

FEBRUARY 2024

In 2020, Oregon voters overwhelmingly approved Ballot Measure 110, making Oregon the first state in the U.S. to decriminalize possession of small amounts of all drugs and greatly expand addiction services and social supports through redirected marijuana tax revenue and law enforcement savings.

But in 2024, drug possession was recriminalized after an intense disinformation campaign by drug war defenders and by Oregon leaders who scapegoated Measure 110 for every issue in the state. They put political interests such as re-elections over facts and Oregonians' well-being. They also sacrificed Black and Indigenous/Native lives to bow down to a predominantly corporate interest group led by the former chief of Oregon's prisons.

Yet more than 50 years of evidence from the drug war shows that arresting and jailing people for drugs is a failed approach.



HERE'S WHAT HAPPENED:

Click each link to learn more.

- [Oregon's Measure 110 was meant to address the harms of criminalization and make needed investments in addiction services and social supports. It did just that.](#)
- [Policymakers could have made Measure 110 stronger but ignored advocates' recommendations.](#)
- [Politicians scapegoated Measure 110 for the problems caused by their own failures.](#)
- [External factors like increased evictions & homelessness created more suffering in Oregon's streets.](#)
- [Research proves Measure 110 did not increase crime, homelessness, or overdose deaths.](#)
- [Oregon leaders recriminalized drug possession as a false promise of change.](#)
- [Despite the rollback, Measure 110 supported Oregon's public health goals.](#)

OREGON'S MEASURE 110 ADDRESSED THE HARMS OF CRIMINALIZATION & MADE NEEDED INVESTMENTS IN ADDICTION SERVICES & SOCIAL SUPPORTS.

Before Measure 110, Oregon arrested people for drug possession while ranking nearly last in access to treatment. In response, voters approved Measure 110 as a needed intervention to the challenges Oregon was facing around the harms of arresting and jailing people for drugs and to provide more services and supports for people in need.

WHAT ARE THE HARMS OF CRIMINALIZATION?

- Many people cycle in and out of jail, ending up back in the street after an arrest without meaningful connection to support or care.
- Criminalization [increases overdose risk](#).
- Criminalization contributes to racial disparities in arrest and incarceration due to targeted enforcement.
- Criminalization disrupts treatment for those who seek it.
- Criminalization saddles people with criminal records that serve as [barriers to jobs, housing, and other services](#) for the rest of their lives.
- Criminalization does not solve public suffering on the street because it does not address why people are homeless and unsheltered.

Measure 110 reduced low-level drug possession from a misdemeanor to a violation, punishable by a citation and fine of up to \$100. The citation and fine would be dismissed if the person completed a health needs screening. Measure 110 established a statewide telephone hotline that people can call to complete their health need screening.

Measure 110 made progress towards its goal of decreasing the harms of criminalization.

- [Thousands fewer Oregonians were arrested](#) and saddled with criminal records for low-level possession that can create lifelong barriers to jobs, housing, and services.
- Drug decriminalization [saved Oregon nearly \\$40 million](#) in criminal legal system costs – savings used to help Oregon start to fill its gap in effective addiction services.

Measure 110 redirected the majority of Oregon's marijuana tax revenue into funding addiction services. This included low-barrier substance use disorder treatment, harm reduction and overdose prevention services, housing, recovery and peer support services, and employment supports. Measure 110 required that these services be available in every county in the state through at least one Behavioral Health Resource Network.

Measure 110 resulted in over \$300 million to expand addiction services in its first two years alone, resulting in dramatic increases in the number of clients accessing services:

- Health needs screenings increased 298 percent.
- Comprehensive behavioral health needs assessments increased 114 percent.
- Substance use disorder treatment increased 143 percent.
- Peer support services increased 205 percent.
- Harm reduction increased 148 percent.
- Housing services increased 296 percent.
- Supported employment increased 286 percent.

