

FROM POLICY TO PRACTICE: ANALYZING OREGON'S DRUG
DECRIMINALIZATION IN COMPARISON TO PORTUGAL AND
SWITZERLAND

by

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This study explores why many people see Measure 110, Oregon's drug decriminalization policy, as a failure. It identifies challenges like poor implementation, limited resources, and public safety concerns. The research compares Oregon’s struggles to programs in Portugal and Switzerland. Using data, news articles, and government reports, it explores perspectives from public opinion and nonprofits. The thesis highlights the need to address stigma, improve treatment access, and learn from international models. Learning from successful models could help Oregon, or other states, build a more just and effective drug policy in the future.

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Chapter 1: Introduction

The passage of Measure 110 in 2020 marked a historic shift, making Oregon the first U.S. state to decriminalize small amounts of all drugs.¹ Supporters of the measure were motivated by a desire to treat addiction as a public health issue rather than a criminal one, aiming to reduce incarceration, address racial disparities in drug arrests, and increase access to treatment. Instead of facing criminal charges, individuals caught with personal drugs were given the option to pay a small fine or seek treatment.² “Personal use” means having only a small amount of a drug meant just for yourself, not to give or sell to others.³ Measure 110 in Oregon sets clear limits for this, like less than one gram of heroin, under two grams of meth or cocaine, or fewer than forty doses of LSD.⁴ So, if someone is caught with a small amount for their own use, instead of facing criminal charges or getting arrested, they can either pay a small fine or choose to get treatment for their addiction.⁵

The measure was designed to do more good than harm, though its impact is still being determined. The policy faced significant challenges. There were not enough treatment facilities, funding was slow to reach programs, and the rise of fentanyl complicated public health efforts. On top of that, the COVID-19 pandemic strained healthcare systems and disrupted the early rollout of services, making it even harder to build the infrastructure needed to support the law.

¹ Russoniello, Kellen, Sheila P. Vakharia, Jules Netherland, Theshia Naidoo, Haven Wheelock, Tera Hurst, and Saba Rouhani. “Decriminalization of Drug Possession in Oregon: Analysis and Early Lessons.” *Drug Science, Policy and Law* 9 (January 2023) <https://doi.org/10.1177/2050324523116740>.

² Russoniello et al., “Decriminalization of Drug Possession In Oregon.”

³ Russoniello et al., “Decriminalization of Drug Possession In Oregon.”

⁴ “Oregon Measure 110, Drug Decriminalization and Addiction Treatment Initiative (2020).” Ballotpedia, 2020. [https://ballotpedia.org/Oregon_Measure_110,_Drug_Decriminalization_and_Addiction_Treatment_Initiative_\(2020\)#:~:text=The%20measure%20eliminates%20criminal%20penalties,%2C%20psilocybin%20\(less%20than%2012](https://ballotpedia.org/Oregon_Measure_110,_Drug_Decriminalization_and_Addiction_Treatment_Initiative_(2020)#:~:text=The%20measure%20eliminates%20criminal%20penalties,%2C%20psilocybin%20(less%20than%2012)

⁵ Measure 110, September 6, 2024. <https://www.courts.oregon.gov/about/Documents/BM110Statistics.pdf>

Without the necessary infrastructure, the intended benefits of Measure 110 were difficult to achieve.

Portugal and Switzerland took a more gradual approach to decriminalization. Portugal decriminalized drug possession in 2001, but only after ensuring that treatment, harm reduction, and social reintegration programs were in place.⁶ Switzerland, which introduced programs and treatment in the 1990s, saw similar improvements. Both countries made these changes through national legislation and with sustained political support, allowing for careful planning and adjustment.⁷ Oregon, by contrast, lacked the same level of preparation. Unlike Portugal and Switzerland, which spent years refining their policies and gaining public trust, Oregon's rapid implementation led to widespread skepticism.

In 2024, Measure 110 was repealed with passage of House Bill 4002, bringing back criminal penalties for drug possession.⁸ This change showed just how complicated drug policy reform can be in the U.S. While Oregon's experiment with decriminalization didn't last, the experiences of countries like Portugal and Switzerland suggest that similar policies could still be effective in tackling addiction and public health issues.

1.1 Background on Drug Decriminalization

Drug decriminalization refers to the policy shift where the criminal penalties for the possession of small amounts of drugs are replaced with civil penalties or public health

⁶ Hughes, Caitlin Elizabeth, and Alex Stevens. "What Can We Learn From The Portuguese Decriminalization of Illicit Drugs?" Oxford Academic, July 21, 2010. <https://academic.oup.com/bjc/article/50/6/999/404023>.

⁷ Moury, Catherine, and Mafalda Escada. "Understanding Successful Policy Innovation: The Case of Portuguese Drug Policy." *Addiction* 118, no. 5 (December 19, 2022): 967–78. <https://doi.org/10.1111/add.16099>

⁸ Wilson, Conrad. "Oregon Governor Will Sign Bill to Recriminalize Drugs, Expand Treatment." OPB, March 9, 2024. <https://www.opb.org/article/2024/03/08/oregon-governor-tina-kotek-bill-ending-drug-decriminalization-expand-treatment/>.

interventions, such as treatment or counseling.⁹ Unlike drug legalization, which removes all restrictions on the production and distribution of drugs, decriminalization maintains the prohibition on drug trafficking and distribution.¹⁰ However, it reclassifies personal possession as a non-criminal offense.

The movement toward drug decriminalization emerged as a response to the failures of traditional drug policies, particularly the "war on drugs," which emphasized punitive measures rather than addressing the root causes of addiction.¹¹ Additionally, the criminalization of drug users often exacerbated social stigmas and hindered access to much-needed health services, making it harder for individuals to seek treatment and support.

Portugal and Switzerland have taken a different path when it comes to drug policy, focusing on harm reduction and treatment instead of punishment. And the results have been clear: both countries have seen fewer overdose deaths, lower rates of HIV, and better health outcomes overall. What matters most is not just that their policies are different, it is that they have been more effective. Now, with House Bill 4002 bringing back criminal penalties, Oregon faces a crucial moment in shaping its approach.

1.2 Purpose and Significance of Study

This study looks at the challenges of Measure 110 and uses lessons from Portugal and Switzerland to help create a better approach in Oregon. This research is important because

⁹ Holland, Alyson, Selene Etches, and Sarah Gander. "Drug Decriminalization: The Importance of Policy Change for the Health and Wellbeing of Children and Youth in Canada." *Paediatrics & Child Health* 29, no. 2 (March 21, 2023): 87–89. <https://doi.org/10.1093/pch/pxad006>.

¹⁰ ACLU of Washington. "The Difference between the Decriminalization and Legalization of Substances ." ACLU of Washington, April 25, 2023. <https://www.aclu-wa.org/story/difference-between-decriminalization-and-legalization-substances%A0#:~:text=Decriminalization%20means%20a%20person%20will,provide%20any%20legal%2C%20regulated%20supply>.

¹¹ Cohen, Aliza, Sheila P. Vakharia, Julie Netherland, and Cassandra Frederique. "How the War on Drugs Impacts Social Determinants of Health beyond the Criminal Legal System." *Annals of Medicine* 54, no. 1 (July 19, 2022): 2024–38. <https://doi.org/10.1080/07853890.2022.2100926>.

Measure 110 represents a major shift in U.S. drug policy by attempting to continue the global trends that view addiction as a public health issue. It offers practical recommendations to improve outcomes. As other states looked at Oregon's example, it can still guide efforts to address addiction.

1.3 Research Questions and Objectives

The research conducted for this thesis examines several key factors that influenced Oregon's successes and challenges in implementing Measure 110, especially after its repeal through House Bill 4002. By drawing lessons from international approaches, this study aims to offer recommendations for improving Oregon's drug policy. The research is guided by three main questions: What was Measure 110, and what goals did it aim to achieve for Oregon's drug policy and public health? What were the key challenges and successes in implementing Oregon's Measure 110, particularly considering its repeal under House Bill 4002? What were the key differences between Oregon's model and those in Portugal or Switzerland?

The objectives of this study are to assess the impact of Measure 110 on drug-related incarceration, access to treatment, and public health. It also aims to compare drug decriminalization models in Portugal and Switzerland, looking at their outcomes and how they relate to Oregon. Finally, the study proposes recommendations for improving Oregon's drug policy using lessons from these international examples.

1.4 Methodology

This project looks at how drug decriminalization works in three places: Oregon, Portugal, and Switzerland. It compares their policies to see what worked, what didn't, and why. These three cases were chosen because they each took a different path but have all influenced the global conversation on drug reform.

The research draws from a variety of sources, including articles, government documents, and interviews. This includes expert analysis and firsthand accounts from individuals directly affected by the policies. These personal stories help to humanize the issue and provide a deeper understanding of the real-world impacts of decriminalization. The combination of academic sources and lived experiences offers a balanced perspective on the effects of drug reform.

This study uses a comparative method to examine drug decriminalization in Oregon, Portugal, and Switzerland. By comparing how each place handled decriminalization, the research aims to identify what worked, what didn't, and why. This approach helps to better understand the factors that lead to successful reform and shows which parts of each model might work in other places.

To compare the countries, this study looks at things like changes in overdose rates, crime, public opinion, and how easy it is to get treatment. The goal is to find common threads and key differences that explain why some strategies worked better than others.

Since this is based on existing sources, there are some limits. Some documents from Portugal and Switzerland are in other languages, and Oregon's policy is still new, so the results are still unfolding. Even so, comparing these places gives us a clear picture of what decriminalization can look like and what others might learn from it.

Chapter 2: Literature Review

Understanding where these policies came from helps explain why they look the way they do and why they succeed or struggle. For Oregon, Portugal, and Switzerland, decriminalization did not happen overnight. It was a response to growing problems that older systems could not fix. It is important to remember that decriminalization does not mean drugs became legal. People could still get in trouble for having them, but instead of jail time, they were offered support and treatment.

These changes were not always easy or predictable. In each case, the drug-related harms had become too large to ignore. Communities were facing addiction, disease, and overcrowded prisons. The old solutions, like criminal penalties and arrests, were no longer effective. What began as local or national crises eventually forced governments and societies to rethink their approach. The history of decriminalization in these cases shows that reform is not just about designing a new law, it's about changing an old way of thinking. Many other countries were also dealing with rising addiction and overcrowded prisons, but not all chose the same path. Looking at Oregon, Portugal, and Switzerland helps us understand how different systems responded to similar crises, and what made their approaches stand out.

2.1 Oregon: The War on Drugs and the Road to Measure 110

Oregon's path to drug decriminalization was deeply influenced by the broader U.S. War on Drugs, which began in the 1970s.¹² This national campaign led to harsh penalties for drug possession, particularly targeting low-level offenses.¹³ Although drug use was similar across

¹² Wilson, Conrad. "Oregon Pioneered a Radical Drug Policy. Now It's Reconsidering." NPR, February 7, 2024. <https://www.npr.org/2024/02/07/1229655142/oregon-pioneered-a-radical-drug-policy-now-its-reconsidering>

¹³ Cohen et al., "How the War on Drugs Impacts Social Determinants of Health Beyond the Criminal Legal System,"

racial groups, law enforcement disproportionately focused on Black and Latino communities.¹⁴ Policies like mandatory minimum sentences, "three strikes" laws, and heavy policing in these communities¹⁵. This resulted in people of color facing more convictions, leading to mass incarceration.¹⁶ These practices created lasting barriers to employment, housing, and education. This caused an unfair cycle of poverty and inequality for communities of color.¹⁷ In the context of this larger U.S. framework, Oregon's push for drug decriminalization represented a response to the harmful legacy of these policies.

