



Attendees:

Members:

Pine to Prairie Drug Task Force Commander, Greg Widseth, Elizabeth Boucher, Laura DeLage, Kelsey Helgeson, Jake Dahle, Jodi Ramberg, Shannon Kronlund, Marley Melbye, Catherine Johnson, Jennifer Berhow, Marge Donnell

Chief Strategist – Polk County Public Health

Sarah Shimek, Sarah Reese, Taylor Hasick, Amanda Lien, Kirsten Fagerlund

Guests:

Kristen Leintz

1. Welcome and Introductions (Sarah S.)
2. Review and Approval of 3/8 Mtg Minutes (Sarah S.) - Reviewed and no recommended changes. These will be posted on the Polk County Opioid Advisory Council Meeting webpage.
 - a. <https://www.co.polk.mn.us/546/Opioid-Settlement-Advisory-Council>
3. Jodi Ramberg – "The War on Drugs: Shifting Focus to Social Justice & Harm Reduction in our Laws, Policies, & Practices."
 - a. Pre- and post-survey activity.
 - b. Black people are 5.4x more likely to be arrested for drug offenses in Minnesota and 2.5x more likely to be arrested for drug offenses in Polk County.
 - c. Mandating abstinence for overdose increases overdose risk.
 - d. Decriminalization: people are no longer arrested or incarcerated merely for possessing or using a drug
 - i. Not the same as legalization
 - e. Other countries who have decriminalized drugs have not seen an increase in drug use, but have seen a decrease in overdoses and an increase in treatment.
 - f. Principles of Harm Reduction
 - i. Accepts that drug use is a part of society, works to minimize harmful effects
 - ii. Understands drug use as a complex, multi-faceted issue
 - iii. Non-judgmental services
 - iv. Centers voice of users and those in recovery
 - v. Recognizes social determinants
 - vi. Does not ignore the harm and danger associated with illicit drug use
 - g. Drug education: Safety First
 - i. Safest option is to avoid drug use, but also teaches about safe use and resources
 - h. Oregon Measure 110 (Handout attached)
 - i. Feedback from group: has led to a decrease in the seeking of treatment, increase on overdoses



Polk County Opioid Settlement Advisory Council Minutes

March 8, 2023 | 10 a.m.-12:00 p.m. | Virtual

- i. The presentation and handouts will be attached to the minutes.
4. Taylor Hasick – Public Survey
 - a. Survey and promotional materials with changes based on feedback will be sent out for the Council to review.
5. Action Steps for Next Mtg – Survey Review
6. Next Mtg May 10 from 10-12, Location TBD
7. Adjournment at 12

THE WAR ON DRUGS:

Shifting Focus to Social Justice and Harm Reduction in our Laws, Policies, and Practices

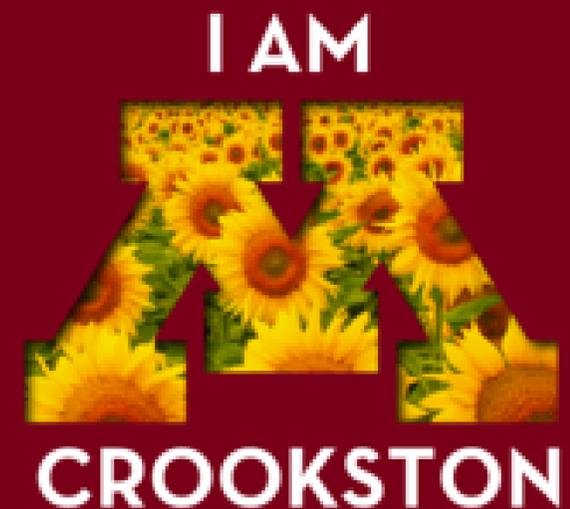
Polk County Opioid Settlement Advisory Committee

April 12, 2023

Jodi Ramberg, MA, LPC, LADC

Counselor and Counseling Services Director

University of Minnesota Crookston



Objectives

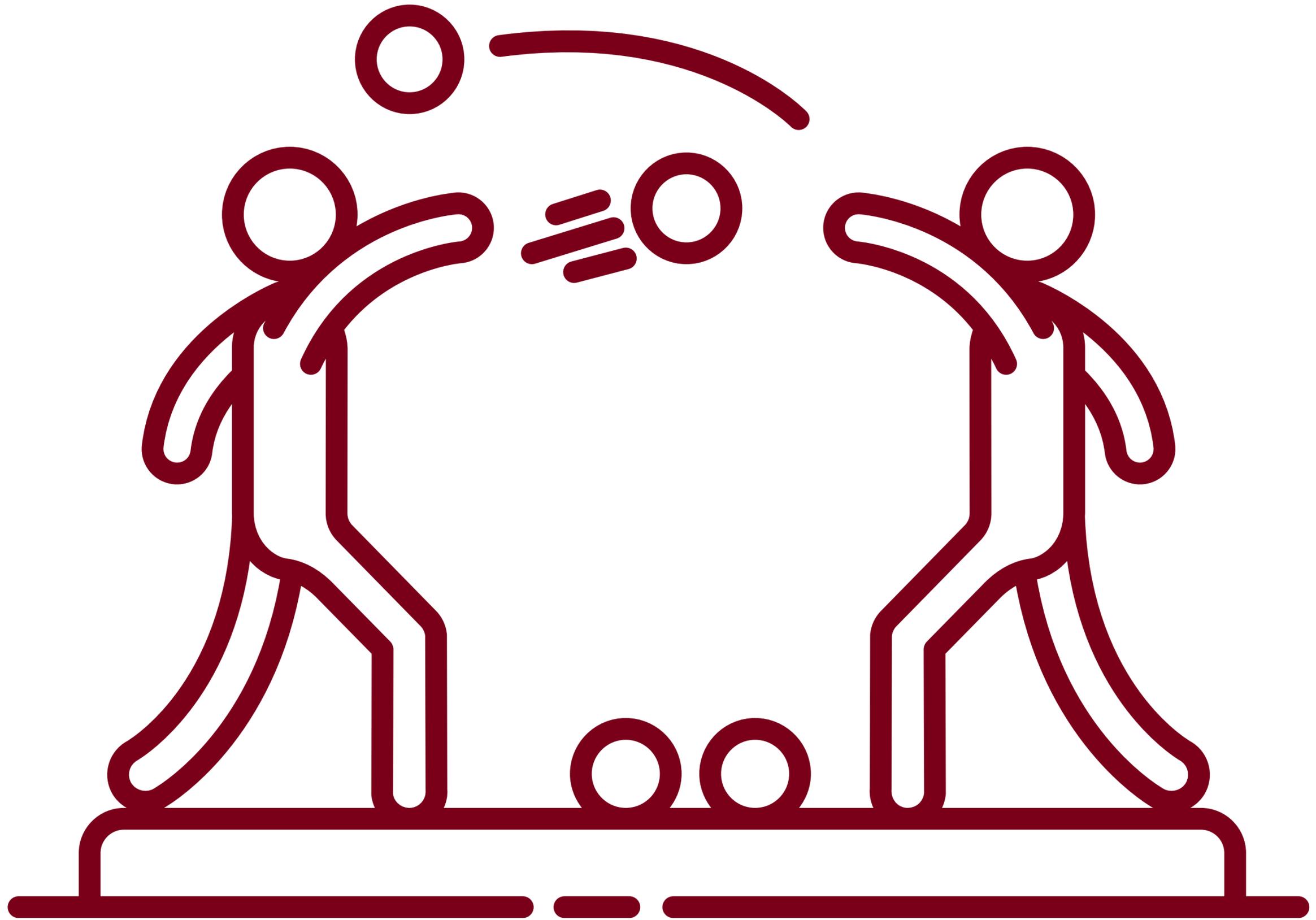
- **Reflect upon unintended consequences of the current laws, policies, and practices in our community.**
- **Recognize the role of racism in the history of our nation's approach to criminalizing drug use.**
- **Consider alternatives to mandating abstinence-based treatment.**



**"We cannot solve problems
using the same thinking we used
when we created them."**

Albert Einstein





A Brief History



1861-1865

Civil War and
Emancipation

Black Codes
Jim Crow Laws

1954-1955

Brown v. Board of Education
Emmett Till
Montgomery Bus Boycott
Civil Rights Movement

1963-1968

"I Have a Dream," 1963
Civil Rights Act, 1964
Voting Rights Act, 1965
Fair Housing Act, 1968

1971

Controlled Substances Act
War on Drugs declared



- "The first anti-opium laws in the 1870s were directed at Chinese immigrants.
- "The first anti-cocaine laws in the early 1900s were directed at black men in the South.
- "The first anti-marijuana laws, in the Midwest and the Southwest in the 1910s and 20s, were directed at Mexican migrants and Mexican Americans."

Quote Source: drugpolicy.org/issues/brief-history-drug-war

Image Source: esquire.com/news-politics/politics/a41561335/biden-marijuana-reefer-madness

"Public Enemy Number One"

"You want to know what this was really all about. The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people.

"We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news.

"Did we know we were lying about the drugs? Of course, we did."

Former Nixon Domestic Policy Chief John Ehrlichman in a 1994 interview

Supply and Demand

The system is doing what the system was designed to do.

