

Principles and Metrics for Evaluating Oregon's Drug Decriminalization Measure: Centering the Voices of People Who Use Drugs

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Objective

To develop principles for how to evaluate Measure 110 and a set of meaningful metrics for effectively determining the outcomes of Measure 110

Our Steps

- Convened a steering committee
- Developed domains of interest and an interview guide
- Conducted outreach to impacted people in Oregon
- Conducted 11 interviews of about 60 minutes each

Geographical Distribution of Interviewees



What Is Measure 110?

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 Substance Use Disorder (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, and then increases every year by at least the rate of inflation
- State prison savings include savings from sentence reductions, reductions in arrests, incarceration, and community supervision

Funds existing agencies to create addiction recovery centers,

- Analyzed interview data
- Drafted and reviewed principles and metrics
- Engaged steering committee in review
- Conducted final review of document by initial interviewees
- Incorporated feedback from steering committee and interviews into final document

Results

Principles

Successful evaluations will:

1. Center people who use drugs, their families, and communities



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Metrics: Key Domains

- Criminal legal data
- Law enforcement interactions and culture
- Social service environment and collateral consequences
- Health care
- Stigma
- Cost and cost savings

Metrics: Sub-analyses

 Race/ethnicity and by counties with a high proportion of Black, Indigenous, and people of color (BIPOC)

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 SUD 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

Increases Funding for SUD Treatment and Harm Reduction Services

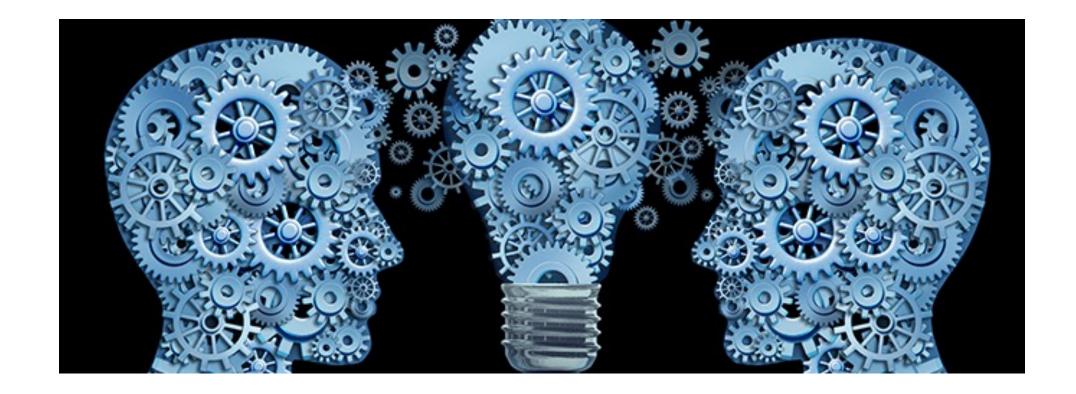
Funding sources:

- Oregon Marijuana Account: The state's cannabis tax revenue provides at least \$57 million in Year 1, and then increases every year by at least the rate of inflation
- State prison savings include savings from sentence

2. Be comprehensive (e.g., include qualitative and quantitative data, primary and secondary data, range of metrics, geographically diverse)



3. Be conducted by informed researchers with relevant experience



4. Be inclusive and prioritize high-quality data and designs

5. Use non-stigmatizing language

- Geography, including comparison of urban, suburban, rural, and frontier regions, and by income (low-income vs. high-income areas)
- Pregnant and parenting/guardian people
- LGBTQIA people

Challenges

- Comprehensiveness vs. usability
- Funding
- Confounders (especially with an N of 1) (e.g., fentanyl, COVID)
- Dissemination
- Controversial issues: role of media and politics
- Evaluation of policy-level intervent

Conclusion

We hope that this work serves as one model for how to center the voices of those directly impacted in research efforts more broadly prior to evaluating new drug policies.

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6. Be transparent and accessible (and widely disseminated to a range of stakeholders)



For more details about specific principles and metrics, please read <u>https://drugpolicy.org/resource/principles-and-metrics-evaluating-drug-decriminalization</u>.

Also see commentary in:

J. Netherland, J. Kral, A. H., Ompad, D. C., Davis, C., Bluthenthal, R. N., Dasgupta, N., Gilbert, M., Morgan, R., & Wheelock, H. (2022) Principles and metrics for evaluating Oregon's innovative drug decriminalization measure. *Journal of Urban Health, 99*(2), 328–331. <u>doi: 10.1007/s11524-022-00606-w</u>

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