The funding and services have had profound impacts on organizations and individuals. **Even the proponents of its repeal have admitted that Measure 110 was successful in improving service provision, agreeing the services it created must stay in place even after recriminalizing possession.**

POLICYMAKERS COULD HAVE MADE MEASURE I10 STRONGER BUT IGNORED ADVOCATES' RECOMMENDATIONS.

Politicians blocked the full potential of Measure I10 by failing to effectively implement or improve it along the way. The Oregon Health Authority (OHA) [provided inadequate support](#) to the Oversight and Accountability Council, the body responsible for Measure I10 funding allocations. This resulted in a significant delay in funding getting to service providers. [The state failed to provide any training or standardized citation forms to law enforcement](#), many of whom were opposed to Measure I10. The state deliberately chose not to advertise the screening hotline to the public.

Rather than working to improve Measure I10 and provide real solutions, policymakers caved to a rollback effort bankrolled by business interests and led by the former chief of Oregon's prisons.

Numerous local Oregon groups that represent communities of color repeatedly [attempted to engage](#) constructively with state leaders about how recriminalizing drug possession would harm Black and Brown communities due to targeted enforcement. Yet, they were largely ignored in the legislative process.

POLITICIANS SCAPEGOATED MEASURE I10 FOR THE PROBLEMS CAUSED BY THEIR OWN FAILURES.

The devastating public suffering in Oregon is the result of longstanding government failure to address homelessness, overdose, and other urgent crises. Oregon leaders' chronic underfunding of affordable housing, effective addiction services, and accessible healthcare are to blame for the heartbreaking public suffering seen in Oregon's streets.

Public suffering, including visible [homelessness](#) and drug use, are issues faced in urban, suburban, and rural communities across the political spectrum. [Public suffering](#) is directly correlated with the [availability of affordable housing](#), not the severity of penalties for drug possession.

Measure I10 funds helped people get off the streets with [sober housing](#) and [extended housing periods](#) for people going through treatment. But these funds alone were not going to solve – nor were they ever meant to solve – the homelessness crisis in Oregon.

Criminalization will not solve public suffering on the street because it does not address why people are homeless and unsheltered.

EXTERNAL FACTORS LIKE INCREASED EVICTIONS & HOMELESSNESS CREATED MORE SUFFERING IN OREGON'S STREETS.

Measure I10 took effect in the middle of the COVID-19 pandemic, and OHA was primarily responsible for the state's response. Combined with constant turnover of staff assigned to Measure I10, OHA did not take leadership of Measure I10 implementation like the law intended. In June 2021, COVID-19 eviction protections ended, [leading to skyrocketing eviction filings](#). Increased evictions, compounded by the fact that many people faced heightened economic insecurity during the pandemic, contributed to Oregon's already extraordinary housing crisis. [The state's homeless population increased](#) 23 percent during the early pandemic years of 2020 to 2022 and another 12 percent from 2022 to 2023.

[Fentanyl began to proliferate the west coast's drug supply](#) starting in 2019, and overdose deaths have dramatically increased as a result, in Oregon and across the western U.S.

RESEARCH PROVES MEASURE 110 DID NOT INCREASE CRIME, HOMELESSNESS, OR OVERDOSE DEATHS.

OREGON'S LEADERS IGNORED THE EVIDENCE.

Research does not substantiate the information peddled by Oregon leaders and bad actors. But this did not stop them from promoting [inaccurate and misleading claims](#) that Measure 110 increased crime, homelessness, and overdose deaths within the state. Here are the facts:

OVERDOSE DEATHS ARE A NATIONAL ISSUE.

- Drug overdose deaths are a national crisis, not just Oregon's. Every region across the country — regardless of its policies on drug possession — [shows](#) a nearly identical skyrocketing overdose death rate due to the rise of fentanyl.
- Two separate longitudinal studies ([here](#) and [here](#)) found no association between fatal overdoses and M10.
- Oregon is not immune from this national crisis. The state's [overdose death rate](#) remains close to the national average and far less than states like West Virginia, Tennessee, or Kentucky, which all have higher incarceration rates than the U.S. average.
- Oregon [overdose deaths increased at a similar rate](#) to California, Nevada, and Washington, neighboring states that have criminal penalties for drug possession.