- The focus is on reducing the supply by criminalization
- Little to no effort on addressing the demand
- History of ineffective prevention programs
- This led to mass incarceration
- Has disproportionately affected people of marginalized groups

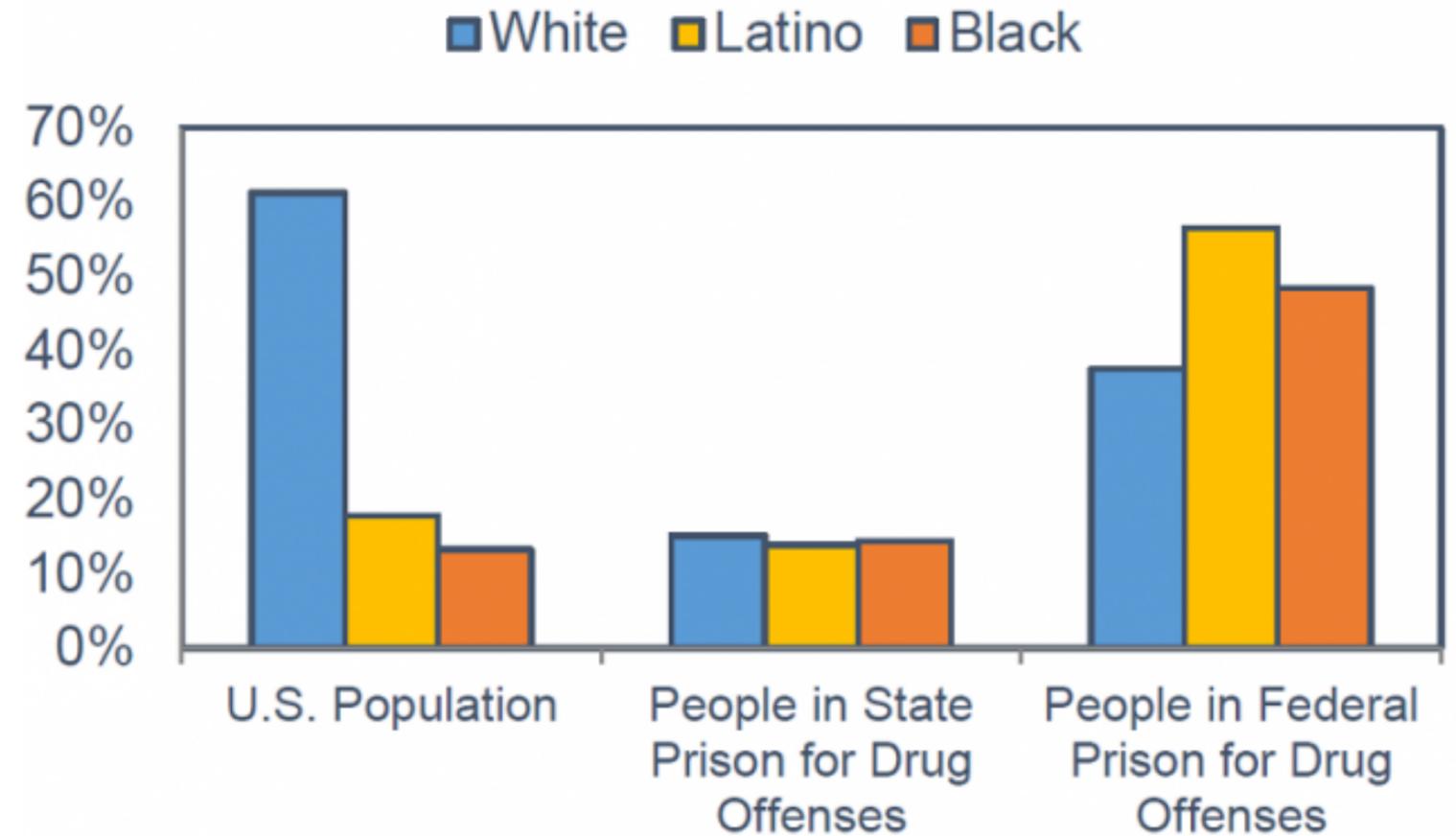


Race and Mass Incarceration

"Nothing has contributed more to the systematic mass incarceration of people of color in the United States than the War on Drugs."

***Michelle Alexander
The New Jim Crow (2010)***

Disproportionate Impact of Drug Laws on Black and Latino Communities



MINNESOTA



ACLU

2018 SUMMARY

Minnesota ranks

8th

in the nation for largest racial disparities in arrests for marijuana possession

Black people were

5.4x

more likely than **white** people to be arrested for marijuana possession ↓

Arrests for the **possession** of marijuana made up

35%

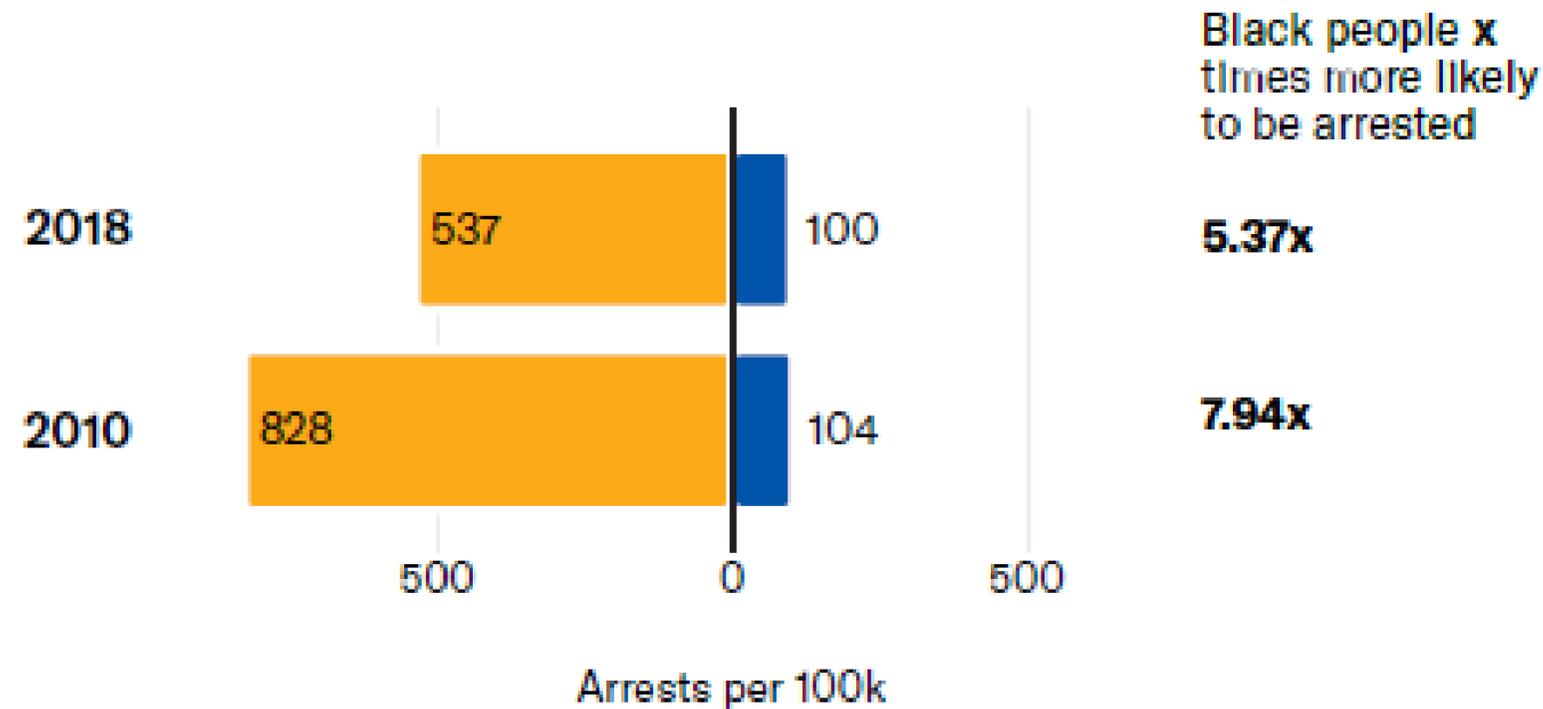
of all drug arrests in the state ↓

Direction of → indicates increase or decrease since 2010.

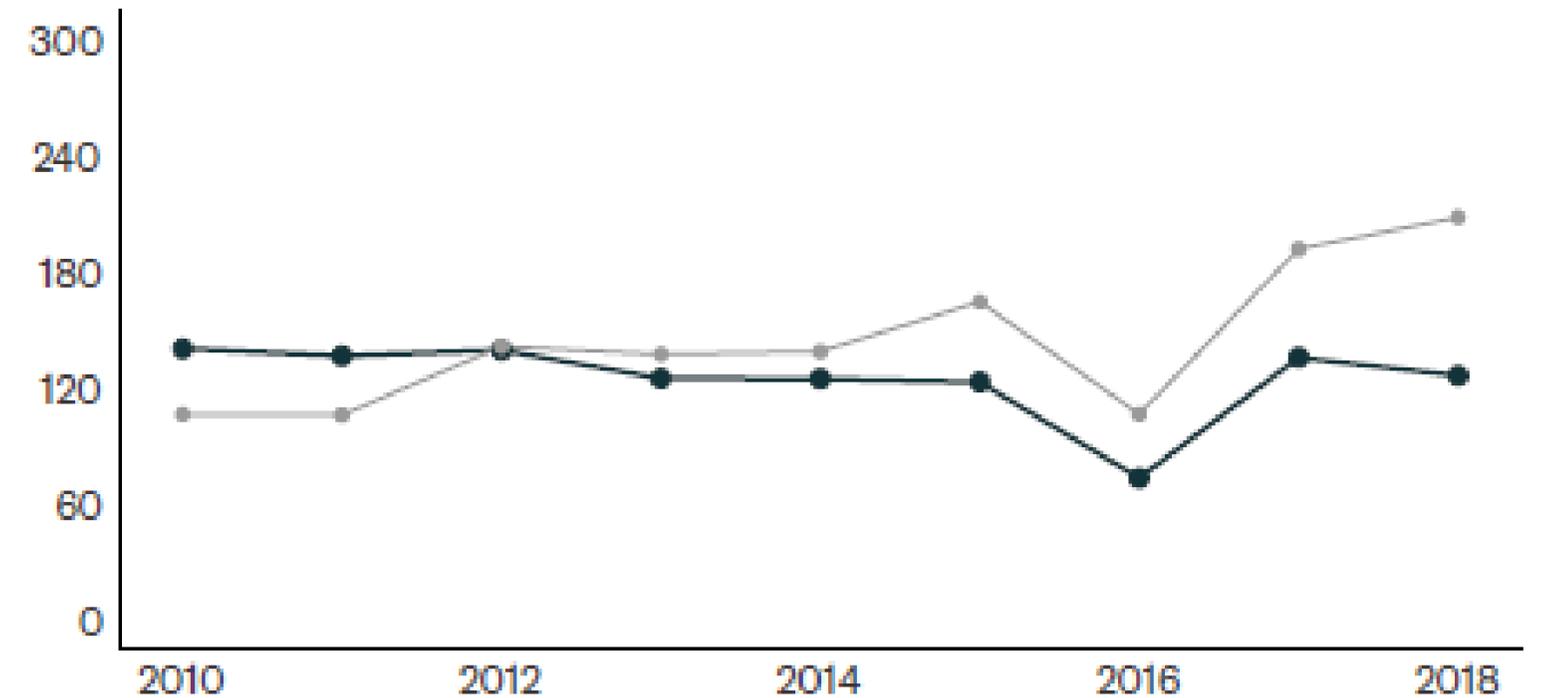
MINNESOTA



Rates of **Black arrests** compared to **white arrests** for marijuana possession, per 100k people



Statewide **marijuana possession** arrest rates compared to **all other drug arrest rates**, per 100k people



Race/Arrest: Polk County

Polk*

2.5x Black people arrested 2.5x more than white people.

