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DRUG DECRIMINALIZATION IN OREGON: MEASURE 110'S IMPACTS COMPARED TO OTHER COUNTRIES' SYSTEMS

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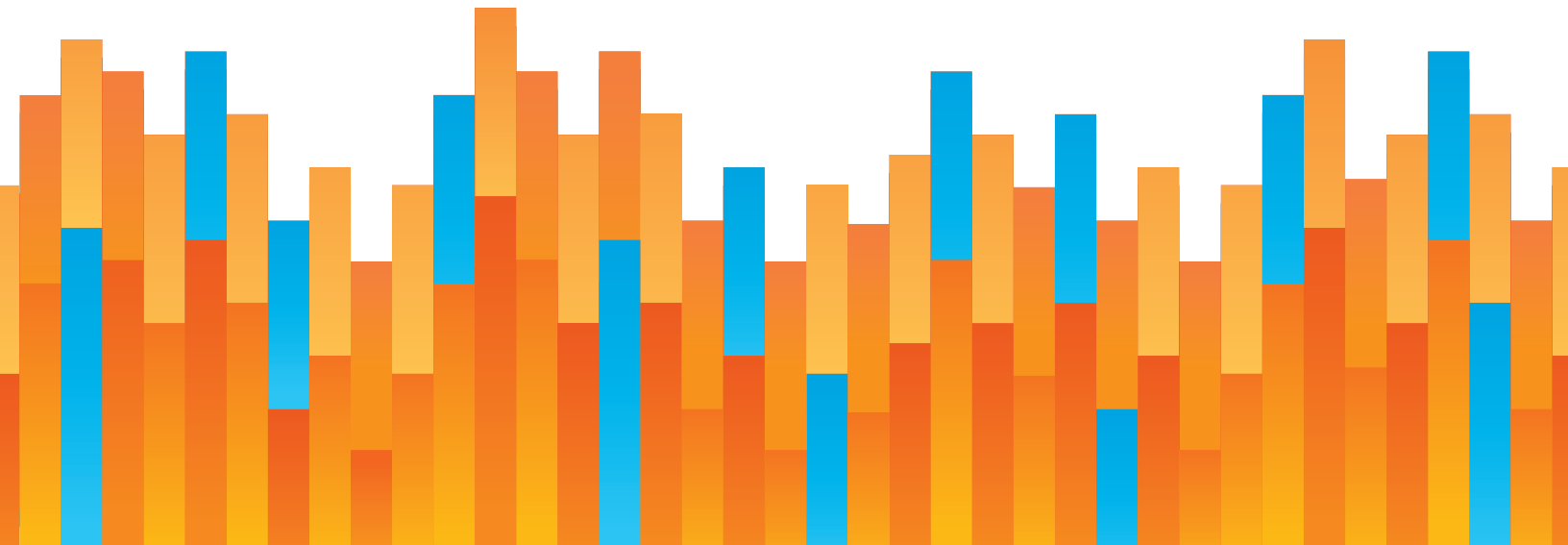

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EXECUTIVE SUMMARY

In the face of a national fentanyl crisis and continued skepticism toward the effectiveness of drug-criminalization policies, some U.S. states and municipalities have begun to explore alternatives. The most notable example was in 2021 when Oregon passed Measure 110, which decriminalized the possession of all illicit drugs and attempted to adopt a health-oriented approach to illicit drug policy. While drug decriminalization is more common in Europe, Oregon is the first exposure to the policy for many Americans. This brief is meant to provide a comprehensive review of decriminalization as a policy and research results from varying localities that have adopted a decriminalization model. Decriminalization data discussed include drug treatment, drug use rates and behaviors, criminal activity, and varying economic impacts on labor and housing.

These topics are also examined in the context of criminalization and total legalization. Legalization has yet to be implemented in any large-scale modern context, so our expected results are largely reliant on economic theory. One potential benefit of legalization over decriminalization to note is the elimination of illegal drug trafficking, lowering rates of organized crime, and reducing the presence of adulterants in drug production. Criminalization, however, has been found to be largely ineffective in curtailing the illegal market and actively contributes to negative stigmatization surrounding drug use, users, and treatment.

While research on decriminalization draws on different countries and localities with varying models, there are some consistent outcomes. Decriminalization is generally found to reduce

overdose rates, to not lead to greater drug use rates, to improve health outcomes in relation to the spread of disease via intravenous drug use, and leads to more accessible drug and health treatment. However, these outcomes are largely dependent on the effectiveness of coinciding treatment service programs and structures; decriminalization on its own is unlikely to produce such positive results.

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The potential impacts on crime and poverty are more inconclusive, as the bulk of research surrounding decriminalization focuses directly on drug use and drug treatment outcomes such as general usage rates, problematic use, treatment effectiveness, and treatment accessibility. The currently available literature and research suggests decriminalization could improve labor-market participation, drive down housing costs, mitigate public health expenditures, and reduce different forms of drug-use-driven crime following decriminalization. While these improvements are largely theoretical and follow-up research is necessary to determine the veracity of these expectations, available data from Oregon during the period of drug decriminalization do not refute these expectations.

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PART 1

INTRODUCTION

Oregon voters approved the Drug Addiction Treatment and Recovery Act, otherwise known as Measure 110, on Nov. 20, 2020, making Oregon the first U.S. state to decriminalize the use and possession of small quantities of all illicit drugs. Oregon ranked as the state with the least prevalent drug treatment options in 2020 despite ranking second-highest in drug and alcohol addiction rates, according to the National Survey on Drug Use and Health.[1] The passage and implementation of Measure 110 represented a radical step in tackling drug abuse by creating accessible treatment and reframing drug use as a matter of public health rather than criminality.

“The passage and implementation of Measure 110 represented a radical step in tackling drug abuse by creating accessible treatment and reframing drug use as a matter of public health rather than criminality.”

[1] Substance Abuse and Mental Health Services Administration, “Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health,” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2022, https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf.

Subsequently, Measure 110 was largely overturned in March 2024 following mounting pressure from critics. These critics pointed to rising overdose rates and street use, arguing that the experiment of decriminalization in Oregon had ended in failure. However, supporters of decriminalization refuted these claims by arguing that Measure 110 failed to receive adequate funding to effectively treat drug abuse in the state.[2] So, whose claims are correct?

This paper broadly reviews major social outcomes that result from decriminalization. Factors considered include rates of drug use and addiction treatment but also the impact on crime, socioeconomic outcomes, and the individual nuances and subcategories within each of these topics. To provide a better frame of reference for decriminalization, the paper also discusses these outcomes in relation to the major alternative paradigms for regulation of drug use, including both criminalization and full legalization. While the bulk of research on decriminalization broadly takes place outside the United States, this paper reviews outcomes and research in Oregon because it is the first American state to implement decriminalization and for many Americans is their first exposure to the policy. Our findings indicate that decriminalization efforts outside the United States have largely been successful, leading to reduced overdose rates, reduced problematic use, and higher engagement with health and treatment services. The failures of decriminalization in Oregon is not intrinsic to the policy itself as many critics claim, but rather derives from its flawed implementation.

Our findings indicate that decriminalization efforts outside the United States have largely been successful, leading to reduced overdose rates, reduced problematic use, and higher engagement with health and treatment services.

[2] Dirk Vanderhart, "Oregon lawmakers hear hours of passionate testimony on proposals to recriminalize drug possession," Oregon Public Broadcasting, 8 Feb. 2024, https://www.opb.org/article/2024/02/08/recriminalize-drugs-oregon-testimony-measure-110/.

PART 2

THEORIES OF CRIMINALIZATION, DECRIMINALIZATION, AND LEGALIZATION

Decriminalization specifically is a legal policy where drug use or possession is considered a civil violation, in line with a speeding ticket or other minor infraction. Some decriminalization policies take this a step further and remove any and all legal punishment relating to drug use or possession, referred to more specifically as depenalization. Both policies, however, maintain the criminalization of illicit drug trafficking, production, and sale. The theory behind these policies is that illicit drug use is best approached as a matter of public health rather than criminal activity. By changing the penalties for illicit drug use, users are better able to be channeled into health and addiction treatment while trafficking can continue to be mitigated by criminal authorities.

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Harm reduction programs are often coupled with decriminalization as part of shifting public expenditures away from law enforcement and incarceration and toward treatment of addiction and overdose reduction as matters of public health. These programs can vary but share a pragmatic approach to mitigating the dangers of drug abuse. As described by University of Washington psychology professors Diane Logan and G. Alan Marlatt, "At its core, harm reduction supports any steps in the right direction. Critics may contend that harm reduction somehow enables or excuses poor choices. Although abstinence may be the ultimate goal, and is of course the only way to avoid all negative consequences associated with substance abuse, the harm reduction practitioner seeks to meet with the client where he or she is in regards to motivation and ability to change. The practitioner's goals are secondary to what the client wants. This does not imply that the practitioner has no opinion; rather, the practitioner respects the client's decisions both for and against change."[3] Fundamentally, a harm reduction approach accepts as reality the premise that some individuals will choose to use drugs. Among this population, some individuals may abuse those drugs, and public policies should be developed to mitigate the negative health outcomes of this abuse, including addiction or overdose. Some common examples of harm reduction in action include needle exchanges, peer support services, safe-consumption sites, free naloxone distribution, and more. Harm reduction approaches, however, need not necessarily be tied to decriminalization and can be introduced even in an environment where drugs either remain criminalized or are fully legal.

"Some common examples of harm reduction in action include needle exchanges, peer support services, safe-consumption sites, free naloxone distribution, and more."

[3] Diane Logan and Alan Marlatt, "Harm reduction therapy: a practice-friendly review of research," *Journal of Clinical Psychology*, vol. 66(2), 201-14, 2010, https://pubmed.ncbi.nlm.nih.gov/20049923/.

Decriminalization is sometimes confused with legalization, a similar policy approach but one that goes further along the path of liberalizing drug laws. Legalization allows for the use, production, and sale of formerly illicit drugs for recreational purposes. Structures of legalization can vary, but the most common model is to regulate these drugs in a manner similar to the way alcohol or tobacco is currently regulated. This may include restricting sales to adults over the age of 21 or prohibiting the advertisement or packaging of drug products that may be appealing to minors. Another somewhat popular legalization model legalizes the possession, manufacture of distribution of drugs, but restricts consumption to designated facilities with professional oversight.

Legalization advocates argue that the negative externalities of drug use are minimized within a fully legal and commercial market.

Legalization advocates argue that the negative externalities of drug use are minimized within a fully legal and commercial market. Violent, criminal drug-trafficking organizations like international cartels would be theoretically eliminated under this model as legal and regulated companies absorb their market share. A key problem inherent within illicit markets, legalization proponents claim, is that parties to any transaction have no recourse to the legal system to settle their disputes in an orderly and peaceful manner. So, disaffected parties resort to violence to enforce their claims. In addition, the regulation of drug production would greatly reduce, if not eliminate, the presence of adulterants in drug products, reducing the risk of accidental overdose. Some advocates also argue on a matter of individual rights, that individuals should be free to consume and use drugs as long as they do not harm anyone else in the process, even if that consumption may harm themselves.[4]

[4] Geoffrey Lawrence et al., "Drug Legalization Handbook," The Reason Foundation, 31 Oct. 2023, https://reason.org/policy-study/the-drug-legalization-handbook/.

In stark contrast, supporters of criminalization believe drug use is not an act of volition but instead takes away one's own agency. The power of discernment gives way to egoism and addiction. They advocate for criminal punishments in relation to the possession, manufacture, and distribution of illicit drugs. They support harsh penalties to discourage the use and sale of drugs because individuals generally fear criminal punishment and imprisonment. Associating drug use with criminality and hedonism also generates negative social stigma, further discouraging use from a social perspective.[5]

This summary does not capture all the nuances and differing positions by advocates of these policies, but it does provide a general overview, theory, and reasoning of each position.

[5] Theodore Dalrymple, "Don't Legalize Drugs," *City Journal*, Spring 1997, https://www.city-journal.org/article/dont-legalize-drugs.