Despite the growing recognition that drug use was a problem affecting all communities, the criminal justice system continued to focus on punitive measures that failed to reduce drug use or improve public safety. As the negative effects of these policies became more obvious, the push for change grew stronger. In Oregon, this shift toward rethinking drug policies was partly in response to the evident failures of the War on Drugs and its disproportionate impact on the communities that are already facing systemic inequalities.

Oregon also had a history of progressive drug policy, being the first state to decriminalize marijuana in 1973 and among the first to legalize it for recreational use. Still, the state faced growing problems, like rising overdose deaths and not enough access to treatment. Some Oregonians argued that addiction should be treated as a health issue, not a crime. Movements

¹⁴ Rosenberg, Alana, Allison K Groves, and Kim M Blankenship. "Comparing Black and White Drug Offenders: Implications for Racial Disparities in Criminal Justice and Reentry Policy and Programming." *Journal of drug issues*, December 21, 2016. <https://pubmed.ncbi.nlm.nih.gov/28966392/>

¹⁵ Rosenberg et al., "Comparing Black and White Drug Offenders."

¹⁶ Cohen et al., "How the War on Drugs Impacts Social Determinants of Health Beyond the Criminal Legal System,"

¹⁷ Cohen et al., "How the War on Drugs Impacts Social Determinants of Health Beyond the Criminal Legal System,"

like Black Lives Matter also brought more attention to the unfair impact of drug laws on people of color.¹⁸

By the 1990s and early 2000s, policy makers and activists pushed for harm reduction strategies, including syringe exchange programs and medication-assisted treatment.¹⁹ However, these efforts were limited because the state's drug policies were still mainly focused on punishment.²⁰ Frustration with the ineffectiveness of criminalization grew, especially during the opioid crisis, which affected communities across the state. Over time, it became clear that criminalizing drug use wasn't solving the problem, which led to more support for treating addiction as a public health issue. The major turning point came in 2020, when voters passed Measure 110 with a 58% voter approval through a ballot initiative.²¹

2.2 Portugal: The Drug Crisis and the Shift Toward Decriminalization

In the 1990s, Portugal was facing a severe drug crisis. The country had one of the highest rates of heroin use in Europe.²² They also had alarming rates of overdose deaths and HIV infections linked to drug injection.²³ Portugal, like many other countries, had relied on criminalization as its primary strategy²⁴ Again, it had done little to curb addiction, and the

¹⁸ Ghandnoosh, Nazgol, and Celeste Barry. "One in Five: Disparities in Crime and Policing." The Sentencing Project, January 16, 2024. <https://www.sentencingproject.org/reports/one-in-five-disparities-in-crime-and-policing/>

¹⁹ "Update: Syringe Exchange Programs --- United States, 2002." Centers for Disease Control and Prevention, July 15, 2005. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5427a1.htm>

²⁰ Samuels, Paul N. "Confronting an Epidemic: The Case for Eliminating Barriers to Medication Treatment of Heroin and Opioid Addiction." Legal Action Center, March 2015. <https://www.lac.org/resource/confronting-an-epidemic-the-case-for-eliminating-barriers-to-medication-assisted-treatment-of-heroin-and-opioid-addiction>

²¹ Oregon Secretary of State, Audits Division. Too Early to Tell: The Challenging Implementation of Measure 110 Has Increased Risks, but the Effectiveness of the Program Has Yet to Be Determined. Report 2023-03. January 2023. <https://sos.oregon.gov/audits/Documents/2023-03.pdf>.

²² Hughes and Stevens, "Portuguese Decriminalization of Illicit Drugs," 999

²³ Hughes and Stevens, "Portuguese Decriminalization of Illicit Drugs," 1001

²⁴ Vieira, Mariana Macedo, and Ana Raquel Faria. "Portugal and It's Drugs Policy - What Changed?" BJPsych Open, June 20, 2022. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9378224/>

underlying issues of addiction were not being addressed.²⁵ By criminalizing users, Portugal was trapping people in cycles of poverty and jail, instead of offering the support they needed to recover.

High rates of HIV transmission from needle sharing were a major issue for the country.²⁶ Advocates pushed for harm reduction programs like syringe exchanges and methadone treatment to provide support for people struggling with addiction.²⁷ At the same time, Portugal was spending a lot on law enforcement and incarceration for drug offenses, yet drug use continued to rise.²⁸ Policymakers realized that investing in support would be more cost-effective and, ideally, lead to better public health outcomes.²⁹

Additionally, Portugal drew inspiration from the experiences of other countries, particularly Switzerland, which had implemented successful harm reduction strategies.³⁰ The success of international models gave Portuguese policymakers the confidence to try something similar at home. In response to these conversations, the government established the Commission for the National Strategy to Combat Drugs in 1999.³¹ The dissuasion commissions (Comissões

²⁵ Laqueur, Hannah. Uses and abuses of drug decriminalization in Portugal, 2014.

[https://www.law.berkeley.edu/files/Laqueur_\(2014\)_-Uses_and_Abuses_of_Drug_Decriminalization_in_Portugal_-_LSI.pdf](https://www.law.berkeley.edu/files/Laqueur_(2014)_-Uses_and_Abuses_of_Drug_Decriminalization_in_Portugal_-_LSI.pdf)

²⁶ Vasylyeva, Tetyana I, Louis du Plessis, Andrea C Pineda-Peña, Denise Kühnert, Philippe Lemey, Anne-Mieke Vandamme, Perpétua Gomes, et al. “Tracing the Impact of Public Health Interventions on HIV-1 Transmission in Portugal Using Molecular Epidemiology.” *The Journal of Infectious Diseases* 220, no. 2 (February 26, 2019): 233–43. <https://doi.org/10.1093/infdis/jiz085>

²⁷ Crombie, Noelle. “Portugal Helps Drug Users Get High Safely. Is Oregon Ready for That?” oregonlive, December 21, 2023. <https://www.oregonlive.com/news/2023/12/oregon-not-ready-for-drug-use-sites-other-parts-of-portugal-style-harm-reduction.html>

²⁸ Woods, Jordan Blair. “A Decade after Drug Decriminalization: What Can the United States Learn from the Portuguese Model?” Digital Commons @ UDC Law, 2011. <https://digitalcommons.law.udc.edu/udclr/vol15/iss1/2/>

²⁹ Gonçalves, Ricardo, Ana Lourenço, and Sofia Nogueira Silva. “A Social Cost Perspective in the Wake of the Portuguese Strategy for the Fight Against Drugs.” *International Journal of Drug Policy* 26, no. 2 (February 2015): 199–209. <https://doi.org/10.1016/j.drugpo.2014.08.017>

³⁰ Policy, Global Commission On Drug. “Our International Perspective on America’s Response to the Opioid Epidemic.” Global Commission for Drug Policy, November 3, 2017. https://globalcommissionondrugs.org/our-international-perspective-on-americas-response-to-the-opioid-epidemic/?utm_source

³¹ Rêgo, Ximene, Maria João Oliveira, Catarina Lameira, and Olga S. Cruz. “20 Years of Portuguese Drug Policy - Developments, Challenges and the Quest for Human Rights.” *Substance Abuse Treatment, Prevention, and Policy* 16, no. 1 (July 17, 2021). <https://doi.org/10.1186/s13011-021-00394-7>

para a Dissuasão da Toxicodependência or CDTs) consisted of legal professionals, healthcare providers, and social workers.³² Their work showed the need for drug addiction to be treated as a public health issue rather than a criminal matter. With their recommendations Portugal decriminalized the possession and use of all drugs for personal use. Instead of criminal penalties, individuals found with small amounts of drugs were referred to dissuasion commissions. These commissions could recommend treatment, education, or no action at all, depending on the case. This shift did not mean drugs were legal, it simply meant drugs users were no longer treated like criminals.³³

2.3 Switzerland: Heroin Epidemic and the Rise of Harm Reduction

In the 1980s and 1990s, Switzerland struggled with a rising drug problem, especially with heroin, this impacted public health and increased crime. Before these issues, Switzerland had moderate drug laws. However, with the increase in HIV transmission among drug users, it became clear that the previous approach was no longer sufficient. There was a visible rise in heroin use in urban areas like Zurich.³⁴ The open drug use in public spaces worried people and forced Swiss leaders to find a new solution. In Zurich, many people used drugs openly, causing more needle-sharing and health problems. Public complaints pushed Swiss leaders to reassess their approach.³⁵ Rather than increasing enforcement, Switzerland turned to health experts and

³² Hughes and Stevens, "Portuguese Decriminalization of Illicit Drugs," 1002

³³ "Drug Decriminalization in Portugal: Challenges and Limitations." National Archives and Records Administration, August 2010. <https://obamawhitehouse.archives.gov/ondcp/ondcp-fact-sheets/drug-decriminalization-in-portugal-challenges-and-limitations>

³⁴ Csete, Joanne, and Peter J. Grob. "Switzerland, HIV and the Power of Pragmatism: Lessons for Drug Policy Development." *International Journal of Drug Policy* 23, no. 1 (January 2012): 82–86. <https://doi.org/10.1016/j.drugpo.2011.07.011>

³⁵ Fahy, Jo, and Christoph Balsiger. "25 Years on: The End of Zurich's Open Drugs Scene." SWI swissinfo.ch, January 23, 2024. https://www.swissinfo.ch/eng/life-aging/the-needle-park-_25-years-on-the-end-of-zurich-s-open-drugs-scene/42934308

ran trials to test new programs. The country introduced supervised injection sites and heroin-assisted treatment (HAT) programs.³⁶

One of the country's most successful responses was heroin-assisted treatment (HAT), where individuals with severe addiction were given controlled doses of medical-grade heroin in clinical settings.³⁷ Heroin-assisted treatment was tested in prisons before being implemented nationwide. The results were promising: no overdoses, lower disease transmission, and reduced illicit drug use. Then they moved it out to the rest of Switzerland. By the mid-1990s, Switzerland became one of the first countries to implement these interventions on a national scale, with trials beginning in Zurich, Geneva, and Basel.³⁸

This shift in approach also occurred because of the broader trend of Western countries grappling with rising drug addiction in the 1980s and 1990s.³⁹ Across Europe and North America, governments were confronting a growing heroin epidemic, which was fueling both public health concerns and rising crime rates.⁴⁰ Many Western countries, including the U.S. and the U.K., adopted punitive approaches, focusing heavily on criminalization and law enforcement. Switzerland watched as they approaches proved ineffective in addressing the root causes of