HOMELESSNESS IS DUE TO COST OF LIVING, EVICTION POLICIES, AND HOUSE SHORTAGE.

- Research shows homelessness rates in Oregon have increased in tandem with the state's [eviction policies, rising cost and limited supply of housing](#), and longstanding rate of [chronic homelessness](#), not Measure 110.
- There is also no evidence of an influx of unhoused drug users moving to Oregon from other states. In fact, of [a survey of 500 homeless Oregonians who use drugs](#), three out of four have lived in Oregon for 11 years or more.

PUBLIC DRUG USE IS DRIVEN BY HOMELESSNESS.

- When an overdose and homelessness crisis meet, public drug use will inevitably increase. Public drug use is the result of people not having a place to go or the help they need. The reality is drugs can be a necessary survival tactic to [stay awake and alive while living on the streets](#).
- Many assume that people experience homelessness because of their or drug use. But in reality, [root structural causes like a lack of affordable housing and a poor social safety net](#) lead to homelessness.

MAJOR CRIME RATES ARE DECLINING.

- [Research](#) has found no association between Measure 110 and changes in [crime](#). Despite ongoing fearmongering, the [overall rate of major crimes is declining](#) across the country and in [Oregon](#), including in [Portland](#).
- Cities are spending more money on policing now than ever, even though [research shows](#) it does not make cities any safer. For people using drugs in public, [encounters with police increase overdose risk](#).

OREGON LEADERS RECRIMINALIZED DRUG POSSESSION AS A FALSE PROMISE OF CHANGE.

THEY DOUBLED DOWN ON THE FAILED APPROACH OF ARRESTING AND JAILING PEOPLE FOR DRUGS.

Recriminalizing drugs in Oregon abandons the goal of a public health approach to drug use and addiction in Oregon by treating it as a crime. Under the new law, possession of small amounts of controlled substances is a misdemeanor punishable by up to six months in jail. Because nearly everyone who receives the new charge will require a public defender, [Oregon judges warned](#) the new law will further overburden the public defense caseloads at a time when people are already being released due to lack of counsel.

Unfortunately, the most common result of this bill will likely be that police arrest people for drug possession, the court dismisses their charges due to lack of counsel, and people return to the street after experiencing a major life disruption and with no connections to services or treatment. Drug use will be used as an excuse to arrest Black and Indigenous/Native Oregonians at higher rates, who are statistically more likely to face incarceration and harsher sentencing due to targeted policing and enforcement. This can lead to higher levels of overdose deaths and homelessness in Black and Brown communities in a state whose residents have expressed racial justice to be a core value.

DESPITE THE ROLLBACK, MEASURE 110 SUPPORTED OREGON'S PUBLIC HEALTH GOALS.

ITS CONTRIBUTIONS SHOULD NOT BE IGNORED.

Measure 110 drew unwarranted backlash from the moment it passed. Despite this, Oregon is in a better place than it was prior to Measure 110, when penalties for possession were more severe. Even the proponents of its repeal admitted that Measure 110 successfully expanded service provision, agreeing the services it created must stay in place. And Measure 110 spurred a much-needed conversation

about the harms of criminalization.

As politicians (re)learn that criminalization will not solve – and will worsen – the problems that Oregonians care about, opportunities to establish a true health-based drug policy should emerge.

Drug decriminalization is an important part of public health, but it cannot act alone.

When it comes to public suffering, first and foremost, our communities need more humane and affordable housing and shelter. We also need more services at the street level, like community-led crisis-response teams and overdose prevention centers, that connect people to care, including addiction services. How people are engaged and connected to services matter – for services providers to be conduits of care, they need more resources and funding.

Despite this setback in Oregon, the movement to replace drug criminalization with care continues.

For more information or questions email communications@drugpolicy.org.