PART 3

ADDICTION TREATMENT

3.1 DECRIMINALIZATION STRUCTURES

The structure and implementation of treatment services in the context of decriminalization varies, but there are some typical commonalities. The majority of decriminalization implementations include harm reduction programs that emphasize approaching drug use treatment from a pragmatic, non-normative basis. These include programs that are not necessarily aimed at immediately stopping use but rather mitigating negative health outcomes, such as limiting the spread of disease through needle exchanges or reducing overdoses by providing safe consumption centers with medical personnel on site.[6] This section will review differing treatment models among decriminalized localities.

> *"The majority of decriminalization implementations include harm reduction programs that emphasize approaching drug use treatment from a pragmatic, non-normative basis."*

6 Substance Abuse and Mental Health Services Administration, "Harm Reduction Framework," Substance Abuse and Mental Health Services Administration, 2023, https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf.

PORTUGAL

In 2001, Portugal decriminalized the possession of all illicit drugs in amounts reflecting personal use. If a person is caught in possession of drugs, they do not face criminal penalties but instead are required to attend a specialized court that analyzes and prescribes a treatment plan or counseling based on the individual's situation. The court assesses and delivers sentences dependent on the individual's situation. If a person struggles with substance abuse, they will likely be directed to non-mandatory treatment, but if a person shows no substance abuse symptoms they are likely to be released with little to no punishment. In addition, the country adopted various harm reduction practices, such as needle exchanges and safe consumption sites. Portugal has been the poster child of the decriminalization model, and research from the country is often cited by decriminalization advocates.

Portugal is a relatively early adopter of the decriminalization model and often viewed internationally as having successfully implemented the policy. Many other countries have built their own decriminalization models at least in part based on Portugal's systems, but there are aspects that remain unique to Portugal. For example, in Portugal there is no real distinction in policy between "hard" drugs like heroin, cocaine, and methamphetamine and "soft" drugs like marijuana or hashish, unlike in the United States or the Netherlands.[7] This distinction is an important contributing factor in explaining public attitudes towards drug use and drug users in Portugal, which is discussed in Part 4.3.

"Many other countries have built their own decriminalization models at least in part based on Portugal's systems, but there are aspects that remain unique to Portugal."

[7] Emily Gilroy, "Drug Decriminalization and Harm Reduction in Portugal: Can policy innovation overcome stigma?," University of Washington, 2023, https://digital.lib.washington.edu/server/api/core/bitstreams/fef7beb7-3ddc-4116-9001-473814f047ac/content.

THE NETHERLANDS

The Dutch decriminalization in practice is more of a non-enforcement model rather than a formal decriminalization model, sometimes referred to as *de facto* decriminalization. Under the Dutch Opium Laws, illicit drugs are split into two categories of harder (heroin, cocaine, LSD, etc.) versus softer drugs (marijuana, hashish, sedatives, etc.). Softer drugs, primarily marijuana, are not technically legal but police operate under a non-enforcement model where they avoid pursuing arrests for soft drug use. In addition, the Dutch model allows for marijuana sales via "coffee shops," or dispensaries that are allowed to sell marijuana under certain conditions. The theory behind this system is that individuals who pursue drug use will commonly use marijuana first, and by separating marijuana out of the stronger illicit drug market, users will be less likely to begin using those stronger drugs.[8] Attitudes on this structure have been a bit mixed given its ambiguous design, but for the most part the Netherlands is often cited as an exemplar of effective drug policy.

Dutch drug policy is based on an integrated approach of drug supply, treatment, prevention, and harm reduction.[9] In contrast to Portugal, distinguishing between "soft" and "hard" use is at the center of Dutch drug policy. Concerns over "hard" drug use are minimal in the public eye thanks to the implementation of harm reduction and housing aid, essentially eliminating public use and minimizing the externalities of drug abuse.

THE CZECH REPUBLIC, SWITZERLAND, AND SPAIN

Three other countries are worth noting. In the Czech Republic, the current decriminalization model has been in place since 2010 with minimal changes.[10] The Czech decriminalization model is closest to Oregon's, where possession of small amounts of an illicit substance is considered a non-criminal offense and punished with a fine. It also emphasizes a harm reduction approach for treating drug abuse.[11] Spain follows this model as well with its

8 Ed Leuw, "Drugs and Drug Policy in the Netherlands," Crime and Justice, vol. 14, pp. 229–76, 1991, http://www.jstor.org/stable/1147462.

9 Eberhard Schatz, Katrin Schiffer, and John Peter Kools, "The Dutch treatment and social support system for drug users: Recent developments and the example of Amsterdam," International Drug Policy Consortium, January 2011, https://www.tni.org/files/publication-downloads/idpc-briefing-paper-dutch-treatment-systems.pdf.

10 "The Czech Republic's best practices in drug policy reform," Eurasian Harm Reduction Association, 2018, https://harmreductioneurasia.org/wp-content/uploads/2018/11/Czech_twe.pdf.

11 Kateřina Horáčková et al., "Czech National Policy on Addictions and Priorities of the Czech Presidency of The Council of the EU In 2022," Office of the Government of the Czech Republic and the National Monitoring Centre for Drugs and Addiction, 27 July 2022, https://vlada.gov.cz/assets/ppov/protidrogova-politika/Focused-2022_Czech-National-Policy-on-Addictions-and-Priorities-of-CZ-PRES-.pdf.

decriminalization, but further distinguishes between private and public use, with private use being essentially legal but public use met with administrative punishment depending on the municipality.[12] Switzerland similarly emphasizes a harm reduction approach nationally but does not impose fines for drug possession; instead, individual municipalities decide to impose fines or punishment in relation to use.[13]

> *The Czech and Swiss decriminalization models are based on four primary principles; treatment and social integration, prevention, harm reduction, and supply reduction.*

The Czech and Swiss decriminalization models are based on four primary principles; treatment and social integration, prevention, harm reduction, and supply reduction. Policy is conducted at the national, regional, and municipal level and emphasizes evidence-based actionable plans. For example, the implementation of decriminalization in the Czech Republic developed following a 2001 state-commissioned study that found that under drug criminalization, drug use and its negative consequences had worsened under a criminal approach. Switzerland moved towards decriminalization after finding its enforcement model had failed to mitigate high rates of drug use, sales, and HIV spread in the 1980s, giving way to harm-reduction-oriented treatment in the 1990s. Recent efforts in the Czech Republic have been focused on mitigating illegal drug trafficking, primarily in methamphetamines and marijuana, while in Switzerland current debate is on the possibility of legalizing marijuana for recreational use.[14, 15]

12 "Spain Country Drug Report 2019," European Monitoring Centre for Drugs and Drug Addiction, June 2019, https://www.euda.europa.eu/publications/country-drug-reports/2019/spain_en

13 Miriam Wolf and Michael Herzig, "Inside Switzerland's Radical Drug Policy Innovation," *Stanford Social Innovation Review*, 22 July 2019, https://ssir.org/articles/entry/inside_switzerlands_radical_drug_policy_innovation

14 "Czech Republic Country Drug Report 2017," European Monitoring Centre for Drugs and Drug Addiction, 6 June 2017, https://www.euda.europa.eu/publications/country-drug-reports/2017/czech-republic_en.

15 Dario Sabaghi, "Switzerland To Establish First Legal Cannabis Dispensaries In Europe Amid Pilot Project," *Forbes*, 26 Oct. 2023, https://www.forbes.com/sites/dariosabaghi/2023/10/26/switzerland-to-establish-first-legal-cannabis-dispensaries-in-europe-amid-pilot-project/.

OREGON

Oregon's decriminalization model followed closely in line with that of the Czech Republic. Under Measure 110, minor drug possession went from a felony to a class E misdemeanor punishable by up to a $100 fine or completing an over-the-phone health assessment. In addition, Oregon set aside a portion of the excise tax revenue from legal cannabis sales to help fund treatment facilities and services for users of harder drugs. These services include addiction treatment programs, housing services, peer-support services, supported employment, and more.[16] Oregon stands out from other decriminalization examples in that its success or failure is more hotly debated. Critics of Measure 110 point to rising overdoses and rampant street use while supporters argue many services went underfunded and street use was a pre-existing issue due to poor housing accessibility in the state.

In Oregon, decriminalization was coupled with an expansion of harm reduction and other treatment services. This expansion of services was primarily funded via grants for nonprofits and second-hand operators who met certain requirements, such as providing treatment for substance abuse disorders, offering peer support services, operating harm reduction facilities, and offering housing assistance to individuals with substance abuse issues. The Oversight and Accountability Council (OAC) was established to distribute grants and review outcomes.

In comparison to other decriminalization models, this implementation was a bit more disjointed because these services were operating more independently from one another as opposed to the more top-down, government-run model from other countries. Additional shortcomings of the program would be exposed by state audits revealing how the heads of the OAC lacked experience in managing grant funds, creating large numbers of staff issues and financial delays.[17, 18]

16 Michael Lantz and Brian Nieubuurt, "Measure 110 (2020) Background Brief," Legislative Policy and Research Office, 9 December 2020, https://www.oregonlegislature.gov/lpro/Publications/Background-Brief-Measure-110-2020.pdf.

17 "Too Early to Tell: The Challenging Implementation of Measure 110 Has Increased Risks, but the Effectiveness of the Program Has Yet to Be Determined," Oregon Health Authority, January 2023, https://sos.oregon.gov/audits/Pages/audit-2023-03-measure-110.aspx.

18 "Funding and Delivery of Measure 110 Substance Use Disorder Services Shows Progress, but Significant Risks Remain," Oregon Health Authority, Dec. 2023, https://sos.oregon.gov/audits/Pages/audit-2023-39-Measure-110.aspx.

FIGURE 1: DRUG DECRIMINALIZATION MODEL EXAMPLES

Country/Locality	Decriminalization Description	Effective Implementation Date
Portugal	Individuals possessing minor amounts of illicit drugs are sent to court where their situation is analyzed by a doctor, legal official, and social worker and an appropriate sentence is given, typically treatment services	2001
Netherlands	Non-enforcement policy where drug possession is technically illegal but officers are advised not to pursue legal action against minor drug possession, particularly marijuana	1976
Czech Republic	Possession of illicit drugs lower than the legal statute is met with a police warning or possible fine, whereas possession above the legal statute can be met with imprisonment and/or required treatment	2010
Oregon	Possession of illicit drugs under the legal limit is met with a fine, but that fine can be waived given the charged individual completes a health assessment through a certified treatment provider	2021
Switzerland	Possession of illicit drugs for personal use is legal and is not punished, however, individual municipalities may have laws which impose fines or criminal punishments for using in public or a non-designated drug use area	1991
Spain	Possession/Use of illicit drugs in public spaces for personal use, defined as a single psychoactive dose, are a non-criminal offense met with a fine while larger possession may be criminally prosecuted	1983

3.2 TREATMENT RESULTS

In treatment outcomes, each approach has been successful to varying degrees. Portugal and Switzerland saw a significant drop in overdose deaths following decriminalization, a reduction in HIV/AIDS cases among drug users, and an increase in users entering treatment services.[19, 20, 21] However, street use incidence has increased in Portugal while the number of users entering addiction treatment has declined since 2012 after the government reduced

19 Sónia Félix, Pedro Portugal, and Ana Sofia Tavares, "Going after the Addiction, Not the Addicted: The Impact of Drug Decriminalization in Portugal," IZA Institute of Labor Economics, 31 July 2017, https://dx.doi.org/10.2139/ssrn.3010673

20 "Drug Decriminalization in Portugal: Learning from a Health and Human-Centered Approach," Drug Policy Alliance, 20 February 2019, https://drugpolicy.org/resource/drug-decriminalization-in-portugal-learning-from-a-health-and-human-centered-approach/.