³⁶ Fischer, Benedikt, Eugenia Oviedo-Joekes, Peter Blanken, Christian Haasen, Jürgen Rehm, Martin T. Schechter, John Strang, and Wim van den Brink. "Heroin-Assisted Treatment (HAT) a Decade Later: A Brief Update on Science and Politics." *Journal of Urban Health* 84, no. 4 (June 12, 2007): 552–62. <https://doi.org/10.1007/s11524-007-9198-y>

³⁷ Liebreinz, Michael, Alex Gamma, Anna Buadze, Roman Schleifer, Stéphanie Baggio, Bruce Schwartz, Andres Schneeberger, and Ambros Uchtenhagen. "Fifteen Years of Heroin-Assisted Treatment in a Swiss Prison—a Retrospective Cohort Study." *Harm Reduction Journal* 17, no. 1 (October 13, 2020). <https://doi.org/10.1186/s12954-020-00412-0>

³⁸ Wolf, Miriam, and Michael Herzig. "Inside Switzerland's Radical Drug Policy Innovation (SSIR)." Inside Switzerland's Radical Drug Policy Innovation, July 22, 2019. https://ssir.org/articles/entry/inside_switzerlands_radical_drug_policy_innovation

³⁹ Dasgupta, Nabarun, Leo Beletsky, and Daniel Ciccarone. "Opioid Crisis: No Easy Fix to Its Social and Economic Determinants." *American Journal of Public Health* 108, no. 2 (February 2018): 182–86. <https://doi.org/10.2105/ajph.2017.304187>

⁴⁰ Costa, Antonio Maria. A century of international drug control, 2008. https://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf

addiction.⁴¹ As a result, Switzerland began to take a more progressive approach. They recognized that addiction as a complex health issue rather than just a criminal matter. This change in thinking was like what was happening in other European countries like the Netherlands and Germany, where harm reduction strategies, like needle exchange programs, were already showing positive results.

Switzerland's drug reforms started with government leaders at both the city and national level. In the early 1990s, the government created a special group to investigate new health-based ways to deal with rising heroin use.⁴² They looked at international studies to see what had worked elsewhere. Scientific research and health experts supported the new ideas, which made them seem more trustworthy. As early programs, like heroin-assisted treatment, began to show good results, more people started to support them.⁴³ Because the government took its time and tested things first, they were ready to roll out these programs across the country in a smart, organized way.

2.4 Common Themes in the Path to Decriminalization

Although the details of each country's crisis were different, the turning points were surprisingly similar. Over time, each region reached a point where the old systems couldn't keep up anymore. This was due to rising overdose deaths, overcrowded prisons, and the realization that strict drug policies weren't reducing drug use. Faced with these challenges, each country had to rethink its approach. In the end, they turned to harm reduction strategies. Each country embraced this in its own way, but all saw it as a more effective and compassionate response to the crisis.

⁴¹ "The 'war on Drugs' Has Failed, Commission Says." The Leadership Conference Education Fund, August 7, 2023. <https://civilrights.org/edfund/resource/the-war-on-drugs-has-failed-commission-says/>

⁴² Csete and Grob, "Switzerland, HIV and the Power of Pragmatism," *Int. J. Drug Policy* 23, no. 1 (2012): 82–86.

⁴³ Fischer et al., "Heroin-Assisted Treatment (HAT) a Decade Later," 552.

Portugal and Switzerland took their time with the process. They worked closely with experts, studied other countries, and carefully planned before making any big changes. Their slower approach helped them build strong systems that could last. Oregon, on the other hand, moved faster. In 2020, voters approved Measure 110 to decriminalize small amounts of drugs. While this showed strong public support, the lack of preparation made it harder to implement successfully.

A major difference between these cases was how experts and the public were involved. Portugal and Switzerland focused on expert-driven decisions, ensuring thorough planning. Oregon's approach, based on a public vote, generated quick support but lacked a clear plan for rolling out the changes.

These differences matter. And the decision to decriminalize is only part of the story. The way reforms are planned and implemented matters just as much. Oregon's experience shows that even with public support, careful planning and structure are needed. Portugal and Switzerland's success highlights the value of a well-thought-out, expert-driven approach.

Chapter 3: Policy Frameworks

The path a region takes to reform could be a voter initiative, a government mandate, or a step-by-step rollout method. This matters just as much as the reform itself. Drug decriminalization isn't just about changing the law, it's about how that change is designed.

When reforms are driven by public votes, they can gain a lot of momentum, but sometimes the groundwork isn't as solid as it needs to be. This is a common issue with direct democracy processes, like ballot measures or popular referendums. These processes can quickly get public support, but they often lack the right planning to make things work. Since these processes focus on getting voters' approval, they often overlook the details needed for successful implementation, like funding and logistics. This gap between public excitement and practical execution can cause big problems, as seen in Oregon with Measure 110.

On the other hand, legislative processes may take longer and be tougher to pass, but they allow for expert input and long-term planning. Some countries play it safe by testing new ideas locally before going bigger. Each approach has its benefits and disadvantages. Some focus on speed, while others prioritize stability. And no matter what, all of them have to deal with politics and public opinion.

The approach also determines who gets to be involved in decision-making. When decisions are made through legislatures, expert commissions, or local governments, there's more room for coordination, but sometimes less public input. Ballot initiatives, meanwhile, give power directly to voters, but can leave governments scrambling to catch up once the law is passed. These structural choices ripple outward, shaping everything from funding to enforcement.

In the end, no approach is perfect. But the origin of a policy sets the tone for everything that follows. Whether reform is fast or gradual, the early choices define the road ahead. How a system is built says a lot about how well it will hold up when the pressure comes.

3.1 Oregon: Measure 110 and Its Legal Structure

Oregon’s Measure 110 emerged from grassroots advocacy and was passed directly by voters through a 2020 ballot initiative.⁴⁴ Measure 110, also known as the Drug Addiction Treatment and Recovery Act, was created through a ballot initiative drafted by the Drug Policy Alliance, a national advocacy organization focused on drug reform.⁴⁵ Supporters gathered over 100,000 signatures to get it on the 2020 ballot, and it passed.⁴⁶ The measure aimed to decriminalize small amounts of drugs and use tax revenue from legalized cannabis to fund addiction treatment services. Oregon voters approved it in 2020, shifting the focus from punishment to recovery.⁴⁷

A critical part of Measure 110 was the establishment of Behavioral Health Resource Networks (BHRNs).⁴⁸ BHRNs were designed to provide a comprehensive, statewide system of treatment and recovery services for individuals struggling with substance use disorders. These networks were intended to offer a wide range of low-barrier services, including screenings for health and social service needs, referrals for substance use treatment, case management, and access to individualized intervention plans.⁴⁹ BHRNs also emphasized harm reduction strategies, such as needle exchanges, overdose prevention programs, and peer-supported services, aimed at reducing immediate risks associated with substance use.⁵⁰ They were structured to be easily accessible, with at least one BHRN per county, ensuring that both urban and rural areas could

⁴⁴ Oregon Secretary of State, Audits Division, *Too Early to Tell*, 2023.

⁴⁵ Russoniello et al., “Decriminalization of Drug Possession in Oregon.”

⁴⁶ “Oregon Measure 110,” Ballotpedia.

⁴⁷ Russoniello et al., “Decriminalization of Drug Possession in Oregon.”

⁴⁸ “Drug Addiction Treatment and Recovery Act (Measure 110).” Oregon Health Authority : Drug Addiction Treatment and Recovery Act (Measure 110) : Behavioral Health Division : State of Oregon, 2025.

<https://www.oregon.gov/oha/hsd/amh/pages/measure110.aspx>

⁴⁹ Funding and Delivery of Measure 110 Substance Use Disorder Services Shows Progress, but Significant Risks Remain , 2023. <https://sos.oregon.gov/audits/Documents/2023-39.pdf>

⁵⁰ “Harm Reduction.” Oregon Health Authority : Harm Reduction : Substance Use : State of Oregon, 2024.

<https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/pages/harm-reduction.aspx>

access care. This was crucial in addressing the service gaps in rural regions, where treatment options were often scarce.

Beyond addiction treatment, BHRNs were designed to offer a holistic approach to recovery. This included not only substance use disorder treatment but also social support services like housing, employment assistance, and mental health care, recognizing that addiction is often intertwined with other life challenges. By creating a network of local centers and leveraging partnerships with nonprofits like HIV Alliance and CODA, Inc., Measure 110 aimed to expand access to recovery services statewide. These centers were also tasked with conducting health assessments and helping individuals navigate treatment, ensuring that people were referred to the appropriate services and supported throughout their recovery journey.

While BHRNs were a vital component of Measure 110's vision for recovery, the network faced significant challenges and Measure 110 was not set up to succeed. The state lacked enough treatment centers and counselors to meet the growing demand, especially in rural areas where services were scarce. While cannabis taxes helped fund programs, they weren't enough to sustain long-term services, and additional state funding fell short.⁵¹ These gaps in resources made it difficult to fully implement the measure as intended.

As problems grew, Oregon lawmakers worked to revise the policy. Although Measure 110 was meant to allocate around \$100 million each year for addiction treatment and harm reduction services, the money didn't start flowing as expected. The Oregon Health Authority (OHA), responsible for overseeing the funds, faced a lot of challenges in building out a solid network of treatment programs. By 2022, only a small portion of the funds had reached local programs. To help in the meantime, the legislature approved a "funding bridge" in 2021 to

⁵¹ Russoniello et al., "Decriminalization of Drug Possession in Oregon."

temporarily fill in the gaps. However, many advocates felt this was just a temporary solution and didn't do enough to meet the needs of people seeking treatment. Without enough financial support, the state struggled to provide the services that Measure 110 had promised.

In 2022, Oregon legislature passed a bill to create a pilot program aimed at bringing harm reduction efforts closer to where they were needed, but there were issues. Different local governments struggled to coordinate with each other, and there were not enough trained staff to make these programs work smoothly. Nonprofits pushed for simpler funding processes and more direct access to harm reduction tools, but they kept running into obstacles.

As public concern grew, political pressure mounted from both local governments and law enforcement agencies. In 2023, several mayors of major cities, including Portland Mayor Ted Wheeler, called for a reevaluation of the policy. The Portland Police Bureau also reported a significant increase in calls related to drug activity and public intoxication. Law enforcement unions, such as the Portland Police Association, publicly supported revisions to Measure 110, arguing that the policy had unintended negative consequences.

In 2024, the state legislature passed House Bill 4002, which effectively repealed key parts of Measure 110 and reintroduced criminal penalties for drug possession.⁵² The bill was introduced by Representative Rob Nosse (D-Portland) and moved through the House Judiciary and Behavioral Health committees before reaching a final vote.⁵³ The measure passed with

⁵² “HB 4002 & HB 5204, Relating to Opioid Addiction in Oregon.” Oregon Health Authority, March 10, 2024. https://www.oregon.gov/oha/EI/THWMtgDocs/HB%204002_HB%205204%20OHA%20Fact%20Sheet.pdf.