*The current data on this county does not meet population or reporting thresholds.

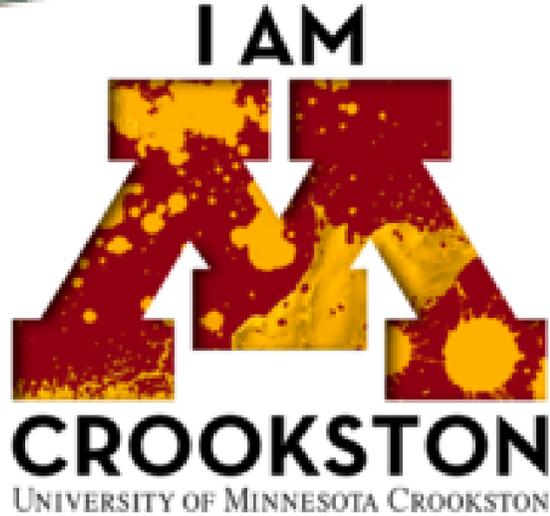
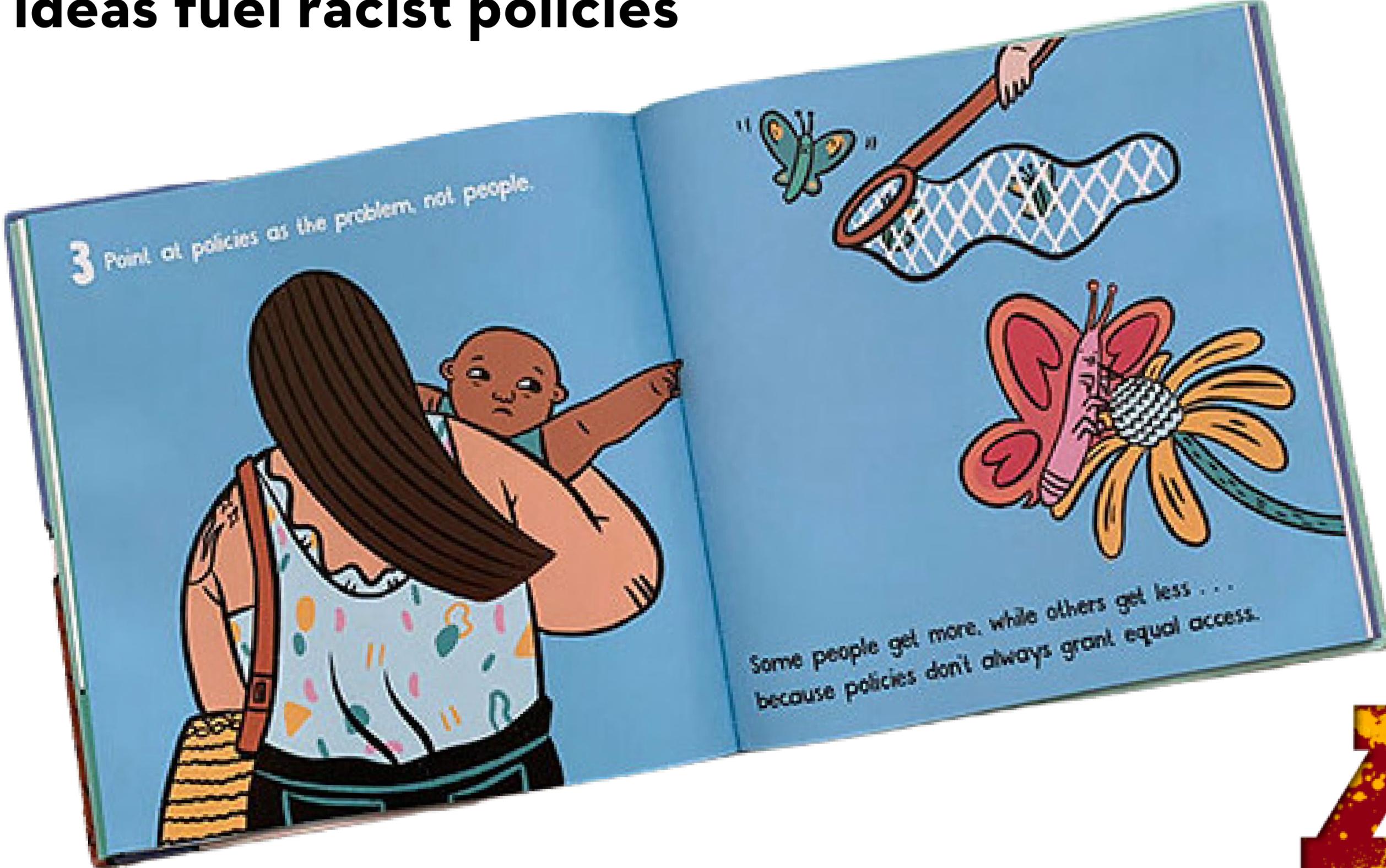


	Population	Arrests per 100k people
Black	903	111
white	29,004	45

[Learn More About Our Methodology](#)



Racist ideas fuel racist policies



Poverty and Injustice

"You ultimately judge the civility of a society not by how it treats the rich, the powerful, the protected, and the highly esteemed, but by how it treats the poor, disfavored, and the disadvantaged."

"We have a system of justice in this country that treats you much better if you're rich and guilty than if you're poor and innocent."

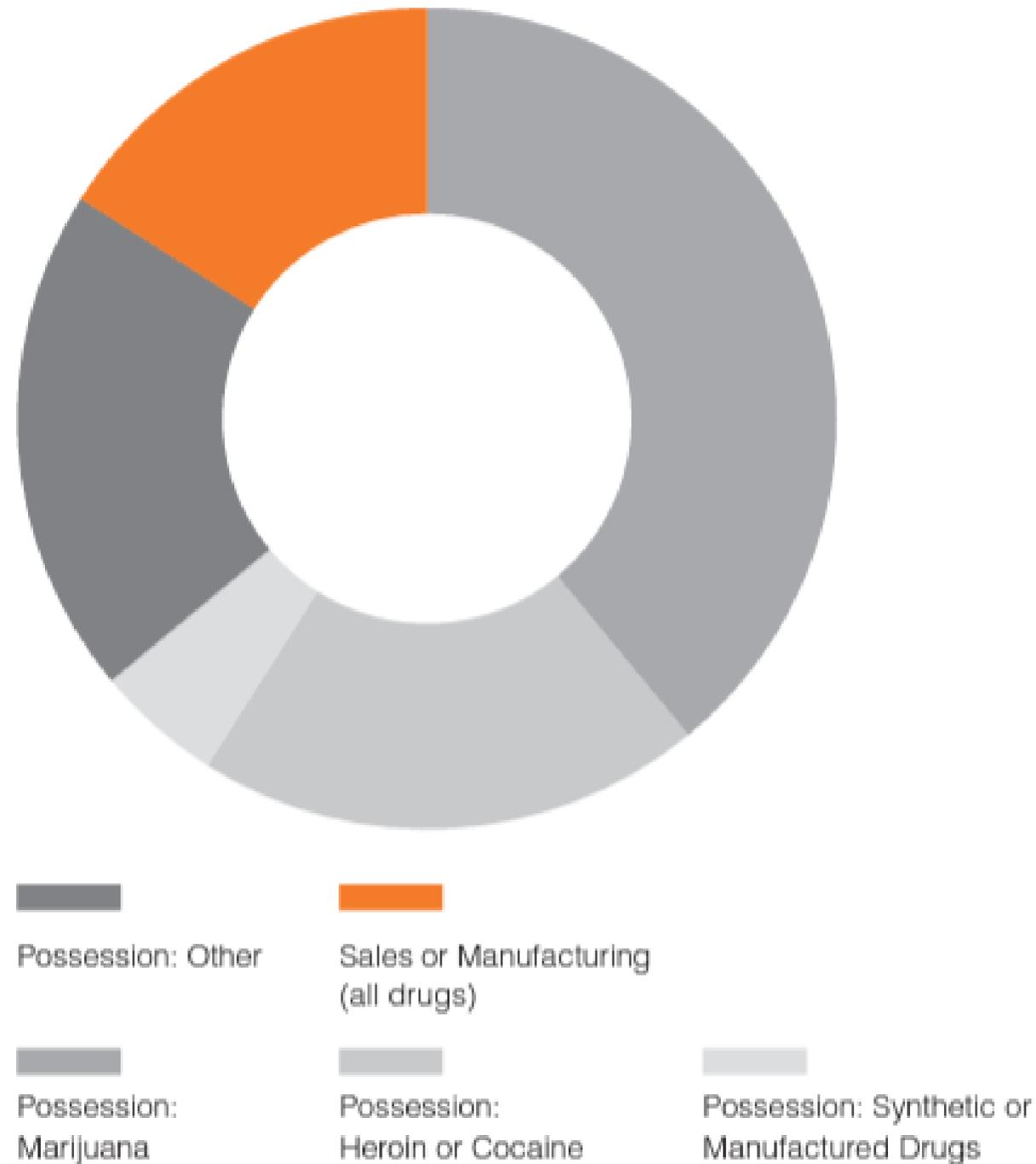
Bryan Stevenson, author of Just Mercy: A Story of Justice and Redemption (2015)