21 Taylor Knopf, "Switzerland couldn't stop drug users. So it started supporting them.," North Carolina Health News, 21 January 2019, https://www.northcarolinahealthnews.org/2019/01/21/switzerland-couldnt-stop-drug-users-so-it-started-supporting-them/.

funding for drug oversight operations.[22] Although drug overdoses in the Netherlands have risen in the past decade, the country still boasts one of lowest drug overdose rates in the world.[23] The Czech Republic also shows minimal disease spread in relation to drug use and low numbers of drug-related emergencies. However, the Czech Republic has struggled with high-risk drug use due to the recent growth of a homemade methamphetamine called "pervitin."[24]

> *Portugal and Switzerland saw a significant drop in overdose deaths following decriminalization, a reduction in HIV/AIDS cases among drug users, and an increase in users entering treatment service.*

Oregon is an exception to these cases because overdose rates continued to grow following Measure 110's passage. However, research indicates this growth is in line with a national surge in fentanyl and other synthetic opioids and not brought about by decriminalization.[25] Data indicates that the recent surge in opioid overdoses, brought about in large part by the spread of fentanyl from the East to West Coast, began in 2019, two years prior to the implementation of Measure 110.

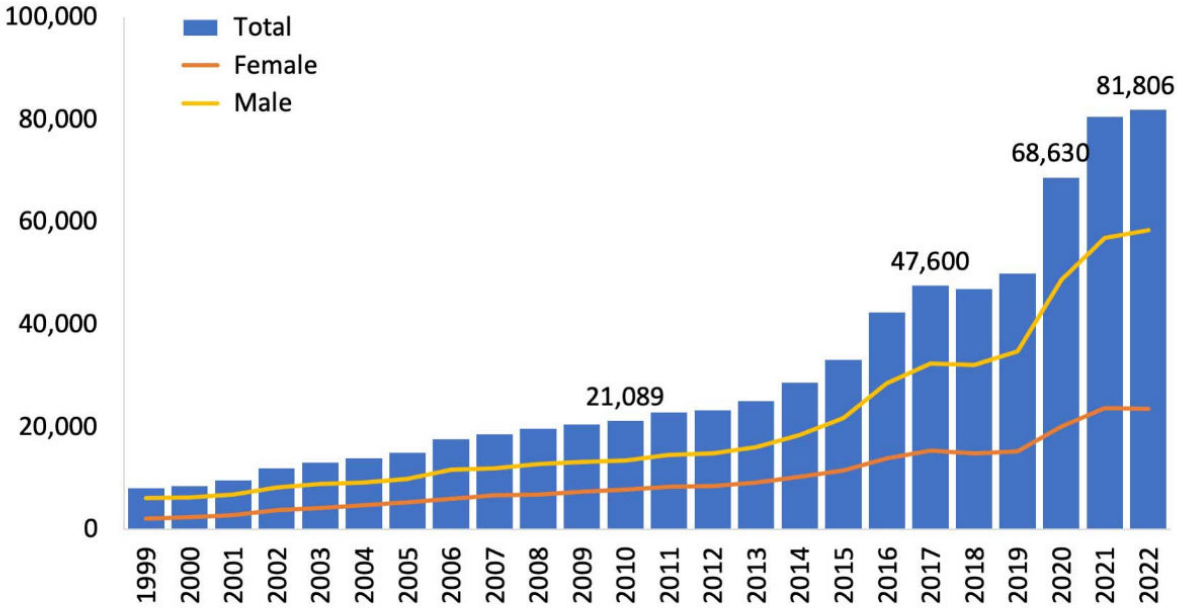
22 Anthony Faiola and Catarina Fernandes Martins, "Once hailed for decriminalizing drugs, Portugal is now having doubts," *The Washington Post*, 7 July 2023, https://www.washingtonpost.com/world/2023/07/07/portugal-drugs-decriminalization-heroin-crack/.

23 "Drug-Related Deaths and Mortality Rates in Europe," United Nations Office on Drugs and Crime, 2017, https://dataunodc.un.org/drugs/mortality/europe-2017

24 European Monitoring Centre for Drugs and Drug Addiction, "Czech Republic Country Drug Report 2017."

25 Spruha Joshi, Bianca D. Rivera, and Magdalena Cerdá, "One-Year Association of Drug Possession Law Change With Fatal Drug Overdose in Oregon and Washington," *JAMA Psychiatry*, 2023, https://doi.org/10.1001/jamapsychiatry.2023.3416.

FIGURE 2: U.S. OVERDOSE DEATHS INVOLVING ANY OPIOID BY SEX, 1999-2022[26]



*Among deaths with drug overdose as the underlying cause, the "any opioid" subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or heroin (T40.1). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2022 on CDC WONDER Online Database, released 4/2024.

3.3 THE CRIMINALIZATION MODEL

Decriminalization and harm reduction emphasizes treatment oriented toward reducing the worst health outcomes, even if that means allowing a person to continue to use to a lesser degree. It also tries to separate drug abuse from the user as a means to reframe substance abuse as a health issue rather than a personal failing. Criminalization, on the other hand orients use as intrinsically harmful, rejecting the notion of mediated use and instead only accepting the complete cessation of use as acceptable treatment.

The structure of criminalization is influenced by multiple mechanisms meant to dissuade and prevent use. One mechanism, as outlined by University of Kent Criminal Justice Professor Alex Stevens, Criminologist Dr. Caitlin Hughes of the National Drug and Alcohol Research Centre, and cohorts is the use of social stigma to "send a message" that drug use

[26] "Drug Overdose Deaths: Facts and Figures," National Institute on Drug Abuse, 21 August 2024, https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates#Fig3

is harmful in order to reduce the likelihood others will begin using in the future.[27] However, this is also known to produce a secondary effect of reducing the likelihood that someone dealing with drug abuse seeks treatment because of shame or embarrassment.[28] Stigma has also been shown to reduce the quality, care, and effort put into providing treatment care services to individuals with substance abuse issues.[29]

Stigma has also been shown to reduce the quality, care, and effort put into providing treatment care services to individuals with substance abuse issues.

Another basis for criminalization is belief in the gateway effect, a theory which posits that the use of one drug, typically a softer drug like marijuana, eventually leads to individuals using other potentially more harmful drugs. There are two potential paths for the gateway effect: Either the use of a drug leads to a "taste for use," which leads to use of other drugs; or the use of one drug leads to social interactions with other users and suppliers who introduce said user to other substances.[30] Research does show that youth drug and alcohol use is a strong predictor of substance abuse later in life.[31, 32] However, the presence of confounding factors in these studies makes it difficult to discern if the gateway effect is a

27 Alex Stevens et al., "Depenalization, diversion and decriminalization: A realist review and programme theory of alternatives to criminalization for simple drug possession," *European Journal of Criminology*, 19(1), 29-54., 2022, https://doi.org/10.1177/1477370819887514.

28 Benjamin D. Scher et al., " 'Criminalization Causes the Stigma': Perspectives From People Who Use Drugs," *Contemporary Drug Problems*, 50(3), 402-425., 2023, https://doi.org/10.1177/00914509231179226.

29 Ali Cheetham et al., "The Impact of Stigma on People with Opioid Use Disorder, Opioid Treatment, and Policy," *Substance Abuse and Rehabilitation*, vol. 13:1-12, 2022, https://doi.org/10.2147/SAR.S304566.

30 Karen Van Gundy and Cesar J. Rebellon, "A Life-course Perspective on the 'Gateway Hypothesis,'" *Journal of Health and Social Behavior*, 51(3), 244-259., 2010, https://doi.org/10.1177/0022146510378238.

31 "Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, Substance Abuse and Mental Health Services Administration," Substance Abuse and Mental Health Services Administration, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863., 2014, https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.htm.

32 Michael T. Lynskey et al., "Escalation of drug use in early-onset cannabis users vs co-twin controls," *JAMA*, vol. 289,4 427-33., 2003, doi:10.1001/jama.289.4.427.

primary cause of continued use or simply a correlate to other factors.[33] For example, minors tend to cease risky behaviors as they become older because they enter the job market, start their own family, etc., meaning a failure to take on or form these new social responsibilities may be a stronger predictor of adult illicit drug use rather than merely being introduced to marijuana or another illicit drug. In short, the costs of drug use in terms of foregone opportunities increases as adults progress later into life.

Lastly, criminalization operates under the deterrence theory, the concept that the threat of harm and/or punishment in response to use discourages individuals from engaging in drug use. However, as Stevens and Hughes note, the efficacy of deterrence theory is reliant on individuals perceiving punishment as sufficiently likely and significant enough to dissuade use and having an awareness of there being a punishment for use to begin with. Given one of the key characteristics of substance abuse disorder is using despite negative consequences, it is definitionally unlikely that deterrence would dissuade individuals already dealing with substance abuse issues. In addition, research on policy awareness finds people, including Americans, tend to have a sub-par knowledge of the criminal punishments associated with drug use.[34, 35]

The impact of these mechanisms can be found in the structure of traditional treatment programs under criminalization. Stigma tends to paint users as unreliable or irresponsible because they suffer from drug abuse issues and considers these issues a result of some kind of personal failing.[36] The consequences can be seen in the structure of policies where treatment is provided only on a contingent basis—participants can qualify for aid only if they follow stringent guidelines of their treatment program. These treatment models operate off a semi-compulsory basis where a failure to comply means a total loss of benefits, and they tend to be ineffective. A systematic review of compulsory treatment

33 Carl V. Phillips, "Gateway Effects: Why the Cited Evidence Does Not Support Their Existence for Low-Risk Tobacco Products (and What Evidence Would)," *International Journal of Environmental Research and Public Health*, vol. 12,5 5439-64., 21 May 2015, doi:10.3390/ijerph120505439.

34 Robert MacCoun et al., "Do Citizens Know Whether Their State Has Decriminalized Marijuana? Assessing the Perceptual Component of Deterrence Theory," *Review of Law & Economics*, vol. 5, no. 1 pp. 347-371, 2009, https://doi.org/10.2202/1555-5879.1227.

35 Alissa Greer et al., "Awareness and knowledge of drug decriminalization among people who use drugs in British Columbia: a multi-method pre-implementation study," *BMC Public Health*, vol. 24,1 407., 8 February 2024, doi:10.1186/s12889-024-17845-y.

36 Colleen L. Barry et al., "Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness," *Psychiatric Services* (Washington, D.C.), vol. 65,10, 1269-72., 2014, doi:10.1176/appi.ps.201400140.

programs for example found that only 22% of studies on compulsory drug treatment showed positive impacts on criminal recidivism and drug use.[37]

> *A systematic review of compulsory treatment programs for example found that only 22% of studies on compulsory drug treatment showed positive impacts on criminal recidivism and drug use.*

Drug courts are another program designed to aid drug users under the criminalization rubric. They are meant to be used as an alternative to imprisonment, where offenders enter monitored treatment and their legal punishments are cleared on a contingent basis upon completion. Courts have been shown to be effective in reducing recidivism; however, these results tend to be somewhat biased. Drug courts tend to select offenders with less extensive criminal histories, meaning their chances of reoffending are already lower than the average offender. Studies also tend to not account for program dropouts and fail to do effective long-term follow-up or only view recidivism while ignoring important secondary outcomes such as employment, education, and/or if the offender returned to drug use. [38] Lastly, drug courts only enter users into treatment once they have committed a crime, meaning it's not preventive in stopping drug abuse and makes treatment available only as a last resort intervention rather than early in the drug abuse cycle.

> *... drug courts only enter users into treatment once they have committed a crime, meaning it's not preventive in stopping drug abuse and makes treatment available only as a last resort intervention rather than early in the drug abuse cycle.*

[37] Dan Werb et al., "The effectiveness of compulsory drug treatment: A systematic review," *International Journal of Drug Policy*, vol. 28 Pages 1-9, February 2016, https://doi.org/10.1016/j.drugpo.2015.12.005.

[38] Joseph Guydish et al., "Drug Court Effectiveness: A Review of California Evaluation Reports, 1995–1999," *Journal of Psychoactive Drugs*, 33(4), 369–378., 2001, https://doi.org/10.1080/02791072.2001.10399922.