⁵³ HB4002 2024 Regular Session - Oregon Legislative Information System, 2024. <https://olis.oregonlegislature.gov/liz/2024R1/Measures/Overview/HB4002>.

bipartisan support, 51-7 in the House and 21-8 in the Senate.⁵⁴ Governor Tina Kotek ultimately signed it into law, marking a major shift back toward criminal enforcement.⁵⁵

3.2 Portugal: Legal Reform and Public Health Impact

Portugal's approach was not driven by a public vote, but rather by a coordinated government response to a national crisis. This decriminalization was enacted through Law 30/2000, which was passed by the Portuguese Parliament in 2000 and took effect in 2001.⁵⁶ The law, put together by health and legal experts and passed by Parliament, set up a clear system backed by national support and resources. It was also supported by then-Prime Minister António Guterres.⁵⁷

Under this law, possession of small amounts of drugs for personal use was reclassified as an administrative offense rather than a criminal one. Instead of facing jail time, individuals caught with drugs were referred to dissuasion commissions, which determined the best course of action, whether it was treatment, social services, or fines.⁵⁸ This shift aimed to reduce the stigma around drug use and encourage people to seek help without fear of legal consequences.

3.3 Switzerland: Harm Reduction and Medicalized Drug Policies

Switzerland has not fully decriminalized all drugs, but it has adopted a harm reduction approach that decriminalizes certain aspects of drug use.⁵⁹ In Switzerland, possessing small amounts of illegal drugs for personal use, like heroin or cocaine, is decriminalized. People

⁵⁴ Botkin, Ben. "Oregon House Passes Bill Unwinding Measure 110 to Address Addiction Crisis • Oregon Capital Chronicle." Oregon Capital Chronicle, February 29, 2024. <https://oregoncapitalchronicle.com/2024/02/29/oregon-house-passes-bill-unwinding-measure-110-to-address-addiction-crisis/>

⁵⁵ Wilson, "Oregon Pioneered a Radical Drug Policy."

⁵⁶ Office of National Drug Control Policy, (n.d.)

⁵⁷ Catherine Moury and Mafalda Escada, "Understanding Successful Policy Innovation: The Case of Portuguese Drug Policy," *Addiction* 118, no. 5 (2022): 967, <https://doi.org/10.1111/add.16099>.

⁵⁸ Hughes and Stevens, "What Can We Learn from the Portuguese Decriminalization," 1002.

⁵⁹ Richmond, Linda M. "Switzerland Halts War on Drugs, Cuts Deaths | Psychiatric News." Psychiatry Online, June 13, 2018. <https://psychiatryonline.org/doi/full/10.1176/appi.pn.2018.6b15>

caught with small amounts usually get fines or warnings, not criminal charges. However, it is still illegal, and larger quantities of trafficking are criminal offenses.

Switzerland's harm reduction approach is built on a combination of government support and cantonal (regional) laws.⁶⁰ The Swiss Federal Council proposed changes, which were then approved by the Swiss Parliament. By the mid-1990s, the country officially adopted a drug policy focused on prevention, treatment, and harm reduction after public consultations and debates.⁶¹ This approach became formalized in what's known as the "Four Pillar Model," which integrates prevention, treatment, harm reduction, and law enforcement as the core components of national drug policy.⁶² The model emphasizes a balanced response to drug use, combining public health initiatives with legal regulation to minimize harm to individuals and society.

The Swiss Federal Office of Public Health (FOPH) oversees national funding and implementation, while local cantons manage supervised injection sites and treatment programs, ensuring that services meet community needs.⁶³ This allows them to tailor services to the specific needs of their communities. This approach makes a real difference. By giving local governments more control, they can adapt programs to fit the unique challenges of their areas. Local officials are closer to the issues and understand them better. This leads to more flexible and effective solutions. In contrast, when decisions are made at the state or national level, it can be harder to address local concerns quickly. Local governments are often in a better position to respond and adjust as needed.

⁶⁰ Wolf and Herzig, "Inside Switzerland's Radical Drug Policy Innovation."

⁶¹ Federal Office of Public Health, *Switzerland's National Drugs Policy: The Federal Government's Third Package of Measures to Reduce Drug-Related Problems (MaPaDro III) 2006–2011* (2006), https://www.drugpolicyfacts.org/sites/default/files/MaPaDro_3_en.pdf.

⁶² Wolf and Herzig, "Inside Switzerland's Radical Drug Policy Innovation."

⁶³ Joanne Csete, *From the Mountaintops: What the World Can Learn from Drug Policy Change in Switzerland*, reissued with new foreword (New York: Open Society Foundations, 2013), <https://www.opensocietyfoundations.org/uploads/0bf8bd55-64a5-4c3c-9548-2132524db48e/from-the-mountaintops-en-20160212.pdf>.

As highlighted in a study on heroin-assisted treatment, “safe injection facilities called ‘contact points’ in Switzerland are offered by cantonal harm reduction programs to provide safe spaces for the safe and hygienic use of illicit substances.”⁶⁴ These programs started in Zurich and were later expanded to other cities.⁶⁵ This shows the critical role cantonal authorities play in ensuring access to harm reduction services.

Health insurance helps cover the costs of treatments like opioid substitution therapy, making them more accessible and removing financial barriers.⁶⁶ The Swiss government and local cantons work together to maintain these programs, ensuring consistent quality and availability.

Ruth Dreifuss, head of the Swiss Federal Department of Home Affairs from 1993 to 2002, was a key figure in pushing for these reforms.⁶⁷ She played a major role in advocating for progressive drug policies. Her efforts were supported across political lines, with a shared understanding that addiction should be tackled through a comprehensive and health-centered approach.

3.4 Key Differences in Legal Approaches and Enforcement

Each country’s framework was shaped by how the policy originated, and those origins had real consequences. Oregon decriminalized small amounts of drugs, replacing criminal charges with civil citations. While this shift aimed to reduce incarceration rates, it still imposed consequences for possession. Since Oregon’s reform was initiated by a ballot measure rather

⁶⁴ Meyer, Maximilian, Johannes Strasser, Patrick Köck, Marc Walter, Marc Vogel, and Kenneth M. Dürsteler. “Experiences with Take-Home Dosing in Heroin-Assisted Treatment in Switzerland during the COVID-19 Pandemic—Is an Update of Legal Restrictions Warranted?” *International Journal of Drug Policy* 101 (March 2022): 103548. <https://doi.org/10.1016/j.drugpo.2021.103548>

⁶⁵ Uchtenhagen, Ambros. “Heroin-assisted Treatment in Switzerland: A Case Study in Policy Change.” *Addiction* 105, no. 1 (December 14, 2009): 29–37. <https://doi.org/10.1111/j.1360-0443.2009.02741.x>

⁶⁶ Besson, Jacques, Thilo Beck, Gerhard Wiesbeck, Robert Hämmig, André Kuntz, Sami Abid, and Rudolf Stohler. “Opioid Maintenance Therapy in Switzerland: An Overview of the Swiss Improve Study.” *Swiss Medical Weekly*, March 31, 2014. <https://doi.org/10.4414/smw.2014.13933>

⁶⁷ Global Commission on Drug Policy, *Advancing Drug Policy Reform: A New Approach to Decriminalization* (Global Initiative, 2016), <https://globalinitiative.net/wp-content/uploads/2017/12/GCDP-Report-2016-ENGLISH.pdf>.

than a legislative process, the limited time for planning created structural gaps that made the system fragile from the start.

Portugal followed a more traditional legislative route, giving it the chance to build infrastructure before implementation. The government created a nationwide referral system and expanded public health services alongside legal changes.⁶⁸ The law was backed by centralized funding and uniform policies, which helped ensure consistent outcomes across the country.⁶⁹

Switzerland began by testing small programs, tracking the results, and expanding them once they showed success. Local governments were crucial in providing services, while national agencies made sure everything was coordinated. By integrating drug treatment into the health insurance system, Switzerland ensured stable, long-term access to care without depending on outside funding.

Oregon had strong grassroots behind its reform. Portugal leaned on careful planning. Switzerland focused on medical-based care. These different approaches show that it is not just the goal that matters but how a policy is rolled out can make all the difference in how well it works.

⁶⁸ Santana, Silvina, Nina Szczygiel, and Patricia Redondo. "Integration of Care Systems in Portugal: Anatomy of Recent Reforms." *International Journal of Integrated Care* 14, no. 3 (July 24, 2014). <https://doi.org/10.5334/ijic.989>

⁶⁹ Santana, Szczygiel, and Redondo, "Integration of Care Systems in Portugal," 14, no. 3.

Chapter 4: Implementation and Enforcement

Effective policy is only meaningful when it is successfully implemented. When it comes to drug decriminalization, the difference between success and failure often comes down to how well the system supports people once the law changes. Shifting from punishment to support is a major cultural and logistical move, and that shift does not happen overnight.

It requires treatment centers that are actually open and accessible. It means police officers and healthcare workers need the resources to do their jobs effectively. In practice, many regions face the same challenges. This includes a lack of infrastructure, long waitlists for care, and confusion over how laws should be enforced. Rural areas often get hit the hardest, where treatment options are limited or nonexistent. When systems are not built out enough to meet demand, people who need help are left waiting.

The point of decriminalization is to redirect people toward support, not punishment. But if that support is not there, the goals of reform will fail. True progress depends not just on changing the law, but on building systems that help people recover.

4.1 Oregon: Law Enforcement, Courts, and Rehabilitation Centers

The rollout of Oregon's Measure 110 initially involved both the Oregon Health Authority (OHA) and a network of nonprofit organizations working together to establish a comprehensive framework for addiction treatment and harm reduction services.⁷⁰ Once the programs began to take shape, nonprofits such as HIV Alliance, Central City Concern, CODA, Inc., and Outside In helped in the expansion of services.⁷¹ It's also worth noting that Measure 110 funding was allocated to many other nonprofit organizations throughout the state. Measure 110 funding

⁷⁰ "Measure 110 Oversight and Accountability Council." Oregon Health Authority : Measure 110 Oversight and Accountability Council : Behavioral Health Division : State of Oregon, 2025.

<https://www.oregon.gov/oha/hsd/amh/pages/oac.aspx>

⁷¹ Oregon Health Authority, "Measure 110 Oversight and Accountability Council."

allowed them to scale up their operations, providing expanded access to addiction treatment, harm reduction programs like needle exchange and opioid substitution therapy, as well as peer support and housing services. These services helped people recover from addiction while also addressing issues like homelessness and mental health, which often go together with substance use. The goal was to make sure that people could get help even if they were not ready to quit using substances yet. Programs like needle exchanges and safe injection sites helped reduce the spread of HIV and Hepatitis C, protecting people as they worked toward recovery.⁷²

One program that was utilized was the syringe exchange programs. Public health departments provide funding, training, and resources while nonprofits deliver services directly to people affected by substance use, including outreach, education, and connections to health services.⁷³ This partnership helps share data and make sure resources are available in both cities and rural areas. For example, HIV Alliance was particularly influential in Lane and Marion counties, where it used Measure 110 funding to support harm reduction efforts, including overdose prevention programs, syringe exchange services, and culturally specific care for marginalized communities like BIPOC and LGBTQIA+ groups.⁷⁴ By leveraging the new funding, HIV Alliance and similar nonprofits were able to directly address the health disparities faced by these communities while improving access to substance use treatment and care.⁷⁵

Despite these positive developments, access to addiction support varied widely across Oregon. Many rural counties lacked the treatment centers and services needed to meet growing demand, especially compared to better-resourced urban areas. This left law enforcement as the

⁷² “Needle Exchange Program: Location & Schedules.” HIV Alliance, March 27, 2025.

