# OREGON DECRIMINALIZES DRUGS

## A State-level Process Evaluation of Early Implementation



February 2023

Comagine Health

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# AKNOWLEDGEMENTS

Comagine Health's Research and Evaluation Team focuses on projects related to the prevention and treatment of substance use disorders, harm reduction interventions, initiatives to promote community health and equity, and the development and testing of tools and interventions.

The Research and Evaluation Team completed this work in partnership with Vital Strategies' Overdose Prevention Program. Vital Strategies is a global public health organization that partners with government and civil society organizations around the world to strengthen public health systems to contend with the most important and difficult health challenges.

The Research and Evaluation team would especially like to thank the participants in the interviews and survey who generously contributed their time and expertise to this work. Additionally, we consulted with experts throughout this evaluation and would like to recognize their support. Thank you to:

- **Daliah Heller,** Vice President, Drug Use Initiatives at Vital Strategies
- **Christi Hildebran,** Vice President, Research and Evaluation at Comagine Health
- **Alex Kral,** Distinguished Fellow at Research Triangle Institute (RTI) International
- **Lynn Wenger,** Senior Project Director at RTI International
- **Skye Moret,** Chair and Assistant Professor at Pacific Northwest College of Art
- **Justine Pope,** Harm Reductionist and Community Liaison
- **Koko Wadeson,** Visual Communications Designer
- **Anonymous,** Drug Policy Researcher with lived experience

**Suggested citation:** Good, D., Leichtling, G., Pustejovsky, S. (2023). *Oregon Decriminalizes Drugs: A State-level Process Evaluation of Early Implementation*. Comagine Health and Vital Strategies.

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**This publication was made possible by a grant from the Chan Zuckerberg Initiative and Just Trust. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the funders. The funders did not have a role in the research conceptualization, study design, data collection, analysis, or preparation of the manuscripts.**

# EXECUTIVE SUMMARY

**Oregon is the first state in the U.S. to decriminalize small amounts of drugs for personal use** through a voter-initiated ballot measure, Measure 110, which passed with nearly 59% of the vote in November 2020. Measure 110 went into effect in February 2021 as the **Drug Addiction Treatment Recovery Act** or **DATRA** with accompanying legislation.

DATRA ended arrests for personal possession, restructured penalties for larger amounts of drugs, and allocated $302 million from cannabis taxes to substance use disorder treatment, harm reduction, peer support, treatment, housing, and other supportive services for people who use drugs. In combination with other statewide efforts, DATRA aims to address Oregon's history of underfunding substance use disorder treatment and supportive services in the face of a deepening overdose mortality crisis.

This process evaluation focused on lessons from three critical parts of implementing DATRA: **restructuring criminal penalties, expanding funding for services, and leading with a community advisory council**. The research team surveyed and interviewed key decision makers from Oregon involved in policymaking, governing, and the criminal legal system about implementing the law. Findings from this study can help illustrate the implementation of decriminalization in Oregon and inform legislative efforts in other states. This study does not address the impacts of DATRA, but rather lays the groundwork for researchers studying the law's effects over time. Findings and recommendations related to the three parts of DATRA are summarized in brief below.

## *DATRA restructured criminal penalties for drug possession to reduce arrests.*

In lieu of charging people for possession of drugs, Oregon introduced a new Class E violation that results in a small fine, which can be waived through a screening process to assess acute needs. Many study participants identified flaws in the Class E violation and waiver process. Policy and governance participants noted that the ticket was not an intended core focus of DATRA which was designed to decrease law enforcement interactions with people who use drugs and increase opportunities for direct outreach from service providers. Law enforcement participants echoed a negative view, expressing Class E violations were a low priority in relation to other duties and concern that violations would not effectively connect people to treatment or other needed services. If policymakers and advocates consider a new violation necessary, we recommend:

- Implementing a broad information campaign about the new violation, privacy protections for people who call the screening line, and process to waive the violation
- Establishing an easier violation system to streamline the waiver process for people cited
- Working alongside law enforcement to establish a consistent and clear role for them in connecting people to services after drug decriminalization

The number of Class E violations is not an adequate metric for assessing DATRA's impacts. **Essential systems are not yet in place to inform people of violation processes, allow people to waive their violations, and help people connect to services through the violation process.**

*DATRA funded low-barrier substance use treatment and other expanded services for people who use drugs in every Oregon county.*

DATRA funded newly created Behavioral Health Resource Networks (BHRNs) to provide substance use disorder treatment, harm reduction, peer support, housing, and other supportive services in each county. Study participants reported that the grant process for funding local organizations and setting up BHRNs was the most complex and time-intensive part of implementation. Participants described challenges including inadequate staffing at the state administrative entity and limited training and technical assistance for the community-led advisory council to support the development of a new funding model. We recommend that policymakers, advocates, and states address the need to:

- Hire or dedicate adequate, knowledgeable government staffing to support the funding effort
- Acknowledge that community organizations and community-led councils may be unfamiliar with government grant processes and consider working with an independent, equity-focused grantmaking foundation as a training and technical assistance resource
- Provide training on grantmaking to community-led councils
- Provide consistent submission guidelines and allow for a long application window
- Policy and governance participants commended the BHRN services supported by DATRA funding, including those that are historically non-billable and underfunded. Participants noted a remaining need to increase funding for traditional treatment systems and integrate BHRNs into existing networked care infrastructures. **Participants were hopeful for the future of BHRN services and noted that funding new organizations, especially organizations in communities most impacted by the harms of criminalization, must be a central goal of the grant process.**

*A community-led advisory council with diverse members made key governing and funding decisions.*

An Oversight and Accountability Council (OAC) led essential governing and funding decisions. Members of OAC who participated in the study were predominantly positive about their experience on the council. Participants felt that the OAC met its diversity goals regarding race, ethnicity, region, lived experience with drug use and incarceration, and substance use treatment philosophy. Participants noted that the OAC lacked knowledge of funding and governing processes and needed more guidance than they received. Participants noted that additional representation from harm reduction providers and providers from clinical settings would strengthen the OAC. We recommend state governing agencies support a community-led council through:

- Independent and trauma-informed facilitation
- Extensive direction on funding and governing processes
- Position descriptions with accurate time commitment, responsibilities, and clarity about the public-facing role

DATRA intended to include those most impacted by criminalization in the governing process and the OAC was foundational to achieve that goal. **We encourage states to follow Oregon's lead in incorporating meaningful participation from the community in decision-making processes.**

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# INTRODUCTION

## OREGON DECRIMINALIZED PERSONAL POSSESSION

In November 2020, Oregon became the first state in the U.S. to decriminalize small amounts of drugs for personal use through a voter-initiated ballot measure, Measure 110, which passed with nearly 59% of the vote. In combination with accompanying legislation, Measure 110 went into effect in February 2021 as the **Drug Addiction Treatment Recovery Act** or **DATRA**. Most notably, DATRA:

- Reduced the penalty for the personal possession of controlled substances to a Class E violation, a civil penalty rather than a criminal offense
- Reduced the penalty of some felony drug possession offenses to misdemeanors
- Revised the formula for distributing funds from the Oregon Marijuana Account, with most of those funds allocated to support expanding substance use services
- Established a community-led council called the Oversight and Accountability Council (OAC) to oversee funding for expanding services for people who use drugs
- Allocated money to establish and fund Behavioral Health Resource Networks (BHRNs), networks of treatment, harm reduction, peer support, housing, and other supportive services in each county

## WHAT DID THE DRUG ADDICTION TREATMENT RECOVERY ACT DO?

## WHAT PROCESSES DID WE EVALUATE?

This report evaluates the **set-up processes** necessary to implement DATRA, including:

- Creating an infrastructure for law enforcement to write citations for Class E violations and refer people to screening services
- Creating a 24/7/365, statewide phone line to screen individuals receiving Class E violations
- Creating a pathway between the screening phone line and multiple court systems to dismiss citations for Class E violations
- Recruiting, compensating, and supporting a diverse group of OAC members
- Developing rules, documents, materials, and processes to solicit and award grant applications for BHRNs
- Funding BHRNs in each county to provide low-barrier treatment, harm reduction, peer support, housing, and other supportive services
- Dedicating, training, and supporting Oregon Health Authority (OHA) staff to guide the OAC and BHRN implementation
- Distributing information to service providers, people who use drugs, and the public about the changes to the law

## WHAT WERE THE STUDY GOALS?

# STUDY OVERVIEW

> *This process evaluation focuses on three critical parts of implementing DATRA: restructuring criminal penalties, expanding services, and leading with a community advisory council.*

Implementing DATRA has been complicated, reflecting the layered statewide and local systems involved in significant policy changes like drug decriminalization. We gathered feedback from knowledgeable participants in Oregon's implementation process to inform other states' decriminalization efforts. **This study does not address the impacts of DATRA but lays the groundwork for researchers studying the law's effects over time.** The study aims were to:



Illustrate Oregon's approach to implementing DATRA from passage through the funding of local services in the fall of 2022



Provide information on implementing decriminalization to other states, along with recommendations and early lessons

Throughout the first 18 months of DATRA implementation, key processes changed as challenges in the law arose. After passage, the state legislature revised the original ballot measure language and Oregon state codes in Senate Bill 755-C (SB 755).[1] While legislative working groups amended the ballot measure, the OAC also began meeting weekly to establish temporary rules to define the key terms of the law. In spring 2022, OHA and the OAC paused reviewing funding applications and restarted the process with significant shifts. In public meetings, OHA program leadership likened implementing DATRA to building a plane while flying it.

To document this complexity, we conducted **primary data collection** (interviews and surveys) with two cohorts— people working in the state-level criminal legal system and policy and governance decision makers. These groups included members of the SB 755 workgroup and members from the OAC, Health Justice Recovery Alliance (HJRA),

[1] During the same legislative session, Senate Bill 846 also modified the original timelines to set up vital components of the Act. Most commonly, people refer to Senate Bill 755-C as the legislation that amended Measure 110 for implementation.

## WHAT WERE THE PROJECT METHODS?

and OHA leadership. Many participants identified across multiple cohorts.

Additionally, we conducted **document analysis** and observed public meetings related to implementing DATRA, including OAC meetings which were live streamed on YouTube throughout the implementation process.

### Table 1: Primary Data Collection

| | Purpose | Target Population |
|---|---|---|
| Interviews | Collect in-depth, qualitative data on:<br>▶ How key experts viewed the state-level implementation of DATRA<br>▶ Recommendations to other states considering decriminalization | ▶ OAC members, including current and former leadership<br>▶ OHA behavioral health leadership<br>▶ Statewide criminal and legal system representatives<br>▶ Implementation advocates<br>▶ Call center staff |
| Survey | Determine people's perceptions of:<br>▶ How well implementation components were going<br>▶ The person's level of influence regarding decisions on implementation components<br>▶ Recommendations for other states and areas of improvement | ▶ OAC members<br>▶ OHA program leadership<br>▶ SB 755 working group membership<br>▶ Statewide criminal and legal system representatives<br>▶ Implementation advocates<br>▶ Call center staff |
| Document Review | Collect materials shared by governing bodies during early implementation and review as supporting documentation. | |

## WHAT WERE THE PROJECT METHODS?

### Interviews with Key Informants

We completed **semi-structured interviews** with **15 participants** between April and September 2022, staggered to accommodate availability of participants, the phase of implementation, and new lines of inquiry as we learned more about the implementation process. The research team limited interview recruitment to people involved in governing systems implementing DATRA and informed key participants from the community. Participants came from the same contact list as the survey distribution list (see below), with a targeted effort to reach decision makers from the OAC, OHA, HJRA and criminal legal sectors, and Lines for Life, the screening phone line contractor. Interviews lasted approximately 45 minutes. We offered a $50 gift card to participants.

Interview questions were tailored to the participant's role and responsibilities in the implementation process and included questions on what they saw as challenges and successes in the implementing DATRA and recommends to other states. For a sample of the semi-structured interview guide, see Appendix A. Interviews were audio-recorded and transcribed for analysis. We analyzed interview transcripts using an inductive coding process whereby interview data were organized by topic, analyzed into themes, and synthesized into findings.

### Survey of State-Level Decision Makers

Between June and July 2022, the research team administered **an online survey to state-level decision makers**. The survey included 61 items, with five items for people familiar with the OAC, and 14 items for past or present OAC members. For the complete survey, see Appendix B. A $25 give card was offered to participants.

The research team compiled the list of individuals to complete the survey from membership of Measure 110-related workgroups, including the SB 755 workgroups and an OHA External Stakeholders Data workgroup, which the research team participated in, and from snowball sampling methods. We asked survey participants to provide names of other contacts who had extensive knowledge of the state-level implementation of DATRA. People working in criminal legal sectors were not well-represented in the original list of decision makers, so researchers made targeted efforts to recruit additional law enforcement and judicial representatives.

