

**OREGON'S MEASURE 110  
PRINCIPLES AND METRICS FOR EFFECTIVE EVALUATIONS**

***M110 Evaluation Working Group***

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## **Background**

In November 2020, Oregon voters passed an historic measure to decriminalize possession of small amounts of all drugs and invest substantially in healthcare, substance use disorder treatment, and harm reduction and social services for people who use drugs. Already several jurisdictions across the U.S. are looking to replicate and improve upon Measure 110 (M110 also known as the Drug Addiction Treatment and Recovery Act of 2020), and there is broad interest in evaluating the impact of the measure. Too often, however, researchers neglect to consult with people on the ground who are directly impacted by policy changes when they craft their evaluations. The failure to do so can lead to evaluations that ask the wrong questions, do not answer questions of interest to the community, or fail to take into account significant confounding variables and complexities that can affect outcomes. In addition, some evaluators focus on outcome measures but never look at how the implementation of a policy (or the failure to implement it fully) impacts those outcomes. High quality evaluations will address how M110 is being operationalized, outcomes linked to those activities, and how the broader context may or may not affect those outcomes.

To encourage thoughtful policy evaluations, we describe how M110 changes existing laws related to unregulated substances, and then provide evaluation principles and candidate metrics derived from interviews with people who use drugs (PWUD) in Oregon and our working group.

## **Methods**

To identify strong candidate metrics for evaluation, we convened a working group that engaged with people who use drugs in Oregon to ascertain important principles and metrics that scientists should use when evaluating M110. The working group developed an interview protocol to help guide interviews with people who use drugs in Oregon. The protocol was pilot tested with a person who uses drugs from Oregon, who is also pursuing a degree in public health. Based on their feedback, the protocol was refined.

Interview candidates were identified by reviewing a list of people who had submitted testimony about M110's implementation, talking to leaders of organizations that work with people who use drugs in Oregon, and following up on leads from initial interviewees. We selected individuals from across the state for geographical diversity, particularly to ensure that both urban and rural perspectives were represented. Forty-five percent of the sample were ciswomen; 55% were cismen. Participants were paid \$50 each for their time and expertise, and the qualitative interviews, which took place via video conferencing and phone, lasted between 45-60 minutes. The interviews were recorded, and the interviewer took notes. A total of eleven interviews were conducted, after which time we ceased conducting new interviews because we reached

data saturation. Interview recordings and notes were reviewed and analyzed by two members of the working group from which a draft set of principle and metrics below were derived. The draft was edited by the working group and then sent back to all the participants for their review to make sure that the document accurately reflected what they had told us.

## **What does Oregon's Measure 110 do?**

### **Decriminalizes Non-commercial Drug Possession**

- » Reclassifies possession of small amounts of illicit drugs from a misdemeanor to no more than a Class E violation with a maximum fine of \$100.

### **Increases Funding for SUD Treatment and Harm Reduction Services**

#### *Funding sources:*

- » Oregon Marijuana Account: The state's cannabis tax revenue provides at least \$57 million in Year 1, increased every year by at least the rate of inflation.
- » State prison savings includes savings from sentence reductions, reductions in arrests, incarceration, and community supervision.

#### *Funds existing agencies to create addiction recovery centers, which have since been renamed Behavioral Health Resource Networks:*

- » Triage based on acute needs of people who use drugs and provides intensive case management, linkage to care and services, peer support, and mobile or virtual outreach.

### **Increases Community Access to Care**

- » Funds low-barrier substance use disorder treatment that are evidence-based, trauma-informed, culturally responsive, person-centered, and non-judgmental.
- » Funds harm reduction interventions, including overdose prevention education, access to naloxone, sterile syringes, and stimulant-specific drug education and outreach.

# PRINCIPLES FOR EVALUATING OREGON MEASURE 110

## Successful evaluations will:

### *Center People Who Use Drugs, Their Families, and Communities*

- The people who use drugs, their families, and communities that are most affected by Measure 110 are the most important resource for evaluations and need to be consulted about their experiences throughout every stage of the process: proposal writing, study design, analysis, interpretation, and dissemination.

