



**health
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Measure 110 Backgrounder

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Overview:

The nationwide overdose crisis and its impact on Oregon is a public health emergency. People we love are dying everyday. The CDC reports that over 107,000 people died from drug overdoses in 2021¹ — that’s about 12 deaths per hour.² Oregon ranks 50th in the nation in access to vital harm reduction and addiction recovery services, while also ranking second in the nation for people with Substance Use Disorder. **Measure 110 was created in response to the overdose crisis.** Measure 110 was also created to help address the suffering we’re seeing on our streets by increasing access to critical services, including housing.

In 2020, Oregon voters overwhelmingly approved Measure 110, giving our state the opportunity to turn the dark realities of the overdose crisis into a beacon of hope for the rest of the country. We may be the first state to decriminalize, but we won’t be the last. New polling shows that people of every race and place have been touched by the overdose crisis, and that a majority of people across party lines support evidence-based harm reduction measures to end it - including decriminalization.³

Measure 110 removes criminal penalties for possession of small amounts of drugs in favor of a health-based and science-backed approach to substance use. Measure 110 was tailored to address Oregon’s unique challenges, drawing from global best practices — from decriminalization in Portugal and Switzerland to Eugene’s CAHOOTS model, which saves the city an estimated \$8.5 million in public safety spending annually.

Rather than labeling drug users as criminals, Measure 110 treats substance use as a public health issue affecting all of us, from spouses and siblings to young children and teens, from pregnant women to grandparents. People in our communities seeking harm reduction and addiction recovery services will now be able to access those services more quickly, closer to home, and by someone who shares their culture and/or language. The law intentionally prioritizes funding services not typically covered by Medicaid. With Measure 110 funding in place, people who lack health insurance coverage can access these services for free.

How Measure 110 works:

- 1) M110 decriminalized possession of small amounts of drugs as of February 1, 2021, by reducing criminal possession offenses from misdemeanors to civil infractions. Instead of arrests and criminal records, now people possessing small amounts of drugs will be cited and fined \$100.
- 2) Behavioral Health Resource Networks (BHRNs) are being established in each county, guaranteeing that all Oregonians will have access to a full array of low-barrier addiction

¹ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

² Haven Wheelock, Overdose Prevention Specialist, 6/2/22 legislative testimony

³ Data for Progress Polling Results

services — including peer-supported recovery, harm reduction services, and supportive, transitional, and long-term housing. The law builds on critical services offered by existing community-based providers throughout the state, wherever possible. Those seeking help or to have their citation waived may access services through their local BHRN, or by calling the Lines for Life 24/7 hotline.

- 3) Services will be funded through grants and contracts with all cannabis tax revenue above \$45 million each year. (The Oregon Legislature allocated \$302 million from the fund for the 2021-23 biennium.)
- 4) The law established an [Oversight and Accountability Council \(OAC\)](#) composed of people with lived experience, including people who actively use drugs, as well as with addiction and service delivery experts. Working with the Oregon Health Authority, the OAC determines how funds will be distributed.
- 5) The Secretary of State conducts regular financial and performance audits to ensure proper oversight and fiscal management of the program. The program's [first real-time audit](#) identified key areas where the Oregon Health Authority can better support the OAC and minimize future funding delays.

Measure 110 was created in response to the overdose crisis.

Overdose deaths are on the rise all across the country⁴ — not just in Oregon. Even after decriminalization, Oregon's overdose death rate remains lower than the Western states average, where overdose deaths have increased by 40%⁵.

What services are funded through Measure 110?

The law establishes Behavioral Health Resource Networks, which, working together will increase access to vital harm reduction and addiction recovery services, including:

- Behavioral Health Treatment that is evidence-based, trauma-informed, culturally specific, linguistically accessible, and patient-centered;
- Peer support and recovery services designed to help people continue to address their substance use;
- Housing; and
- Harm reduction interventions including overdose prevention, access to naloxone and hydrochloride along with drug education and outreach.

What are Behavioral Health Resource Networks (BHRNs)?

Measure 110 providers, working together as a network, will utilize program funds to increase access to harm reduction and addiction recovery services. Measure 110 prioritizes funding

⁴ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

⁵ WA - 30.59%, Oregon - 33.63%, California - 22.23, Alaska - 75.34%

culturally and linguistically specific services that serve the communities that have been disproportionately harmed by the war on drugs: Black, African American, Latino, Indigenous, Tribal and other communities of color. At least one Behavioral Health Resource Network (BHRN) has been established in each Oregon county. [Learn more about BHRNS here.](#)

How will BHRNs help my community?