<https://hivalliance.org/services/syringe-services/>

⁷³ Expanding Harm Reduction & Syringe Exchange Service Programming Capacity in Oregon, 2019.

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/HarmReduction/SSPManual/Oregon-SSP-Manual-Interactive.pdf>

⁷⁴ Oregon Health Authority, “Drug Addiction Treatment and Recovery Act (Measure 110).”

⁷⁵ Oregon Health Authority, “Drug Addiction Treatment and Recovery Act (Measure 110).”

first point of contact for many struggling with substance use.⁷⁶ The shortage often occurred in rural areas, where individuals often faced long waitlists or had to travel long distances to receive treatment. The scope of the program may have exceeded the state's existing capacity to implement it effectively across all regions. Without sufficient infrastructure in place, law enforcement remained the primary point of contact for many individuals struggling with substance use, which was not the intended outcome of the policy.

Another issue was the inconsistent application of civil citations. While police officers were supposed to issue citations for drug possession, some areas lacked proper training or clear guidelines for enforcement.⁷⁷ This inconsistency made it harder to ensure that individuals who needed treatment were always referred to the appropriate services. As a result, the gaps between the policy's intentions and its implementation often left people struggling to get the help they needed in a timely manner.

4.2 Portugal: Administrative Drug Dissuasion Commissions

Portugal's drug decriminalization has had benefits, but it is not perfect. One problem is the requirement for people to attend drug dissuasion commissions, even if they are not addicted.⁷⁸ This can slow things down, especially for recreational users who may not need help.

Like Oregon, the quality of these commissions can vary depending on the region, because not all areas have the same resources or support systems.⁷⁹ Even if a commission recommends treatment, local services might not exist, or they might be stretched thin. In smaller towns or

⁷⁶ Deck, Dennis D. "Access to Substance Abuse Treatment Services under the Oregon Health Plan." *JAMA* 284, no. 16 (October 25, 2000): 2093. <https://doi.org/10.1001/jama.284.16.2093>

⁷⁷ Schick, Tony, and Wilson. "Oregon Leaders Hampered Drug Decriminalization Effort." ProPublica, February 14, 2024. <https://www.propublica.org/article/oregon-leaders-hampered-drug-decriminalization-effort>

⁷⁸ Moury and Escada, "Understanding Successful Policy Innovation," 968

⁷⁹ Moury and Escada, "Understanding Successful Policy Innovation," 968

rural areas, there may be no easy way to get counseling, housing help, or medical support.⁸⁰ If someone has to travel far or sit on a long waitlist, they may just give up. So even with good intentions, the system is not always practical for the people who need it most. This means that some people do not get the help they really need. Larger cities tend to do better, while rural areas face more challenges.

These commissions aim to reduce strain on the legal system, although some people feel they do not really solve the bigger problems. The goal is to offer a health-based response instead of a criminal one, but that does not always mean people get the help they actually need. The process often centers around paperwork, brief assessments, and quick decisions. For people dealing with deeper struggles like addiction it can feel too shallow. There's not always time or resources for meaningful conversations or plans.⁸¹ Because of that, the commissions can start to feel more like a formality than a real pathway to change.

Another issue is the lack of follow-up after someone goes through a commission. In theory, people are referred to services if needed. But not everyone follows through, and not every area has enough support in place. Without check-ins or case managers, many people just drift away from the process. If they miss an appointment or do not show interest right away, no one always follows up. That gap can make people feel like they have been left to figure things out on their own, which can lead them right back into the same patterns.

In the end, the commissions are a starting point, but they do not work well on their own. They open a door to treatment, but without strong follow-up and community support, people can

⁸⁰ Pimentel, Luiz Cesar. "No Simple Answers for Portugal's Drug Decriminalization Policy." Fair Observer, October 14, 2023. <https://www.fairobserver.com/world-news/no-simple-answers-for-portugals-drug-decriminalization-policy/>

⁸¹ "Drug Decriminalisation in Portugal: Setting the Record Straight." Transform, May 13, 2021. <https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight>

slip through the cracks. For Portugal to improve its model, it would need to strengthen the pieces around the commissions with case management. It takes more than one meeting in a government office.

4.3 Switzerland: Balancing Law Enforcement and Public Health

The Swiss model integrates both law enforcement and public health initiatives to address drug addiction in a more balanced and comprehensive manner. Programs like supervised injection sites and HAT help reduce drug use in public spaces and connect people with consistent, compassionate care.⁸² The goal is to minimize harm and offer individuals a chance to receive the support they need without facing criminal penalties.

One important part of this system is psychosocial support. People in heroin-assisted treatment are not just given medication. They also meet regularly with counselors and care teams. These sessions help address trauma, mental health issues, and personal challenges that often fuel substance use. This kind of support makes the treatment more effective, helping people stabilize their lives over time.

At the same time, access to HAT is carefully controlled. Strict eligibility rules ensure that only people with long-term, treatment-resistant opioid dependence can participate.⁸³ Patients must meet specific criteria, including multiple failed attempts at other treatments.⁸⁴ This approach helps keep the program focused on those with greatest need, while also maintaining public confidence in how the system works.

⁸² Csák, Robert. Harm reduction services in Switzerland, 2022. https://hri.global/wp-content/uploads/2022/11/Harm-Reduction-in-Switzerland_FINAL.pdf

⁸³ Westenberg, Jean N., Maximilian Meyer, Johannes Strasser, Michael Krausz, Kenneth M. Dürsteler, Luis Falcato, and Marc Vogel. "Feasibility, Safety, and Acceptability of Intranasal Heroin-Assisted Treatment in Switzerland: Protocol for a Prospective Multicentre Observational Cohort Study - Addiction Science & Clinical Practice." BioMed Central, March 11, 2023. <https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-023-00367-0>

⁸⁴ Westenberg et al., "Feasibility, Safety, and Acceptability of Intranasal HAT."

Switzerland also keeps a clear legal boundary between drug use and drug trafficking. Personal possession of small amounts is decriminalized, but large-scale distribution remains a serious crime. This allows police to focus their resources on organized crime, while health services support individuals with addiction.

4.4 Strengths and Weaknesses in Enforcement Models

These cases show the implementation of drug policies faces common challenges. A major issue is the availability of treatment services and infrastructure. In Oregon, long waitlists and limited access to care were problems, especially in rural areas. This challenge is also present in Portugal, where treatment services can vary by region, with rural areas often having fewer resources. In Switzerland, while the model is comprehensive, some rural areas still face difficulties accessing harm reduction programs and treatment services.

Although all three cases have decriminalized drug possession to some extent, the implementation can be inconsistent. In Oregon, the civil citations for low-level drug possession were not always consistently issued, making it difficult to ensure that people needing treatment were properly referred. Portugal's drug dissuasion commissions also faced challenges in providing consistent referrals for treatment due to varying local resources across different regions. In Switzerland, though the system is generally well-structured, local enforcement and access to services can still vary, particularly in less populated areas.

Chapter 5: Public Health and Addiction Treatment

Addressing addiction requires a public health system that sees substance use as both a medical and social issue. A health-based approach meets people where they are. It includes harm reduction services, mental health support, and resources to help people rebuild their lives. These services reduce harm and provide a real chance of recovery.

But building this kind of system is not easy. Many communities, especially in rural areas, do not have the facilities or trained workers needed to provide consistent care. Without steady funding and strong coordination, even good policies can fall short.

Money is a big part of the challenge. Some governments have tried to support these programs with tax revenue or by shifting funds away from the justice system. Others rely on grants or short-term projects. While these efforts can help, they are often not enough to meet the growing need. Real progress depends on long-term investment and making sure help is available everywhere.

Addiction is complicated, and recovery looks different for everyone. Some people need clinical treatment. Others need housing, job support, or just someone who will listen. What works for one person might not work for another. A system built on care must reflect that. Oregon, Portugal, and Switzerland have approached this challenge in different ways, each offering valuable insights into effective addiction treatment.

Addiction is complicated and does not have one simple cause. It is often a mix of things, like biology, life experiences, and the environment around us.⁸⁵ Mental health issues like depression, anxiety, or past trauma also play a big role, since some people turn to substances as a way to cope with pain or stress.

⁸⁵ “Understanding Drug Use and Addiction Drugfacts.” National Institutes of Health, June 2018. <https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction>

Living in tough situations, like poverty or not having a stable place to live, can make addiction more likely too.⁸⁶ When people feel hopeless or overwhelmed, they might turn to drugs as a way to escape. Growing up in environments where drug use is common or having no solid support system can also increase the chances of someone developing an addiction. At the core, addiction often happens when people feel like their needs are not met, whether those needs are physical, emotional, or social.⁸⁷ Understanding all these layers helps us approach addiction in a more caring, thoughtful way.

5.1 Oregon: Treatment Funding Through Tax Revenue

Both Switzerland and Portugal fund their decriminalization efforts through their government, though the structures and processes vary somewhat between the two countries.⁸⁸ Oregon did not do that. It wanted to expand addiction treatment services by directing a portion of its cannabis tax revenue toward funding recovery programs. The state allocated at least 25% of cannabis tax revenue to behavioral health services, including substance use treatment, harm reduction, and recovery support.⁸⁹ This approach aimed to create a sustainable funding model that did not rely on traditional state budgets or fluctuating federal grants. However, cannabis tax revenue alone was not enough to meet the growing demand for services, particularly as the opioid crisis worsened.⁹⁰

A big issue in this funding model came from the legal status of cannabis. While Oregon legalized recreational marijuana in 2014 through Measure 91, it remains illegal at the federal

⁸⁶ Grinspoon, Peter. "Poverty, Homelessness, and Social Stigma Make Addiction More Deadly." Harvard Health, September 28, 2021. <https://www.health.harvard.edu/blog/poverty-homelessness-and-social-stigma-make-addiction-more-deadly-202109282602>

⁸⁷ Grinspoon, "Poverty, Homelessness, and Social Stigma."

⁸⁸ Rêgo et al., "20 Years of Portuguese Drug Policy."

⁸⁹ "Marijuana." Oregon Department of Revenue : Marijuana : Businesses : State of Oregon, 2025. <https://www.oregon.gov/dor/programs/businesses/pages/marijuana.aspx>

⁹⁰ Oregon Health Authority (OHA), April 2024. <https://www.oregon.gov/oha/HSD/AMH/DataReports/SUD-Financial-Analysis-Report-0424.pdf>

level under the Controlled Substances Act.⁹¹ This means businesses in the cannabis industry cannot access federal banking services, creating financial hurdles that affect tax collection and revenue distribution. Additionally, because cannabis remains federally illegal, Oregon does not receive federal funds specifically tied to marijuana-related programs, making state funding the primary resource for addiction treatment initiatives.⁹²

Despite these efforts, the rollout of cannabis-funded treatment faced challenges. Demand for services quickly outpaced available funds, like previously mentioned it especially occurred in rural areas where treatment centers were scarce. Many organizations faced delays in receiving funds, making it difficult to expand services as planned. Some treatment providers struggled to maintain operations, leading to gaps in care for those who needed immediate support. This approach showed that using tax revenue for public health programs could work, but it also had issues. To keep these programs running long-term, more reliable funding was needed.