**THE OPPOSITE OF POVERTY
IS NOT WEALTH. ... IN TOO
MANY PLACES, THE
OPPOSITE OF POVERTY IS
JUSTICE.**

- BRYAN STEVENSON

PRESENTED BY QUOTERY.COM

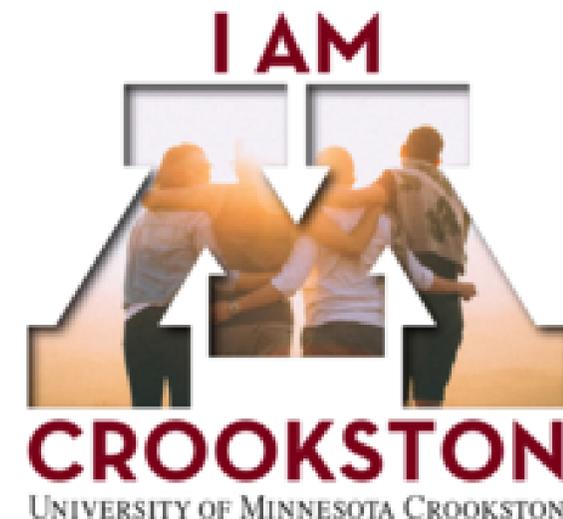


Source: Federal Bureau of Investigation, 2015.⁸

Second Class Citizens

Barriers to basic services and rights can include:

- Public programs (food, temp assistance, and housing assistance)
- **Employment**
- **Housing**
- **Financial Aid**
- **Loans**
- **Professional Licenses**
- Right to Vote



Treatment

Coerced treatment is ethically unjustifiable, especially when voluntary treatment can yield equal or more positive outcomes.

- American Public Health Association, 2013



Drug Courts Are Not the Answer: Toward a Health-Centered Approach to Drug Use

A Drug
Policy
Alliance
release.

Drug Courts

- "Drug courts have not demonstrated cost savings, reduced incarceration, or improved public safety.
- "Drug courts leave many people worse off for trying.
- "Drug courts have made the criminal justice system more punitive toward addiction - not less."

Mixing Treatment and
Punishment: A Faulty Approach

Who sets the goal?

**Free from any
substance use?**

or

**Free from any
problem substance
use?**

- **Abstinence-focused treatment neglects harm-reduction interventions.**
- **By mandating abstinence for treatment we are actually increasing overdose risk.**

It's Time for the U.S. to Decriminalize Drug Use and Possession

A Drug Policy Alliance release.

Decriminalization

- Decriminalization is not legalization
- "Decriminalization means that people are no longer arrested or incarcerated merely for possessing or using a drug."



The decriminalization of drug use needs to be considered as a core element in any public health strategy.

- Organization of American States, 2013



What is all drug decriminalization?



**matters of
substance**



Removing criminal penalties for drug use and possession will save billions of dollars a year that can be used to provide effective health interventions for those who need them, while focusing criminal justice resources on serious public safety problems.

Leading medical, public health, and human rights groups have endorsed drug decriminalization, including:

- **United Nations**
- **World Health Organization**
- **International Federation of Red Cross and Red Crescent Societies**
- **American Public Health Association**
- **Human Rights Watch**
- **American Civil Liberties Union (ACLU)**
- **Movement for Black Lives**
- **NAACP**
- **Latino Justice**
- **National Latino Congreso**
- **Organization of American States**

Principles of Harm Reduction

1. Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
2. Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
3. Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies
4. Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

Principles of Harm Reduction

5. Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
6. Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use.
7. Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
8. Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.

HARM REDUCTION FOR BENZOS

Lots of people recreationally use benzodiazepines (xanax, klonopin, valium, ativan, etc), or are prescribed benzos and recreationally use other drugs. If you want to stay safe, this guide is for you!

1 THEY ARE COMMONLY PRESCRIBED.

Many people need benzodiazepines to manage stress and anxiety disorders. This means this medication is intended to relieve anxiety, and has sleep inducing properties. Taking more than prescribed can lead to blacking out and memory loss!

2 THEY ARE DEPRESSANTS.

Like alcohol and opiates, benzos are a depressant. This means combining things like xanax, alcohol, and opiates or any combination thereof can get deadly, quickly.

3 YOU CAN ALWAYS TAKE MORE, YOU CAN'T TAKE LESS.

Start low, go slow. You can always take more, you can never take less. Remember, pills taken orally typically take around 45 minutes to an hour to kick in. Blacking out can happen quickly - keep track of your dosing!

4 TAPER, DON'T QUIT ABRUPTLY!

If you've noticed yourself develop a tolerance and want to quit, it's best to taper down off of benzos. Quitting abruptly with too much of a dependency can be deadly at worst and unpleasant at best.

5 MIXING DOWNERS - BAD NEWS.

We know this point was already made, but we're here for your safety, and one of the biggest risks with benzos is mixing them with other downers. Mixing alcohol or opiates with benzos is risky business. Benzos alone are pretty safe, but with something else in the mix they can go south fast!

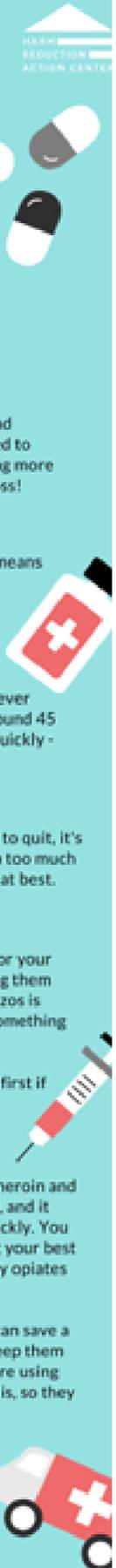
Always use in moderation, and always use your opiates first if you're mixing.

6 FENTANYL!!!

Everyone is talking about fentanyl, and yes, it IS in our heroin and sometimes in our benzos. Fentanyl is a powerful opioid, and it causes someone to overdose (stop breathing) really quickly. You can buy test strips to check your drugs for fentanyl, but your best bet if you use drugs or your friends use drugs (especially opiates like heroin or oxy pills) is to carry naloxone!

Naloxone (narcan) reverses opioid overdoses and you can save a life just by having it. It can't hurt someone, and it can keep them alive long enough to get them medical attention. If you're using opiates and benzos, tell someone where your naloxone is, so they can use it if they need to!

OTHER RESOURCES:
<https://psychonautwiki.org/wiki/Benzodiazepine>
<http://drugs.tripsit.me/alprazolam>
<http://harmreduction.org/our-resources/>
<https://dancesafe.org/product/fentanyl-test-strips-single-strip/>



PERSON-FIRST LANGUAGE GUIDE

USE IT FOR: PEOPLE WHO USE DRUGS.



Person who uses (or injects) drugs - can be abbreviated PMU or PMID:
 This can be used to describe any person who uses substances. Many people actively use substances (yes - even daily!), and referring to non-problematic use as abuse implies a willful misconduct that has been shown to increase stigma and reduce quality of care.

Substance use disorder:
 This term is defined in the DSM V. In the past, this has been referred to as "addiction." Instead you can say, "person with a substance use disorder." Substance use disorder refers to drug use that has in some way become problematic in a person's life. Much like other issues that arise, treating it with support, medication, and without stigma is the most effective strategy.

Problematic/chaotic use:
 This is how many people who are dependent on a substance or struggle with managing their drug use in a way that doesn't leave them vulnerable prefer to refer to themselves, to keep things less clinical. Some people prefer to be referred to as people experiencing chaotic use. The degrees to which people have been affected may vary and are most highly influenced by factors like race, socioeconomic status, gender, sexual orientation, and access to resources.

If you're providing: *a service*
a resource
or support

don't stigmatize.

People frequently use less than friendly language to describe themselves, that's their prerogative. Do not correct people with lived experience on their preferred way to refer to themselves. Use respectful language to show people who use drugs that you respect them with your words.

OTHER IMPORTANT TERMS/ CONCEPTS:

Sterile/Used:
 These terms can be used to refer to injecting equipment like syringes or any other drug paraphernalia. The clean/dirty dichotomy creates a false narrative that people who use drugs are inherently unclean. This is not only false, but extremely stigmatizing. The clean/dirty dichotomy should NEVER be used to describe people.

Re-initiating use (after a period of abstinence):
 The term relapse is steeped in moral judgement and stigma. People are most at risk of dying when they use alone. Removing stigma from how you refer to someone's experience can build a rapport that allows you to provide meaningful support instead of further adding to the shame they might feel.

Supervised Consumption Space:
 This is a space where people who use drugs can consume them (via injecting, snorting, eating, and in some cases smoking) under trained supervision. This makes the process safer, and ensures people have access to sterile supplies and - don't die. Of 102 sites in 43 cities, there has never been a death in one of these facilities.

Highly Stigmatized Drugs:
 The "hard/soft" dichotomy of drug use is harmful to those using more highly stigmatized drugs such as meth, heroin, crack, and some other recognizable substances. This change in language recognizes that people can use any substance responsibly, problematic/chaotic use depends on the person, not the substance.

TRIGGER WARNING: The following section denotes words not to use. If you've been stigmatized in the past, you don't need to read any further.

- Try not to use:**
- addiction
 - relapse
 - hard/soft drugs

- Absolutely don't use:**
- junkie
 - addict
 - substance abuser
 - druggie
 - clean/dirty
 - shooting gallery



SAFER SMOKING KITS

a harm reduction guide

Harm reduction exists no matter which route of administration you choose. We all know we need sterile rigs, but there are ways to be smart about smoking, too! To prevent the spread of bloodborne pathogens like hepatitis C, follow this easy guide to stay safe!



ORAL HYGIENE

Sugar-free gum containing Xylitol will help keep saliva production up & prevent your teeth from decaying.