People in our communities seeking out harm reduction and addiction recovery services will now be able to access those services more quickly, closer to home, and by someone who shares their culture and/or language. The law intentionally prioritizes funding services not typically covered by Medicaid. With Measure 110 funding in place, people who lack health insurance coverage can access these services for free.

The influx of funding will not only help people in our communities who struggle with addiction, but also help to develop the local behavioral health workforce, creating jobs for people to help others in their own communities.

How much money will my county region receive?

- [See how much money each Oregon County will receive through BHRN funding.](#)
- What will BHRNs look like in your community? [See the organizations funded and services provided here.](#)

To prevent more overdoses, we must scale up harm reduction.

Harm reductionists have shared their concern that Oregon's drug supply is changing so quickly, they are unable to provide messaging around how to reduce overdose risk. Harm reduction services must scale up to help Oregon tackle this public health crisis. Measure 110 funds harm reduction services that help keep people safe and alive.

Harm reduction interventions also reduce other negative health outcomes associated with IV drug use, and more of these services are desperately needed in Oregon. HIV rates are climbing in Oregon because of the addiction crisis. Our state is also in the midst of a Hepatitis C epidemic; 70% of people who inject drugs are infected with Hepatitis C, and Oregon has one of the highest death rates associated with Hepatitis C infection.⁶ In the first five years after Portugal's drug decriminalization program went into effect, drug overdose deaths dropped dramatically, as did the rate of HIV and other infectious disease transmission, and the amount of people voluntarily entering treatment or accessing services greatly increased. Architects of the Portuguese model emphasize that being able to focus on the individual person using drugs, their wellbeing, and connecting them with critical support services made all the difference.

⁶ [Haven Wheelock, Overdose Prevention Specialist, 6/2/22 legislative testimony](#)

Why decriminalize drug use?

It's more effective than incarceration.

The US has been criminalizing drug use for 50+ years and it has proven not only to be cruel, but largely ineffective.⁷ More people are incarcerated than ever before, and more people are addicted than ever before. Oregon ranks second in the nation for substance abuse disorder and 50th in access to services⁸. This is a crisis and we must treat it with urgency by doing what works: make addiction recovery services available to more people in the most low-barrier, equitable way possible. In doing so, more people will get help and we will further destigmatize addiction and recovery. More people will feel safe to come forward and ask for help.

Forcing people into treatment usually doesn't work.

Coercing people into treatment undermines their dignity and autonomy, and the evidence suggests that coerced treatment is ineffective. [Data](#) show that the risk of dying immediately after discharge from compulsory care for addiction is very high, especially for younger clients.⁹ Services should be evidence-based, voluntary, and accessible. That's exactly what Measure 110 does, and that's why decriminalization has been so effective in other countries when it comes to reducing stigma, connecting people with critical services, and ultimately preventing more people we love from dying from drug overdoses.

A criminal record can create lifelong barriers.

A criminal record for even a misdemeanor drug charge can sometimes be an automatic barrier to getting a job, accessing housing, qualifying for a credit card or student loan, and can also automatically disqualify people from being eligible for certain professional licenses. Increased drug testing and hyper-criminalization fueled by the drug war combine to often prevent people from vital public services. Eligibility policies that target people who use drugs make it harder for families to meet basic needs, and these bans do nothing to improve circumstances for people struggling to put food on the table.

A “drug war approach” has created multigenerational harms.

We've tried for more than half a century to arrest our way out of this public health crisis, and doing so has created harms that span generations.¹⁰ The disproportionate impact of drug war-related policies and practices on communities of color means these communities are most harmed by economic and employment disenfranchisement¹¹

⁷ [Drug Policy Alliance](#)

⁸ SAMHSA National Survey on Drug Use and Health

⁹ <https://www.sciencedirect.com/science/article/pii/S0376871622002290>

¹⁰ “The United States is home to less than 5% of the world's population, but nearly 25% of its prisoners. ...Over 1.6 million people are arrested, prosecuted, incarcerated, placed under supervision and/or deported each year on a drug law violation.” - Drug Policy Alliance data on mass incarceration

¹¹ [Drug Policy Alliance](#)

Law enforcement disproportionately targets people of color.