5.2 Portugal: Integrated Public Health and Rehabilitation Approach

In Portugal, they offer a needle exchange, where people can trade used needles for clean ones.⁹³ This helps reduce the risk of diseases like HIV and hepatitis, which are spread through sharing needles. Another program is medication-assisted treatment (MAT), where people receive medications like methadone to reduce cravings and withdrawal symptoms.⁹⁴ This is also known as opioid substitution treatment for those struggling with opioid addiction.

Portugal also provides mental health services to help people with the emotional struggles that often come with addiction, such as anxiety or depression.⁹⁵ Outreach programs help people

⁹¹ Brief Outline of Oregon Ballot Measure 91 (Marijuana Legalization), 2015.

https://www.deschutes.org/sites/default/files/fileattachments/community_development/page/1064/aoc_report.pdf

⁹² Oregon Legislature, April 4, 2025.

<https://olis.oregonlegislature.gov/liz/2025R1/Downloads/CommitteeMeetingDocument/297563>

⁹³ Rêgo et al., “20 Years of Portuguese Drug Policy.”

⁹⁴ Rêgo et al., “20 Years of Portuguese Drug Policy.”

⁹⁵ Rêgo et al., “20 Years of Portuguese Drug Policy.”

find housing and jobs, recognizing that these things are key to recovery, just like treating the addiction itself.⁹⁶

One of the biggest successes of Portugal’s decriminalization policy is the sharp drop in HIV and hepatitis infections. Before the policy, sharing needles was a major cause of these diseases.⁹⁷ With the introduction of free needle exchanges, individuals have access to clean needles, drastically reducing the risk of transmitting HIV, hepatitis B, and hepatitis C.⁹⁸ This approach depends on a solid public health system, and in this case that is supported by government funding to keep the programs running smoothly. As a result, these harm reduction programs have saved lives leading to a healthier population.⁹⁹

5.3 Switzerland: Medically Assisted Treatment and Safe Consumption Sites

Switzerland’s Heroin-Assisted Treatment (HAT) program led to major public health and safety improvements.¹⁰⁰ It helped lower overdose deaths, slow down the spread of HIV and hepatitis, and reduce crime tied to drug trafficking and theft. By offering a safer, medical alternative to street drugs, HAT gave people a chance to stabilize their lives. Long-term studies show that many participants found steady employment, reconnected with family, and made lasting progress in recovery.¹⁰¹

Switzerland’s safe consumption sites have helped prevent overdoses, as trained medical professionals are on hand to provide immediate assistance.¹⁰² With medical professionals on hand, they prevent overdoses and provide immediate help when needed. But these sites do more

⁹⁶ Rêgo et al., “20 Years of Portuguese Drug Policy.”

⁹⁷ Rêgo et al., “20 Years of Portuguese Drug Policy.”

⁹⁸ Rêgo et al., “20 Years of Portuguese Drug Policy.”

⁹⁹ Moury and Escada, “Understanding Successful Policy Innovation,” 972

¹⁰⁰ Rêgo et al., “20 Years of Portuguese Drug Policy.”

¹⁰¹ Uchtenhagen, “Heroin-Assisted Treatment in Switzerland.”

¹⁰² Uchtenhagen, “Heroin-Assisted Treatment in Switzerland.”

than just keep people from overdosing, they connect users to treatment.¹⁰³ While HAT focuses on providing a safe space for people to use heroin in a controlled way, safe consumption sites give users a place to do so with support and then help them access the resources they need to move past addiction.¹⁰⁴

The effectiveness of these programs is all made possible through consistent and well-organized public funding. Without financial support from both national and local governments, these programs would not be sustainable. This combined approach not only saves lives but also helps people get back on their feet for the long run. These programs help offer them a path out of the cycle of addiction. This approach focuses on saving lives and supporting recovery.

5.4 Global Approaches: Insights from Portugal, Switzerland, and Oregon

The experiences of Oregon, Portugal, and Switzerland provide important lessons for addressing addiction. Oregon's approach to addiction treatment faced challenges due to inadequate funding. Measure 110 was intended to use cannabis tax revenue to fund addiction services, but the amount generated was not enough to meet the growing demand. As a result, treatment options were delayed, and law enforcement often became the first point of contact for people struggling with addiction. Without sufficient, reliable public funding, Oregon struggled to implement its decriminalization policy fully and provide the consistent care people needed.

Portugal, though not a wealthy country, has made notable progress through its publicly funded approach to drug policy.¹⁰⁵ The government moved money away from enforcement and put it toward treatment. Portugal's approach focuses on decriminalization but more importantly

¹⁰³ Wogen, Jenifer, and Maria Teresa Restrepo. "Human Rights, Stigma, and Substance Use." Health and human rights, June 2020. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7348456/>

¹⁰⁴ Hedrich, Dagmar. European report on Drug Consumption Rooms - Emcdda, February 2004. https://www.euda.europa.eu/system/files/publications/339/Consumption_rooms_101741.pdf

¹⁰⁵ Rêgo et al., "20 Years of Portuguese Drug Policy."

they support and care for those who are addicted to drugs. The public health system makes sure that treatment and harm reduction services are easy to access. As a result, health outcomes have improved. A steady funding model has been a big part of the policy's success.

Switzerland's model is also supported by strong public funding. The country has invested in programs like Heroin-Assisted Treatment (HAT) and safe consumption sites. These initiatives have proven effective in reducing overdoses and supporting people's recovery. Switzerland's public health system ensures that these programs are well-funded and accessible, with both national and local governments playing an active role in providing consistent care. The country's well-organized funding system has been key to the success of its drug policies.

These examples show just how important funding is for making drug decriminalization work. Addiction treatment and harm reduction programs need steady, government-backed funding to be effective. Portugal and Switzerland prove that strong public funding can lead to success, but Oregon's challenges show that without enough money, even the best policies will not reach their full potential.

Chapter 6: Trends in Overdose Rates: Before and After Decriminalization

Decriminalizing certain drugs have impacted public health, especially overdose death rates. One of the most telling indicators of success or failure in these policies is the rate of drug overdose deaths. These numbers are not just statistics, they represent lives lost, families impacted, and the limits of the programs. A decline in overdose deaths often signals that something is going right, and rising overdose numbers usually point to serious gaps. It is not just about having the right idea on paper; it is about whether that idea translates into real, practical support for the people who need it.

Looking at trends in overdose rates helps connect policy decisions with real-world outcomes. It gives us a clearer picture of whether decriminalization is helping reduce harm. Overdose data can also uncover inequalities, whether certain regions, communities, or racial groups are being left behind. Paying attention to these patterns reveals not only what works, but where things are falling short and why.

By comparing overdose rates across regions, its easier to understand the varying impacts of decriminalization policies on public health. Oregon’s newer model was still evolving. Portugal and Switzerland had more time to show what happens when drug use is treated as a health issue, not a crime. Some strategies made progress; others exposed cracks. Together, these models show what’s possible when a society truly commits to saving lives and what can happen when that commitment falls short.

6.1 Oregon: Impact of Overdose Deaths and Challenges of Funding

Between May 2023 and April 2024, Oregon saw a significant increase in overdose deaths, with fatalities rising by 22%, reaching nearly 1,900 deaths.¹⁰⁶ This surge in overdose deaths is particularly

¹⁰⁶ Gebel, Meira. “Overdose Deaths Are Declining in the U.S., but Not in Oregon - Axios Portland.” Axios Portland, September 20, 2024. <https://www.axios.com/local/portland/2024/09/30/overdose-deaths-increase-oregon>

concerning in the context of the broader fentanyl crisis.¹⁰⁷ The drug is often mixed with other substances, like methamphetamine, making it even more dangerous. In 2023 alone, Oregon experienced 1,833 overdose fatalities, marking a 33% increase from the previous year.¹⁰⁸

Drug-Related Deaths In Oregon vs. Year

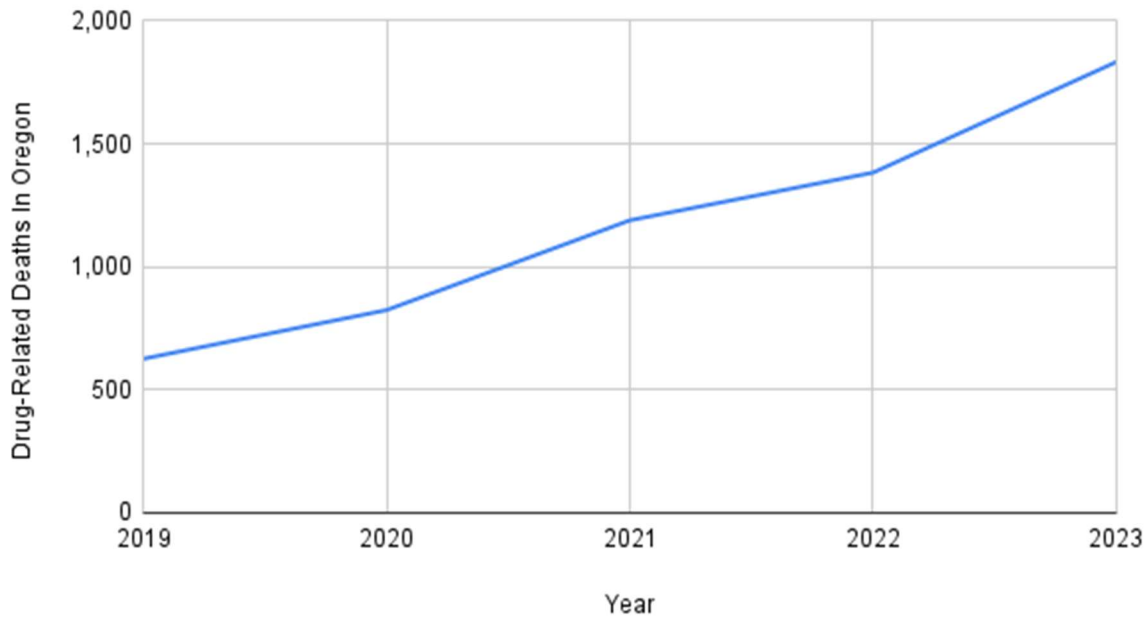


Figure 1: Overdose Deaths in Oregon (2019 - 2023)

This graph illustrates the trend in overdose deaths in Oregon over a five-year period. Notably, 2020 marked the start of Measure 110, which aimed to shift the state's drug policy toward treatment and harm reduction. The graph highlights a sharp increase in fatalities, especially between 2022 and 2023, driven in part by the growing fentanyl crisis.