### *Be Comprehensive*

- Evaluations should include both qualitative and quantitative methodologies to ensure there is appropriate context and explanatory power
- Evaluations should include primary data collection and secondary analyses
- Evaluations should include data on all the main domains listed in the metrics section: criminal legal data, law enforcement interactions and culture, social service environment and collateral consequences, healthcare, stigma, and cost and cost savings.
- Evaluations need to include process, outcome and client satisfaction outcomes
- Evaluations need to document potential selection bias in terms of who participates in and follows up on evaluation activities (e.g., account for lost to follow up)
- Evaluations need to document barriers to participation and follow up
- A wide range of stakeholders should be involved in evaluation design and interpretation of results.
- Research needs to incorporate all of Oregon, not just urban centers or the I-5 corridor
- People with a wide variety of perspectives and standpoints should be included in discussions of evaluation design and interpretation of evaluation results.

### *Be Conducted by Informed Researchers with Relevant Experience*

- Evaluations should be informed by prior decriminalization efforts and evaluations
- Evaluators should have strong background in public health and a deep understanding of how Black, Indigenous and people of color have been harmed by the war on drugs
- Researchers need a demonstrated record of above-ground investment in working successfully with and hearing from harm reduction service providers and people who use drugs
- Research teams should include people in Oregon
- Ideally researchers would themselves have relevant lived experience

### *Be Inclusive and Prioritize High Quality Data and Designs*

- Evaluations should avoid selection bias by including people who actively use drugs who are not involved in the criminal legal system or the social service and treatment systems, and study people who use drugs from a wide range of socioeconomic backgrounds

- Analyses need to take into account a wide variety of potential confounding variables, which is particularly important in any ecological or time-series analyses (for example, incorporate the increase in fentanyl in analyses involving overdose mortality).
- Designs should include strong comparators

#### *Use Non-stigmatizing Language*

- Researchers should aim to use language that is neutral (i.e. not outdated or stigmatizing language), comprehensible to all potential study participants, and precise
- Language should contribute to a shift in understanding of drug use (e.g., not all users of substances have a substance use disorder)

#### *Be Transparent and Accessible*

- Research needs to be transparent, comprehensible, and accessible to the public
- Prior to dissemination, methods and results should be reviewed by people affected by Measure 110 as well as by experts in the field
- There should be research liaisons who can translate the findings into impartial briefings for the community and the media

## **RECOMMENDATIONS FOR METRICS FOR EVALUATING MEASURE 110**

PWUD in Oregon had a number of concerns about evaluating M110, which are reflected in the metrics below. But it is worth noting one key concern that came up over and over again -- would the potential benefits of M110 be realized equally across different kinds of demographic groups? They were particularly skeptical that Black, Indigenous, and people of color (BIPOC) would experience reductions in law enforcement interactions and noted that pregnant and parenting individuals who use drugs might continue to be among those most stigmatized. Evaluations of M110 will need to incorporate data collection and analyses that assess disparities across these important demographic groups.

We recognize that there are many variables of interest and that addressing them all may be beyond the scope of any one evaluation. The metrics below are in order of the relative frequency and importance that the people we interviewed placed upon them. Despite the challenges of so many metrics, we encourage researchers to include as many of them as they can and to be aware of the complexities involved in evaluating a policy shift as far-reaching as M110. We also encourage researchers to consider the totality of these metrics in interpreting and contextualizing their findings. Finally, we want to stress the importance of assessing the outcomes in the context of how policies were actually implemented and accounting for potential confounders.

## **Criminal Legal Data**

PWUD in Oregon were interested in tracking changes in police activity, arrests, and incarceration. Their biggest concern was tracking net-widening to see if and how the police will find other ways of stopping and arresting people in low-income neighborhoods, from communities of color, and the unhoused. They were also concerned about an increase in “intent to distribute” charges. People were also curious to see if and how crime rates in general change, since prosecutors have often claimed that drug charges are a “way in” to investigate other kinds of crime and because M110 ostensibly allows law enforcement to redirect its efforts towards more serious crimes.