# BACKGROUND

## SUBSTANCE USE AND TREATMENT LANDSCAPE IN OREGON

> *Before DATRA, drug use in Oregon was prevalent, treatment and supportive services availability was low, and the number of drug-related deaths were increasing. Oregon also mirrors nationwide trends in policing and conviction disparities for BIPOC communities.*

The context of substance use in Oregon is essential to understanding both the **motivation for decriminalization** and the **state's historical challenges in terms of treatment access and health equity**. DATRA intended to address insufficient access to substance use services and racial disparities in the criminal legal system response to drug use. DATRA also built on previous shifts in approach to drug policy in Oregon.

### Substance Use Treatment Has Been Hard to Access

According to the results of the 2019-2020 National Survey on Drug Use and Health (NSDUH), Oregon ranked second in the nation for illicit drug use in the past month; more than 1 in 5 people aged 12 and older reported using.[2] Past month illicit drug use in Oregon is 60% higher than the national rate.[3] These data captured the time period before decriminalization and highlight the state's long-standing struggles with substance use.

In 2020, when drug possession remained an arrestable offense, Oregon ranked second nationwide in the percentage of people 12 and older who met DSM-V [4] criteria for substance use disorder (SUD); nearly 1 in 10 people. The percentage of the population in Oregon meeting criteria for SUD was 36% higher than the national percentage.[5] Furthermore, Oregon had the highest proportion of people aged 12 and older who met SUD criteria but had not received treatment for substance use in the year prior to the survey. The percentage of the population in Oregon meeting SUD criteria but not receiving treatment was 41% higher than the national average. [6]

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[2] Substance Abuse and Mental Health Services Administration (SAMHSA). National Survey on Drug Use and Health (2019-2020). https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020.
[3] Ibid.
[4] The DSM-V is the 5th edition of the Diagnostic and Statistical Manual for Mental Disorders, a guidebook used by professionals to diagnose mental health disorders.
[5] Substance Abuse and Mental Health Services Administration (SAMHSA). National Survey on Drug Use and Health (2019-2020). https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020.
[6] Ibid.

In 2022, Oregon Health and Sciences University researchers released a systematic statewide inventory of substance use services and gaps,.[7] In their assessment, researchers identified, that statewide, 49% of needed SUD-related services were missing. On the same assessment, service providers across SUD treatment, peer support, and harm reduction discussed their lack of capacity to meet the demand for their services. Before the 2021-2022 inventory, Oregon lacked a systematic statewide inventory of substance use services and gaps.

As in many U.S. states, drug-related mortality was on the rise before DATRA went into effect. According to medical examiner data from Oregon's Prescribing and Overdose Data Dashboard the drug-related mortality rate increased by 25% between 2009 and 2019, and deaths increased from 496 in 2019 to over 1,072 in 2021. [8]

The introduction of fentanyl in the drug supply was a key element of these changes. While Eastern U.S. states' drug supply was infiltrated with fentanyl in the middle 2010s, states west of the Mississippi River began seeing fentanyl incursion in 2018, with sharp increases in fentanyl deaths from 2019 to 2020.[9] The transition from heroin to fentanyl was quick, causing surging overdose mortality rates.[10] According to provisional data from Oregon's State Unintentional Drug Overdose Reporting System (SUDORS), unintentional opioid overdose deaths increased by 69% (from 280 to 472 deaths) from 2019 to 2020. In 2021, nearly a third of Oregon counties experienced more fentanyl-related overdose deaths than overdoses from any other drug.[11]

## Black Oregonians Face Racial Disparities in Policing and Sentencing

Black Oregonians experienced racial disparities in policing and conviction for personal possession of controlled substances (PCS). According to the 2019 Uniform Crime Report in Oregon, Black people are overrepresented in PCS convictions by 260%.[12] Black and White individuals use drugs at similar rates in the U.S., pointing to disproportionate policing and prosecutions for Black Oregonians.[13]

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[7] Lenahan K., Rainer S., Baker R., and Waddell, E.N. (2022). Oregon Substance Use Disorder Services Inventory and Gap Analysis. OHSU-PSU School of Public Health, Oregon Health and Science University, Oregon Alcohol and Drug Policy Commission, and Oregon Health Authority, Health Systems Division and Public Health Division. https://www.oregon.gov/adpc/SiteAssets/Pages/index/OHSU%20-%20Oregon%20Gap%20Analysis%20and%20Inventory%20Report.pdf.

[8] Oregon Health Authority, media release: https://content.govdelivery.com/accounts/ORDHS/bulletins/31f9c54.

[9] Shover, C. L., Falasinnu, T. O., Dwyer, C. L., Santos, N. B., Cunningham, N. J., Freedman, R. B., Vest, N. A., & Humphreys, K. (2020). Steep increases in fentanyl-related mortality west of the Mississippi River: Recent evidence from county and state surveillance. Drug and alcohol dependence, 216, 108314. https://doi.org/10.1016/j.drugalcdep.2020.108314.

[10] Kral, A. H., Lambdin, B. H., Browne, E. N., Wenger, L. D., Bluthenthal, R. N., Zibbell, J. E., & Davidson, P. J. (2021). Transition from injecting opioids to smoking fentanyl in San Francisco, California. Drug and Alcohol Dependence, 227, 109003. https://doi.org/10.1016/j.drugalcdep.2021.109003.

[11] Oregon Health Authority, media release: https://content.govdelivery.com/accounts/ORDHS/bulletins/31f9c54.

[12] Oregon Criminal Justice Commission (CJC) (2020). IP 44 Racial and Ethnic Impact Statement. Uniform Crime Reporting data available at: https://www.oregon.gov/osp/Pages/Uniform-Crime-Reporting-Data.aspx.

[13] Center for Behavioral Health Statistics and Quality. Substance Abuse and Mental Health Services Administration (SAMHSA). (2021). Racial/ethnic differences in substance use, substance use disorders, and substance use treatment utilization among people aged 12 or older (2015-2019). https://www.samhsa.gov/data/.

## Oregon Made Previous Changes to Reduce Criminal Penalties

In 1973, Oregon was the first state to decriminalize the personal possession of cannabis. In 1998, Oregon was the second state to legalize cannabis for medical use. In 2014, Oregon was the third state to legalize retail cannabis. In 2017, the Oregon legislature was the first state to reduce possession of a controlled substance from a felony to a misdemeanor through House Bill 2355. Oregon's police chiefs and sheriff associations wrote a letter supporting House Bill 2355 as a step to minimize collateral consequences from substance use, citing barriers to housing and employment and the disproportionate impacts of felony convictions on BIPOC communities.[14]

Most recently, Oregon became the first state to legalize the therapeutic use of psilocybin– informally known as psychedelic mushrooms– in clinical settings through Ballot Measure 109. Oregon allows voters to modify statutes and the state constitution through citizen-led initiatives, which is how recent significant shifts in drug policy, including cannabis legalization, have occurred in some states. Voters can directly initiate ballot measures in twenty-six states.[15]

[14] Korfhage, M. (2018, February 14). Oregon Just Became the First State to Defelonize Hard Drugs. Willamette Week. https://www.wweek.com/culture/2018/02/14/oregon-just-became-the-first-state-to-defelonize-hard-drugs/.
[15] States with Initiative or Referendum (2023). https://ballotpedia.org/States_with_initiative_or_referendum.

## DATRA AIMED TO END HARMS OF DRUG CRIMINALIZATION AND MAKE SERVICES ACCESSIBLE

> *Although the outcomes of the law remain unstudied,* ***Figure 1: Rationale & Intent*** *highlights the goals of DATRA. DATRA aimed to* ***interrupt the cycle of criminal consequences*** *for personal possession and instead* ***allow access to an array of networked local services*** *without having to come into police contact first.*

"The way that the law is written you could walk right through the services. There would be peers, who are out in the community, who are doing outreach, that could connect to the people who are not able to get into the treatment because of waitlists or lack of immediate resources.

A peer would be able to connect with those people, get them into **emergency housing, transitional housing, supportive housing**. Be able to connect them with **harm reduction services**, to help them improve their lives and stay alive, wound care and all the other services that go along with harm reduction. Be able to connect them to **outpatient treatment** from the provider who can provide outpatient treatment, so they have all the things. They have treatment, housing, peer support, and harm reduction services.

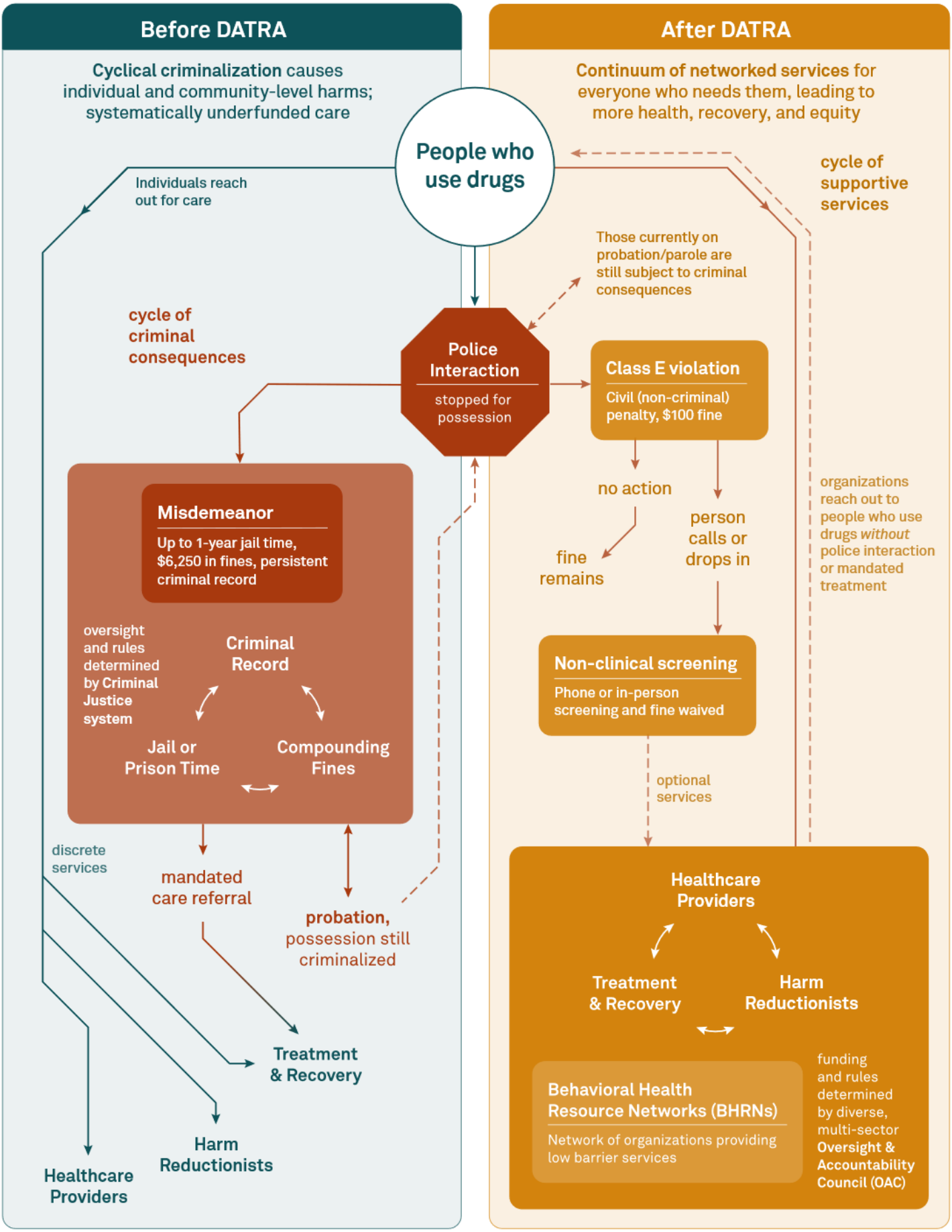
That would **benefit the providers** by reducing the burden on them and creating more services, decreasing bottlenecks that would allow more access to the providers. Because people are receiving services, **not everybody needs residential, 30-day inpatient**, and by relieving the challenge of a one-size-fits-all kind of treatment plan, it **improves the overall service delivery model for everybody.**"

*Policy and Governance Participant*

Comagine Health

# Oregon's Drug Addiction Treatment and Recovery Act (DATRA)

RATIONALE AND INTENT

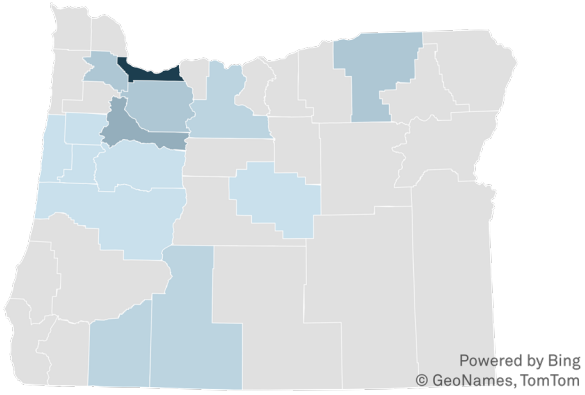


# PARTICIPANT OVERVIEW

In total, 108 people were invited to participate in the survey; 104 were initially invited, and four additional individuals were referred through survey participants. Among those, **41 people responded to the survey, for a response rate of 38%.**

Participants were from 14 of Oregon's 36 counties. Nearly 66% of participants were from six urban counties, with over one-third from Multnomah County (34%). Regionally, there was representation from one coastal county (2%), one eastern county (7%), two central counties (7%), two southern counties (5%), five counties in the Willamette Valley (29%), and three counties in the Portland Tri-County area (49%).