Fentanyl was found to be a primary contributor to this rise, with many of the deaths involving both fentanyl and stimulants, such as methamphetamine.¹⁰⁹ This trend of polysubstance use is

¹⁰⁷ "Fentanyl." Oregon Health Authority : Fentanyl : Opioid Overdose and Misuse : State of Oregon, 2025. <https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/fentanylfacts.aspx>

¹⁰⁸ Wilson, Conrad "Deaths from Drug Overdoses Surged Nearly 33% in Oregon Last Year," *OPB*, December 13, 2024, <https://www.opb.org/article/2024/12/13/deaths-from-drug-overdoses-surged-nearly-33-in-oregon-last-year/>

¹⁰⁹ Zoorob, Michael J., Ju Nyeong Park, Alex H. Kral, Barrot H. Lambdin, and Brandon del Pozo. "Drug Decriminalization, Fentanyl, and Fatal Overdoses in Oregon." *JAMA Network Open* 7, no. 9 (September 5, 2024). <https://doi.org/10.1001/jamanetworkopen.2024.31612>

complicating efforts to curb overdose fatalities and highlights the growing challenges of an increasingly dangerous drug supply.

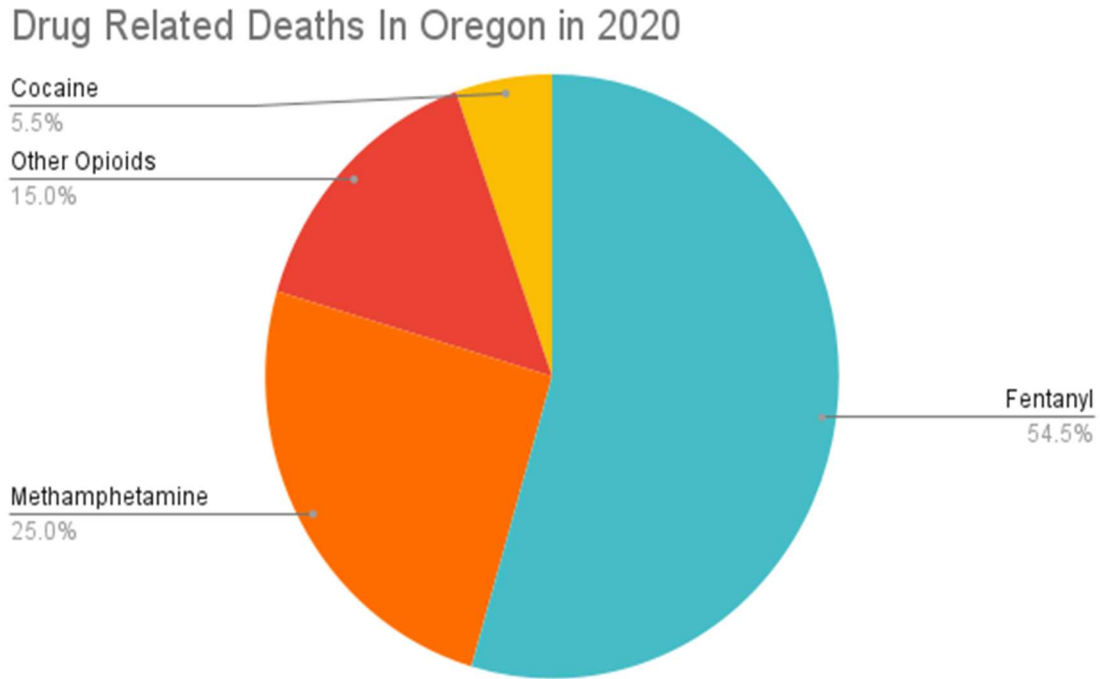


Figure 2: Drug-Related Deaths in Oregon by Drug Type (2023)

This chart illustrates the number of deaths in Oregon attributed to different drug types in 2020. Fentanyl accounted for the highest number of fatalities, with 600 deaths, followed by methamphetamine with 275 deaths. Other opioids and cocaine contributed to about 165 and 60 deaths.

Fentanyl's potency is a major concern, it is far stronger than other opioids, which increases the likelihood of accidental overdoses, especially when people do not know they are taking fentanyl. Even small amounts can be fatal, making it much more lethal than other substances. Additionally, the rise of polysubstance use, where fentanyl is mixed with drugs like methamphetamine, complicates efforts to address the issue. This combination creates a need for more complex harm reduction strategies that consider the dangers of mixed drug use.

The fentanyl crisis has disproportionately affected vulnerable populations, such as the homeless. In Multnomah County, which includes Portland, there were 456 homeless deaths in 2023, with fentanyl contributing to 89% of the 282 overdose fatalities in this group.¹¹⁰ Additionally, American Indian/Alaska Native and Black/African American communities, have faced higher rates of fentanyl overdose deaths compared to other populations.¹¹¹ These disparities in overdose rates emphasize the need for targeted interventions and greater equity in public health responses.

Regional variations also show the issues in this crisis. In southwestern Oregon, overdose deaths rose by 30% in 2023, with over three hundred fatalities.¹¹² These figures reflect the uneven access to treatment and harm reduction services across the state, particularly in rural areas, where healthcare infrastructure remains limited. The COVID-19 pandemic further strained public health services, compounding the challenges Oregon faces in addressing the overdose epidemic.¹¹³ While Measure 110 aimed to shift drug policy toward treatment and harm reduction, the increase in overdose deaths underscores the necessity of building a stronger, more comprehensive public health infrastructure to combat the ongoing crisis.

6.2 Portugal: Success of Decriminalization and Public Health Focus

On the other hand, Portugal shows what is possible when a country shifts its focus to public health. Before decriminalization, the country had one of the highest HIV infection rates in

¹¹⁰ “Multnomah County Releases 2023 Domicile Unknown Report of Homeless Deaths.” Multnomah County, December 20, 2024. <https://multco.us/news/multnomah-county-releases-2023-domicile-unknown-report-homeless-deaths>

¹¹¹ Multnomah County, “2023 Domicile Unknown Report.”

¹¹² Higginbottom, Justin. “Southwestern Oregon Saw 30% Increase in Overdose Deaths Last Year.” Jefferson Public Radio, December 18, 2024. <https://www.ijpr.org/health-and-medicine/2024-12-17/southwestern-oregon-saw-30-increase-in-overdose-deaths-last-year>

¹¹³ Oregon’s measure 110: What really happened., February 2024. <https://drugpolicy.org/wp-content/uploads/2024/02/DPA-WhatReallyHappenedM110.pdf>

the European Union.¹¹⁴ In 2001, Portugal decriminalized all drugs. After that, overdose deaths dropped fast. By 2016, the country had one of the lowest drug death rates in Europe, about five times lower than the EU average and a tiny fraction of the rate in the U.S.¹¹⁵

Drug-Related Deaths In Portugal vs. Year

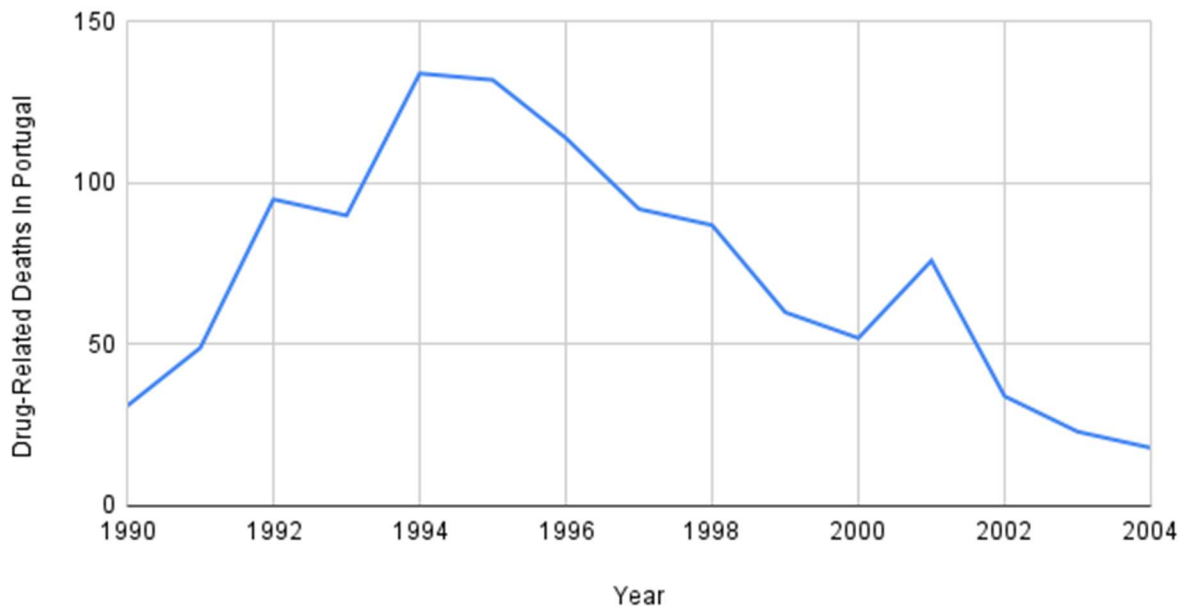


Figure 3: Overdose Deaths in Portugal (1990 - 2004)

This graph illustrates the trend in overdose deaths in Portugal, highlighting a significant spike in 2001, the year of decriminalization, followed by a steady decrease in fatalities. This pattern reflects the initial impact of policy change and the long-term effectiveness of the public health approach.

Current data from 2023 shows 387 deaths in Portugal where illicit substances were present.¹¹⁶ Of these, 80 were classified as overdose deaths.¹¹⁷ Cocaine emerged as the primary contributor to mortality, accounting for 65% of these deaths, followed by opiates and methadone,

¹¹⁴ *BBC News*, "Witness History: The Stories of Our Times Told by the People Who Were There," October 15, 2020, <https://www.bbc.com/news/stories-54537419>.