Chopstick will help heat & protect your lips from cracks & burns.



CLEANING SUPPLIES

If you have to share a pipe, use alcohol prep pads to clean off the pipe to prevent the transmission of bacterial infections.

CHORE BOY & BOBBY PIN (PUSH STICK)

"For crack kits": Chore boy holds crack rock in place & is less dangerous than steel wool.

A push stick (bobby pin or wooden coffee stirrer) helps pack any remaining substance as far into the pipe as possible to prevent losing your drug. Metal pushers can chip or cause cracks in the glass stem, which can cause oral sores.

CONDOMS & LUBE

Safe sex is the best sex. We include condoms & lube in these kits in case smoking gets you hot & bothered.

Use condoms to prevent pregnancy and the spread of STIs, & lube to minimize friction during sex. Rough sex can lead to more easily transmitted diseases through eye & hand.

STEMS & PIPES

Depending on whether you're getting a kit for smoking meth or smoking crack, the kit comes with either a stem or a pipe.

We include a stem and a stem for smoking meth, and a bubble pipe for smoking meth.

Keep this smoking tool for yourself to prevent the risk of spreading bloodborne pathogens, or make sure to utilize the mouthpiece to avoid sharing.

SPARK PLUG RUBBER STEM TIP

A hot stem can burn & crack your lips which can lead to bleeding. Attaching a rubber mouthpiece at the mouth end of the pipe prevents burns and can act as a personal tip to avoid sharing.

HEPATITIS RISK FROM SHARING PIPES

Studies have shown that people smoking drugs face the risk of contracting the hepatitis C virus if they share pipes that they heat with other people. Since hepatitis C is transmitted through blood, people who heat and smoke drugs are at higher risk of transmission.

Use the supplies in this kit to help maintain good oral hygiene to avoid burns & sores in your mouth, to help prevent the spread of bloodborne pathogens.

SAFER SNORTING KIT

EVERYTHING YOU NEED TO GET OFF SAFELY



STERILE STRAWS FOR SNORTING

Snorting drugs brings them directly into contact with the lining of your nasal cavity. Drugs can cause blood vessels to rupture, allowing tiny amounts of blood to leak out onto your straw. The transmission of blood can put you at risk of contracting bacterial infections or bloodborne diseases such as hepatitis C. Dollar bills of all denominations can be teeming with germs.

Use the multi-colored straws to help you keep yours separate in a group. These straws are meant to be disposable, but if you need to reuse, only reuse your own! If you don't have a straw, use a Post It.



STERILE SPOON FOR BUMPS

Sometimes we need to take another bump on the move. Use the spoon included in this kit instead of using a key, which could cause bacterial infection.



PLASTIC STERILE RAZOR

Use the plastic razor in the kit to fully crush all drugs into powder. Snorting shards and rocks increase your chance of rupturing blood vessels and contracting bloodborne diseases.



STERILE FLAT SURFACE

Use the plastic card in the kit as a sterile surface off of which to crush and snort your drugs to avoid unnecessary contact with bacteria.

Flushing your nose with warm water after using can keep your nasal cavity healthier by dissolving any residual powder and carrying the drug into your throat so that none of it is wasted.

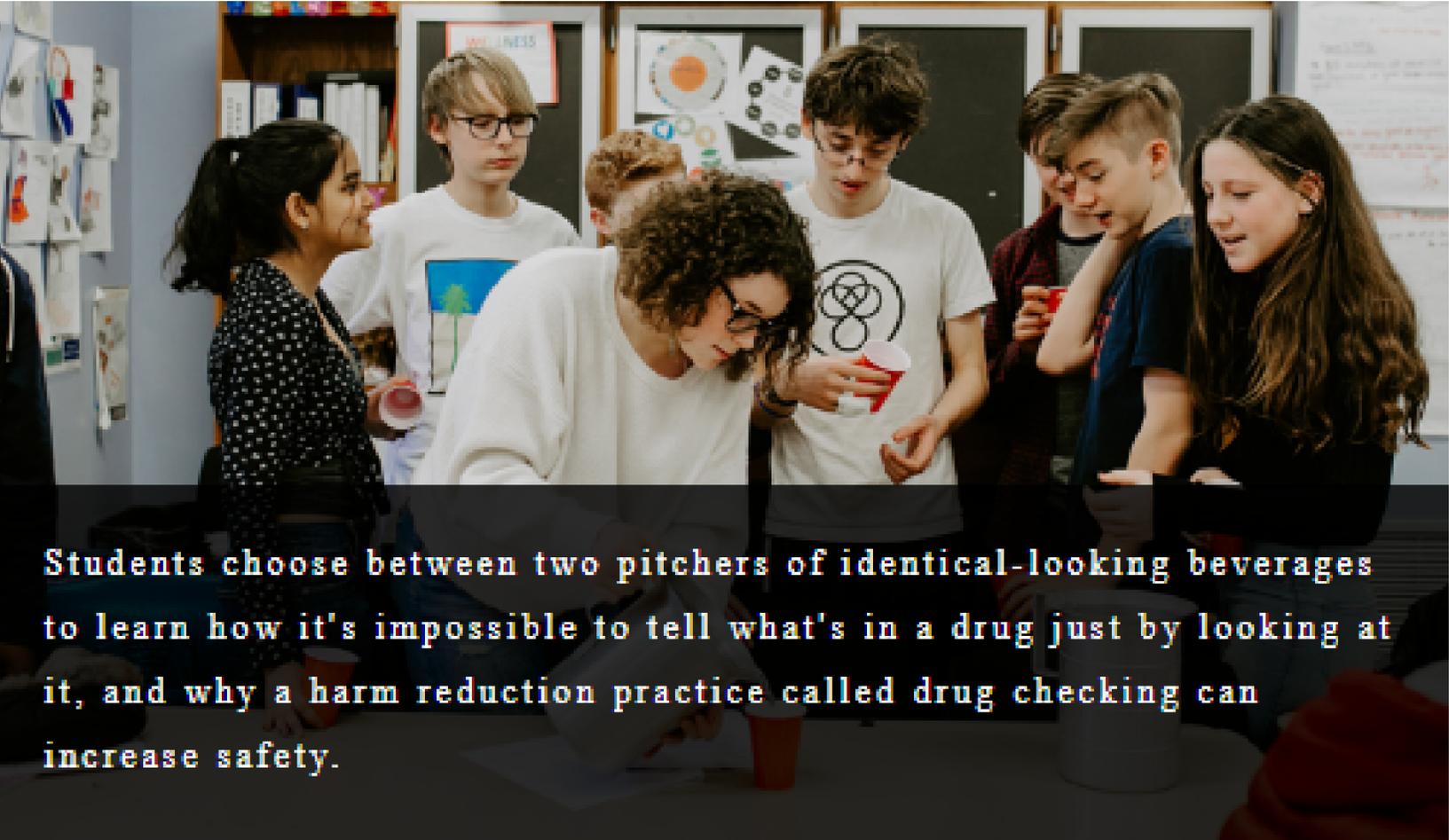
Prevention: Safety First

DPA developed Safety First according to the following principles:

- The safest path for teens is to avoid drugs, including alcohol, cigarettes, and prescription drugs outside of a doctor's recommendations.
- Some youth will choose to try drugs, regardless of the risks. In order to reduce potential harm, we must teach young people strategies for keeping themselves and their friends safer when they do encounter drugs.

Drug education should be:

- scientifically accurate;
- honest, not seeking to minimize or exaggerate the risks of drugs, acknowledging the fact that not all drugs carry the same risks;
- interactive; and
- compassionate, taking into account that some youth will have used and/or sold drugs - or have close friends and family members who have.



Students choose between two pitchers of identical-looking beverages to learn how it's impossible to tell what's in a drug just by looking at it, and why a harm reduction practice called drug checking can increase safety.

Oregon Measure 110

- Passed in November 2020
- Decriminalized possession of personal amounts
- Expanded access to drug treatment
- Funded by tax revenue from the cannabis industry
- Established Behavioral Health Resource Networks
- Continued broad bipartisan support

DRUG ADDICTION TREATMENT AND RECOVERY ACT

Whereas, Oregonians need adequate access to drug addiction treatment. Oregon ranks nearly last out of the 50 states in access to treatment, and the waiting lists to get treatment are too long. Every day, one or two Oregonians die because of drug overdoses. Drug treatment and recovery ought to be available to any Oregon resident who requests it.

Whereas, Oregonians suffering from substance use disorder also need adequate access to recovery services, peer support and stable housing. One in every 11 Oregonians is addicted to drugs. Drug addiction exacerbates many of our state's most pressing problems, such as homelessness and poverty.

Whereas, Oregon needs to shift its focus to addressing drugs through a humane, cost-effective, health approach. People suffering from addiction are more effectively treated with health care services than with criminal punishments. A health care approach includes a health assessment to figure out the needs of people who are suffering from addiction, and it includes connecting them to the services they need.

Whereas, Oregon still treats addiction as a criminal problem. Law enforcement should spend more time on community safety, but Oregon law enforcement officers in 2017 arrested more than 8,000 people in cases where simple drug possession was the most serious offense. In many instances, the same people were arrested for drug possession, again and again, because they are unable to get treatment.