Law enforcement disproportionately targets low-income communities and people of color when enforcing drug laws, despite the fact that people of all races use drugs at similar rates.^{12 13} Black people comprise 26 percent of all drug-related arrests nationally even though they comprise 13 percent of the US population. In Oregon prior to Measure 110, Black and Indigenous people were disproportionately more likely than white people to be arrested for drug possession and be convicted of felony drug possession¹⁴, even though people of color are consistently documented by the U.S. government to use drugs at similar rates to people of other races.

People of color experience discrimination at every stage of the judicial system and are more likely to be stopped, searched, arrested, convicted, harshly sentenced and saddled with a lifelong criminal record. This is particularly the case for drug law violations. Research shows that nationally prosecutors are twice as likely to pursue a mandatory minimum sentence for Black people as for white people charged with the same offense. Among people who received a mandatory minimum sentence in 2011, 31% were Black.

Incarceration for drug use causes *more* harm

Incarceration worsens health outcomes, causes more trauma, and increases the risk of dying from an overdose.

While there may be powerful anecdotal examples of how incarceration helped someone find recovery, this is far from the norm. Data shows that incarceration causes more trauma that makes recovery harder to obtain¹⁵, and even increases the risk of dying from an overdose once released.¹⁶

Criminalization makes people afraid to ask for help.

Drug criminalization contributes to stigma, and deters people from seeking voluntary health services, like overdose prevention and addiction recovery services.

A public health approach costs taxpayers less.

A [recent study](#) looking at decriminalization in New Jersey found that \$1 billion in direct costs and health casualties of the drug war can be saved through decriminalization, and that such savings can be utilized to fund a more effective public-health approach for people who use drugs.¹⁷

¹² Camplain et al., 2020; Center for Disease Control and Prevention, 2019

¹³ Substance Abuse and Mental Health Services Administration, "Results from the 2014 National Survey on Drug Use and Health: Detailed Tables," (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015), Table 1.19B.

¹⁴ Federal Bureau of Investigation, 2019; Oregon Criminal Justice Control Commission, 2019

¹⁵ [2020 Sociological Study](#) - "Gladiator School: Returning Citizens' Experiences with Secondary Violence Exposure in Prison"

¹⁶ According to the [New England Journal of Medicine](#), in the first two weeks after their release from prison, individuals are almost 13 times more likely to die than the general population.

¹⁷ "Estimating the Savings from Decriminalizing Drug Consumption: The Case of New Jersey", *Rutgers Journal of Law and Public Policy*

According to the Office of National Drug Control Policy, drug abuse leads to about \$120 billion in criminal justice costs, health care costs, lost wages and incarceration, and victim costs every year. In Oregon, the total cost of substance abuse was estimated to be almost \$6 billion. A study by the Oregon Office of Alcohol and Drug Abuse Programs found that for every tax dollar spent on addiction recovery services, it saved \$5.60 in taxpayer money.¹⁸

Accessible, low-barrier services save lives

Measure 110 makes care more accessible to more people by removing barriers to and conditions for care. The Oregon Health Authority reported that in only six months, Measure 110 funding enabled over 16,000 *more* people to receive care.

Low-barrier care eliminates many typical obstacles that prevent people from accessing care. Care is considered “low-barrier” when a person is able to access the services they need without having to deal with long wait times, wait lists, prohibitive costs, or other delays. A low-barrier approach is a way to “meet people where they are” and provide an environment where they can be who they are — culturally and emotionally.

Measure 110 opened more doors to services.

Some have wrongly asserted that prior to Measure 110, people in Oregon struggling with substance use could easily access addiction recovery services through the criminal justice system. They have argued that Measure 110 removed this pathway to services. This is far from accurate. There are few services available for incarcerated people in Oregon struggling with addiction. Addiction recovery providers also report that prior to the initial Measure 110 funding being released, it was not uncommon to have to turn people seeking services away, or put them on a waiting list that was weeks long.

Measure 110 is changing the system so that there is no wrong door to access services.

You don’t have to get arrested before you are *maybe* offered help. Our loved ones struggling with substance use can now either call the 110 hotline to get connected to services, or seek them out directly through local providers. Measure 110 is changing the addiction recovery service landscape so that regardless of the path, supportive services will be more readily available closer to home.

Early numbers show Measure 110 is working.

More people are accessing services and support

The Oregon Health Authority reports that, in just six months, Measure 110 funding provided critical services to more than 16,000 people in Oregon. Over the next 18 months,

¹⁸ [The Statesman Journal](#)

Measure 110 will dedicate a total of \$260 million toward making addiction recovery and harm reduction services more accessible.