**Figure 2: Participants Were from 14 Counties**

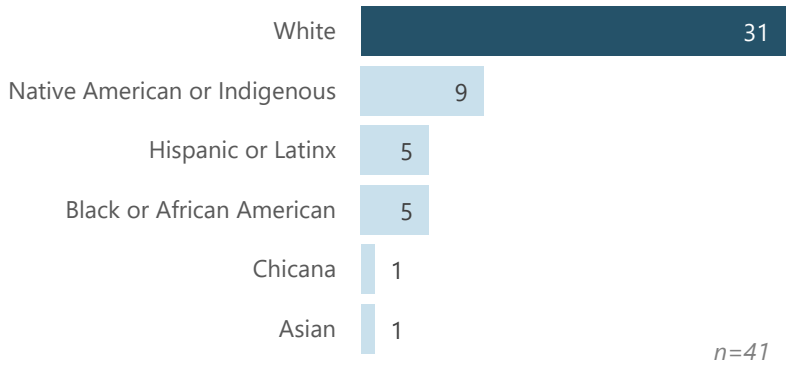



**SURVEY PARTICIPANTS REPRESENTED ALL REGIONS IN OREGON.**

Over 24% of participants were BIPOC and an additional 17% identified as White in addition to another group. Nearly 22% identified as Native American or Indigenous, 12% as Hispanic or Latinx, and 12% as Black or African American. Nearly 76% identified as White (alone or in addition to another group); Oregon's state population is 82.6% White.

**PARTICIPANTS WERE DIVERSE IN IDENTITY AND BELIEFS.**

### Figure 3: Race and Ethnicity of Participants




Among participants, 54% identified as a person with lived experience related to drug use, 36% did not have lived experience, and 10% preferred not to answer. Similar to the percentage of the state that voted in favor of Ballot Measure 110, 58% of participants reported supporting the measure, 32% did not support the measure, and 10% preferred not to answer.

### Figure 4: Over Half of Participants Had Lived Experience Related to Drug Use




### Figure 5: Over Half of Participants Supported M110 on the Ballot




On a scale of 1 (very poor) to 5 (very well), people who had supported Measure 110 were more likely to report that implementation components were going acceptably than people who did not support Measure 110 (2.5 versus 2.0).

**PARTICIPANTS REPRESENTED MULTIPLE PROFESSIONAL SECTORS.**

### Figure 6: M110 Implementation Rated Higher Among People Who Supported M110 on the Ballot



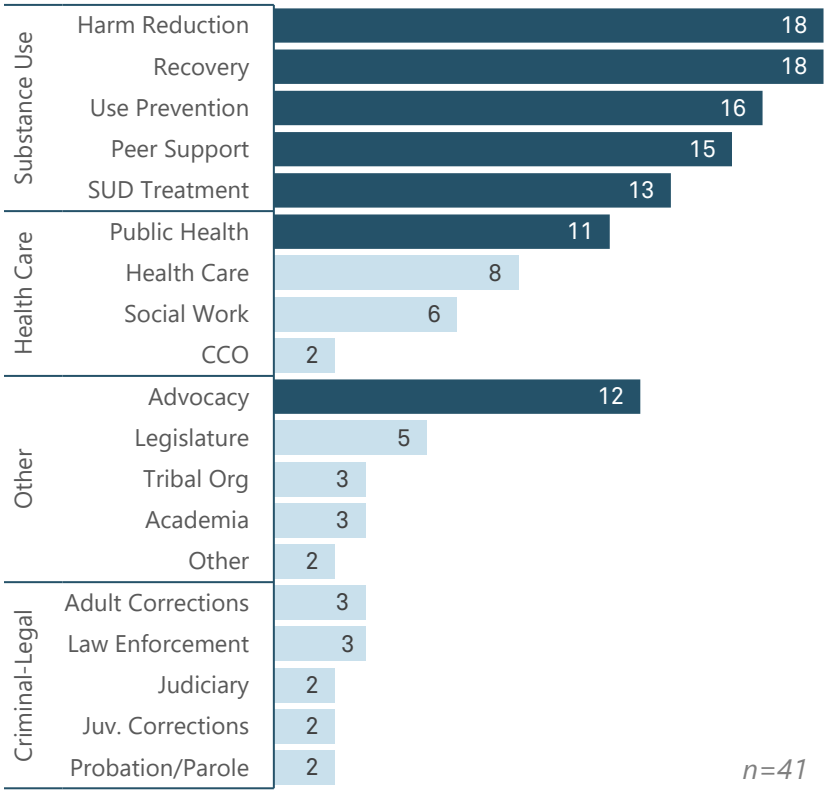

*n=41*

Participants represented a variety of sectors; 73% worked in multiple sectors.

- Over 68% of participants reported working in at least one substance use sector
- 51% in at least one health care sector
- 48% in at least one other sector
- 22% in at least one criminal-legal sector

Most commonly, participants worked in harm reduction (44%), recovery (44%), use prevention (39%) or peer support (37%).

### Figure 7: Participants Included SUDs Services, Health Care, Criminal Legal and Other Sectors

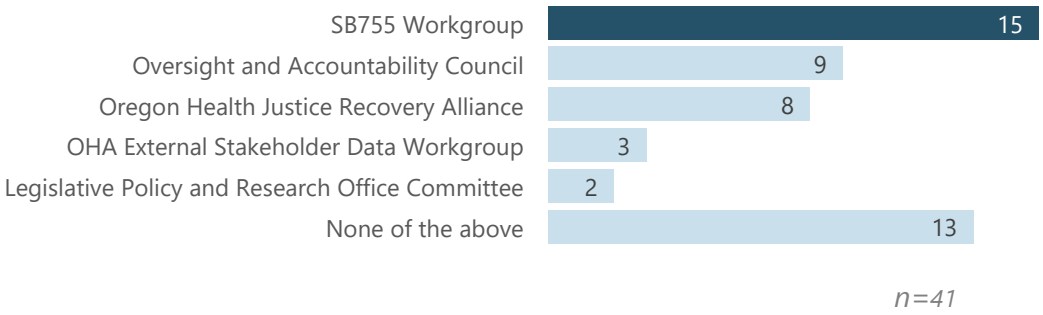



*n=41*

**PARTICIPANTS WERE INVOLVED IN MULTIPLE ADVISORY WORKGROUPS.**

Participants were asked which workgroups they had been affiliated with and whether they were members of the OAC. Nearly 32% of participants had no affiliations with the listed groups. Among those who reported affiliations, over half were affiliated with just one group. Most commonly, participants were affiliated with the SB 755 Workgroup (37%).

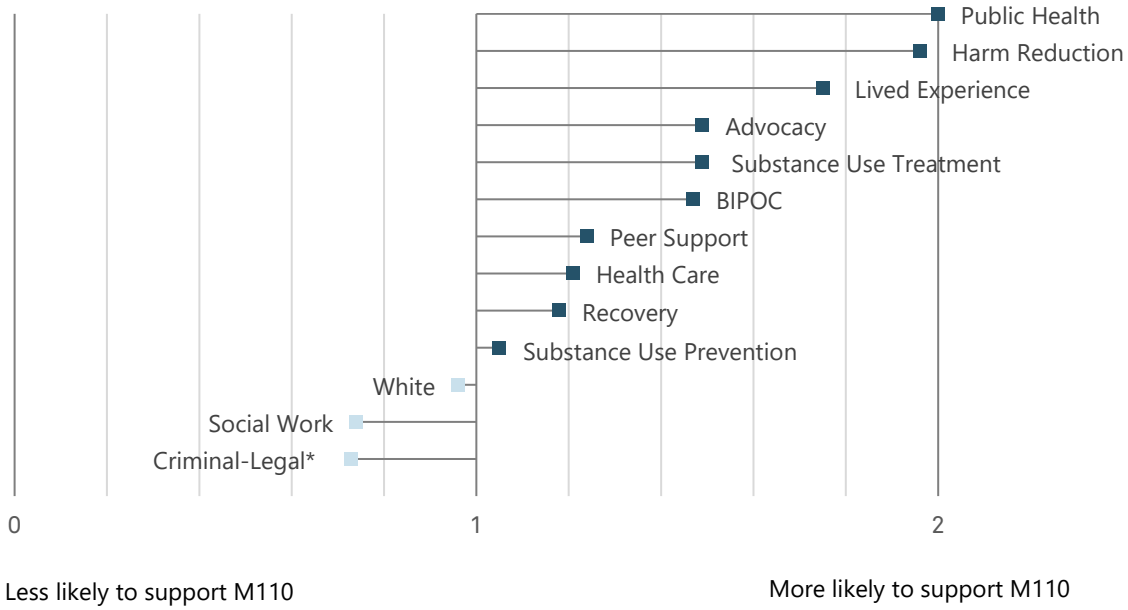
**Figure 8: Participants Represented Varied Advisory Workgroups**




*n=41*

Among those surveyed, 58% had supported Measure 110's passage. Figure 9 displays the likelihood of support for Measure 110 based on participants' professional and demographic characteristics. Participants who worked in public health, substance use fields, advocacy, and heath care; participants with lived experience with drug use; and those who identified as BIPOC were more likely to have supported Measure 110. Conversely, White participants and participants who worked in social work or criminal-legal fields were less likely to have supported Measure 110.

**Figure 9: Participants in Public Health, Harm Reduction, and with Lived Experience Were Most Likely to Support M110**




**Criminal-legal = law enforcement, adult and juvenile corrections, probation and parole, and judiciary*

*n=41*

**Figure 10, Events & Progress,** outlines a brief implementation timeline, encompassing the timeframe for this study. The study looks at the period from implementation through contracting with local BHRN organizations to provide expanded services for people who use drugs.

Comagine Health

# Oregon's Drug Addiction Treatment and Recovery Act (DATRA)

EVENTS & PROGRESS

## Before DATRA

**1973**
Marijuana decriminalized in Oregon

**2014**
Retail marijuana legalized in Oregon

**2017**
Penalties for first-time drug possession offenses reduced from felony to misdemeanor

**AUG 2019**
Petition filed with Secretary of State

**AUG 2020**
The petition becomes Ballot Measure 110

Funding and organizing support provided by the **Drug Policy Alliance**, a national nonprofit aiming to reduce criminalization in drug policy

**NOV 3, 2020**
**Measure 110 passes, enacting DATRA** with 58.5% of the vote (1.33M votes)

## After DATRA

**JAN 2021**
Marijuana Tax distribution formula revised

**$300M redirected**
from previous recipients of the Oregon Marijuana Account to the Drug Treatment and Recovery Services Fund, which finances **Behavioral Health Resource Networks (BHRNs)**

**JUNE 2021**
Access to Care grants awarded

**$33M awarded**
**to 67 community orgs** (including 11 tribal)

**JULY 2021**
Senate Bill 755C passes

**FEB 2021**
**Oregon decriminalizes personal drug possession**

First step of DATRA goes into effect

- Personal possession becomes a new **Class E violation** with $100 fine; ability to waive the fine following a phone or in-person **screening to assess needs**
- **24/7/365 call center** opens to screen people and waive the $100 fine
- Oregon Health Authority creates the community-led **Oversight and Accountability Committee (OAC)**†

† OAC is a diverse, multisector counsel responsible for overseeing the new Behavioral Health Resource Networks and grants awarded from the Drug Treatment and Recovery Services Fund

**Behavioral Health Resource Networks**

Organizations working together in every county to provide harm reduction, peer support, case management, low barrier access to treatment, and linkages to other social support services

**NOV 2021** OHA solicits BHRN grant proposals

**DEC 2021** BHRN grant applications due

**JUNE–SEPTEMBER 2022**
**$270M BHRN funds distributed**

# RESTRUCTURING CRIMINAL PENALTIES FOR POSSESSION

## DATRA INSTITUTED A NEW VIOLATION (CLASS E) FOR PERSONAL POSSESSION

> *DATRA immediately ended arrests for personal possession and implemented a new system of "Class E violations." Law enforcement adopted these violation procedures differently depending on agency, and many interviews and survey participants criticized the violations and waiver process.*

**NEW CLASS E VIOLATIONS PRESENTED CHALLENGES.**

Beginning when DATRA was enacted on February 1, 2021, the penalty for personal possession of controlled substances became a new, non-criminal **Class E violation**, associated with a **maximum fine of $100**. Fines could be determined locally and are as low as $45. Based on the number of felony and misdemeanor arrests for personal drug possession in 2019, 4,000 Oregonians each year may have avoided arrest and subsequent collateral consequences.[16]