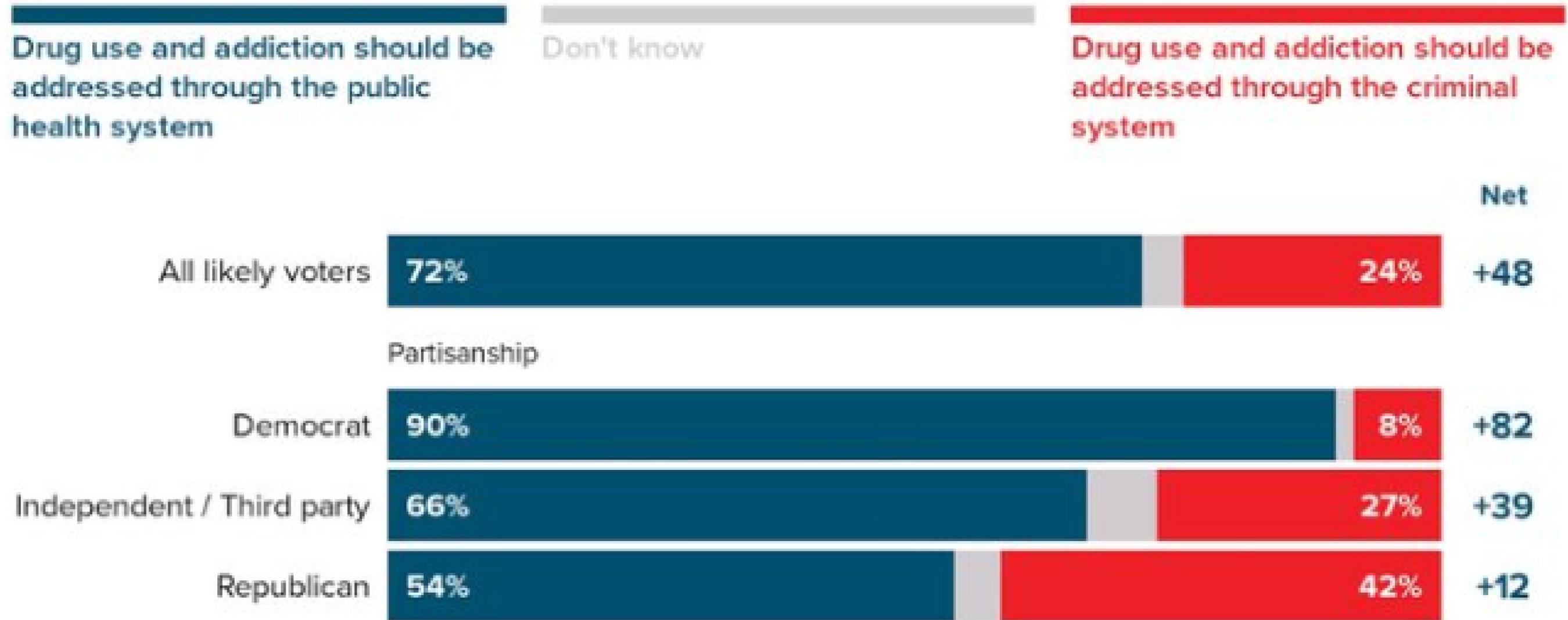
Whereas, punishing people who are suffering from addiction ruins lives. Criminalizing drugs saddles people with criminal records. Those records prevent them from getting housing, going to school, getting loans, getting professional licenses, getting jobs and keeping jobs. Criminalizing drugs disproportionately harms poor people and people of color.

Whereas, punishing people who are suffering from addiction is expensive. It costs an average of \$15,000 per case where a misdemeanor drug conviction is the most serious offense. That is more than the typical cost to provide treatment.

Whereas, marijuana tax revenue has grown significantly. Oregon now receives more than \$100 million in marijuana tax revenue a year. The amount of marijuana revenue is expected to grow by more than \$20 million per year.

Bipartisan Majority of Oregon Voters Believe Addressing Addiction Should Be Addressed Through the Public Health System, Not the Criminal System

Which of the following comes closest to your view, even if neither is exactly right?



- **Drug use as a public health issue**
- **Mental health as a public health issue**
- **Poverty as a public health issue**
- **Criminal behavior as a public health issue**



Reflection

- **How does the organization that I work for perpetuate policies and practices rooted in systemic racism?**
- **What steps can I take to champion antiracist ideas and policies?**



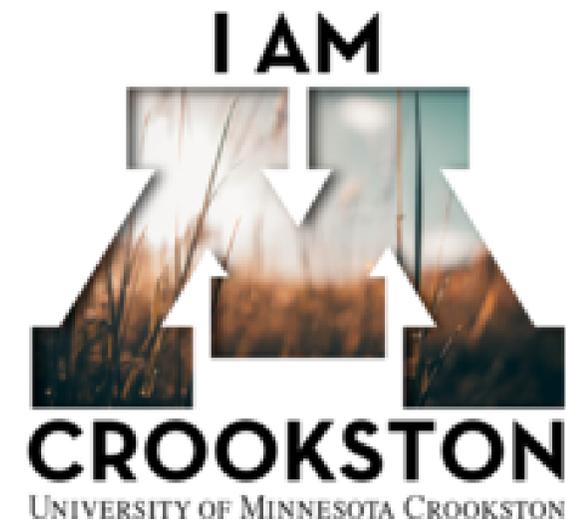
Suggested Reading

- **The War on Drugs: A History (2021)**
edited by David Farber
- **Just Mercy: A Story of Justice and Redemption (2015)** by Bryan Stevenson
- **The New Jim Crow: Mass Incarceration in the Age of Colorblindness (2010/2020)**
by Michelle Alexander
- **How to Be an Antiracist (2019)** by Dr. Ibram X. Kendi



Suggested Viewing

- [Why the War on Drugs Is a Huge Failure](#)
- [The War on Drugs: Crash Course Black American History #42](#)
- [Holy Post: Race in America](#)
- [The Future of Race in America: Michelle Alexander at TEDx Columbus](#)



THE WAR ON DRUGS:

Shifting Focus to Social Justice and Harm Reduction in our Laws, Policies, and Practices

Polk County Opioid Settlement Advisory Committee

April 12, 2023

Jodi Ramberg, MA, LPC, LADC

Counselor and Counseling Services Director

University of Minnesota Crookston

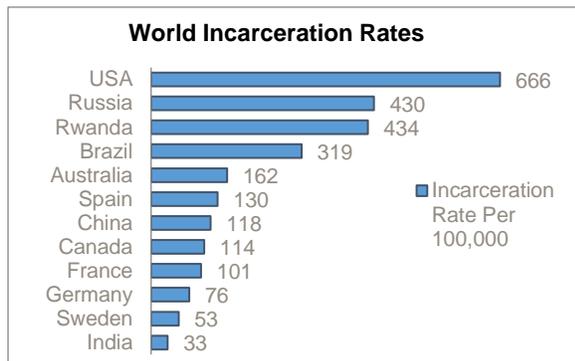


The Drug War, Mass Incarceration and Race

January 2018

We are
the Drug
Policy
Alliance.

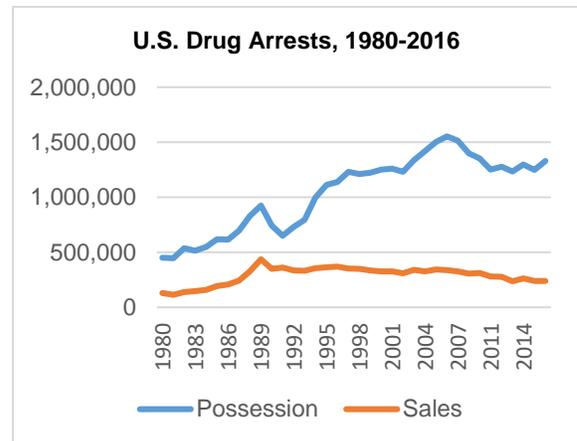
With less than 5 percent of the world's population but nearly 25 percent of its incarcerated population,¹ the United States imprisons more people than any other nation in the world – largely due to the war on drugs. Misguided drug laws and harsh sentencing requirements have produced profoundly unequal outcomes for people of color. Although rates of drug use and sales are similar across racial and ethnic lines, Black and Latino people are far more likely to be criminalized than white people.²



Source: International Centre for Prison Studies, World Prison Brief.³

The Drug War Drives Mass Incarceration and Racial Disparities in U.S. Judicial Systems

There were more than 1.5 million drug arrests in the U.S. in 2016. The vast majority – more than 80 percent – were for possession *only*.⁴ At year-end 2015, 15 percent of all people in state prison were incarcerated for a drug law violation – of whom 44,700 were incarcerated for possession alone. Forty-seven percent of people in federal prisons and more than half of the female federal population are incarcerated for drug law violations.⁵ Almost 500,000 people are behind bars for a drug law violation on any given night in the United States⁶ – ten times the total in 1980.⁷



Source: Federal Bureau of Investigation, Uniform Crime Reports.⁸

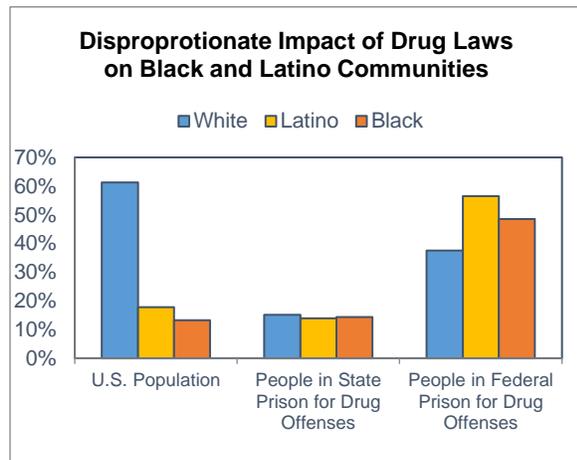
Drug law violations have been the main driver of new admissions to prison for decades. An analysis by Brookings Institution found that there were more than 3 million admissions to prison for drug offenses between 1993 and 2009 in the United States. In each year during that period, more people were admitted to prisons for drug law violations than violent crimes. During that same timeframe, there were more than 30 million drug arrests.⁹

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. Black people comprise 13 percent of the U.S. population,¹⁰ and are consistently documented by the U.S. government to use drugs at similar rates to people of other races.¹¹ But Black people comprise 29 percent of those arrested for drug law violations,¹² and nearly 40 percent of those incarcerated in state or federal prison for drug law violations.¹³

Similarly, Latinos make up 18 percent of the U.S. population, but comprise 38 percent of people

incarcerated in federal prisons for drug offenses.¹⁴ In 2013, Latinos comprised almost half (47 percent) of all cases in federal courts for drug offenses.¹⁵ National-level data on arrests of people of Latino ethnicity are incomplete. Yet among drug arrest incidents in 2015 in which ethnicity was reported, more than 20 percent of those arrested were Latino.¹⁶ State and local level data show that Latinos are disproportionately arrested and incarcerated for drug possession violations.¹⁷