Fewer people are being saddled with lifelong barriers

As a result of the passage of Measure 110, there has been a significant reduction in drug arrests and convictions, even when the drop in arrests during the pandemic is accounted for. Drug arrests overall are down over 80 percent.¹⁹ When it comes to stopping the ongoing harms of the war on drugs, the very presence of a drug arrest or charge can create barriers that last a lifetime. A criminal record for even a misdemeanor drug charge can sometimes be an automatic barrier to getting a job, accessing housing, qualifying for a credit card or student loan, going on a school field trip with their children, and can also automatically disqualify people from getting a professional license for their trade.

Most crime rates have held steady or even gone down since Measure 110 passed.

Despite the sensationalism from some elected officials and media outlets about the alleged rise in crime in recent years, data show that, in general, crime rates have held steady since 2018.²⁰

Preliminary data on 2021 crime rates within Oregon's largest cities show that most crime rates either held steady or even declined.²¹

Though not supported by data, the electorate's views on crime may be driven in part by the very politicians seeking their vote, as well as [regular messaging](#) from [police unions](#) and [organizers opposing](#) criminal justice reformers.²²

¹⁹ Oregon Criminal Justice Commission

²⁰ Oregon Justice Resource Center: "Crime and Safety in Oregon in 2022: Myths, Facts and Solutions"

²¹ Ibid.

²² <https://www.opb.org/article/2022/04/21/oregon-governors-race-portland-city-council-crime-polling-data/>

Oregon's Property and Violent Crime Rates from 1985 to 2020	Oregon's Property and Violent Crime Rates from 2019 to 2021
<p>Above: Data sourced from the Federal Bureau of Investigation's Uniform Crime Report 2020.</p>	<p>Above: Author's calculations are based on data from the Federal Bureau of Investigation's Uniform Crime Report 2019, Oregon's Uniform Crime Report 2021, and Portland State University's Population Report 2021.</p>
<p><i>Note that violent crime includes homicide, rape, robbery, and aggravated assault; property crime includes burglary, motor vehicle theft, and larceny theft (including non-felonious larceny theft).</i></p>	

Decriminalization is *not* legalization.

Measure 110 only *decriminalized* personal possession of small amounts of drugs, reducing criminal possession offenses from misdemeanors to civil infractions. Other conduct involving drugs — like manufacturing, dealing, intent to sell, driving under the influence, etc. — remain illegal.

Are drug overdoses on the rise because of Measure 110?

Measure 110 funds overdose prevention services. Like gun violence, drug overdoses are on the rise all across the country — not just in Oregon where possession of small amounts of drugs have been decriminalized. Oregon ranks 50th in the nation in access to critical addiction recovery services. The influx of funds from Measure 110 will help Oregon meet the tremendous need for these services. That's why it's so important to quickly release the funding into the communities that desperately need these services. The influx of Measure 110 is five times the amount that Oregon currently spends on harm reduction and addiction recovery services.

Is Measure 110 making the fentanyl crisis worse?

Fentanyl entered the illicit drug supply years before Measure 110 took effect. The CDC reports²³ that overdose deaths are rising to record levels nationwide. Blaming Measure 110 locally is politically convenient but incredibly inaccurate. Oregon is fortunate that Measure 110 funding is available to help reduce the likelihood of fentanyl-related overdose deaths by investing a total of \$302 million in culturally competent, evidence-based treatment — including overdose prevention and harm reduction.

If we are serious about saving lives amid the nationwide overdose crisis we need to get serious about solutions, not baselessly pointing fingers at health alternatives like Measure 110, which is designed to address a problem that has been more than 50 years in the making.

Measure 110 can help prevent fentanyl overdose deaths through harm reduction services.

Someone accessing harm reduction services is five times more likely to end up seeking out addiction recovery services than someone who is using drugs and is not engaged in any kind of harm reduction.²⁴ The American Medical Association recognizes²⁵ how vital harm reduction services are in saving lives and preventing drug overdoses. They recommend all states move to decriminalize fentanyl test strips, remove the prescription status of naloxone to make it over the counter; and to hold insurers accountable for repeated, willful violations of state and federal mental health and Substance Use Disorder parity laws.

²³ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

²⁴ Kelsi Junge, supervisor for Multnomah County's Harm Reduction Program, as quoted by [KGW News](#).

²⁵ [American Medical Association Statement](#)