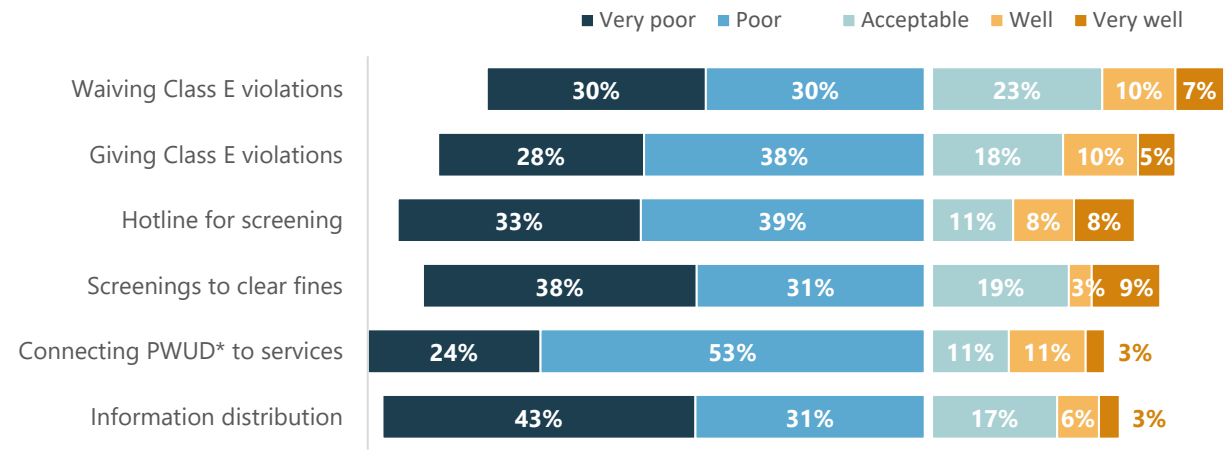
A circuit court can dismiss Class E violations if the defendant receives a screening to assess their acute needs within 45 days of being cited. The screening can be completed by either a state-established phone line contractor (Lines for Life) or through a BHRN. When DATRA went into effect, BHRNs were not established and Lines for Life served as the interim phone line provider.

If a person takes no action, they receive a "failure to appear" and the fine remains. A person can receive multiple Class E violations and corresponding failures to appear with no escalation, increase in penalties, or further consequences other than the outstanding fine.

Over half of all participants in our survey (n = 41) shared the perspective that Oregon has implemented aspects of restructuring criminal penalties poorly or very poorly (see Figure 11).

[16]Oregon Criminal Justice Commission (CJC) (2020). IP 44 Racial and Ethnic Impact Statement. Uniform Crime Reporting data available at: https://www.oregon.gov/osp/Pages/Uniform-Crime-Reporting-Data.aspx.

**Figure 11: Most Participants Believed Restructured Penalties Were Implemented Poorly or Very Poorly**




**People who use drugs*

*Question: How do you think Oregon is doing/has done on the following aspects of Measure 110?*

*n=41*

## Implementing Class E Violations

Developing the process for administering citations for Class E violations and waiving them through a screening phone line were some of the most immediate implementation needs. Class E violations went into effect before local services were set up. The following processes have been challenging to put in place:

- Creating a standard paper violation with information on how to dismiss the ticket
- Communicating best practices for Class E violations to law enforcement and building law enforcement buy-in
- Communicating the Class E violation process to the community, including whether screening information is confidential or services offered are mandatory
- Integrating court data systems across circuit, municipal, and justice courts
- Creating a low barrier system to waive the Class E violations

**LAW ENFORCEMENT PARTICIPANTS CRITICIZED CLASS E VIOLATIONS.**

## LAW ENFORCEMENT ADOPTED CLASS E VIOLATIONS UNEVENLY

In interviews, statewide law enforcement leadership pointed out that the approach to Class E violations **differs by agency**. Survey participants added concern that law enforcement agencies were not adopting Class E violations consistently.

Data on Class E violations show that counties have varying rates of violations—from a high rate of 722 violations in rural Josephine County (population 88,346) to only 341 violations in heavily populated Multnomah County (population 803,377).[17] An individual is 20 times more likely to receive a Class E violation in Josephine County than in Multnomah County. A law enforcement participant pointed out that the Class E violation was generally a low priority during a time when patrol officers are facing more pressing challenges.

Common feedback from criminal legal system participants was that law enforcement would be more likely to give out Class E violations if they felt it would connect people to services.

"It's not that [officers] don't care. It's just that, at the end of the day, **the way that this has been placed in the spectrum—we only have limited resources, so this is not where we're going to focus.**

If you're already feeling overworked and you're already feeling like this isn't going to do anything, **you're not going to write that Class E violation and then come back and do all the paperwork for it.** You're just not. It doesn't do you any good."

*Law Enforcement Participant*

[17] Oregon Judicial Department (OJD) (2022). Measure 110 Class E Violations through 12/31/2022. https://www.courts.oregon.gov/about/Documents/BM110Statistics.pdf.

"The public health side meetings that I'm in, they're saying, 'How do we get law enforcement buy-in?' Well, they're not going to buy in if there's not treatment. I think that **the treatment piece has to be pulled together** so that you can go back to law enforcement and say, 'Look, now we have something for you." **Right now, there is nothing there.** I think that there will be more buy-in once there is the infrastructure and treatment availability to meet the need.'

*Law Enforcement Participant*

**PEOPLE WHO USE DRUGS WERE UNLIKELY TO RECEIVE INFORMATION ABOUT THE PHONE LINE.**

## SCREENING PHONE LINE HAD LIMITED REACH

As an existing crisis phone line provider in Oregon,[18] Lines for Life had the infrastructure to set up an interim screening phone line quickly.

Lines for Life assumed the responsibility for distributing information to law enforcement about the screening process for the new Class E violations. A standard violation form (ticket) with Class E information was not initially available, so Lines for Life provided palm cards and flyers with contact information to accompany violations (cards and flyers are pictured in Appendix C). This information and a Legal Bulletin from the Appellate and Criminal Justice Divisions of the Department of Justice on DATRA were the primary ways law enforcement learned about changes to the law and Class E violation processes.

The palm cards and fliers had a limited reach. A survey respondent noted that people who use drugs did not receive information about the screening process, and that law enforcement were not an ideal means of distributing information to people who use drugs.

[18] Lines for Life provides two other related contracted phone lines in Oregon—the Alcohol & Drug Helpline and the Oregon Behavioral Health Support Line.

A law enforcement participant added that a standard Class E violation form with information about the screening would be a more ideal option for law enforcement and people ticketed. Furthermore, Lines for Life relies on an internal database/inventory of services for connecting callers to services. Outside of the organization, participants pointed to the Lines for Life database's regional and service type limitations. A consolidated inventory of statewide services (other than treatment providers) was not available when DATRA went into effect.

"Nobody **bothered reaching out to people who use drugs to explain what the screening is**, the mechanism of law enforcement giving out the hotline is flawed on many levels. Many **didn't get the number at all**. Those that did, **don't understand that the screening is confidential and that there are no wrong answers.**"

*Survey Respondent*

"Any time **we can have something printed on the citation, it's so much easier.** [...] If it can be on the back of the citation, the referral to Lines for Life or whatever agencies doing the evaluation, that is so much easier than **trying to carry a card around and giving them a citation**, and "Oh, by the way, here's where you need to contact."

[...] You can only imagine how many things a law enforcement officer has to carry around, how many handouts for different laws and different referrals to different organizations. **Any way you can streamline that it's easier actually on the person too, because they don't have to navigate two pieces of paper**."

*Law Enforcement Participant*

**WAIVING VIOLATIONS IS DIFFICULT IN THE CURRENT SYSTEM.**

## PROCESS TO EASILY DISMISS VIOLATIONS IS NOT IN PLACE

People who call to complete a phone screening to dismiss their Class E violation are expected to receive their screening verification by mail then file the screening verification with the courts themselves. Barriers to waiving violations include that people ticketed may not have mailing addresses and that the burden lies with the person ticketed to find out the process for waiving the ticket, which can include setting a court date, completing a screening and verifying screening completion with the courts.

A survey respondent noted that placing the burden on the person screened to provide verification to the court is a significant barrier for dismissing citations. Lines for Life staff highlighted a need for state bureaucracies to work together to determine a process for the phone line to verify the screening to the court system directly.

"The major barrier for dismissing citations has been **lack of participation in screening** and **relying on persons screened to provide verification of screening to the court**. We are working on improving those processes."

*Survey Respondent*

"We have two of the biggest bureaucracies in the state [OHA and Oregon Judicial Department]. It's legal questions. It's **what does the ROI** [Release of Information] **look like?** [...] **How do we protect everybody?** The biggest part of this is making sure that there are no HIPAA violations. When they're communicating back and forth, one system may be a little stricter than the other system. [...] We're telling people this is essentially a two-part release. You're releasing it to me [the phone operator], and you're allowing me to release it to the court, and the court is going to have your information. **It's something we're working towards, but we're not there yet**."

*Lines for Life Staff*

## RECOMMENDATIONS

Many study participants criticized flaws in the Class E violation implementation process. Policy and governance participants pointed out that the violation was not an intended core focus of DATRA, which by design decreased law enforcement interactions with people who use drugs and increased opportunities for direct outreach from service providers to people who need help.

Law enforcement participants echoed a negative view by explaining that issuing citations for Class E violations was a low priority and expressed concern that doing so would not effectively connect people to treatment or other needed services. A simplified waiver process for Class E violations is not currently in place. If policymakers and advocates consider a new violation necessary, we recommend:

- Implementing a broad information campaign about the new violation, privacy protections for people who call the screening line, and process to waive the violation
- Prioritizing an electronic filing or easy waiver system to streamline the process for people ticketed
- Working alongside law enforcement to establish their role in connecting people to services after decriminalization

The number of citations for Class E violation is currently not an adequate metric for assessing DATRA's impacts. **Essential systems are not yet in place to inform people of violation processes, allow people to waive their violations, and help connect people to services through the Class E violation process.**

"I think, in general, decriminalizing drugs, that's the positive. People say, **'Well, the people aren't getting the ticket.'** I'm like, **'All right. Fine. That's fine. Good.' Don't criminalize it**. I think that's the big plus to me is it's been decriminalized."

*Policy and Governance Participant*

# EXPANDING SERVICES

*DATRA expanded resources for services for people who use drugs by funding networked organizations, or Behavioral Health Resource Networks (BHRNs) in each county. Funding for these expanded services came 15 to 18 months after the law went into effect, after a complicated and time-intensive grantmaking process.*

## DATRA ALLOCATED CANNABIS TAXES TO SUPPORT EXPANDED SERVICES

Screening and other BHRN services are paid for by a new fund, the Drug Treatment and Recovery Services Fund. Various accounts support the fund, but the most significant contribution is from the Oregon Marijuana Account. DATRA modified the formula that distributes funds from the account and transfers more than $11,250,000 to the fund on a quarterly basis. As outlined in House Bill 5024, for the 2021-23 biennium Oregon Health Authority (OHA) was appropriated $302,193,109 of the Drug Treatment and Recovery Services Fund to distribute to BHRNs.

**DATRA FUNDED EXPANDED SERVICES THROUGH CANNABIS TAXES.**

Although monies from the fund are allocated to OHA, the OAC was designated to make decisions on funding BHRNs. DATRA directed OHA to provide technical assistance and support during the OAC's granting process. A real-time audit of the implementation process by the Secretary of State pointed out that the exact role of OHA and their relationship to the OAC was unclear in the legislation.[19]

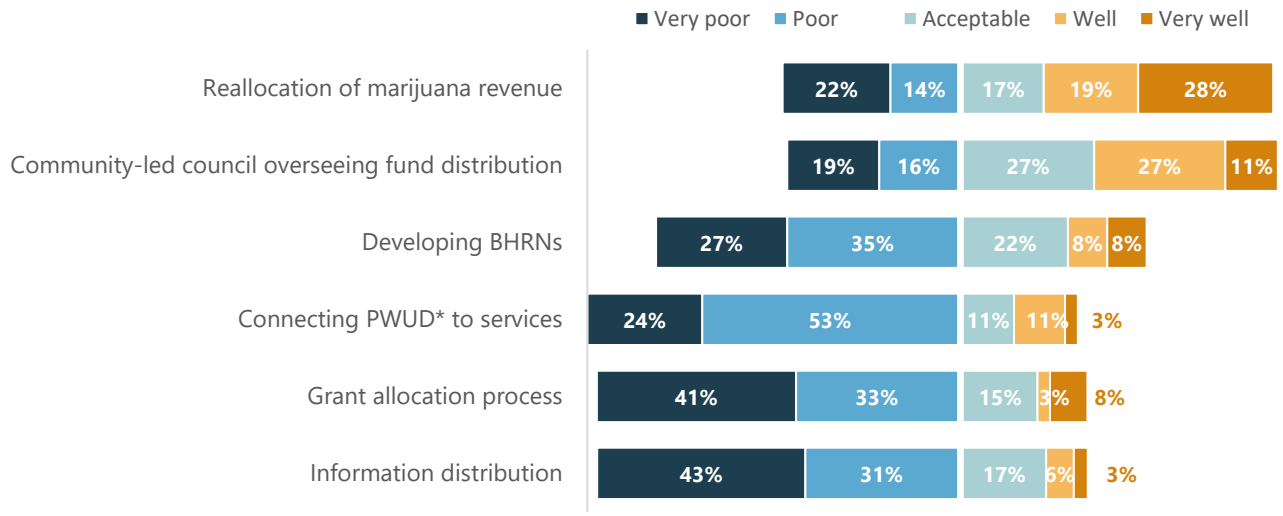
Recognizing the time needed for the OAC to design the BHRN funding process, OHA identified additional funds that could be distributed swiftly as an interim support to community providers to provide outreach and supportive services. These Access to Care grants distributed $30 million to support community organizations providing direct services to people who use drugs. Access to Care grants funded 67 organizations, including 11 tribes/tribal organizations.