Data reinforces the view that criminalization tends to be ineffective in reducing overdoses and providing treatment. Data from the National Center for Health Statistics shows that from 2001 to 2021, U.S. drug overdose rates have been growing steadily, particularly from opioids.[39] Compared to other developed countries, the U.S. ranks high in death rates from substance abuse disorder, low among social aid workers as a proportion of the population, and users are more likely to report challenges in receiving aid and treatment services.[40] Research from the Department of Justice also shows that criminalization enforcement tactics such as crackdowns, raids, undercover operations, patrols, etc. at best temporarily reduce drug use and at worst cause no change in use or drug-related offenses.[41]

[39] Merianne Rose Spencer, Arialdi M. Miniño, and Margaret Warner, "Drug Overdose Deaths in the United States, 2001–2021,"U.S. Department of Health and Human Services; Centers for Disease Control and Prevention; National Center for Health Statistics, Dec. 2022, https://www.cdc.gov/nchs/data/databriefs/db457.pdf.

[40] Roosa Tikkanen et al., "Mental Health Conditions and Substance Use: Comparing U.S. Needs and Treatment Capacity with Those in Other High-Income Countries," The Commonwealth Fund, May 2020, https://www.commonwealthfund.org/sites/default/files/2020-05/Tikkanen_mental_hlt_intl_comparison_db.pdf?dm_i=21A8,6VYNQ,18IBQC,RNW3W,1.

[41] Lorraine Mazerolle, David W. Soole, and Sacha Rombouts, "Crime Prevention Research Reviews No.1: Disrupting Street-Level Drug Markets," U.S. Department of Justice Office of Community Oriented Policing Services, 2007, https://portal.cops.usdoj.gov/resourcecenter/content.ashx/cops-p128-pub.pdf.

PART 4

DRUG USE

Rational choice theory predicts that by reducing the legal barrier to entry for use, drug use becomes more accessible and therefore use should increase. However, this prediction assumes that drug criminalization has been serving as an effective barrier to entry for use, which is not necessarily the case. Many individuals who have an interest in consuming drugs are able to find a means of procuring them without great difficulty. At the same time, the expansion of public health and rehabilitation services under decriminalization could help users reduce or stop consumption. Because of this ambiguity, empirical research on use rates is necessary to provide a conclusive answer on how use changes following decriminalization.

> *Research by Hughes found that following the decriminalization of all drugs in small amounts in Portugal, use rates generally remained stable.*

Research by Hughes found that following the decriminalization of all drugs in small amounts in Portugal, use rates generally remained stable.[42] For individuals aged 15-64, data showed

[42] Caitlin Elizabeth Hughes and Alex Stevens, "A resounding success or a disastrous failure: re-examining the interpretation of evidence on the Portuguese decriminalisation of illicit drugs," *Drug and Alcohol Review*, vol. 31,1 pg. 101-13., 2012, doi:10.1111/j.1465-3362.2011.00383.x.

minimal change in the proportion of individuals who indicated recent drug use between 2001 (the effective date of decriminalization) and 2007. In most population subgroups, the proportion of individuals who had used drugs at any point in their life increased, but drug cessation rates also increased concurrently. Together, these trends indicate an increase in experimental use, but not continual use. In addition, between 2001 and 2007, the proportion of individuals aged 15 to 24 who indicated recent use declined, which is significant because younger first-time drug users are much more likely to develop problems with abuse or addiction compared to older first-time users.[43] On the whole, the available evidence indicates a net positive effect on use outcomes following decriminalization.

It's difficult to delineate changes in drug use pre- and post-decriminalization in the Netherlands because that country instituted decriminalization in 1976 prior to the availability of robust statistics, but we can compare outcomes across regions. A 2004 study comparing San Francisco to Amsterdam, for example, found that marijuana use rates were similar between the two cities despite opposing drug policies. However, lifetime reported use for cocaine, crack, amphetamines, ecstasy, and opiates were all higher in San Francisco than Amsterdam.[44] This is not conclusive evidence, but it does offer support for the theory that redirecting use to softer drugs like marijuana may reduce the use of harder drugs in the Netherlands.

Up-to-date data on drug use rates following decriminalization in Oregon is currently not completely available. The 2019-2020 National Survey on Drug Use and Health (NSDUH) found 21.17% of Oregonians aged 12 and over reported using an illicit drug in the past month and 4.25% reported using an illicit drug other than marijuana in the past month.[45] The most recent NSDUH survey analyzes 2021-2022, the first year Oregon's decriminalization policy was in effect.[46] Past-month use among this population increased to

43 Substance Abuse and Mental Health Services Administration, "The TEDS Report: Age of Substance Use Initiation among Treatment Admissions Aged 18 to 30," Center for Behavioral Health Statistics and Quality, 17 July 2014, https://www.samhsa.gov/data/sites/default/files/WebFiles_TEDS_SR142_AgeatInit_07-10-14/TEDS-SR142-AgeatInit-2014.pdf.

44 Craig Reinarman, Peter D A Cohen, and Hendrien L Kaal, "The limited relevance of drug policy: cannabis in Amsterdam and in San Francisco," *American Journal of Public Health*, vol. 94,5: 836-42, 2004, doi:10.2105/ajph.94.5.836.

45 "Oregon Data extracted from the National Survey on Drug Use and Health, released December 2021," Substance Abuse and Mental Health Services Administration, December 2021, https://mhacbo.org/media/2021_epidemiology.pdf.

46 "National Survey on Drug Use and Health, 2022," Substance Abuse and Mental Health Services Administration, 2022, https://www.samhsa.gov/data/sites/default/files/reports/rpt44486/2022-nsduh-sae-state-tables/NSDUHsaeOregon2022.pdf.

24.03%, and 4.41% of respondents reported using an illicit drug other than marijuana in the past month. This data indicates drug use grew in Oregon immediately following decriminalization; however, the growth in overall drug use is attributable primarily to marijuana, which has been fully legal in Oregon since November 2014.

> *A study by RTI International found only about 1.5% of active drug users surveyed between March and November 2023 had begun using drugs following the passage of Measure 110.*

A study by Esther Chung, an epidemiologist working for the non-profit research institute RTI International, surveyed users in Oregon, and found only about 1.5% of active drug users surveyed between March and November 2023 had begun using drugs following the passage of Measure 110.[47] Chung, however, only included users of fentanyl, heroin, methamphetamine, and cocaine (powder and crack) in this study. When compared to national initiation data on heroin, methamphetamine, and cocaine from the 2021, 2022, and 2023 NSDUH polls, about 7.2%, 8.42%, and 6.52% of individuals 12 and older who used in the past year began using in each year respectively.[48, 49, 50] Fentanyl is not included in this comparison because the NSDUH separates between legal fentanyl misuse and illegally produced fentanyl, and it is unclear if Chung's analysis also separates fentanyl along these lines. In addition, NSDUH use data does not specify overlaps in use or when an individual is a user of multiple drugs, so depending on the number of users and initiates who use multiple drugs, these numbers could change. Overall differences in sampling methods and

47 Esther Chung, "Homelessness and housing access among people who use drugs in Oregon in 2023: a survey of 8 counties." Oregon Measure 110 Research Symposium, 22 Jan. 2024, https://s3.amazonaws.com/assets.cfsecosystem.com/m110/Presentations/Panel+3+Chung_FINAL.pdf.

48 Substance Abuse and Mental Health Services Administration, "Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health."

49 "Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health." Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2023, https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

50 "Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health." Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2024, https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report

clarity make this comparison not conclusive by any means, but this does serve as preliminary evidence that following Measure 110's implementation, initiation rates may have fallen in Oregon compared to the U.S. nationally. Follow-up research is needed to verify this observation.

In general, most research regarding drug decriminalization tends to come from the U.S. and focuses exclusively on the effect of cannabis legislation. In a meta-analysis of decriminalization studies conducted by epidemiology Professor Aydem Scheim at Drexel University and colleagues, the bulk of decriminalization-related studies centered on use outcomes following marijuana liberalization and most often found little to no changes in marijuana use rates following policy changes.[51] In addition, a decriminalization policy literature review from the Finnish Institute for Health and Welfare found no strong link between the legal drug scheme of a locality and its prevalence of marijuana use.[52] Overall, there is little to no evidence to suggest that decriminalization leads to higher rates of drug use, supporting the notion that individuals who wish to use drugs tend to use them regardless of their legal status.

Overall, there is little to no evidence to suggest that decriminalization leads to higher rates of drug use, supporting the notion that individuals who wish to use drugs tend to use them regardless of their legal status.

4.1 PROBLEMATIC USE

Problematic use can be defined in different ways, but this analysis adopts the *Diagnostic and Statistical Manual of Mental Illnesses, Fifth Edition* (*DSM-5*) criteria for substance abuse

51 Ayden Scheim et al., "Impact evaluations of drug decriminalisation and legal regulation on drug use, health and social harms: a systematic review," *BMJ Open*, vol. 10,9 e035148, 21 Sept. 2020, doi:10.1136/bmjopen-2019-035148.

52 Ali Ünlü, Tuukka Tammi, and Pekka Hakkarainen, "Drug Decriminalization Policy Literature Review: Models, Implementation and Outcomes," National Institute for Health and Welfare Finland, June 2020, https://www.researchgate.net/publication/342131913_Drug_Decriminalization_Policy_Literature_Review_Models_Implementation_and_Outcomes.

disorder. The *DSM-5,* created by the American Psychiatric Association*,* is used by U.S. health service providers as the most up-to-date reference book on diagnosing mental health issues and disorders. This diagnosis metric for problematic use is composed of 11 criteria. If a subject meets fewer than two of the criteria, they are deemed to not suffer from a disorder, while meeting two to three of the criteria qualifies as a mild disorder, meeting four to five qualifies as a moderate disorder, and meeting six or more qualifies as a severe disorder. The criteria include:

1. Using a drug in large amounts or for longer than intended;
2. Wanting to reduce or stop use but being unable to do so;
3. Spending a large amount of time getting substances, using substances, or recovering from substance use;
4. Cravings or urges to use substances;
5. Unable to manage commitments/obligations due to drug use;
6. Continuing use despite causing issues in relationships;
7. Giving up opportunities or not attending events to maintain use;
8. Continuing use even if it puts oneself in danger;
9. Continuing use even if one has a psychological or physical issue that use could potentially worsen;
10. Increasing tolerance over time; and
11. Development of withdrawal symptoms which are only alleviated with repeated use.

Research examining problematic use specifically is limited, but there are examples. An evidence-based analysis from Hughes and Stevens found that in Portugal between 2001 and 2005 there was a reduction, though not statistically significant, in problematic drug use from 7.6 to 6.8 per 1,000 persons aged 15–64 years.[53] This trend runs contrary to nearby Italy and Spain, where Italy saw an increase in problematic users from 6.0 to 8.6 per 1,000 population aged 15–64 from 2001 to 2007, and Spain saw a drop in problematic opiate users but an overall increase in problematic use due to a rise in cocaine users by 2006. Despite all three countries having decriminalization models, Hughes and Stevens attribute

[53] Caitlin Elizabeth Hughes and Alex Stevens, "What Can We Learn From The Portuguese Decriminalization of Illicit Drugs?," *The British Journal of Criminology*, Volume 50, Issue 6 Pages 999–1022, Nov. 2010, https://doi.org/10.1093/bjc/azq038.

Portugal's greater success to its stronger emphasis on dissuading drug use and more comprehensive integration of legal and treatment services.

In Oregon, reported use within the last year of methamphetamine, opioid misuse (excluding fentanyl), heroin, and cocaine each fell from 2019-2020 to 2021-2022 from 1.93% to 1.18%, 4.46% to 3.67%, 0.56% to 0.37%, and from 2.37% to 2.03% respectively. These numbers all come from the 12 and older age group, except for heroin, which comes from the 18 and older group as heroin use among those age 12-17 was exceedingly rare. According to NSDUH survey data from 2019-2020, 9.04% of total Oregon residents aged 12 or older reported having an illicit drug use disorder and 18.22% reported having any kind of substance abuse disorder (including non-illicit substances).[54] From the 2021-2022 dataset, the reported number of individuals with a substance abuse disorder rose to 21.85% (NSDUH uses the *DSM-5* criteria to define substance abuse disorder).[55]

FIGURE 3: REPORTED USE BY DRUG TYPE AND YEAR IN OREGON[56]

Drug Type	2019-2020	2021-2022	% Change
Methamphetamine (12 and Older)	1.93%	1.18%	38.86% Decrease
Opioid Misuse (12 and Older)	4.46%	3.67%	17.71% Decrease
Heroin (18 and Older)	0.56%	0.37%	33.93% Decrease
Cocaine (12 and Older)	2.37%	2.03%	14.35% Decrease

Source data: National Survey on Drug Use and Health

Without more follow-up research it is difficult to make any conclusive statement on what impact if any decriminalization had on these changes in use and disorder rates. It may be the case that concurrent factors such as the westward expansion of fentanyl, a phenomenon that primarily surfaced on the East Coast in the mid-2010s, drove users

54 Substance Abuse and Mental Health Services Administration, "Oregon Data extracted from the National Survey on Drug Use and Health, released December 2021."