### **Sample metrics:**

- *Changes in drug-related misdemeanors and felonies, especially possession and intent to distribute*
- *Changes in other crimes, such as trespassing, sex work, property crimes*
- *Changes in law enforcement stops, searches and seizures*
- *Changes in failure to appear charges*
- *Changes in incarceration rates*
- *Changes to criminal legal system mandated participation in treatment*
- *Changes in which neighborhoods and populations are the focus of police activity*
- *Number of screenings, including unique individuals receiving health screening and people being screened multiple times*
- *Number of calls to statewide telephone health screening hotline*
- *Number of verifications provided by entities providing health screenings*
- *Number of people receiving citations and fined; number and proportion of people paying fines*
- *Dispositions of citations*
- *Demographics trends in stops, screenings, arrests, and incarceration*

### **Sub-analyses:**

- *Assessing metrics by race/ethnicity and by counties with high proportion of Black, Indigenous, and people of color (BIPOC)*
- *Assessing metrics by geography, including comparison of urban, suburban, rural, and frontier regions, and by income (low income vs. high income areas)*

## **Law Enforcement Interactions and Culture**

PWUD in Oregon were interested in whether M110 would change the attitudes of law enforcement about drugs or people who use them. They were also curious to see if the dynamics during police encounters and the stress felt by people (both people who use drugs and people who don't) change after M110 implementation.

## **Sample Metrics:**

- *Changes in law enforcement attitudes towards drugs and people who use drugs*
- *Changes in law enforcement attitudes on enforcement practices and priorities*
- *Changes in feelings of safety, trust, and comfort by community members about police and police encounters*
- *Changes in the number of police encounters resulting in violence*
- *Changes in the number of people calling 911 for assistance during drug-related health emergencies like overdose (calls for service)*
- *Changes in arrest of substance use involved people for any reason<sup>[KA9]</sup>*
- *Number and proportion of PWUD who understand their rights under Measure 110*

## **Sub-analyses:**

- *Assessing metrics by race/ethnicity and by counties with high proportion of Black, Indigenous, and people of color (BIPOC)*
- *Assessing metrics by pregnant and parenting people*
- *Assessing metrics by geography, including comparison of urban, suburban, rural, and frontier regions, and by income (low income vs. high income areas)*

## **Social Service Environment & Collateral Consequences**

PWUD in Oregon were excited at the prospect of more resources going into services and treatment as a result of M110. However, they expressed concern over the quality and efficacy of such services, and the ability to scale up what has heretofore been an underdeveloped sector. Simply put, they don't just want to see more services; they want to see a diverse mix of high quality, culturally competent services to satisfy a range of different needs. They want people affected by drug use to be involved in all aspects of service provision. They were also interested in understanding if M110 would impact the collateral consequences of a drug charge, including access or loss of employment, housing, or education.

## **Sample Metrics**

- *Changes in the availability of evidence-based care options, including treatment, detox, housing, harm reduction, and employment services*
- *Changes in meaningful engagement, employment, and promotion of people affected by drug use in all aspects of service organizations*
- *Knowledge among PWUD of the screening process for substance use treatment and of available services*
- *Client uptake of available services*
- *Wait time and numbers of people on wait lists for different services*
- *Proportion of people choosing the screening over the fine over time*
- *Proportion of people choosing the screening and following up on services over time*
- *Changes in the treatment workforce (e.g., level of training, numbers of workers)*
- *Changes in the number of housing units available to people who use drugs*

- *Changes in the number of gender-specific services*
- *Changes in the number of family-based services*
- *Changes in the number of pregnant people receiving service*
- *Changes in the number of veteran-specific services*
- *Efficacy of services offered as measured by client retention, satisfaction, quality of life, and individual goals*
- *Number and proportion of people entering treatment voluntarily versus mandated or coerced into treatment*
- *Changes in the number of programs adhering to evidence-based guidelines and practices*
- *Number of times a client is screened before taking up services*
- *Changes in the number of homeless individuals*
- *Changes in the number of people with prior drug convictions entering public housing programs*
- *Changes in the number of people accessing public benefits*
- *Changes in the number of people facing child protective services investigations due to drug use or charges*
- *Changes in the numbers of children being removed from homes because of drug use and/or criminal legal involvement*
- *Changes in practice of drug testing in employment, parole, and probation*
- *Changes in the numbers of people terminated from employment for drug use*
- *Changes in the numbers of professional licenses being revoked because of drug charges*
- *Number of people screened who access education and employment services*
- *Changes in the number of people accessing financial aid for school*