[19] Fagan, S., Memmott, K. (2022). Too Early to Tell: The challenging implementation of Measure 110 has increased risks, but the effectiveness of the program has yet to be determined. Oregon Secretary of State and Oregon Audits Division. https://sos.oregon.gov/audits/Documents/2023-03.pdf.

## BHRN FUNDING PROCESS HAD MIXED FEEDBACK

On average, survey participants felt that the processes related to reallocation of cannabis tax revenue went acceptably and nearly half (47%) reported that it went well or very well. At the time of the survey, this process had just been completed. Survey participants also generally felt the community-led council overseeing fund distribution was going acceptably to well (54%). Regarding each of the other components of DATRA related to funding expanded services, 62%-74% reported these components were going poorly or very poorly.[20]

**Figure 12: Participants Felt Reallocation of Revenue Went Acceptably to Well, and Grant Allocation Process Went Poorly**




**People who use drugs*

*Question: How do you think Oregon is doing/has done on the following aspects of Measure 110?*

*n=41*

[20] We include results about connecting people to services and information distribution both here and in the previous section on restructuring criminal penalties for personal possession since these components relate to both aspects of the law.

## Challenges in the BHRN Grantmaking Process

Three key elements caused major challenges throughout the process of funding grants for expanded services for people who use drugs:

- OHA lacked adequate dedicated staffing to support a complex new grantmaking process
- OAC lacked training in designing grantmaking processes (including writing requests for proposals, designing rubrics, and evaluating applications) and governing processes (including equal protection and conflict of interest policies)
- The grant application process was intended to be flexible and accessible to organizations, but instead was complex and confusing for applicants

## BHRN SERVICES DEFINITIONS ADDRESSED A WIDE ARRAY OF NEEDS

BHRN funding intentionally focused on services that were not billable to Medicaid or funded through other initiatives, to meet the goal of supplementing rather than supplanting existing resources. Prior to the grantmaking process, the OAC drafted and finalized the Chapter 944 Rules defining the BHRN services. The rules direct BHRN grantees to "provide critical services for people with substance use issues."[21] These new rules for DATRA-supported services were established separately from other behavioral health definitions and administrative rules.

The OAC built flexibility and inclusivity into the service definitions. Community organizations were new to the concept of BHRNs when they applied for funding. BHRNs could be one organization that provides all the specified services, or multiple organizations networked together to provide the full range of services. The OAC specified the following services for BHRN funding:

[21] Oregon Administrative Rules, Chapter 944. https://www.oregon.gov/oha/HSD/HSDRules/943-001-TempOrder-06292022.pdf.

**THE OAC DEFINED BHRN SERVICES TO INCLUDE AN ARRAY OF ACCESSIBLE SERVICES.**

- **Low-barrier treatment services,** or drug treatment absent of "programmatic barriers to service delivery, including practice induced stigma." Low-barrier services might not require appointments, have little to no wait, are trauma informed or culturally informed, encompass unique recovery trajectories, and are available regardless of finances, insurance, citizenship status, or transportation needs.

- **Harm reduction services,** or initiatives to "reduce the negative individual and public health outcomes of substance use." Harm reduction services include access to naloxone, sterile syringes, safer use and wound care supplies, infectious disease screening, sobering support, contingency management, drug checking supplies, and overdose prevention sites.

- **Peer delivered supports, mentoring and recovery services,** or "services, outreach, and engagement performed by a certified individual who has lived experience with addiction and recovery and who has specialized training and education to work with people who have harm caused by substance use and/or substance use disorder."

- **Case management,** or "services to assist individuals to connect to and gain access to needed services and supports outlined in an individual intervention plan."

- **Comprehensive behavioral health needs assessments,** or "obtaining sufficient information, including a substance use disorder screening, to determine if a diagnosis is appropriate and to create a self-identified, individual intervention plan."

- **Housing,** or "options that serve populations at all points on the substance use continuum." BHRNs must include "gender affirming housing options including responsive housing and shelter options for those who are transgender, gender-nonconforming, and intersex" and family housing.

- **Supportive employment,** or "services that assist individuals with substance use disorder in obtaining and maintaining employment in the community." [22]

[22] Oregon Administrative Rules, Chapter 944. https://www.oregon.gov/oha/HSD/HSDRules/943-001-TempOrder-06292022.pdf.

**THE FUNDING PROCESS WAS CONFUSING FOR APPLICANTS AND TIME-CONSUMING FOR OAC MEMBERS.**

## BHRN APPLICATION EVALUATION PAUSED AND RESTARTED

Resoundingly, participants expressed frustration with the BHRN application and applicant evaluation process. An implementation advocate noted that choices made during the application cycle ended up causing lasting delays and confusion.

From the perspective of organizations applying to the BHRN funding, the process was unclear. For example, organizations could apply on their own, or collectively as a complete BHRN. If an organization applied individually, OHA intended to match them with other providers. As the process for evaluating BHRN applications evolved, the OAC evaluated organizations individually, not always in the context of a group application. Organizations received conflicting advice from OHA on how to fill out an application, then filled out applications in inconsistent ways, making it difficult for the OAC to compare applicants.

The OAC-designed rubric was also exceedingly complex. It included 250 elements for OAC members to evaluate, with each application reviewed by two people. In an interview, OHA leadership commented on the difficulty of supporting the BHRN evaluation process, especially in the ambitious timeframes established by the law.

"We had **330-some-odd applications to go through**. Two assessments per [application], with a **really complicated set of what we call rubrics**, even just to review those applications, to summarize them, to help get them in front of the [OAC], and some of those were summarized by council members.

Many of those were summarized unexpectedly by [OHA] because we were trying to **play catch-up with leveraging over 100 additional staff to help with that process**. That sort of ad hoc build-out a process, where it feels like, literally, trying to swallow an elephant some days.

The effort is so massive at each stage from reviewing the applications, to getting those approved, to summarizing it, to getting out supports to the county regions to help negotiate all this within the financial parts. Every step along the way has been big, and **we've been understaffed and under-prepared** because it's all brand new. It's big and we're doing it in a new way."

*OHA Leadership*

## GRANT EVALUATION PROCESSES CHANGED MIDWAY THROUGH.

Application evaluation paused for eight weeks (February 2022 -April 2022) while OHA and the OAC worked to improve the process. The revised process involved increased OHA responsibility and steps to speed up evaluation and decision-making:

- OHA filled out rubrics and made recommendations to the OAC on applicants to fund
- The OAC split into two subcommittees, with one subcommittee focused on the Portland metropolitan area

OAC subcommittees did not consider budgets in their initial evaluation of applications, and organizations did not know the budget amounts allocated for each county when they applied for funding. BHRN organizations within each county needed to renegotiate budgets with each other once they knew which organizations had been awarded funding, and the total amount of funding allocated per county. Lastly, the full OAC voted to approve collective BHRN proposals, with finalized budget information.

**OHA STRUGGLED TO FULLY STAFF THE GRANTMAKING PROCESS.**

## GAPS IN TRAINING AND STAFFING DELAYED BHRN FUNDING

Designing and executing the grantmaking process for BHRNs took most of the implementation timeframe. The process involved decisions about the call for proposals, submission of applications, application evaluation, and contracting with BHRN organizations. Applications opened to local organizations for one month (November - December 2021), followed by a delay of six to nine months to evaluate applications, make funding decisions, and initiate contracts.

OAC members lacked training in designing grantmaking processes, and participants reported that OHA provided insufficient support to the OAC to guide the process. Gaps in support for the OAC were documented in a letter from the Secretary of State auditing the implementation process. The real-time audit noted that, "the OAC is empowered by M110 to fund BHRNs but cannot complete this task without sufficient administrative groundwork being performed by OHA."[23] The audit concluded that OHA was understaffed during the implementation, and that OHA staffing lacked adequate institutional knowledge to support the grantmaking process. "Significant staff transitions occurred in summer 2021, which diminished OHA's institutional knowledge of M110. OHA has, at times, assigned non-dedicated staff, working on multiple assignments, on the M110 implementation team." [24]

> "It's been a nightmare **since the beginning**. It's still playing out because of the **lack of clarity and specificity at the beginning** and this assurance [to applicants] that, "Just turn it in and we'll figure it out."
>
> *Implementation Advocate*

[23] Fagan, S., Memmott, K. (2022). Too Early to Tell: The challenging implementation of Measure 110 has increased risks, but the effectiveness of the program has yet to be determined. Oregon Secretary of State and Oregon Audits Division. https://sos.oregon.gov/audits/Documents/2023-03.pdf.
[24] Ibid.

"This idea that if you have a community, if you have community leaders "just let them do their thing," that's not it. No, **you have to provide them with facts, figures, and information before deliberation.** It's facts, figures, research, and information before deliberation. **Having subject-matter experts, policy-and-procedure people, engaging on a continuous basis the community leaders, I think, is critically important.** It can't just be a 'you guys are all wonderful for being here. Thanks. What do you think about this?' It doesn't work like that."

*Policy and Governance Participant*

## RECOMMENDATIONS

OAC members resoundingly asked for OHA to provide expert support for designing and conducting the grantmaking process. Implementation advocacy group HJRA proposed that the process could be led or extensively advised by an independent foundation with experience in grantmaking.

OHA leadership reported that the timeframes required in the legislation for setting up a funding process as novel as DATRA were too ambitious. They suggested that other states consider expanding support for the existing service infrastructure in the state first while designing a new process. This would allow time for thoughtful design of both a new service model and a new funding process.

We recommend that policymakers, advocates, and states address the need to:

- Have adequate knowledgeable and dedicated government staffing to support a large, novel funding effort
- Acknowledge that community organizations and community-led councils have uncertainty about government grant processes; consider working with an independent, equity-focused grantmaking foundation as a training and technical assistance resource
- Provide training on grantmaking to community-led councils

- Provide a long application window for submission, consistent guidelines to applicants, and necessary budget information early on

Policy and governance participants commended the array of innovative BHRN services supported by DATRA funding. Survey participants also expressed desire to expand funding for established treatment services and systems. Participants were hopeful for the future of BHRN services as the funding reached organizations. **Participants noted that funding new organizations, especially organizations in communities most impacted by the harms of criminalization, must be a central goal of the grant process.**

"Potentially, one thing to do is to not have [funding] within an agency but have it within a social-justice-oriented foundation that could get the money and would know—has a lot more practice with an expertise—when it comes to doing equitable grant-making. One of the things we kept asking for is: **Bring some of those folks to the OAC; here's things to think about; here's ways to do it.**"

*Implementation Advocate*

"Rather than opening up the spigot to lots of money, to go out for services that weren't yet designed, **I would have built-out some infrastructure first, so that we could support it** [...] When the ballot initiative requires something to be stood-up in a matter of months, no government functions like that. To be able to stand-up a $300 million program in that amount of time, you just can't be thoughtful in your planning in that way. When the voters pass something, things get changed. **Literally, within a matter of months, you need money out the door, so it was just a scramble, and it's just not well organized at that moment.**"

*OHA Leadership*

# LEADING WITH A COMMUNITY ADVISORY COUNCIL

> *The community-led Oversight and Accountability Council was foundational to the goals of the ballot measure to include those most impacted by drug criminalization in the governing process for expanding access to services.*

## DATRA ENSURED THE OAC WAS DIVERSE

OAC membership was intentionally diverse in terms of lived experience, region, race, ethnicity, and approach to substance use services. The goal of a community led council was to **ensure funding and governing decisions did not reproduce existing inequities** or simply consolidate funding to existing treatment approaches.

"[The OAC] is made of up of people who use their lived experience, personal knowledge and commitment to service for the sole purpose of making a meaningful difference in the lives of the people of Oregon.

Led by Black, Latinx, Tribal, LGBT service providers, peers, professionals and non-professional advocates who require support, meaningful sustained, responsive administrative, strategic and procedural [...] **Transformational change by a bureaucracy requires thinking outside the box when working with citizen volunteer leaders.** Transformational work is what the voters asked for and that work demands doing things differently, which bureaucracies typically, just are unfamiliar with."