55 Substance Abuse and Mental Health Services Administration, "National Survey on Drug Use and Health, 2022."

56 Substance Abuse and Mental Health Services Administration, "Oregon Data extracted from the National Survey on Drug Use and Health, released December 2021," and "National Survey on Drug Use and Health, 2022."

towards fentanyl use and away from other substances. It may also be that Oregon's change in policy simply led to greater reporting of substance abuse disorders; individuals felt more comfortable reporting their use while simultaneously reducing more problematic consumption.[57]

4.2 DRUG TOURISM

A less common, though potentially credible, criticism of decriminalization is the concern for a potential increase in drug tourism. The theory is that by reducing the punishments for drug use the barrier to entry for use is lowered as well, meaning there could be an influx of users and producers into the newly expanded market. A population surge primarily consisting of drug users could overwhelm local treatment services and create additional housing issues. Furthermore, a growing consumer base would create competition from producers to meet demand, potentially leading to street violence and higher crime as illicit operators compete for market control. Since Oregon is the only state in the U.S. to decriminalize all illicit drugs, the influx should be particularly pronounced.

However, research by Esther Chung of RTI International found that of drug users sampled from eight prominent Oregon counties, less than 2% had begun to use following Measure 110's implementation, and the median time spent living in Oregon for users was 24 years.[58] There was no spike in migration to Oregon for drug use following decriminalization. Research on drug tourism is limited, but this outcome is in line with current findings. The primary driver of drug tourism for users is to have a drug use experience that is unique, mystical, or typically unavailable. For uniqueness, examples include the traditional ceremonial use of substances like ayahuasca in the Amazon or the hallucinogenic cactus "San Pedro" in Peru.[59] However, in Oregon's case the theoretical motivating factor is simply increased availability. Because there is no evidence to suggest an influx of drug users into Oregon, it is possible that decriminalization had a non-significant impact on the accessibility of illicit drugs in Oregon compared to other states.

57 Ali Cheetham et al., "The Impact of Stigma on People with Opioid Use Disorder, Opioid Treatment, and Policy."

58 Esther Chung, "Homelessness and housing access among people who use drugs in Oregon in 2023: a survey of 8 counties."

59 Thiago Ferreira Pinheiro Dias Pereira and Leonardo Batista de Paula, "Drug Tourism: General Overview, Case Studies and New Perspectives in the Contemporary World," *European Journal of Tourism,* vol.7, no.3, pp.188-202., 2017, https://doi.org/10.1515/ejthr-2016-0021.

There was no spike in migration to Oregon for drug use following decriminalization.

4.3 ATTITUDES ON DRUG USE AND CONSEQUENCES

Public attitudes can potentially impact how people use drugs in two primary ways. The first is stigma, the extent to which societies frame drug use in a negative light. By generating negative stigma on drug use as a dangerous and harmful activity, the notion is that it will dissuade individuals from engaging in use. However, stigma can also potentially reduce the likelihood drug abusers will seek treatment because they fear the social backlash of revealing their addiction. The second is the expected consequences of use, whether this be criminal punishment or social ostracization, otherwise known as deterrence theory. Deterrence only works, however, if individuals have an expectation of punishment. If users are unaware of the potential punishments or use in a way where they do not expect to be caught, deterrence is unlikely to mitigate their use.

Regulatory analyst Emily Gilroy from the University of Washington analyzed European survey data on public attitudes towards drug use and users, specifically survey questions examining whether participants would be willing to have someone who uses drugs as their neighbor and when they found personal drug use to be justifiable.[60] From 1990 to 2021 the overall trend in Europe was an increase in the number of individuals who did not want to have a drug user as their neighbor. Respondents answering this way grew from 65.7% to 75.24% of those surveyed. The lone exception was Portugal, where the percent against fell nearly in half—from 63.21% to 37.20%. In addition, from 1990 to 2021, views on drug use being almost never or never justifiable across Europe declined from 90.47% to 75.02%, while in Portugal the decline was notably smaller, moving from 91.13% to 82.06%. These findings contradict arguments that decriminalization necessarily normalizes drug use societally, as the Portuguese seem to have maintained simultaneously a strong disdain for illicit drug use while also becoming more accepting and empathetic to drug users as individuals.

[60] Gilroy, "Drug Decriminalization and Harm Reduction in Portugal: Can policy innovation overcome stigma?"

These findings contradict arguments that decriminalization necessarily normalizes drug use societally, as the Portuguese seem to have maintained simultaneously a strong disdain for illicit drug use while also becoming more accepting and empathetic to drug users as individuals.

Additional research on how decriminalization impacts drug use attitudes typically focuses on marijuana rather than illicit drugs more broadly. Richard Miech, a professor of sociology at the University of Michigan, and cohorts found that after marijuana decriminalization in California, youth were less likely to perceive marijuana as a health risk, less likely to disapprove of use, and more likely to see themselves using marijuana in the next five years.[61] It is important to note, however, that negative attitudes toward marijuana have been softening across the United States since the 1990s and the shift in California may simply reflect the trend nationwide.[62] It is further unclear if liberalized marijuana policies and attitudes have more of a pro-symbiotic relationship, where each encourages and reinforces the other, or if instead one causes the other.

In Oregon, there has yet to be any major studies examining how the public's views on drug use have changed following decriminalization.

In Oregon, there has yet to be any major studies examining how the public's views on drug use have changed following decriminalization. Polling instead has emphasized the public's

61 Richard A. Miech et al., "Trends in use of marijuana and attitudes toward marijuana among youth before and after decriminalization: The case of California 2007–2013," *International Journal of Drug Policy*, vol. 26 no. 4 pp. 336–344, April 2015, https://doi.org/10.1016/j.drugpo.2015.01.009.

62 Jacob Felson et al., "How and why have attitudes about cannabis legalization changed so much?," *Social Science Research*, vol. 78 pp. 12–27, February 2019, https://doi.org/10.1016/j.ssresearch.2018.12.011.

thoughts on broader drug policy. Measure 110 was initially passed with 58% of the vote.[63] As of April 2023, however, public views had changed substantially. A survey conducted by DHM Research, a non-profit independent research firm, that month found 51% of Oregon voters thought Measure 110 was bad for the state and 63% wanted to reinstate criminal penalties for possession.[64] Furthermore, research by RTI International Senior Research Sociologist Hope Smiley-McDonald and cohorts found that Oregon law enforcement was also largely against decriminalization as it limited their ability to use drug possession in building criminal cases.[65] While the attitude of the Oregon police force is unlikely to be representative of the total population, their perspective is uniquely important to the effectiveness of decriminalization policies as it influences their willingness to work alongside other institutions. For example, police interviewees dissatisfied with the perceived effectiveness of issuing Class-E violations simply stopped issuing them and more broadly came to view drug possession as not within police purview. Smiley-McDonald and cohort contribute this in part to the lack of communication between law and treatment institutions and little to no additional training given to officers tasked with issuing these new citations.

63 "November 3rd, 2020, General Election Abstraction of Votes," Oregon Secretary of State, November 2020, https://sos.oregon.gov/elections/Documents/results/november-general-2020.pdf.

64 "Measure 110 Oregon Voter Survey," DHM Research, April 2023, https://www.dhmresearch.com/wp-content/uploads/2023/05/DHM-Panel-Oregon_Measure110_May-2023.pdf

65 Hope M Smiley-McDonald et al., "'All carrots and no stick': Perceived impacts, changes in practices, and attitudes among law enforcement following drug decriminalization in Oregon State, USA," *The International Journal on Drug Policy*, vol. 118 104100, 2023, doi:10.1016/j.drugpo.2023.104100.

PART 5

CRIME

Drug-related crime can broadly be broken down into four categories: use-related crime, system-related crime, lifestyle-related crime, and economic-related crime.[66, 67] Use-related crime is crime induced at least in part by the mind-altering effects of drug use. A common example is driving recklessly under the influence of alcohol or marijuana. System-related crime is crime resulting from the criminalization of drug possession and production and could simply be done away with by legalizing these actions. For example, drug cartels may enact violence on rivals as a response to the competition that arises in an environment where drugs cannot be produced and sold legally. Lifestyle-related crimes happen when an individual's drug use history excludes or limits their access to legal employment, and as a result, they are more prone to engage in crime to earn an income. Economic-related crime is similar, but more specifically refers to a crime committed to directly fund the purchase and consumption of drugs.

5.1 USE-RELATED CRIME

Research on how decriminalization affects use-related crime specifically is very limited. However, by using our current understanding of use-related crime and the available research on decriminalization outcomes we can generate some tentative conclusions.

66 "Fact Sheet: Drug Related Crime," U.S. Department of Justice, Sept. 1994, https://bjs.ojp.gov/content/pub/pdf/DRRC.PDF

67 Michele Spiess and Deborah Fallow, "ONDCP Drug Policy Information Clearinghouse Fact Sheet," Executive Office of the President Office of National Drug Control Policy, March 2000, https://www.ojp.gov/ondcppubs/publications/pdf/ncj181056.pdf.

These conclusions are backed by two primary premises reinforced by research outcomes. First, use-related crime is tied closely to the types and quantity of substances being consumed; and second, decriminalization either has a negligible or non-significant impact on increasing drug use behavior.

> *Research finds that different types of drugs induce differing behaviors that can affect a person's likelihood to commit a crime.*

Research finds that different types of drugs induce differing behaviors that can affect a person's likelihood to commit a crime. Alcohol, for example, is known to induce aggression and hamper decision-making processes in the brain; it is estimated that about two-thirds of domestic violence cases can be attributed to alcohol-induced behavior.[68] Compare this to marijuana, which can also hamper decision making but in differing ways. For example, a study from the Yale School of Medicine found that when driving under the influence, marijuana users tended to overcompensate for their impairment, while users under the influence of alcohol tended to undercompensate for their impairment.[69] Use-related crime rates will therefore be primarily dependent on what kinds of substances are being used.

Decriminalization should impact use-related crime only insofar that it impacts the types of drugs being used. This might include changes to the contexts in which people use drugs or if decriminalization leads to greater preference towards some drugs over others. Research on marijuana legalization gives credence to the latter possibility, as research typically finds increases in adult use following the implementation of these policies.[70, 71] However, since decriminalization generally applies to a wide range of illicit drugs, there is no reason to think that decriminalization would result in one drug becoming more popular than another.

68 "Drug Use and Crime: Drugs and Crime Facts," Bureau of Justice Statistics, June 2021, https://bjs.ojp.gov/drugs-and-crime-facts/drug-use-and-crime#drug-related.

69 Andrew R. Sewell et al., "The effect of cannabis compared with alcohol on driving," *The American Journal on Addictions,* vol. 18,3: 185-93, 2009, doi:10.1080/10550490902786934.

70 Silvia S. Martins et al., "Racial and ethnic differences in cannabis use following legalization in US states with Medical Cannabis Laws," *JAMA Network Open*, vol. 4, no. 9, 27 Sept. 2021, https://doi.org/10.1001/jamanetworkopen.2021.27002.

71 Kyra N Farrelly et al., "The Impact of Recreational Cannabis Legalization on Cannabis Use and Associated Outcomes: A Systematic Review," *Substance Abuse: Research and Treatment*, vol. 17 11782218231172054, 9 May 2023, doi:10.1177/11782218231172054.

Factors such as price, potency, and social popularity are likely to be more significant variables in use-related crime changes.

