criminalising possession as a misdemeanor.

### Reasons given for rollback and re-criminalisation <sup>2, 3</sup>

1. An exponential increase in the number of fatal overdoses in Oregon.
2. A surge in the public consumption of drugs.
3. A lack of completed health needs screenings in response to violations.

### Factors that contributed to the rollback

1

#### An increase in Overdose deaths resulting from synthetic opioids from 2019 (84 deaths) to 2023 (>1,600) as well as an increase in Public Consumption of drugs.

- Synthetic opioids like Fentanyl have been the source of a National crisis in the USA. Unfortunately, the decriminalization effort in Oregon coincided with the rise of Illegally manufactured fentanyl in the Western USA, which greatly contributed to the issues observed. <sup>3, 4</sup>
- Fentanyl is 50 to 100 times more potent than morphine, and small amounts are sufficient to cause an overdose, which often include symptoms like respiratory depression leading to hypoxia. Synthetic opioids, as a whole, are now the most common source of overdose death in the USA. <sup>5</sup>
- It is of particular importance to note that Measure 110 was not associated with an increase in overdose mortality, both at 1-year post-implementation <sup>6</sup>, as well as in a study factoring in the spread of Fentanyl use in the illicit market <sup>7</sup>.

2

#### The implementation of the decriminalization bill took place in the midst of the COVID-19 pandemic.

- This caused a major housing issue in Oregon, which contributed to the displacement of many individuals, leading to a higher concentration of Homelessness, which increased the public consumption of drugs. In fact, Homelessness rose to nearly 6,300 people in 2023. <sup>2</sup>
  - The public consumption of drugs is driven by homelessness, as people do not have a place to use.

- The Pandemic also caused staffing shortages in the harm reduction services provided, which severely affected engagement and contributed to slow roll-outs of the services.
- Only 1% of individuals that received citations contacted the Telehealth service in the first year after implementation.
- The state also chose not to advertise the screening hotline to the public, which affected engagement. <sup>4</sup>

3

#### Time was a major factor as well.

- It takes time for the impact and outcomes of these policies to be seen. Measure 110 was voted on in November 2020 and came into action in February 2021. The rollback came at the start of 2024, 3 years after implementation. For example, in the case of Portugal, significant impacts could only be observed about 5 years after implementation.
- Although funding was made available for Addiction Services, it did not reach the implementers on time – so service expansion was also delayed. Covid-19 was also a factor in this delay.

4

#### The initiative also became a political / partisan issue, as opposed to being for the benefit of the public. <sup>4</sup>

- This led to political motivations behind removing the measure, such as re-elections and corporate interests.
- There was also a notable lack of ownership and training for law enforcement agents attributed to pre-existing biases.
  - The measure was used as a scapegoat for the other issues, like homelessness resulting from underfunding affordable housing programs, lack of effective addiction services and accessible healthcare.

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## What can Malaysia learn from Oregon?

1

### Drug Policy Reform is complex and needs to be carefully planned.

- It requires a multifocal, unbiased, and nuanced lens in ensuring everyone is clear about the aims and objectives of reform. The formation of the National Task Force and its relevant sub-committees will be critical to achieve this.
- It should be done in stages, carefully monitored for unintended consequences. As such a pilot implementation stage is recommended in three states in Malaysia.

2

### A civil / public health administrative system such as Drug Use Prevention and Treatment Commission (DUPT) is important.

- The Oregon model differs from the Portuguese model for example for the lack of a dissuasion commission. Without this commission, management of people who have committed a minor offence – including the identification of the severity of their drug use; the referral to the appropriate treatment service was also lacking.
- In Malaysia we recommend having a DUPT Commission which will ensure that people who are referred to and diverted from the Criminal Justice System, receive the appropriate support and treatment.

3

### The public facing side of Drug Policies must be onboarded.

- Proper training, capacity building and overall 'preparation of the ground' is critical. Make sure the public understands what the drug policy reform will aim to achieve and how it will benefit the public.
- Work with law enforcement agencies early to clarify any misunderstanding of the decriminalization policy. Get police and anti-narcotics onboard through lots of communication.
- Work with public opinion leaders such as religious leaders and social media and other media outlets.

4

### Investments into treatment and support services are critical.

- Funding into drug use and dependence treatment, psychosocial support services, harm reduction and emergency services must be in place before changes to policy are implemented. People who use drugs who are diverted from prisons and the criminal justice system will require support services from the get-go, and without these places they will end up on the streets.
- Continuous funding for treatment services is critical. Treatment services must be available for all people who use drugs at every stage of the spectrum of drug use.

5

### Drug Policy Reform CAN'T be a partisan issue.

- Consensus between all political interests is important. The case of Oregon and Thailand shows how when government changes, policies can be reversed. Therefore, in Malaysia we must work with both government and opposition parties.

6

### Policies need time to work.

- When policies are implemented, they must be allotted a fair amount of time for their effects to truly be observed.
- Politicians and the public must be informed that change will not come overnight. The war on drugs mentality of using law enforcement and punitive measures have been entrenched in the Malaysian psyche for over 60 years. It will take time for people who use drugs to feel safe to come forward to ask for treatment, police behavior and attitude will take time to change; treatment facilities will take time to develop and operate at optimal level.

7

### Careful M&E system must be in place right from the beginning.

- Change is always difficult and drug policy changes can be charged with political sensitivities and tinted by misinformation and public perception. A careful monitoring system must address any unexpected outcome or unintended consequences immediately. The Pilot sites must be evaluated, and results distributed and documented in all government and public facing communication strategies.

## References

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