*OAC Leadership, House Testimony*

**THE OAC INCLUDES DIFFERENT BACKGROUNDS AND EXPERIENCES.**

## OAC membership includes[25]:

- Three members from communities disproportionately affected by arrests, prosecution, or sentencing for personal drug possession
- An evidence-based substance use disorder treatment provider
- A harm reduction services provider
- A person specializing in housing services for people with substance use disorders or mental health conditions
- A drug use/drug policy researcher
- Two people with substance use disorders
- Two recovery peers
- A mental or behavioral care provider
- An advocate from a non-profit that works with people with substance use disorders
- A supportive employment provider
- An addiction medicine physician
- A representative of a Coordinated Care Organization (Oregon's Medicaid managed care organizations)

[25] Not every suggested qualification has been filled throughout the OAC's tenure.

## COUNCIL MET DATRA'S GOAL OF INCLUSIVITY

Nearly 92% of survey participants were familiar with the membership of the OAC. Most participants agreed or strongly agreed that membership on the OAC is racially and ethnically diverse (77%), regionally diverse (73%), and diverse in beliefs about harm reduction, treatment, and recovery (61%). OAC members we spoke with pointed to the diversity in backgrounds as a key strength of the group.

> "Their collective strength is— here's a spectrum of harm reduction and substance use, and here's clinical and substance use disorder—no matter what that spectrum is, **everybody wants change, and they have a voice to say, 'This is the change that I want to see.'"**
>
> *OAC Member*

**THE OAC LACKED POLICY AND GOVERNING TRAINING.**

In open-ended responses, some OAC members noted gaps in sector representation, including people from traditional treatment backgrounds ("existing treatment systems, such as counselors and clinical supervisors"), criminal legal system representatives (public defenders and law enforcement), at-large community members, and additional harm reduction providers. Several participants noted that more representatives with policy and governing experience, or training in systems of rulemaking, public procurement, and grantmaking were gaps for the OAC.

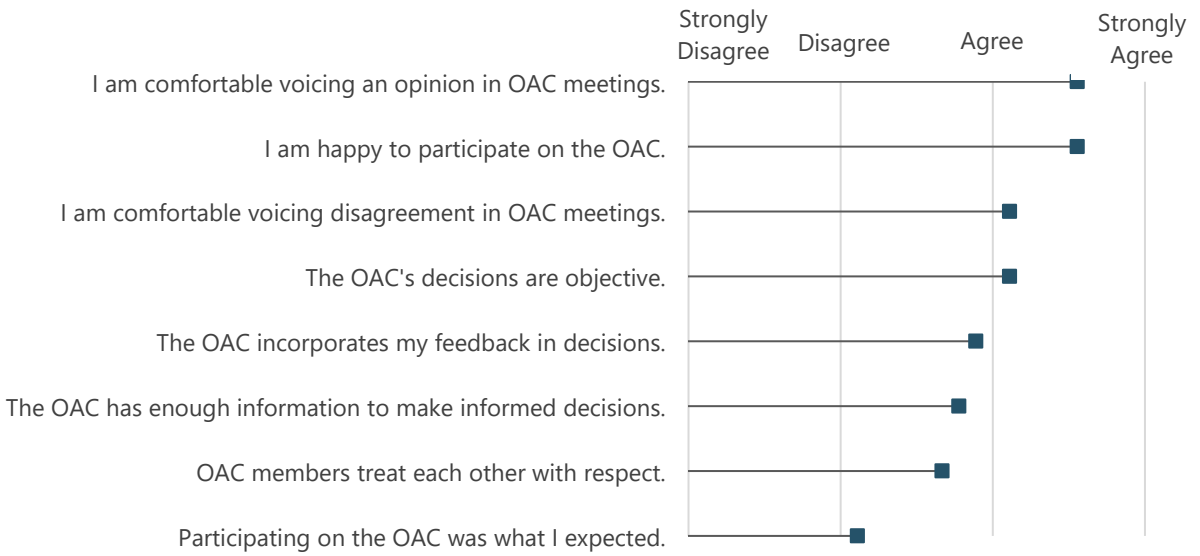
In terms of demographics, participants noted that the Asian American and Pacific Islander community was underrepresented, and that there could be more Latinx diversity and youth representation.

## COUNCILMEMBERS WERE POSITIVE ABOUT PARTICIPATION, WITH SOME RESERVATIONS

On a scale of 1 (strongly disagree) to 4 (strongly agree), on average, people agreed (3.0) with general positive statements about the OAC. Among these statements, participants agreed that they were comfortable voicing an opinion in OAC meetings (3.6), and they were happy to participate on the OAC (3.6). Generally, participants did not

agree that participating on the OAC was what they expected (2.1) or that the OAC members treat each other with respect (2.7).

**Figure 13: On Average, Participants Agreed with Positive Statements About OAC Experiences**




*Question: Please rate the extent to which you agree or disagree with the following.*

*n=9*

All participants either agreed or strongly agreed that they were comfortable voicing an opinion in OAC meetings. Many participants (67%) strongly agreed that they were happy to participate on the OAC. Some councilmembers reflected negatively on their OAC experiences in interviews, especially during the intensive BHRN application review process. One OAC member noted that the funding process failed to center equity for the councilmembers.

"What you're doing, this process, is not centered in equity. If it was, [OAC members] would be **encouraged to take care of themselves**. There would be **structure, guidance, clarity**. Like it's just not working for me, I can tell you that."

*OAC Member*

## COUNCILMEMBERS DID NOT KNOW THE EXPECTATIONS OF THE ROLE

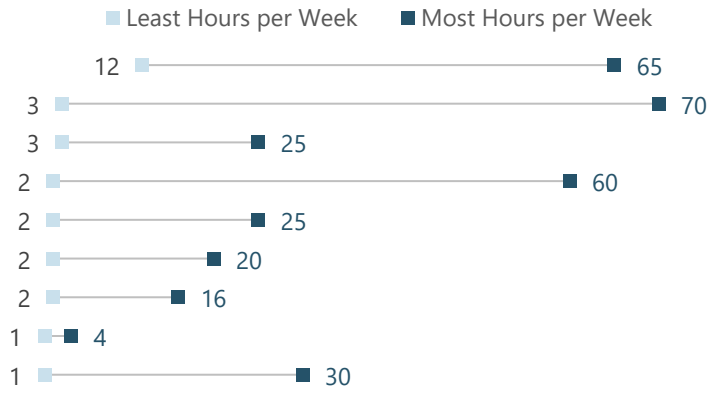
"I didn't anticipate weekly meetings. I thought, 'Well, I'm going to apply to be on a council. We'll probably meet monthly. OHA will prepare a lot of things and bring them to us for votes and approval,' but I had no idea that I would **actually feel like a part-time OHA employee.**"

*OAC Member*

**THE OAC WAS TIME-CONSUMING FOR MEMBERS.**

OAC members spent a considerable amount of time conducting OAC-related work. During a week with the least amount of work, participants reported spending on average three hours per week on OAC-related tasks. During a week with the most amount of work, on average, participants reported spending on average **35 hours per week** on OAC-related tasks.

**Figure 14: Members Reported Spending 1-70 Hours a Week on OAC-Related Tasks**




When asked whether they could conduct OAC-related work at their primary workplace, 33% said no, 33% said "yes, some," and 33% said "yes, all." Interviews echoed the immense time commitment of the OAC. OAC interviewees all observed that they did not expect the responsibilities and time commitment of the role, and several noted they did not realize the role was public facing.

## RECOMMENDATIONS

We recommend state governing agencies prepare to support a community-led council through:

- Independent and trauma-informed facilitation
- Extensive direction on funding and governing processes
- Position descriptions with accurate time commitment, responsibilities, and clarity about the role being public-facing

The OAC was foundational to the goals of DATRA to include those most impacted by criminalization in the governing process. **We encourage states to follow Oregon's lead in incorporating meaningful participation from the community in decision-making processes.**

"I think this has never been done before, we are learning through this whole process. **OAC council members have given hundreds of hours of their time to make sure this process could keep moving.** A lot of great things have happened already as a result of the implementation. Lives have already been saved."

*Survey Respondent*

"When you pick them out—when you get your team, your committee—let them know upfront what it's going to be about. I know that, since we're the first ones to do it, **they're going to be able to learn from what we did and what works and what didn't work and move forward**. We came into it blind, and we created something out of nothing. Basically, we laid a plan for upcoming committees if the state so chooses to do that. They can follow our lead, or they can take their own way."

*OAC Member*

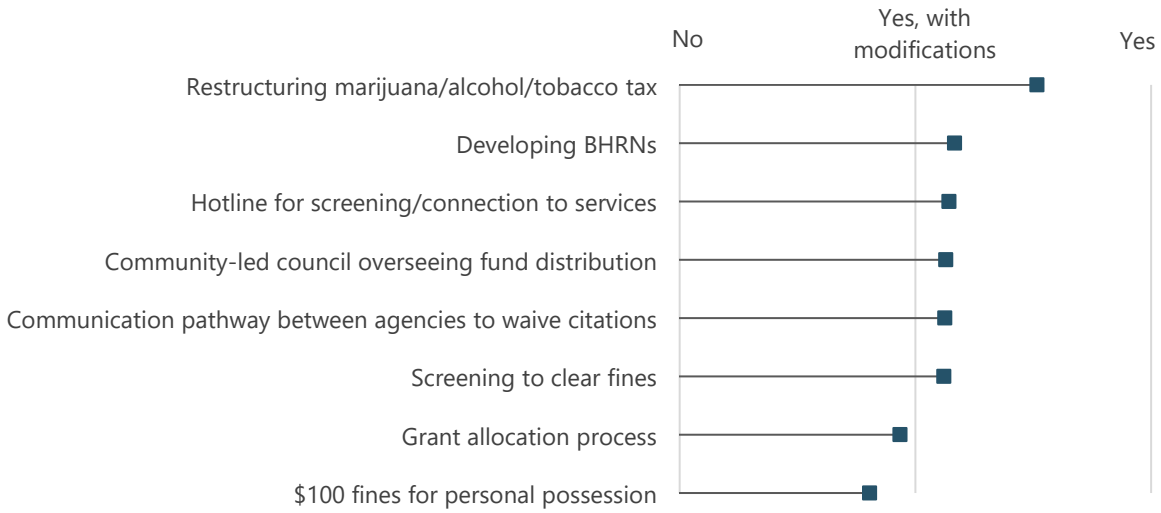
# OTHER RECOMMENDATIONS

## PARTICIPANTS RECOMMENDED STATES IMPLEMENT COMPONENTS OF DATRA, WITH MODIFICATIONS

Participants were asked whether they would recommend implementation components with the response options of no (1), yes, with modifications from how Oregon implemented (2), or yes, as Oregon implemented (3).

On average, **participants would recommend components of DATRA be implemented with modifications from how Oregon implemented (2.1).** Among implementation components, participants most strongly recommended restructuring cannabis (or alcohol or tobacco) tax revenue to create a fund for services (2.5), followed by developing regionally representative and diverse BHRNs in each county to provide harm reduction, peer support, treatment, housing, and other services (2.2). Generally, participants were less likely to recommend that law enforcement give fines of $100 for personal drug possession (1.8) or a grant process to allocate funds (1.9).

**Figure 15: Participants Recommended Components of DATRA Be Implemented with Modifications**




*Question: Do you recommend that other states implement the following?*

*n=41*

Over half of participants recommended restructuring tax revenue to provide a fund for services as Oregon did. Over half of participants recommended that all other components of DATRA, except for law enforcement giving $100 fines personal drug possession, be enacted with modifications from how Oregon implemented. More than one in three participants did not recommend law enforcement giving fines of $100 for personal drug possession.

## PARTICIPANTS EMPHASIZED THE NEED FOR ADEQUATE PUBLIC EDUCATION AND COMMUNICATIONS

In surveys and interviews, participants stated that education about DATRA was insufficient across all areas of implementation. Comments highlighted a need for public interest campaigns about decriminalization, with a focus on reaching rural communities, people who use drugs, and organizations that may be eligible for funding.

**Table 2: Survey Responses About Insufficient Education and Communication About DATRA**

| What else would you like to share about Measure 110's implementation?[26] | |
|---|---|
| Rural counties need more information | "Rural and frontier counties need to almost be over populated with information regarding the BM 110 initiative as a whole and educated." |
| OHA communication assistance | "Despite my repeated requests for communication assistance, everything has fallen on deaf ears at OHA. It is left up to me to write tweets, IG posts. Very poor communication with the public, with law enforcement, with [people who use drugs], with all stakeholders. Harm done via poor communication and delays." |
| Misinformation | "There have been legislative attempts to get the money redistributed to law enforcement that have been halted at the last minute, but that continues to be a threat. Unfortunately, there is a lot of public misinformation out there that is helping fuel those attempts." |
| Information from OHA on what is being funded | "A statewide public awareness campaign should have been started by OHA. It should have included better information on what is being funded, how it can help decrease harm, how decriminalization has worked in other countries." |
| Miscommunications throughout process | "Basic communication. From the beginning, it's been rife with either an utter lack of information, miscommunications, missteps, and distrust. In the absence of positive news, negative news will fill the gap." |

[26] Some responses edited for length and clarity.