5.2 SYSTEM-RELATED CRIME

Decriminalization automatically reduces system-related crime because it eliminates criminal penalties for possession, driving down arrests. In Oregon, following the implementation of Measure 110, drug possession arrests fell by 68%. From 2000 to 2008, Portugal saw yearly criminal arrests for drug possession drop from about 14,000 to about 5,000 a year.[72] These results are unsurprising considering how, as noted earlier, decriminalization will necessarily result in fewer possession arrests simply by making the action legal or raising the amount of drugs a person has to hold to be charged with possession.

Decriminalization automatically reduces system-related crime because it eliminates criminal penalties for possession, driving down arrests.

Decriminalization also impacts the role of illegal drug production and sale in evaluating system-related crime levels. We might expect no major change because, under criminalization, illicit drug production and sale are also prosecuted. But some decriminalization advocates argue that by decriminalizing possession, police are better able to orient resources towards larger-scale drug trafficking operations instead of drug-possessing individuals.

In Portugal, stakeholder interviewees, including prominent politicians, treatment professionals, and drug-policy academics, felt that the reduction in drug-related arrests and the resulting lessened burden on the criminal justice system had better enabled police to pursue more serious drug-trafficking related offenses.[73] In truth, Portugal saw a shift from

72 Caitlin Elizabeth Hughes and Alex Stevens, "What Can We Learn From The Portuguese Decriminalization of Illicit Drugs?"

73 Ibid.

very frequent seizure rates to random spikes in seizures following decriminalization. While this change was attributed to better organizational planning, seizure rates still average out, indicating that decriminalization did improve organizational planning, but police still are not able to effectively prosecute and limit suppliers.

5.3 LIFESTYLE-RELATED CRIME

How decriminalization impacts lifestyle-related crime can be somewhat difficult to assess because drug use affects lives in differing ways. Imagine a regular user of heroin attempting to enter the job market. Their job prospects may be limited by substance abuse issues, including an inability to maintain a regular schedule due to withdrawal or an inability to finance basic needs because they spend the bulk of their income maintaining drug use. However, there may also be limits to their employability because of more system-related obstacles. If an employer requires drug testing and blocks employment for those who test positive for drugs, then a heroin user who might otherwise be a competent worker can be barred from employment due to institutional barriers rather than their own shortcomings.

If an employer requires drug testing and blocks employment for those who test positive for drugs, then a heroin user who might otherwise be a competent worker can be barred from employment due to institutional barriers rather than their own shortcomings.

Drug use can also affect a person's social interactions with friends, family, institutions and consequently their perceptions towards the rule of law. Academic research frequently notes that many users develop substance abuse issues because of a lack of social support systems. Substance use often becomes a way for users to form new social networks and deal with past trauma.[74] These new social networks, however, are often criminally involved and can erode the individual's respect for the rule of law, leading to a greater inclination

[74] Henning Pettersen et al., "How Social Relationships Influence Substance Use Disorder Recovery: A Collaborative Narrative Study," *Substance abuse: Research and Treatment*, vol. 13 1178221819833379, 9 March 2019, doi:10.1177/1178221819833379.

towards criminal behavior both economically and as a social signal to their network.[75] All of these factors contribute to the likelihood that a user will engage in crime to maintain their current lifestyle.

Research on how decriminalization impacts lifestyle-related crime specifically is highly limited, but there are some expected outcomes. Professor of Health Management and Policy at the University of Miami Michael French and cohorts found in an analysis of employment outcomes among substance abusers that chronic use negatively impacted labor participation and employment, while more casual use had a non-significant effect.[76] This suggests that problematic use limits employment more likely as a result of the debilitating effects of substance abuse, while casual use is more likely to limit employment as a result of systemic barriers like drug testing. Therefore, decriminalization should reduce lifestyle-related crime only insofar as it reduces problematic use, improves employment among users, and provides drug treatment that builds up more positive social networks among users.

> *... problematic use limits employment more likely as a result of the debilitating effects of substance abuse, while casual use is more likely to limit employment as a result of systemic barriers like drug testing.*

5.4 ECONOMIC-RELATED CRIME

Economic-related crime is another area difficult to assess due to the lack of research on the topic and the challenge of determining if the pursuit of purchasing drugs was a key motivator in a criminal act. The best insights available on the subject can be gained by viewing shifts in petty crime, particularly actions like theft and robbery, as these acts generate immediate income for which offenders can purchase drugs. Hughes and Stevens

75 Andrew S Denney et al., "Beyond basic needs: Social support and structure for successful offender reentry," *Journal of Qualitative Criminal Justice & Criminology*, 1 April 2014, https://doi.org/10.21428/88de04a1.d95029f6.

76 Michael T. French et al., "Illicit Drug Use, Employment, and Labor Force Participation," *Southern Economic Journal*, vol. 68, no. 2 pp. 349–68, 2001, https://doi.org/10.2307/1061598.

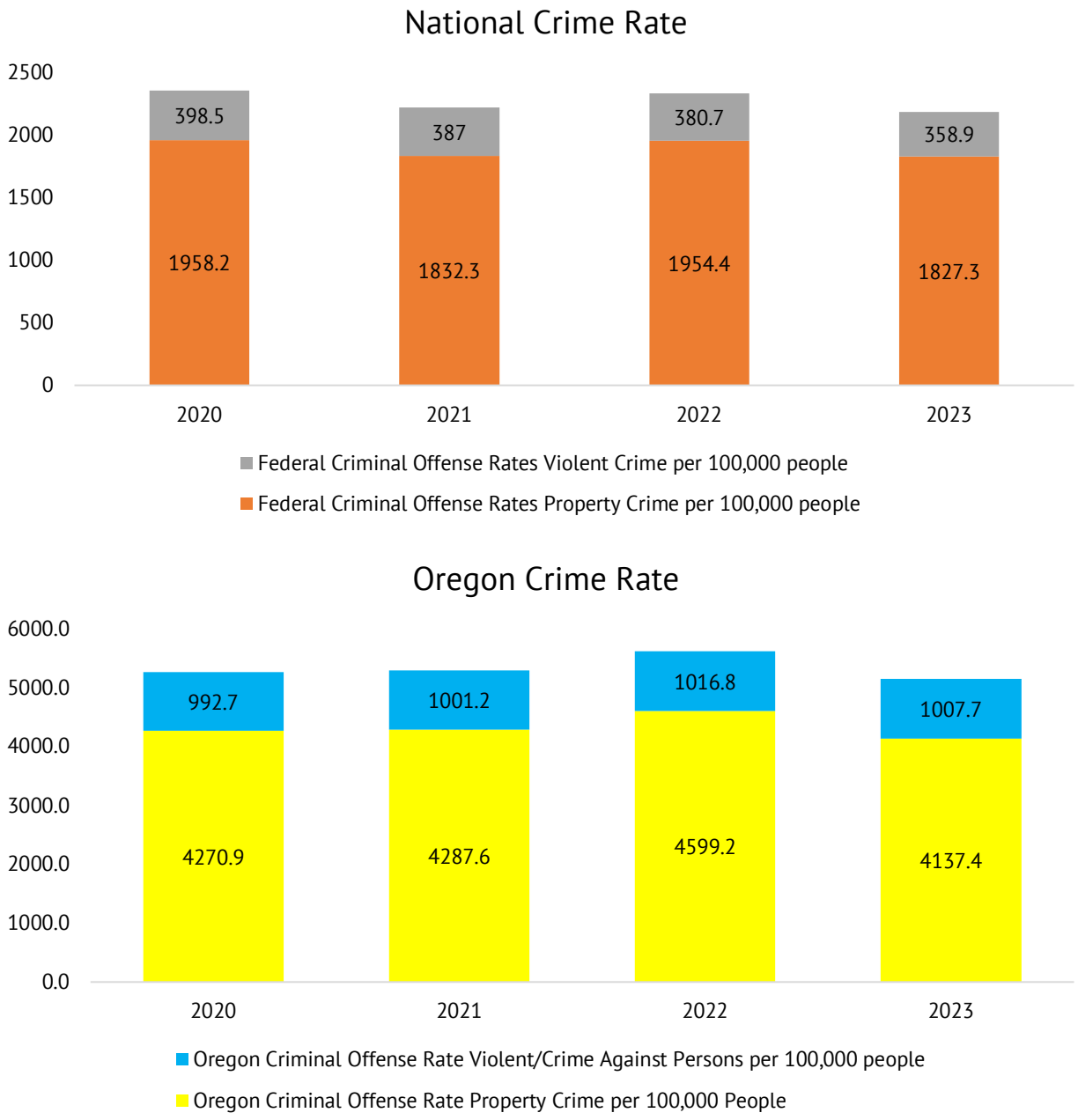
noted that from 2000 to 2004 in Portugal there was an increase in opportunistic crime, such as street robberies and theft, but a reduction in more complex crimes, such as home robberies and post office robberies.[77]

Looking at criminal offense rates from Oregon's Uniform Crime Reporting Data, we find a slight rise in both property and violent/crimes against persons from 2020 to 2022 but a drop in both by 2023. It's important to note, however, that for national criminal data, changes in reporting methodology in 2021 make it inappropriate to compare 2021 and 2022 to previous years using traditional statistical methods. The FBI also does not gather offense reports from all U.S. agencies, meaning the national data is likely underreported. In addition, Oregon is more inclusive in defining property and violent/crimes against persons, whereas the FBI's national data only includes homicide, rape, robbery, and aggravated assault under its definition of violent crime while arson, burglary, larceny/theft, and motor-vehicle theft are classified under property crimes. These data differences contribute to a perhaps inaccurate appearance that Oregon has significantly higher criminal rates than the rest of the nation. Overall, without proper analysis we can neither confirm nor deny if Measure 110 contributed to shifts in economic or other types of crime. Nevertheless, a basic review of the data does not indicate any massive shift in offense rates or criminal behavior as a result of its passage.

Overall, without proper analysis we can neither confirm nor deny if Measure 110 contributed to shifts in economic or other types of crime. Nevertheless, a basic review of the data does not indicate any massive shift in offense rates or criminal behavior as a result of its passage.

[77] Caitlin Elizabeth Hughes and Alex Stevens, "What Can We Learn From The Portuguese Decriminalization of Illicit Drugs?"

FIGURE 4: CRIMINAL OFFENSE RATES OREGON VS. NATIONAL



Sources: FBI Crime Data Explorer,78 Oregon Uniform Crime Data[79]

78 "National Crime Trends 2020-2023," Federal Bureau of Investigation Crime Data Explorer, 2025, https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend.

79 "Uniform Crime Reporting Data," Oregon State Police, 31 July 2024, https://www.oregon.gov/osp/Pages/Uniform-Crime-Reporting-Data.aspx.

PART 6

ECONOMIC OUTCOMES

6.1 PUBLIC EXPENSE

One of the primary appeals of decriminalization is the potential for increased public savings, particularly from a reduction in police operations, imprisonment, and the costs of treating health complications. Michele Naples, a professor of economics at the College of New Jersey, modeled the potential cost savings of implementing a decriminalization policy in New Jersey.[80] As a result of a reduction in drug possession arrests and estimated reduction in economic and lifestyle-related crime, Naples predicted potential savings in policing costs of $537.9 million annually. Reductions in judiciary costs were estimated at about $80.3 million and reductions in imprisonment costs would save an additional $228.6 million annually. Lastly, a reduction in emergency-room medical visits and in the costs treating diseases spread from intravenous drug use (especially HIV and Hep-C) would save an additional $195.1 million annually, contingent on the effectiveness of treatment services.

80 Michele Naples, "Estimating the Savings from Decriminalizing Drug Consumption: The Case of New Jersey," *Rutgers Journal of Law & Public Policy*, Vol. 19:2, pg. 353-423, Spring 2022, https://www.researchgate.net/publication/367078215_Estimating_the_Savings_from_Decriminalizing_Drug_Consumption_The_Case_of_New_Jersey.