Nearly 80 percent of people in federal prison and almost 60 percent of people in state prison for drug offenses are Black or Latino.¹⁸



Sources: U.S. Census Bureau; Bureau of Justice Statistics.¹⁹

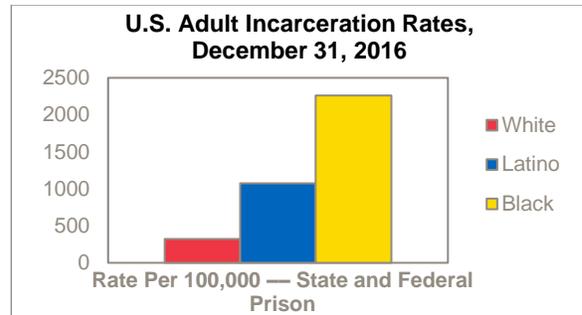
Widely adopted in the 1980s and '90s, mandatory minimum sentencing laws have contributed greatly to the number of people of color behind bars.²⁰ Research shows that prosecutors are twice as likely to pursue a mandatory minimum sentence for Black people as for white people charged with the same offense.²¹ Among people who received a mandatory minimum sentence in 2011, 38 percent were Latino and 31 percent were Black.²²

Mass Incarceration Destroys Families

2.7 million children are growing up in U.S. households in which one or more parents are incarcerated. Two-thirds of these parents are incarcerated for nonviolent offenses, including a substantial proportion who are incarcerated for drug law violations. One in nine Black children has an incarcerated parent, compared to one in 28 Latino children and one in 57 white children.²³

Collateral Consequences of Mass Incarceration

Punishment for a drug law violation is not only meted out by the criminal justice system, but is also perpetuated by policies denying child custody, voting rights, employment, business loans, licensing, student aid, public housing and other public assistance to people with criminal convictions. Criminal records often result in deportation of legal residents or denial of entry for noncitizens trying to visit the U.S. Even if a person does not face jail or prison time, a drug conviction often imposes a lifelong ban on many aspects of social, economic and political life.²⁴



Source: Bureau of Justice Statistics, 2017.²⁵

“Nothing has contributed more to the systematic mass incarceration of people of color in the United States than the War on Drugs.”

— Michelle Alexander, *The New Jim Crow* (2010).

Such exclusions permanently relegate millions of Americans to second-class status, disproportionately people of color. One in 13 Black people of voting age are denied the right to vote because of laws that disenfranchise people with felony convictions.²⁶

Policy Recommendations

1. Decriminalize drug possession, removing a major cause of arrest and incarceration of primarily people of color, helping more people receive drug treatment and redirecting law enforcement resources to prevent serious and violent crime.
2. Eliminate policies that result in disproportionate arrest and incarceration rates by changing police practices, rolling back harsh mandatory minimum sentences, and repealing sentencing disparities.
3. End policies that exclude people with a record of arrest or conviction from key rights and opportunities. These include barriers to voting, employment, public housing and other public assistance, loans, financial aid and child custody.

¹ Roy Walmsley, *World Population List, 10th ed.* (London: International Centre for Prison Studies, 2013); National Research Council, *The Growth of Incarceration in the United States: Exploring Causes and Consequences* (Washington, D.C.: The National Academies Press, 2014).

² Substance Abuse and Mental Health Services Administration, "Results from the 2015 National Survey on Drug Use and Health," (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015), Table 1.31B; Jamie Fellner, *Decades of disparity: drug arrests and race in the United States* (Human Rights Watch, 2009); Meghana Kakade et al., "Adolescent Substance Use and Other Illegal Behaviors and Racial Disparities in Criminal Justice System Involvement: Findings From a U.S. National Survey," *American Journal of Public Health* 102, no. 7 (2012). While national arrest data by ethnicity are not systematically collected and are therefore incomplete, state-level data show that Latinos are disproportionately arrested for drug offenses. Drug Policy Alliance and Marijuana Arrest Research Project, "Race, Class and Marijuana Arrests in Mayor de Blasio's Two New Yorks: the N.Y.P.D.'s Marijuana Arrest Crusade Continues in 2014," (2014) <http://www.drugpolicy.org/resource/race-class-and-marijuana-arrests-mayor-de-blasios-two-new-yorks-nypds-marijuana-arrest-crus>; California Department of Justice, "Crime in California 2013," (2014).

³ International Centre for Prison Studies, World Prison Brief, <http://www.prisonstudies.org/world-prison-brief-data> (2015).

⁴ Federal Bureau of Investigation, "Crime in the United States, 2015," (Washington, DC: U.S. Department of Justice, 2016). <https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/persons-arrested/persons-arrested>

⁵ E. Ann Carson, "Prisoners in 2016," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2017). <https://www.bjs.gov/content/pub/pdf/p16.pdf>

⁶ *Ibid*; Peter Wagner and Bernadette Rabuy, "Mass Incarceration: The Whole Pie 2017," (Prison Policy Initiative, 2017)

<https://www.prisonpolicy.org/reports/pie2017.html>; Doris James, "Profiles of Jail Inmates, 2002," in *Special Report* (Washington, DC: United States Department of Justice, Bureau of Justice Statistics, 2004)

<http://www.ojp.usdoj.gov/bjs/pub/pdf/pij02.pdf>.

⁷ Peter Reuter, "Why Has US Drug Policy Changed So Little over 30 Years?," *Crime and Justice* 42, no. 1 (2013); National Research Council, *The Growth of Incarceration in the United States: Exploring Causes and Consequences*.

⁸ Federal Bureau of Investigation, Uniform Crime Reports; Bureau of Justice Statistics, Arrest Data Analysis Tool; Federal Bureau of Investigation, "Crime in the United States, 2016." <https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016>; Data obtained through a request to the Federal Bureau of Investigation, Criminal Justice Information Services' Chief Multimedia Productions, Stephen G. Fischer

⁹ Jonathan Rothwell, "Drug offenders in American prisons: The critical distinction between stock and flow," (Brookings Institution, 2015)

<http://www.brookings.edu/blogs/social-mobility-memos/posts/2015/11/25-drug-offenders-stock-flow-prisons-rothwell>.

¹⁰ U.S. Census Bureau, Quick Facts (2014)

<http://quickfacts.census.gov/qfd/states/00000.html>.

¹¹ 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.

¹² Federal Bureau of Investigation, "Crime in the United States, 2015," Table 49A. <https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/tables/table-49>

¹³ Bureau of Justice Statistics, Federal Justice Statistics Program; Carson, "Prisoners in 2014; Sam Taxy, Julie Samuels, and William Adams, "Drug Offenders in Federal Prison: Estimates of Characteristics Based on Linked Data," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2015) <http://www.bjs.gov/fjsrcl/>.

¹⁴ Carson, E. Ann. "Crime in the United States, 2015." Appendix Table 5. U.S. Department of Justice, Bureau of Justice Statistics. 2015. <https://www.bjs.gov/content/pub/pdf/p15.pdf>.

¹⁵ United States Sentencing Commission, Interactive Sourcebook (isb.uscc.gov) (2013 Datafile, USSCFY2013).

¹⁶ Federal Bureau of Investigation, "Crime in the United States, 2015," Table 21A.

¹⁷ See, for example, Harry Levine and Loren Siegel, "80 Marijuana Possession Arrests a Day is More of the Same: NYPD daily marijuana possession arrest numbers are the same under de Blasio and Bratton as they were under Bloomberg and Kelly," (Marijuana Arrest Research Project, 2014) <http://marijuana-arrests.com/docs/MORE-OF-THE-SAME--NYC-Marijuana-Arrests-June2014.pdf>; Harry Levine, Loren Siegel, and Gabriel Sayegh, "One Million Police Hours: Making 440,000 Marijuana Possession Arrests In New York City, 2002-2012," (New York: Drug Policy Alliance, 2013); Harry G. Levine, Jon B. Gettman, and Loren Siegel, *240,000 Marijuana Arrests: Costs, Consequences, and Racial Disparities of Possession Arrests in Washington, 1986-2010* (Marijuana Arrest Research Project, 2012); Harry G. Levine, Jon B. Gettman, and Loren Siegel, *210,000 Marijuana Possession Arrests in Colorado, 1986-2010* (Marijuana Arrest Research Project, 2012); Harry G. Levine, Jon B. Gettman, and Loren Siegel, *Arresting Latinos for Marijuana in California Possession Arrests in 33 Cities, 2006-08* (Drug Policy Alliance and William C. Velasquez Institute, 2010); Beckett K et al., "Drug use, possession arrests, and the question of race: lessons from Seattle," *Soc. Probl.* 52(2005).; Marijuana Arrest Research Project and Drug Policy Alliance, "Unjust and Constitutional: 60,000 Jim Crow Marijuana Arrests in Mayor de Blasio's New York, The NYPD's Racially-Targeted Enforcement of Marijuana Possession Continues, 2014 – 2016" https://www.drugpolicy.org/sites/default/files/Marijuana-Arrests-NYC--Unjust-Unconstitutional--July2017_2.pdf

¹⁸ Bureau of Justice Statistics, "Federal Justice Statistics Program," <http://www.bjs.gov/fjsrcl/>; E. Ann Carson, "Prisoners in 2016," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2017). <https://www.bjs.gov/content/pub/pdf/p16.pdf>

¹⁹ E. Ann Carson, "Prisoners in 2016," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2017). <https://www.bjs.gov/content/pub/pdf/p16.pdf>; "Quick Facts," United States Census Bureau <https://www.census.gov/quickfacts/fact/table/US/PST045216>

²⁰ National Research Council, *The Growth of Incarceration in the United States: Exploring Causes and Consequences*. Barbara S. Meierhoefer, *The General Effect of Mandatory Minimum Prison Terms* (Washington: Federal Judicial Center, 1992), 20; Marc Mauer, "The Impact of Mandatory Minimum Penalties in Federal Sentencing," *Judicature* 94(2010).