# PARTICIPANTS RECOMMENDED STRUCTURAL CHANGES

Outside of the components of DATRA discussed in depth in this report, many participants offered suggestions for structural improvements to the law. These included aspects that were absent from DATRA (expungement and targeted protections for people on parole and probation), and aspects that were unclear or under considered (how decriminalization would affect juveniles/youth, and the types of services BHRNs must provide). An additional concern raised by OAC and survey participants was the need for a plan from the state administrative agency to implement a monitoring system to ensure that BHRN-funded services meet the vision of care the OAC laid out. Participants asked for a systematic review for quality assurance once services roll out, and that future funding be tied to measurable outcomes. OHA leadership also expressed concerns that BHRNs were not well integrated into other behavioral health systems in Oregon.

**Table 3: Suggested Structural Changes to the Law from Survey Responses**

| Are there elements that should have been addressed with Measure 110 that are missing?[27] | |
|---|---|
| Types of services—drop-in center, Quality Assurance | "In person drop-in center versus call center for metropolitan counties. A more robust quality assurance and clearer expectations of "intensive case management" with training on how to provide these services." |
| Types of services—SUD treatment, Quality Assurance | "[…] a new healthcare-based pathway to recovery-- previously facilitated by the criminal justice process-- should have been constructed prior to implementation of decriminalization (as was the case in Portugal). Lastly, clear, measurable outcomes should have been linked to the $300 million that is currently being distributed." |
| Types of services—Expungement | "I would have liked to see expungement added into the legislation." |
| Types of services—MOUD[28] in carceral settings, overdose prevention sites | "Mandating MOUD in jails […] Some mechanism should be in place to deter public drug use, such as safe consumption sites, which police in two Manhattan precincts are actively referring users to for this very reason." |
| Juveniles | "Very little focus on juveniles." |

[27] Some responses edited for length and clarity.
[28] Medication for Opioid Use Disorder (MOUD)

"I wish there had **been time to build off of existing treatments and programs.** There's many different system payers and levers that were already paying for SUD related treatments. It's almost like folks have forgotten that avenue existed, and that everybody focused on Measure 110 spending, as if that's the only funding that exists. What we've done, unfortunately, is build a bit of a siloed approach. Rather than saying, 'You know what? What exists today does not work or is underfunded, so let's figure out how to shift so that we are building one system that actually supports individuals in their care and in their journey,' we're in the **middle of building something that is not connected to existing structures, and we are building on top of something that's already pretty fractured and folks know.**"

*OHA Leadership*

### Legislative Action to Change DATRA

Political action opposing DATRA has begun in Oregon, aimed at increasing penalties for Class E violations and redirecting funding to law enforcement. In the 2022 Legislative Session, at least one bill, Senate Bill 1541, proposed to redirect funds from the Oregon Marijuana Account to the State Police Account to expand county sheriffs' funding for law enforcement related to unlawful cannabis cultivation or distribution and general local law enforcement needs. For the 2023 Legislative Session, a workgroup plans to make changes to DATRA with a focus on the types of services DATRA funds, the makeup of the OAC, and reductions in the amounts of fentanyl that are considered a criminal offense rather than a Class E violation. [29] It is important for advocates of drug decriminalization in other states to consider the ways a civil violation like the Class E could be an opening for legislative action to re-criminalize drugs through escalating penalties.

## RECOMMENDATIONS

We recommend states that choose to decriminalize drugs center the principles of racial and economic justice, which include addressing the needs of people previously impacted by drug criminalization. DATRA did not make adequate changes to protect people under community supervision, or those currently and previously involved in the criminal legal system. Black and Hispanic/Latinx people, independent of their drug use, are more likely to have prior criminal–legal interactions than White people. Failing to provide protection from probation or parole violations is therefore likely to amplify racial inequities in criminal legal involvement, overdose,

[29] Green, E. (2023, January 19). Changes to Measure 110 likely this legislative session. Lund Report. https://www.thelundreport.org/content/changes-measure-110-likely-legislative-session.

and broader adverse health outcomes related to substance use and incarceration.[30] We suggest that decriminalization legislation:

- Prioritize expungement for people whose criminal convictions, like personal possession, are no longer criminalized
- Include explicit support for expungement services in expanded service offerings for people who use drugs
- Include provisions to protect people under community supervision from sanctions for personal possession

DATRA did not adequately address juveniles or include youth service providers as core members in drafting the legislation or in decision-making processes after enactment. We recommend other states consider the impacts of drug decriminalization on youth in their legislation. Law enforcement study participants also expressed interest in being included in the development of drug decriminalization legislation. Organizations like Law Enforcement Action Partnership can be allies in communicating with law enforcement and connecting with law enforcement advocates in favor of drug decriminalization. Finally, substance use treatment providers also asked for a stronger presence in drafting legislation like DATRA and may offer a perspective on how to build upon existing statewide treatment infrastructure to expand services for people who use drugs. DATRA intentionally centered communities affected by the harms of drug decriminalization and harm reduction programs that are often under-resourced and not supported by stable ongoing funding sources. We encourage centering the voices of these groups in developing drug decriminalization legislation.

## LOOKING FORWARD

Many participants expressed hope for the future of DATRA while acknowledging the complexity of the implementation process. Participants noted that implementation difficulties were fixable, and changes can be made to improve processes going forward. **Participants emphasized that Oregon is the first state to decriminalize personal possession and implement such significant systems change. They encouraged other states to consider Oregon as a resource for implementing drug decriminalization.**

[30] Pamplin, J. R., Rouhani, S., Davis, C. S., King, C., & Townsend, T. N. (2023). Persistent Criminalization and Structural Racism in US Drug Policy: The Case of Overdose Good Samaritan Laws. American Journal of Public Health, 113(S1), S43-S48. https://doi.org/10.2105/ajph.2022.307037.

# LIMITATIONS

This study did not assess outcomes or impacts of DATRA by design, and as the law was not fully implemented in the two years since it went into effect. Assessing the multilayered outcomes of state-level policy change requires time, a clear vision of realistic outcomes, and consideration of confounding factors (e.g., the current housing crisis). The impacts of the law will be the focus of forthcoming research.

There were several limitations with this process evaluation. First, because our focus for this initial evaluation was identifying the lessons learned from state-level stakeholders involved in DATRA implementation, there were several processes that were not evaluated or not evaluated in depth. These included the funding shifts from the perspectives of local law enforcement, cities, and counties; a full picture of the modification of court processes at each level; and plans at the local level to integrate BHRN services with other services. Additional work on evaluating the community-level implementation of services is forthcoming.

Second, we had difficulty recruiting people to share their perspectives. We relied heavily on email lists, listservs, and relationships and contacts. Additionally, the political nature of DATRA and the role that state-level decision makers had in implementation, pressures from the media or communities, or heavy workloads may have dissuaded some from participating in this evaluation.

Third, because this evaluation focused primarily on state-level decision makers, sampling for data collection was limited. Other groups including those affected by the criminal-legal and service aspects of DATRA were not a focus of this initial evaluation. . Forthcoming evaluation efforts will include the perspectives of people who use drugs to determine, for example, ease of access to services, engagement pathways into services, and perspectives on Class E violation and law enforcement changes.

# ADDITIONAL RESOURCES

For additional information about DATRA, please visit our webpage at **DrugDecrimOregon.Org**

### Other Relevant Resources


Fagan, S., Memmott, K. (2022). Too Early to Tell: The Challenging Implementation of Measure 110 Has Increased Risks, but the Effectiveness of the Program Has Yet to Be Determined. Oregon Secretary of State and Oregon Audits Division.

Lenahan K., Rainer S., Baker R., and Waddell, E.N. (2022). Oregon Substance Use Disorder Services Inventory and Gap Analysis. OHSU-PSU School of Public Health, Oregon Health and Science University, Oregon Alcohol and Drug Policy Commission, and Oregon Health Authority, Health Systems Division and Public Health Division.

Netherland, J., Kral, A. H., Ompad, D. C., Davis, C. S., Bluthenthal, R. N., Dasgupta, N., Gilbert, M., Morgan, R., & Wheelock, H. (2022). Principles and Metrics for Evaluating Oregon's Innovative Drug Decriminalization Measure. Journal of Urban Health, 99(2), 328–331. https://doi.org/10.1007/s11524-022-00606-w.

Oregon Health Authority: Drug Addiction Treatment and Recovery Act (Measure 110). https://www.oregon.gov/oha/hsd/amh/pages/measure110.aspx

Smiley-McDonald, H., Wire, S., Greenwell, K., Wenger, L., Aagaard, B., Attaway, P., Lambdin, B.H., Kral, A.H. (2022, October 12). New research suggests Measure 110 in Oregon has not resulted in increased 911 calls for service. Research Triangle Institute.


Have a Class E violation? Contact your **local BHRN** or **Lines for Life**.

# GLOSSARY

| Commonly Used Terms and Acronyms | | |
|---|---|---|
| **Behavioral Health Resource Networks** | **BHRN** | BHRNs can include one or more entities such as community or government organizations. BHRNs must provide screening services, comprehensive behavioral health needs assessments, individual intervention planning, case management, peer counseling and support, low-barrier substance use disorder treatment, housing services, harm reduction services, and linkages to other services. |
| **Black Indigenous and People of Color** | **BIPOC** | An acronym used to refer to communities of color in the United States that also acknowledges not all people of color face equal levels of injustice. BIPOC highlights that Black and Indigenous communities are often most impacted by systemic racial injustices, while also acknowledging solidarity across communities of color. |
| **Drug Addiction Treatment Recovery Act** | **DATRA** | Refers to the citizen-initiated Ballot Measure 110 and subsequent legislation that supported implementing Measure 110. DATRA decriminalized personal possession and expanded funding for services for people who use drugs. |
| **Measure 110** | **M110** | Often used to refer to the decriminalization policy in Oregon, although this report uses "DATRA" instead. Measure 110 refers to the citizen-initiated ballot measure that voters passed in November 2020. |
| **Oregon Health Authority** | **OHA** | Oregon Health Authority oversees Oregon's health care programs, including behavioral health, public health and the Oregon Health Plan (Medicaid coverage for low-income Oregonians). |
| **Oversight and Accountability Council** | **OAC** | The Oversight and Accountability Council is a community-led governing body in charge of key decisions about defining, funding, and overseeing expanded services for people who use drugs under DATRA. |
| **People who use drugs** | **PWUD** | A person-centered way to refer to people who use drugs. |
| **Senate Bill 755** | **SB 755** | Senate Bill 755 made necessary changes to Ballot Measure 110 to implement the law. The final, adopted version is indicated as SB 755-C. |

# APPENDIX A: INTERVIEW GUIDE

## Criminal Legal Guide

Section 1: General/Background

We will start by getting to know more about your connections to Measure 110 as the implementation has unfolded. Implementation covers the setup for components of the law from its passage to now.

1. In what ways, if any, have you been involved with Measure 110?
2. How has Measure 110's implementation affected [your sector]?

Section 2: Citations and Fee Waiver

In this section, we would like to hear about how training and information on Measure 110 were shared with the criminal justice sector. We will also ask about the citation and waiver process.

3. How was information on Measure 110 communicated to [your sector] since it passed? (For instance, trainings or informational sessions, or informal information sharing)
4. What have you heard about giving Class E citations from [your sector]?

- What could improve the citation process for **law enforcement**?
- What could improve the citation process for **people in possession of substances**?

5. How is the process to waive a Class E citation working?

- What is working well about the waiver process?
- What could improve the waiver process?
- Are you familiar with the data collection and reporting process for citations/waiving citations?

6. How is the process of connecting people to services working?

- What is working well about connecting people to services?
- What could improve the process of connecting people to services?

7. Ideally, what would you see as law enforcement's role under Measure 110?

- In terms of addressing substance use?
- In terms of advising on the process?
- In what ways would [your sector] have liked to participate in setting up Measure 110?

Section 3: Closing, future-state

In this section, we would like to open up for your general feedback on implementing Measure 110.

8. How is Oregon doing implementing Measure 110?
9. Is there anything unique about Oregon that makes implementing Measure 110 easier than it might be in other states? Harder?
10. What makes you hopeful about Measure 110 in the future?
11. What worries you about Measure 110 in the future?
12. What advice would you give other states considering decriminalization?

13. That's all the questions I have today. I appreciate your willingness to share your thoughts. Is there anything else that you feel we should know or that we haven't covered but you feel is important for us to know about the implementation process for Measure 110?

## Policy/Governance Guide

Section 1: General/Background

We will start by getting to know more about you and your role in this process.

1. When did you first get involved in anything related to Measure 110?
2. How did you first get involved in implementing Measure 110?
3. What are currently your key responsibilities in implementing Measure 110?