> *As a result of a reduction in drug possession arrests and estimated reduction in economic and lifestyle-related crime, Naples predicted potential savings in policing costs of $537.9 million annually.*

A study by Ricardo Gonçalves and cohorts from the Research Center in Management and Economics in Portugal offers more concrete information on how decriminalization altered public service costs.[81] The researchers found that from 2000 to 2010 there was an 18% reduction in the total social costs generated by drug use. Similar to the estimations found by Naples, the largest contributor to savings was the reduction in drug-possession arrests, followed by lessening the burden on judicial processes and savings in public healthcare expenditures. However, data on the costs of drug-related crime was unavailable to the researchers, meaning the real savings found from 2000 to 2010 may be higher or lower depending on how drug-related crime changed over time.

6.2 DRUG USE AND LABOR

How drug use impacts labor and employment is somewhat ambiguous. As discussed in the lifestyle-related crime section, drug use can reduce employability via substance abuse issues that hinder a user's ability to maintain employment and/or systemic barriers that stigmatize against drug use and can limit employment options. This author is aware of no studies that have examined changes in employment broadly following decriminalization. However, there are some tentative assumptions on how decriminalization likely affects labor that can be made based on related research.

81 Ricardo Gonçalves et al., "A social cost perspective in the wake of the Portuguese strategy for the fight against drugs," *The International Journal on Drug Policy*, vol. 26,2 pp. 199-209, 2015, doi:10.1016/j.drugpo.2014.08.017.

The type of drug used has a major impact on employment. For example, professor of economics at Duke University Jeffrey DeSimone found in a comparison of marijuana and cocaine use among males that both had negative impacts on employment, but cocaine had a 50-100% greater impact compared to marijuana.[82] University of Louisiana at Lafayette professor of economics Wesley Austin and cohorts found that the misuse of legal drugs (painkillers, tranquilizers, stimulants, and sedatives) often had a negative impact equal to or greater than marijuana use on workplace absenteeism.[83]

> *Drug testing can exclude many potential workers who use drugs from employment, even if these workers do not otherwise exhibit issues which would impair their ability to work.*

The potential benefits and harms of drug testing are mixed. Drug testing can exclude many potential workers who use drugs from employment, even if these workers do not otherwise exhibit issues which would impair their ability to work. In addition, drug testing or educational programs on drug use place additional costs on employers who must finance these programs, ensure they conduct them in a legally appropriate way, and can potentially alienate non-using employees who perceive tests as an indication from their employers that they are "untrustworthy." [84] There is some research, however, finding that drug testing and other employer-led interventions are effective in lowering workplace incidents, accidents, and injuries.[85]

82 Jeff DeSimone, "Illegal drug use and employment," *Journal of Labor Economics*, vol. 20 pp. 952–977, October 2002, https://doi.org/10.1086/342893.

83 Wesley A. Austin et al., "An examination of non-addictive drug (mis)use and work absenteeism," *Journal of Applied Economics*, vol. 23 pp.149–162, 1 January 2020, https://doi.org/10.1080/15140326.2019.1709013.

84 Bridget Miller, "The Cons of Required Drug Testing," HR Daily Advisor, 6 Sept. 2017, hrdailyadvisor.blr.com/2017/09/06/cons-required-drug-testing/.

85 Maxwell O. Akanbi et al., "A systematic review of the effectiveness of employer-led interventions for drug misuse," *Journal of Occupational Health*, vol. 62,1 e12133., 2020, doi:10.1002/1348-9585.12133.

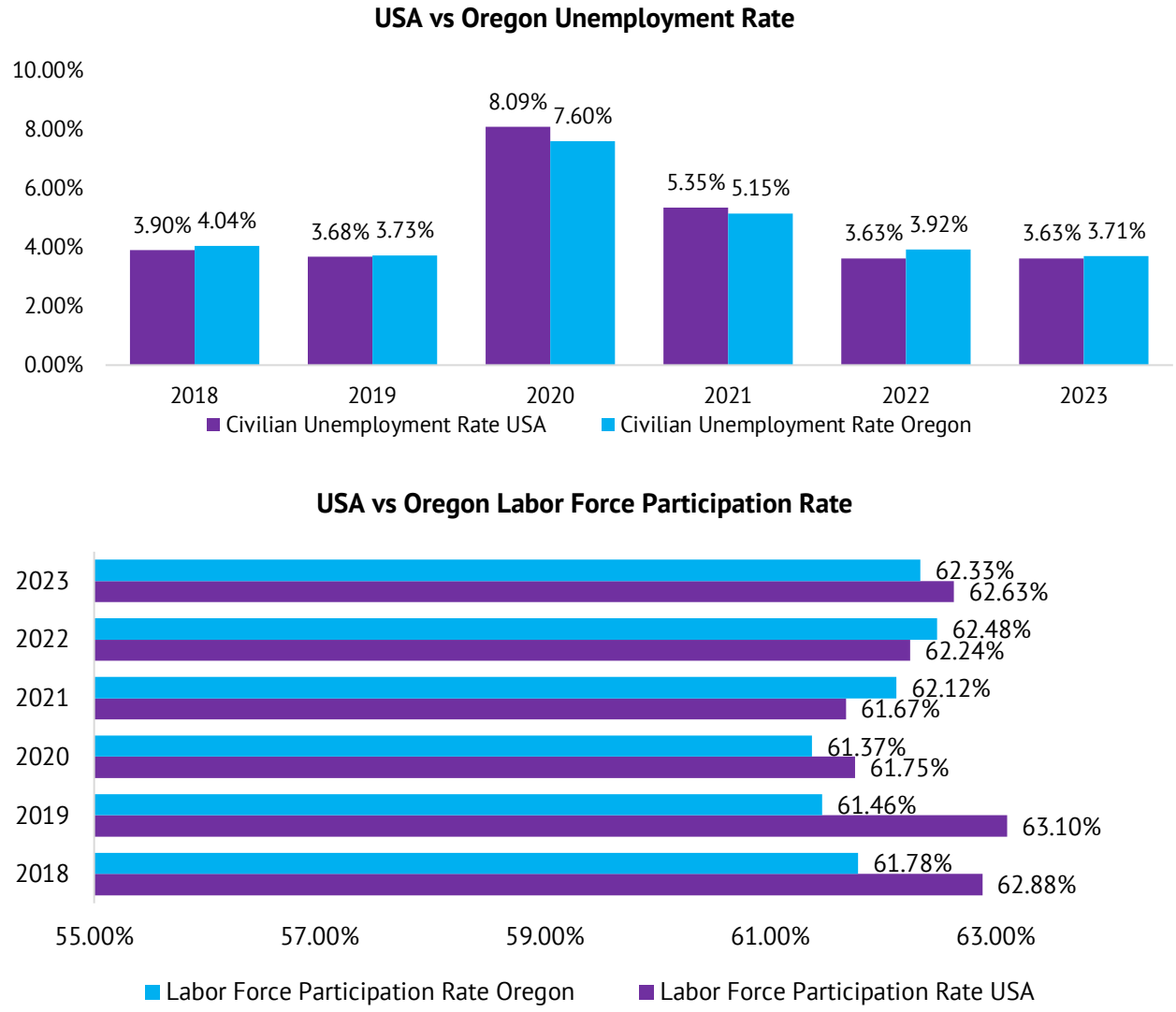
Taking these factors in mind, the expected effects of decriminalization on employment would be positive. Decriminalization is generally associated with improvements in treatment and use outcomes such as treatment accessibility, reductions in problematic use, lower rates of disease transmission via intravenous drug use, etc., which should translate into a reduction in substance abuse and improve the employability of users. It should also drive down the need for employers to introduce drug-use interventions, saving resources and expanding the potential labor pool. Improvements on this front are dependent on the efficaciousness of treatment services and aid for users. It is also unclear to what extent employment would improve given the lack of direct research.

> *Employment data comparing Oregon to the whole United States show there is not much to indicate that Oregon became particularly better or worse off following decriminalization.*

Employment data comparing Oregon to the whole United States show there is not much to indicate that Oregon became particularly better or worse off following decriminalization. Oregon's unemployment rate was lower than the national rate from 2018 to 2021 but fell behind slightly in 2022 and 2023. Oregon's labor participation rate was behind the national rate from 2018 to 2020 but began to pull ahead in 2021 and 2022 until falling behind again in 2023. Interestingly, these trends may indicate that Oregon's unemployment rate grew simply because more workers entered the labor market, which could be a sign that drug users viewed gainful employment as more attainable following decriminalization.

Lastly, Oregon's annual personal income trailed the national average both before and after Measure 110 was approved, but it had annual growth rates slightly greater than the national average in 2018, 2020, 2021, and 2023. Once again, statistical analysis would be necessary to demonstrate if Measure 110 contributed to these changes, but a general review of the data does not indicate any large beneficial or negative shifts in labor-market outcomes.

FIGURE 5: USA VS OREGON UNEMPLOYMENT, LABOR PARTICIPATION, AND PERSONAL INCOME



Sources: Bureau of Labor Statistics and Bureau of Economic Analysis [86, 87, 88, 89, 90]

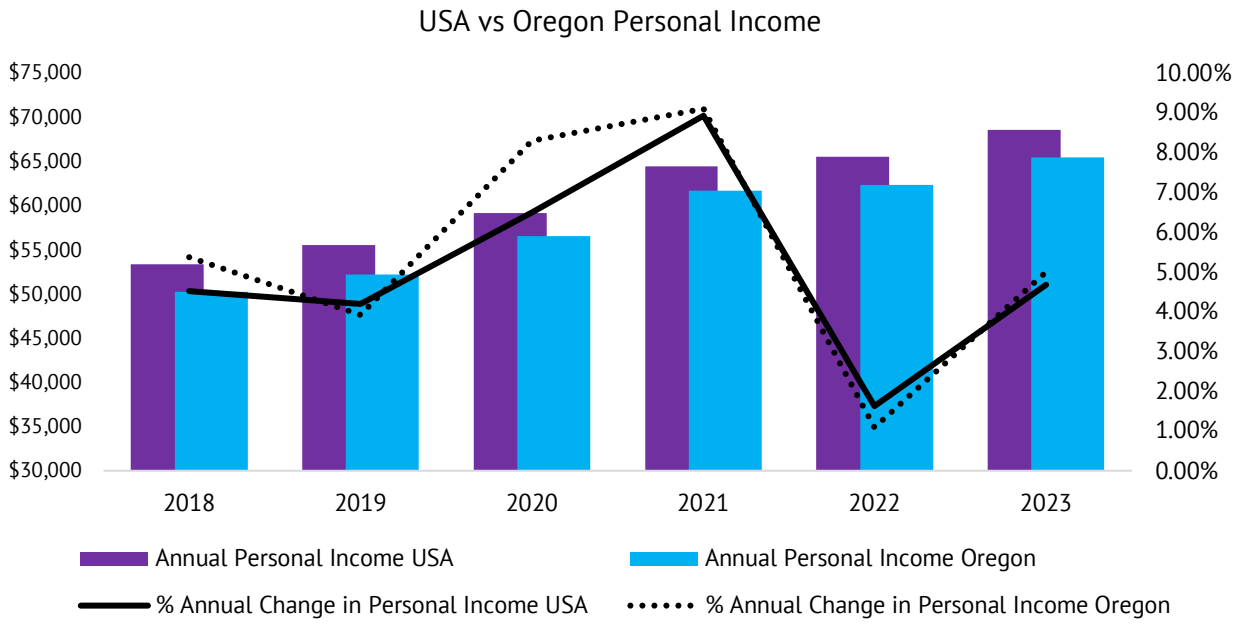
86 "Local Area Unemployment Statistics: Oregon Seasonally Adjusted," U.S. Bureau of Labor Statistics, 1 March 2024, https://data.bls.gov/pdq/SurveyOutputServlet.

87 "Civilian Labor Force Participation Rate," U.S. Bureau of Labor Statistics, 2 August 2024, https://www.bls.gov/charts/employment-situation/civilian-labor-force-participation-rate.htm.

88 "Civilian Unemployment Rate," U.S. Bureau of Labor Statistics, 2 August 2024, https://www.bls.gov/charts/employment-situation/civilian-unemployment-rate.htm.

89 "Personal Income by State," Bureau of Economic Analysis, 28 June 2024, https://www.bea.gov/data/income-saving/personal-income-by-state.