²¹ Sonja B Starr and Marit Rehani, "Mandatory Sentencing and Racial Disparity: Assessing the Role of Prosecutors and the Effects of Booker," *Yale Law Journal* 123, no. 1 (2013).

²² United States Sentencing Commission, "Quick Facts: Mandatory Minimum Penalties," http://www.uscc.gov/sites/default/files/pdf/research-and-publications/quick-facts/Quick_Facts_Mandatory_Minimum_Penalties.pdf.

²³ Bruce Western and Becky Pettit, *Collateral Costs: Incarceration's Effect on Economic Mobility* (Pew Charitable Trusts, 2010), 4.

²⁴ Meda Chesney-Lind and Marc Mauer, *Invisible punishment: The collateral consequences of mass imprisonment* (The New Press, 2011).

²⁵ Carson, E. Ann. "Prisoners in 2015." Appendix Table 5. U.S. Department of Justice, Bureau of Justice Statistics. 2016. <https://www.bjs.gov/content/pub/pdf/p15.pdf>.

²⁶ Christopher Uggen et al., "6 Million Lost Voters: State-Level Estimates of Felon Disenfranchisement in the United States, 2016," (Washington, DC: The Sentencing Project) <http://www.sentencingproject.org/publications/6-million-lost-voters-state-level-estimates-felony-disenfranchisement-2016/> (2012). <http://www.sentencingproject.org/publications/felony-disenfranchisement-laws-in-the-united-states/>

Oregon, Measure 110, and Drug Possession Decriminalization



February 2023

In 2020, Oregon voters overwhelmingly approved Measure 110 and decriminalized possession of small amounts of drugs by reducing criminal possession offenses from misdemeanors to civil violations. Measure 110 also significantly increases funding for needed addiction services, including low-barrier and culturally competent substance use disorder treatment, harm reduction, and recovery support services.

Prior to Measure 110, Oregon only had 50% of the addiction service capacity it needed to meet demand.ⁱ

Policy Components of Measure 110

Instead of arrests and criminal records, people possessing small amounts of drugs may be cited and fined up to \$100. People are also given the option to contact a 24/7 support line to complete a voluntary health needs screening. Upon completion of the screening, their citation and fine are dismissed, and people have the option to be linked to vital services. Other conduct involving drugs — like manufacturing, dealing, intent to sell, driving under the influence, etc. — remain criminal offenses.

Measure 110 establishes Behavioral Health Resource Networks (BHRNs). BHRNs are coordinated networks of service providers that will increase access to vital harm reduction and addiction recovery services in every county in Oregon. Examples of these services include, but are not limited to:

- Behavioral health treatment that is evidence-based, trauma-informed, culturally specific, linguistically accessible, and patient-centered;
- Low-barrier substance use disorder treatment;

- Peer support and recovery services designed to help people continue to address their substance use;
- Employment support;
- Housing; and
- Harm reduction interventions including overdose prevention, access to naloxone, and drug education and outreach.

Measure 110 builds on critical services offered by existing community-based providers throughout the state. The law intentionally prioritizes funding for services not typically covered by Medicaid. All services funded by Measure 110 are available at no cost to anyone accessing them.

Measure 110 services are funded through cannabis tax revenues. The Oregon Legislature allocated over \$300 million for Measure 110 services for the 2021-23 biennium. Additional funding will go out every subsequent biennium.

The law also 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. The Secretary of State conducts regular financial and performance audits to ensure proper oversight and fiscal management of the program.

Measure 110 Is Already Having Positive Impacts

Measure 110 is changing the system so that there is no wrong door to access services. The Oregon Health Authority reports that, during the earliest phases of implementation when only a small portion of the funding was made available, Measure 110 provided

critical services to more than 60,000 people in Oregon.ⁱⁱ Measure 110 has provided over \$300 million for the current budget year to 234 providers in 44 BHRNs in every county.ⁱⁱⁱ

As a result of the passage of Measure 110, there has been a significant reduction in drug arrests and convictions, even when the decrease in arrests during the pandemic is accounted for. The average monthly drug possession arrests had already dropped by 50% during the first year of the COVID-19 pandemic. Once Measure 110 took effect in 2021, this monthly average fell by another 67% and continued to decline into 2022.^{iv} This means that thousands of people have avoided the lifelong barriers caused by a drug possession arrest and/or conviction. A criminal record for even a misdemeanor drug charge can sometimes be an automatic barrier to getting a job or professional license, accessing housing, qualifying for a credit card, or going on a school field trip with their children.

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 or even declined since 2018.^v Most crime rates within Oregon's largest cities have held steady or even gone down since Measure 110 passed.^{vi} According to a study done by RTI International, public-initiated calls to 911 in Portland followed nearly identical trends as other comparable cities without decriminalization, even after Measure 110 was enacted.^{vii}

The majority of voters continue to support Measure 110 nearly two years after its passage by a +22-point margin.^{viii}

Majority support for the measure was found in all parts of the state. A strong bipartisan majority (72%, a +48-point lead) further believes addiction should be addressed through the public health system and not the criminal legal system.

Oregon Led the Way

Oregon blazed a trail by becoming the first state in the country to decriminalize possession of small amounts of all drugs. Although implementation continues, Measure 110 is already resulting in positive impacts, including massive investments in addiction services and reducing criminal justice involvement. Other states and the federal government should follow Oregon's

lead and treat drug use as a public health issue by decriminalizing possession and investing in health services.

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- ⁱ Oregon Health & Science University-Portland State University School of Public Health, *Oregon Substance Use Disorder Services Inventory and Gap Analysis Estimating the need and capacity for services in Oregon across the continuum of care* (September 30, 2022). <https://www.thelundreport.org/sites/default/files/OHSU%20-%20Oregon%20Gap%20Analysis%20and%20Inventory%20Report.pdf>.
 - ⁱⁱ Oregon Health Authority, "Combined Measure 110 providers served more than 60,000 people during early implementation, preliminary reporting shows" (February 2023), <https://content.govdelivery.com/accounts/ORDHS/bulletins/3465dc9>.
 - ⁱⁱⁱ Oregon Health Authority, M110 BHRN Grantees 2022, <https://app.smartsheet.com/b/publish?EQBCT=daa407edd645460ba9d0a727eda67690>.
 - ^{iv} Oregon Criminal Justice Commission, Data Request Briefing (August 22, 2022), https://drugpolicy.org/sites/default/files/ocjc_-_drug_possession_arrest_conviction_race_stats_8-22-22_002.pdf.
 - ^v Oregon Justice Resource Center, "Crime and Safety in Oregon in 2022: Myths, Facts and Solutions," (May 2022), <https://drive.google.com/file/d/14dTWpVFuWRp1nFHAvrgTiXTSILamoC4R/view>.
 - ^{vi} Ibid.
 - ^{vii} RTI International, RTI's evidence-based research on Oregon's Drug Addiction Treatment and Recovery Act, <https://www.rti.org/impact/oregon-drug-decriminalization>.
 - ^{viii} Data for Progress, Oregon Voters Want Measure 110 to Remain in Place (September 12, 2022), <https://www.dataforprogress.org/blog/2022/9/12/oregon-voters-want-measure-110-to-remain-in-place>.

Polk County Opioid Settlement Advisory Committee
April 14, 2023
Feedback Summary

PRE-SURVEY N=17	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	MEAN
Criminalizing drug use is effective at curbing substance use problems.	2 13%	3 19%	7 44%	3 19%	1 6%	2.9
We can't arrest our way out of the drug problem.	6 35%	10 59%	1 6%	0 0%	0 0%	1.7
The drug war drives racial disparities in the criminal legal system.	3 18%	4 24%	7 41%	3 18%	0 0%	2.6
Personal possession and use of small amounts of drugs should be decriminalized.	2 12%	2 12%	8 47%	4 24%	1 6%	3.0
Drug treatment in lieu of jail time is an effective use of resources.	4 25%	9 56%	3 19%	0 0%	0 0%	1.9
Abstinence/sobriety should be the primary goal of treatment for substance use disorders.	3 18%	6 35%	4 24%	4 24%	0 0%	2.5
We should address drug use as a public health problem.	11 65%	4 24%	2 12%	0 0%	0 0%	1.5
To make a difference, we need to think with a different mindset.	7 41%	9 53%	1 6%	0 0%	0 0%	1.7

1=Strongly Agree, 5=Strongly Disagree; lower number equals higher level of agreement

POST-SURVEY N=17	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	MEAN
Criminalizing drug use is effective at curbing substance use problems.	2 13%	9 56%	2 13%	3 19%	0 0%	2.4
We can't arrest our way out of the drug problem.	4 25%	10 63%	2 13%	0 0%	0 0%	1.9
The drug war drives racial disparities in the criminal legal system.	4 25%	5 31%	7 44%	0 0%	0 0%	2.2
Personal possession and use of small amounts of drugs should be decriminalized.	1 6%	6 38%	5 31%	3 19%	1 6%	2.8
Drug treatment in lieu of jail time is an effective use of resources.	0 0%	12 75%	3 19%	1 6%	0 0%	2.3
Abstinence/sobriety should be the primary goal of treatment for substance use disorders.	2 12%	6 35%	4 24%	4 24%	1 6%	2.8
We should address drug use as a public health problem.	11 65%	4 24%	2 12%	0 0%	0 0%	1.5
To make a difference, we need to think with a different mindset.	8 47%	7 41%	2 12%	0 0%	0 0%	1.7

What do you take away from this presentation?

- Please do more research into residential treatments. Don't lump all into one category, they aren't all the same.
- too much national info and not Polk Co, NW MN
- :) agree in a lot of areas
- There are places for many strategies but complete decriminalization is too much IMHO.
- I appreciate the historic information and how we got to where we are today.

What is one action you can take to champion antiracist and harm reduction policies and practices?

- I do this daily while working in residential treatment. I use evidence based practices. They are the most effective approach. Overall treating humans as humans...not addicts or criminals.
- N/A
- I continue to learn and have conversations on this topic.
- educate the public on facts, not propaganda