Section 2: The Oversight and Accountability Council [skip if unfamiliar with OAC]

Next, we'd like to hear about your experiences with the Oversight and Accountability Council.

4. What aspects of your background and expertise led you to be chosen to serve on the Council?

- As a group, what is the OAC's biggest collective strength?
- As a group, what is the OAC's biggest collective weakness?
- What background or expertise do you think is missing in terms of the make-up of the Council?

5. What component of Measure 110 has been the most difficult to implement?

- How is the OAC addressing those challenges?

6. What has been the OAC's most significant accomplishment?

- What contributed to that success?

7. What aspects of implementing Measure 110 that are not currently part of your scope of work do you wish were added to the authority of OAC?

Section 2: OHA's Approach to Implementation [skip if unfamiliar with OHA]

We'd like to hear about the structure OHA set up for implementing Measure 110 in terms of leadership and decision making.

8. Let's start with describing the internal organization or structure of Measure 110 implementation at OHA.

- What was OHA's strategy for implementing Measure 110?
- What parts of OHA participated in implementation—was a group responsible for Measure 110?
- What resources did OHA have internally that helped the implementation process?
- What workplace changes like workforce/hiring, establishing a steering committee were necessary to meet implementation needs?
- What internal structures or resources would you like to see for implementation?

9. What aspects of your expertise led you to your role in implementing Measure 110?

- What background or expertise do you think is missing in terms of OHA's Measure 110 team?

10. What component of Measure 110 has been the most difficult to implement?
    - How is OHA addressing those challenges?
11. What has been OHA's most significant accomplishment with Measure 110?
    - What contributed to that success?

Section 3: Citations and Law Enforcement

Next, we would like to hear about implementing some components of Measure 110. We will start with the citation process.

12. What is your role, if any, in implementing the citation and waiver process?
13. What, if anything, have you heard from law enforcement about Class E citations?

Section 4: BHRNs

In this section, we'd like to hear about the process of evaluating and funding BHRNs.

14. What was the biggest challenge to implementing the BHRNs?
    - What could be improved about the process of evaluating and funding BHRNs?
15. What was the most significant success in implementing the BHRNs?
    - What worked well about the process of evaluating and funding BHRNs?

Section 5: Closing, future-state

In this section, we'd like to hear your general feedback on implementing Measure 110.

16. How is Oregon doing implementing Measure 110?
17. Is there anything unique about Oregon that makes implementing Measure 110 easier? Harder?
18. What makes you hopeful about Measure 110 in the future?
19. What worries you about Measure 110 in the future?
20. What advice would you give other states considering decriminalization?

21. That is all the questions I have today. I appreciate your willingness to share your thoughts. Is there anything else we should know or haven't covered about the implementation process for Measure 110?

# APPENDIX B: SURVEY

1. Where do you currently live?

2. What sector(s) do you represent? Check all that apply.

   - Substance use prevention
   - Substance use disorder treatment Recovery
   - Peer support
   - Harm reduction
   - Public health
   - Coordinated care organization
   - Health care
   - Social work
   - Law enforcement
   - Adult corrections Probation/parole
   - Juvenile corrections
   - Judiciary
   - Legislature
   - Academia
   - Advocacy organization
   - Tribal organization
   - Other (please specify)

3. Which group(s) do you identify with? Check all that apply.

   - Asian
   - Black or African American
   - Hispanic or Latinx
   - Middle Eastern or North African
   - Native American or Indigenous
   - Native Hawaiian or Pacific Islander
   - White
   - Not listed above (please specify)

4. Do you identify yourself as a person with lived experience with drug use?

   - Yes
   - No
   - Prefer Not to Answer

Did you support Measure 110 as a ballot initiative?

- Yes
- No
- Prefer Not to Answer

6. Which group(s) have you been affiliated with? Check all that apply.

- Oregon Health Authority (OHA)
- SB755 Workgroup
- Legislative Policy and Research Office Committee
- Oregon Health Justice Recovery Alliance
- OHA External Stakeholder Data Workgroup
- None of the above

7. How do you think Oregon is doing/has done on the following aspects of Measure 110:

| | Very well | Well | Acceptable | Poor | Very poor | Not sure |
|---|---|---|---|---|---|---|
| The process for law enforcement giving Class E citations for personal drug possession | ○ | ○ | ○ | ○ | ○ | ○ |
| The process of waiving Class E citations for personal drug possession | ○ | ○ | ○ | ○ | ○ | ○ |
| Screening to clear fines for personal drug possession | ○ | ○ | ○ | ○ | ○ | ○ |
| Using a hotline for screening and connecting people to services | ○ | ○ | ○ | ○ | ○ | ○ |
| The process of connecting people who use drugs to services | ○ | ○ | ○ | ○ | ○ | ○ |
| The grant process to allocate funds | ○ | ○ | ○ | ○ | ○ | ○ |
| Developing Behavioral Health Resource Networks (BHRNs) as regionally representative and diverse consortiums in each county to provide harm reduction, peer support, treatment, housing, and other services | ○ | ○ | ○ | ○ | ○ | ○ |
| A community led, multi-sector council to oversee the distribution of funds to service providers | ○ | ○ | ○ | ○ | ○ | ○ |
| The re-allocation of the formula to distribute marijuana tax revenue to fund services | ○ | ○ | ○ | ○ | ○ | ○ |
| Distributing information to the public about changes to the law | ○ | ○ | ○ | ○ | ○ | ○ |

8. Please rate your sector's level of influence in decision making regarding these aspects:

| | Major influence | Moderate influence | Minor influence | No influence |
|---|---|---|---|---|
| The process for administering Class E citations for personal drug possession | ○ | ○ | ○ | ○ |
| The process of waiving Class E citations for personal drug possession | ○ | ○ | ○ | ○ |
| Screening to clear fines for personal drug possession | ○ | ○ | ○ | ○ |
| Using a hotline for screening and connecting people to services | ○ | ○ | ○ | ○ |
| The process of connecting people who use drugs to services | ○ | ○ | ○ | ○ |
| The grant process to allocate funds | ○ | ○ | ○ | ○ |
| Developing Behavioral Health Resource Networks (BHRNs) as regionally representative and diverse consortiums in each county to provide harm reduction, peer support, treatment, housing, and other services | ○ | ○ | ○ | ○ |
| A community led, multi-sector council to oversee the distribution of funds to service providers | ○ | ○ | ○ | ○ |
| Restructuring marijuana tax revenue to create a fund for services | ○ | ○ | ○ | ○ |
| Distributing information to the public about changes to the law | ○ | ○ | ○ | ○ |

9. Do you recommend that other states implement the following:

| | Yes, as Oregon implemented | Yes, with modifications from how Oregon implemented | Unsure | No |
|---|---|---|---|---|
| Law enforcement giving fines of $100 for personal drug possession | ○ | ○ | ○ | ○ |
| Screening to clear fines for personal drug possession | ○ | ○ | ○ | ○ |
| A communication pathway between the screening service, the public health authority, and the courts to waive citations | ○ | ○ | ○ | ○ |
| Using a hotline for screening and connecting people to services | ○ | ○ | ○ | ○ |
| The grant process to allocate funds | ○ | ○ | ○ | ○ |
| Developing regionally representative and diverse consortiums in each county to provide harm reduction, peer support, treatment, housing, and other services | ○ | ○ | ○ | ○ |
| A community led, multi-sector council to oversee the distribution of funds to service providers | ○ | ○ | ○ | ○ |
| Restructuring marijuana (or alcohol or tobacco) tax revenue to create a fund for services | ○ | ○ | ○ | ○ |

10. Are you familiar with the membership on the Oversight and Accountability Council (OAC)?

    - Yes
    - No

11. Please rate the extent to which you agree or disagree with the following statements.

Representation on the OAC is:

| | Strongly agree | Agree | Unsure | Disagree | Strongly disagree |
|---|---|---|---|---|---|
| Racially and ethnically diverse | ○ | ○ | ○ | ○ | ○ |
| Regionally diverse | ○ | ○ | ○ | ○ | ○ |
| Diverse in beliefs about harm reduction, treatment, and recovery | ○ | ○ | ○ | ○ | ○ |

12. What gaps do you see in representation on the OAC, if any?

13. How (if at all) has Measure 110 policy been impacted by the current level of diversity on the OAC?

14. Have you been a member of the Oversight and Accountability Council?

    - Yes, currently
    - Yes, previously
    - No

15. What committee(s) have you participated in? Check all that apply.

    - Rules Advisory Committee Selection
    - Committee Rulemaking Committee
    - BHRN RFGP Selection Committee
    - Access to Care RFGP Creation/Process Committee
    - Phone Line Committee
    - Other (please specify)
    - None

16. What was the most significant contribution the OAC has made to Measure 110 implementation so far?

17. Have you been allowed to conduct OAC-related work as part of your paid time at your primary workplace?

- o Yes, all
- o Yes, some
- o No
- o I don't have a primary workplace

18. How many hours did you spend on OAC obligations?

During the week when you had the least amount of work:

During the week when you had the most amount of work:

19. Please rate the extent to which you agree or disagree with the following:

*If you are no longer a member of the OAC, recall your experience when you were a member to answer the following questions.*

| | Strongly agree | Agree | Disagree | Strongly disagree |
|---|---|---|---|---|
| I am happy to participate on the OAC. | ○ | ○ | ○ | ○ |
| Participating on the OAC was what I expected. | ○ | ○ | ○ | ○ |
| The OAC's decisions are objective. | ○ | ○ | ○ | ○ |
| I am comfortable voicing an opinion in OAC meetings. | ○ | ○ | ○ | ○ |
| I am comfortable voicing disagreement in OAC meetings. | ○ | ○ | ○ | ○ |
| The OAC incorporates my feedback in decisions. | ○ | ○ | ○ | ○ |
| The OAC has enough information to make informed decisions. | ○ | ○ | ○ | ○ |
| OAC members treat each other with respect. | ○ | ○ | ○ | ○ |

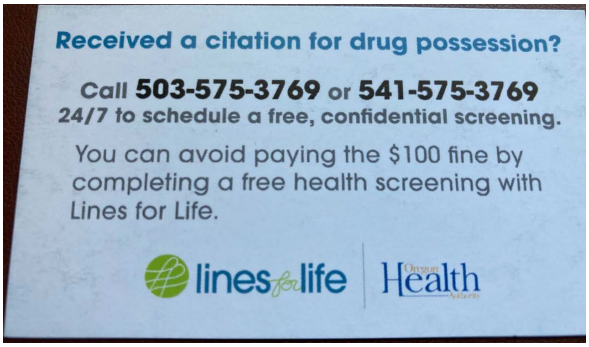
20. What could the OAC do to encourage more engagement in decision making?

21. What else would you like to share about Measure 110's implementation?

22. If you know someone with extensive knowledge of Measure 110 implementation and believe they should have an opportunity to respond, please provide their contact information below. Please include their name, representing organization, and email.

# APPENDIX C: CLASS E VIOLATION INFORMATION

## Lines for Life Information Distribution (Palm Cards)







**The front reads:** "Received a citation for drug possession? Call 503-575-3769 or 541-575-3679 24/7 to schedule a free, confidential screening/ You can avoid paying the $100 fine by completing a free health screening with Lines for Life."

**The back reads:** "What to expect: 1. We'll ask you some questions about your drug use and your health. 2. We will send you proof of your completed screening with instructions for waiving the fine. 3. We're here to support your goals, including paths to recovery. Call 503-575-3769 or 541-575-3769 24/7 to schedule a free, confidential screening. More information at linesforlife.org/recoverycenter"

## Lines for Life Information Distribution (Flyer)




### Received a citation for drug possession and need help?

**Call 503-575-3769 or 541-575-3769 24/7 to schedule a free, confidential screening.**

Citation fines for possessing small amounts of drugs in Oregon ($100) can be waived by completing a no-cost screening with Lines for Life.

1. We'll ask you some questions about your citation.
2. We will send you proof of your completed screening with instructions for waiving the fine.
3. We're here to support your goals, including paths to recovery.

**Call the hotline today to get started.**

### Help is available.

Beyond your screening, we're here to support your personal goals, including referrals to quality, affordable, licensed & certified treatment centers, harm reduction services, and other resources.

**Learn more at linesforlife.org/recoverycenter**

The Recovery Center Hotline is for people who have received a citation in Oregon under the Drug Addiction Treatment and Recovery Act – we can also connect you to these other lines for support:

- **Alcohol & Drug Helpline** – information, support, and referrals to resources and treatment.
  Call 1-800-923-HELP (4357)
- **Behavioral Health Support Line** – find a provider that matches your needs.
  Call 1-800-923-HELP (4357)
- **Suicide Lifeline** – if you are experiencing a mental health crisis, reach out.
  Call 1-800-273-TALK (8255)

lines for life | Oregon Health Authority

Comagine Health

**Research and Evaluation Team** | https://comagine.org/service/research-evaluation

https://www.drugdecrimoregon.org/

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M110eval@comagine.org