### **Sub-analyses:**

- *Assessing metrics by race/ethnicity and by counties with high proportion of Black, Indigenous, and people of color (BIPOC)*
- *Assessing metrics by LGBTQIA people*
- *Assessing metrics by geography, including comparison of urban, suburban, rural, and frontier regions, and by income (low income vs. high income areas)*

### **Healthcare**

PWUD face myriad barriers to accessing healthcare. They were interested to learn whether or not M110 would improve access and health outcomes. Among the most urgent issues was to understand the impact of M110 on nonfatal and fatal overdoses, but their interests extend far beyond that one metric. They also noted that the increase of fentanyl in the drug supply was a likely confounder to overdose rates that needed to be accounted for by researchers. PWUD uniformly rejected abstinence or decreases in drug use as a primary metric of M110's success, noting that drug use alone tells you little about whether or not someone is using problematically or about the quality of their

life. Nonetheless, they were interested in understanding if and how M110 impacted drug use.

### **Sample Metrics**

- *Changes in people calling 911, especially related to drug overdose*
- *Rates of nonfatal and fatal overdose*
- *Changes in HIV and HCV testing among PWUD*
- *Changes in HIV and HCV care delivery among PWUD*
- *Changes in endocarditis and drug-related soft tissue infections*
- *Changes in PWUD accessing healthcare for any reason*
- *Changes in PWUD accessing health insurance*
- *Changes in satisfaction with healthcare among PWUD*
- *Changes in substance use patterns*
- *Changes in mental health outcomes among people participating in services*
- *Changes in availability and access to mental health care.*
- *Changes in quality of life among PWUD*

### **Sub-analyses:**

- *Assessing metrics by race/ethnicity, with attention to locations with high proportion of Black, Indigenous, and people of color (BIPOC)*
- *Assessing metrics by LGBTQIA people*
- *Assessing metrics by pregnant and parenting people*
- *Considering the increase in fentanyl analogs and benzodiazepines as a key confounding variable by stratifying overdoses by fentanyl and other substances, and using neighboring states as comparators.*
- *Assessing metrics by geography, including comparison of urban, suburban, rural, and frontier regions, and by income (low income vs. high income areas)*

### **Stigma**

PWUD were very interested in whether M110 would impact stigma and hostility towards PWUD. Noting that criminalization is a key component of stigma and that M110 was designed to treat drug use as a health issue, they were curious about whether the Measure would change attitudes.

### **Sample Metrics**

- *Changes in healthcare providers' attitudes towards PWUD*
- *Changes in law enforcement personnel's attitudes toward PWUD*
- *Changes in the self-perceptions of PWUD about their own drug use*
- *Changes in general public's attitudes towards PWUD*

### **Sub-analyses:**

- *Assessing metrics by race/ethnicity and by counties with high proportion of Black, indigenous, and people of color (BIPOC)*
- *Assessing metrics by pregnant and parenting people*
- *Assessing metrics by geography, including comparison of urban, suburban, rural, and frontier regions, and by income (low income vs. high income areas)*

## **Cost and Cost Savings**

PWUD in Oregon were concerned that the money being allocated through Measure 110 is carefully tracked. Moreover, they noted that spending alone tells you little about the quality, efficacy, or appropriateness of the services being purchased. They were adamant that cost and cost savings should not be studied without also studying the other metrics discussed above. Cost-savings without improvement in all these other aspects would not indicate success.

## **Sample Metrics**

- *Changes in the amount being spent on different kinds of services (e.g., treatment, harm reduction, housing)*
- *Amount and proportion being spent on administration or overhead not directly benefiting PWUD*
- *Changes in law enforcement and incarceration expenditures*
- *Amount being spent on monitoring and evaluation of program and services*
- *Calculation of cost savings/increases related to changes in law enforcement, incarceration, use of emergency services, and healthcare spending*
- *Revenue raised by fines and changes over time*
- *Description of how funding decisions are made with a focus on whether and how people who use drugs and impacted communities are involved in funding decisions*

## **Potential Confounders**

- *Increase in fentanyl and changes in route of administration of fentanyl and other drugs*
- *Emergence or increase in novel psychoactive substances*
- *COVID pandemic*
- *Underdeveloped treatment and services infrastructure*
- *Workforce challenges*
- *Changes in the policy environment*
- *If and how different aspects of the program are actually implemented*