90 "Personal Income," Bureau of Economic Analysis, 26 July 2024, https://www.bea.gov/data/income-saving/personal-income.



6.3 DRUG USE AND HOUSING

An aspect of decriminalization that has been more pressing in Oregon has been the relationship between drug use and homelessness. Observers tend to assume that either drug use leads to homelessness or homelessness leads to drug use. Opponents of decriminalization tend to believe the former—that drug use leads to an inability to work and maintain one's lifestyle—leading to homelessness and street use. Supporters tend to argue the latter—that the stress and mental deterioration brought about by homelessness leads homeless individuals to pursue drug use as a coping mechanism. Research by Duncan Mcvar, an economics professor at Queen's University Belfast, and cohorts indicates that while drug use and homelessness are closely related, they do not necessarily cause one another and are more so brought about by secondary factors that may lead to both homelessness and drug use.[91]

Homelessness in Oregon is much more likely to be driven by housing affordability rather than decriminalization, as the state's housing issues predate Measure 110. The relationship between housing affordability and homelessness is well-documented. A recent study from the University of California, San Francisco, found that housing affordability was the leading

[91] Duncan McVar, Julie Moschion, and Jan C. van Ours, "From substance use to homelessness or vice versa?," *Social Science & Medicine*, vol. 136–137 pp. 89–98, July 2015, https://doi.org/10.1016/j.socscimed.2015.05.005.

driver of homelessness in California.[92] Housing data indicates that in Oregon, home prices and rental rates across all units have steadily risen since 2012.[93] The Department of Housing and Urban Development's (HUD) housing affordability standard is that if a household is paying more than 30% of their monthly pre-tax income on housing, their housing is unaffordable, and if they are paying 50% or more, their housing is extremely unaffordable. Based on the expected mortgage costs of each graphed timeframe, at no point from 2020 to 2023 was a home affordable for an average Oregon income. The median household income in Oregon ranged from $56,504.00 in 2020 to $65,426.00 in 2023, while housing costs grew at an even faster rate. When examining rent prices, a four-bedroom apartment was never affordable by HUD standards for an average income earner from 2020 to 2023 and a three-bedroom apartment was barely affordable from 2020 to 2023. Only two-bedroom, one-bedroom, and studio apartments were affordable for the average income in Oregon from 2020 to 2023.

> *"Other jurisdictions that have decriminalized drugs have not had the same problems with street drug use as Oregon."*

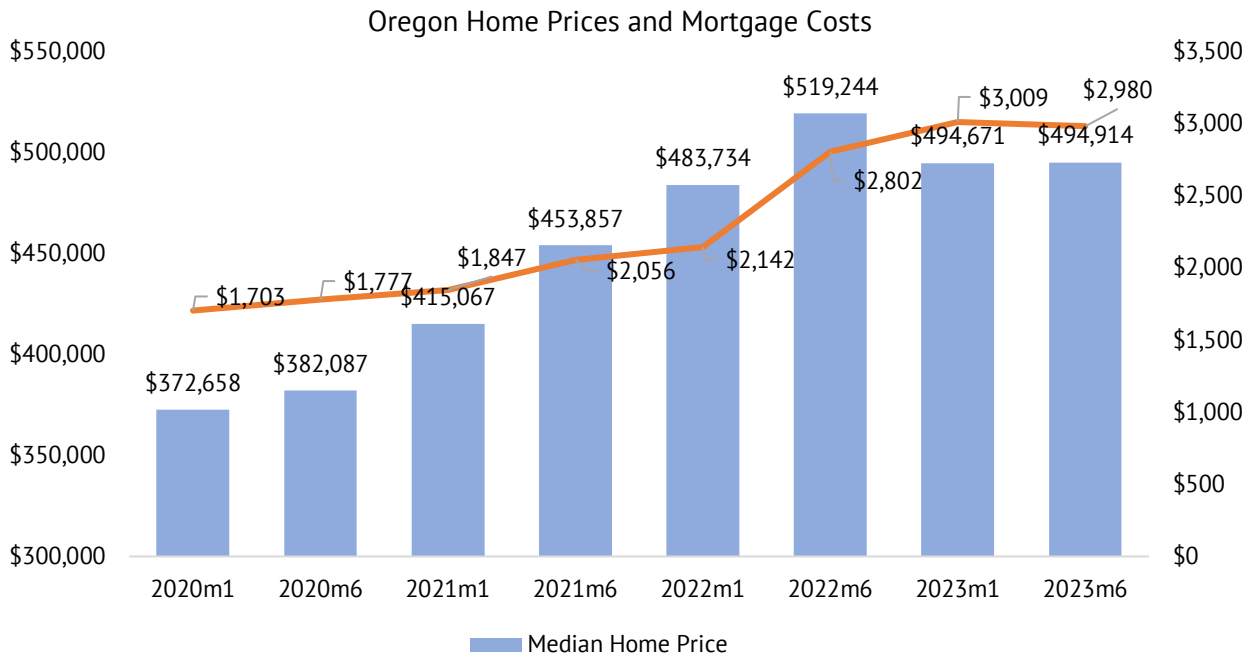
Other jurisdictions that have decriminalized drugs have not had the same problems with street drug use as Oregon. In the Netherlands, the availability of housing and treatment services has essentially eliminated the problem. Areas notorious for being open drug scenes in the 1980s and 1990s have become tourist spots and centers of commerce today.[94] It is no wonder, then, that Oregon and other jurisdictions dealing with low housing affordability and availability pre- and post-decriminalization would have a high presence of homelessness and street use. Decriminalization itself does not cause or stop street use and homelessness. Rather, the creation and implementation of effective housing policy and drug treatment programs is key in eliminating the issue.

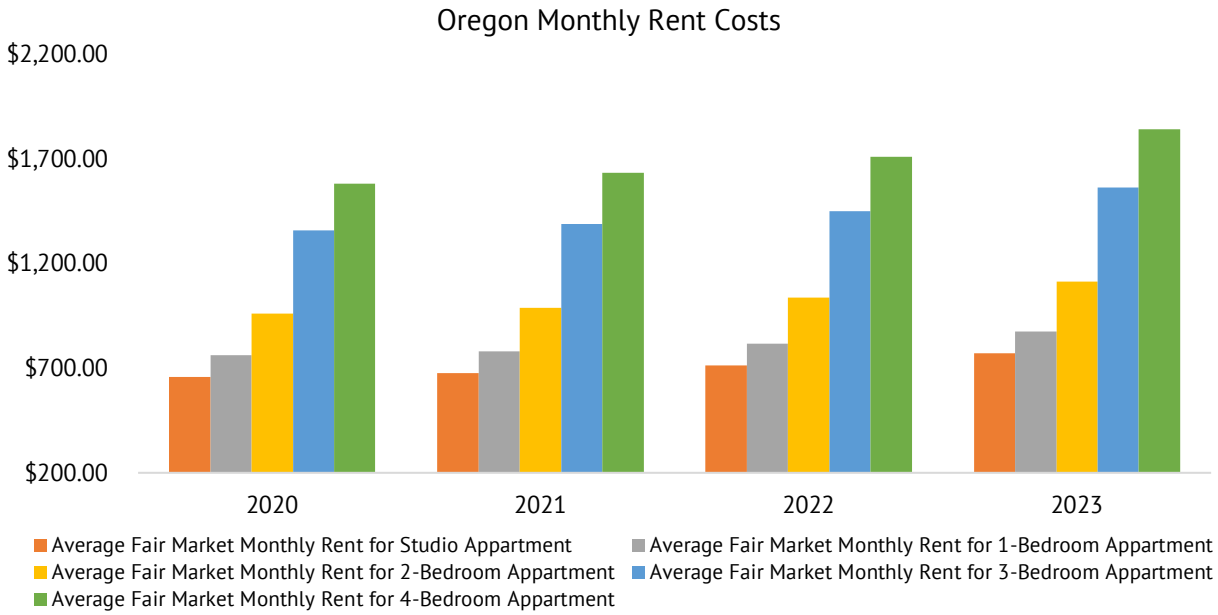
92 Margot Kushel and Tiana Moore, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness," UCSF Benioff Homelessness and Housing Initiative, 2023, https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH_Report_62023.pdf.

93 "All-Transactions House Price Index for Oregon," Federal Reserve Economic Data, 6 Dec. 2024, https://fred.stlouisfed.org/series/ORSTHPI.

94 Schatz et al., "The Dutch treatment and social support system for drug users: Recent developments and the example of Amsterdam."

FIGURE 6: OREGON HOUSING COSTS





Sources: Zillow Housing Market Trends, Federal Reserve Economic Data, RentData.org [95, 96, 97]

95 "Oregon Housing Market Overview," Zillow, 31 July 2024, https://www.zillow.com/home-values/46/or/.

96 "30-Year Fixed Rate Mortgage Average in the United States," Federal Reserve Economic Data, 15 August 2024, https://fred.stlouisfed.org/series/MORTGAGE30US.

97 "2020-2024 Fair Market Rent in Oregon," RentData.org, 2024, https://www.rentdata.org/states/oregon/2020.

PART 7

CONCLUSION

A review of decriminalization research and literature gives us a few key takeaways:

1. The legality of drug possession has a non-significant impact on drug use rates evidenced by minimal changes in use patterns post-decriminalization and the ineffectiveness of criminalization schemes on reducing use. A more efficient method of tackling drug-related issues would be to emphasize treatment for substance abuse and to prevent individuals from developing drug abuse issues in the first place through education.
2. A review of the effects of drug decriminalization in jurisdictions beyond the U.S. demonstrates that the quality and structure of decriminalization and treatment efforts determine how beneficial their outcomes are. Simply implementing decriminalization with minimal follow up, such as not expanding treatment options or failing to develop cohesive treatment networks, will likely worsen or have minimal impact on drug usage rates and treatment effectiveness. For example, decriminalization alone does not lead to major shifts in social perspectives on drugs and drug use as evidenced by Oregon and the Netherlands. Portugal, in contrast, was able to generate a social perspective via messaging that drug abuse is harmful and ought to be avoided while maintaining sympathy for users, helping them to seek aid for drug abuse issues.
3. Based on preliminary evidence, and assuming a jurisdiction implements treatment services in an effective manner, decriminalization should generally either lower or

have an insignificant impact on crime rates. Impacts on the broader economy will likely be positive but minimal in relation to labor participation and housing costs while having a greater potential to significantly reduce public health expenditures. The potential impact overall, however, remains under-researched, and this is only a tentative conclusion.

4. Many of the secondary concerns over decriminalization, such as drug tourism, street use, and certain types of crime, appear invalid given that these issues are driven by factors that decriminalization is not intended to directly address or has minimal impact on.

There is strong evidence to suggest that criminalization actually does little to reduce illicit drug use while worsening public stigma against drug users and treatment accessibility. No jurisdiction has actually attempted to fully legalize drugs, so much of the expected outcomes remain theoretical. No practical research can be done at this time. Future research efforts on decriminalization should be oriented towards topics where the effects of decriminalization are unclear, such as employment rates, public savings, income, and the different forms of drug-related crime. Additional research examining decriminalization programs at an institutional level should also be done to better understand how the structure and implementation of decriminalization programs results in varying degrees of success across differing localities.

ABOUT THE AUTHOR

Nathan Daigneault is a policy analyst and researcher with the drug policy team at the Reason Foundation. His work primarily focuses on how the structure and implementation of illicit drug policy impacts socioeconomic outcomes.

Daigneault is currently pursuing a master's degree in public policy at the University of California, Irvine. Some of his recent work in the program includes an assessment of the functional effectiveness of the city of San Juan Capistrano, California, from a managerial perspective, an extended review of Pay-to-Stay imprisonment policies in the U.S., and a qualitative study on how former drug users frame their attitudes on harm reduction and drug liberalization efforts. In addition, Daigneault currently holds a bachelor's in political science and business economics from the University of California, Irvine, where he produced and presented to the Undergraduate Research Symposium a thesis paper on the impact of drug decriminalization on employment outcomes in Oregon.

After completing his master's program, Daigneault plans on continuing to work in illicit drug policy and to eventually pursue a Ph.D. in public policy.