¹¹⁵ Bajekal, Naina. "Want to Win the War on Drugs? Portugal Might Have the Answer." *Time*, August 1, 2018. <https://time.com/5336871/portugal-drug-use-decriminalization/>

¹¹⁶ Donn, Natasha. "Overdose Deaths Increase by 16%: Cocaine Is Drug Most Responsible for Mortality in Portugal." *Portugal Resident*, February 27, 2025. <https://www.portugalresident.com/overdose-deaths-increase-by-16-cocaine-is-drug-most-responsible-for-mortality-in-portugal/>

¹¹⁷ Donn, "Overdose Deaths Increase by 16%."

each contributing to 36% of the fatalities.¹¹⁸ Additionally, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) reported that in 2021, benzodiazepines were involved in 58.1% of drug-induced deaths in Portugal.¹¹⁹

Drug Related Deaths in Portugal in 2001

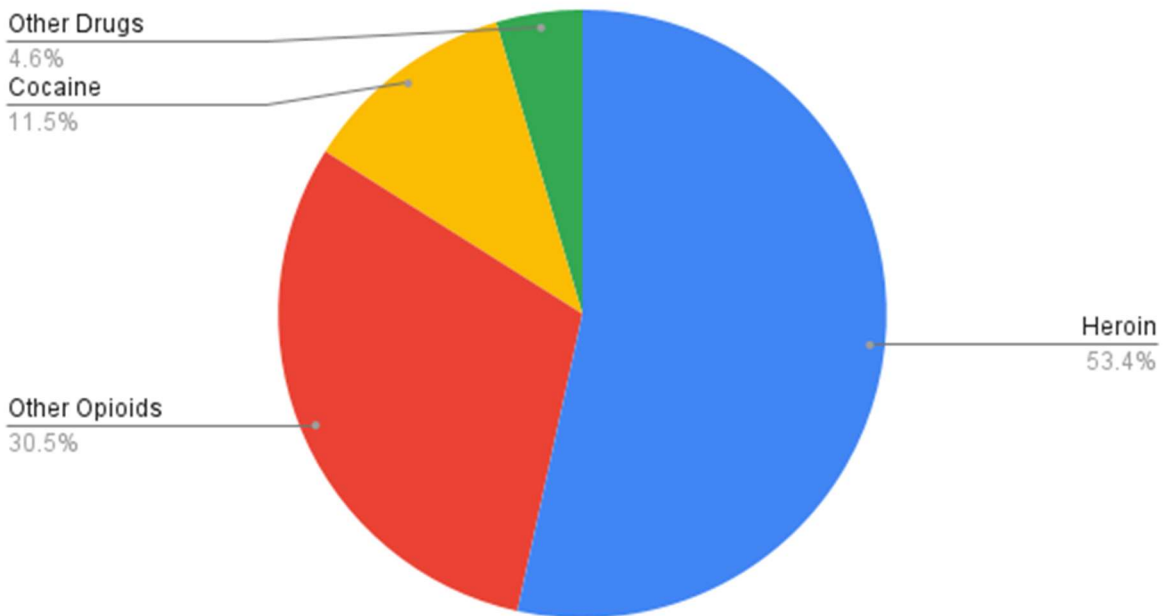


Figure 4: Drug-Related Deaths in Portugal by Drug Type (2001)

This graph shows the number of drug-related deaths in Portugal in 2023, categorized by drug type. Heroin was the leading cause, with 70 deaths, followed by other opioids with 40 deaths. Cocaine and other drugs contributed to around 15 and 6 deaths.

6.3 Switzerland: Harm Reduction and Its Impact on Overdoses

While national overdose data is more limited in Switzerland, they have also shown a decrease in overdoses.¹²⁰ A study published in *The Lancet* in 2006 examined over 7,000 heroin users in Zurich and found that new heroin users peaked at 850 in 1990 and declined to about 150

¹¹⁸ Donn, "Overdose Deaths Increase by 16%."

¹¹⁹ "Source Data for Drug-Induced Deaths in Europe – the Current Situation in Europe (European Drug Report 2023)," July 16, 2023. https://www.euda.europa.eu/data/source-data/edr/2023/drug-induced-deaths_en?utm_source

¹²⁰ Besson et al., "Opioid Maintenance Therapy in Switzerland," *Swiss Medical Weekly*, 2014.

by 2002.¹²¹ This suggests a significant decrease in heroin initiation following the implementation of harm reduction measures.

Drug-Related Deaths In Switzerland vs. Year

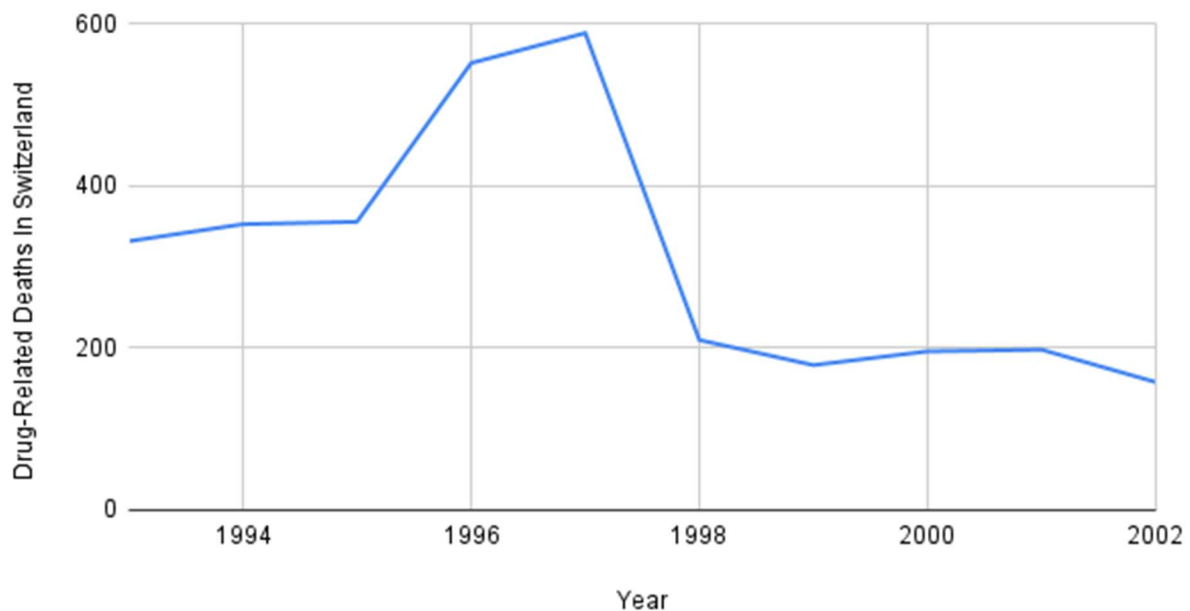


Figure 5: Overdose Deaths in Switzerland (1993 - 2002)

This graph illustrates the trend in overdose deaths in Switzerland from 1993 to 2002. The graph shows an initial increase in overdose deaths following decriminalization in 1994, but over time, as harm reduction measures were implemented, the number of overdose fatalities began to decline significantly.

Data from Switzerland showed a decline in overdoses a few years after decriminalization, with heroin-related deaths dropping from around 400 annually in the early 1990s.¹²² Following the introduction of harm reduction programs, these deaths decreased by more than half over a

¹²¹ Nordt, Carlos, and Rudolf Stohler. "Incidence of Heroin Use in Zurich, Switzerland: A Treatment Case Register Analysis." *The Lancet* 367, no. 9525 (June 2006): 1830–34. [https://doi.org/10.1016/s0140-6736\(06\)68804-1](https://doi.org/10.1016/s0140-6736(06)68804-1)

¹²² Rehm, Jürgen, Ulrich Frick, Christina Hartwig, Felix Gutzwiller, Patrick Gschwend, and Ambros Uchtenhagen. "Mortality in Heroin-Assisted Treatment in Switzerland 1994–2000." *Drug and Alcohol Dependence* 79, no. 2 (August 2005): 137–43. <https://doi.org/10.1016/j.drugalcdep.2005.01.005>; Drug-related deaths appear to remain stable," *swissinfo.ch*, December 29, 2004, https://www.swissinfo.ch/eng/science/drug-related-deaths-appear-to-remain-stable/4277370?utm_source

decade.¹²³ By the late 1990s, the number of heroin related deaths had dropped to around 150–200 annually, reflecting the success of these harm reduction strategies.¹²⁴

Switzerland’s harm reduction efforts have sharply reduced HIV transmission among people who inject drugs. In 1994, heroin was the leading cause of drug-related deaths, exposing a growing crisis.¹²⁵ Switzerland responded with strategies like needle exchange programs and expanded treatment access. A 2014 *Health Affairs* study showed such measures could cut new HIV cases by 62%, a result seen in Switzerland. The following graph illustrates these changes.¹²⁶

Drug Related Deaths in Switzerland in 1994

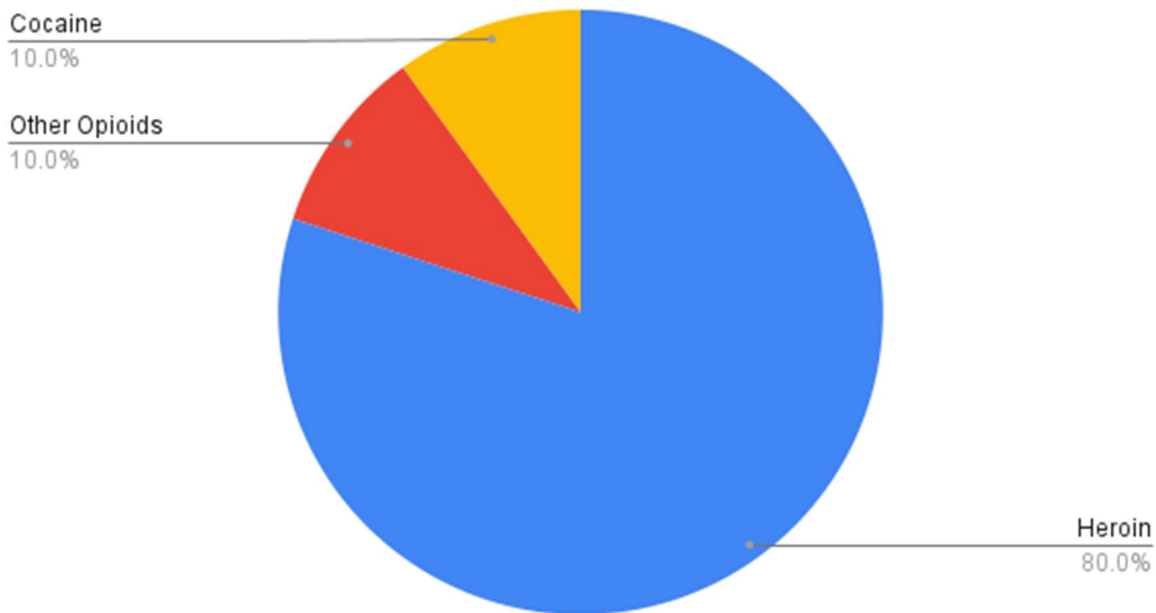


Figure 6: Drug-Related Deaths in Switzerland by Drug Type (1994)

The graph shows the number of drug-related deaths in Switzerland in 1994, with heroin as the leading cause at 312 deaths, and other opioids and cocaine each contributing 39 deaths.

¹²³ "Drug Deaths Fall to New 12 Year Low," SWI swissinfo.ch.

¹²⁴ "Drug Deaths Fall to New 12 Year Low," SWI swissinfo.ch.

¹²⁵ Marshall, Brandon D., Samuel R. Friedman, João F. Monteiro, Magdalena Paczkowski, Barbara Tempalski, Enrique R. Pouget, Mark N. Lurie, and Sandro Galea. "Prevention and Treatment Produced Large Decreases in HIV Incidence in a Model of People Who Inject Drugs." *Health Affairs* 33, no. 3 (March 2014): 401–9. <https://doi.org/10.1377/hlthaff.2013.0824>

¹²⁶ Marshall et al., "Prevention and Treatment Produced Large Decreases," 401–9.

6.4 Effectiveness in Reducing Overdose and Addiction Rates

In all three examples, the year drug decriminalization happened, there was a spike in overdose deaths, but after a few years, the overdose numbers dropped lower than before decriminalization. However, Oregon cannot observe this same trend because Measure 110 was overturned before the full progress of decriminalization could be realized.

Oregon's experience highlights the challenges of addressing overdose deaths, especially in the context of the fentanyl crisis. Even after Measure 110, overdose deaths kept rising. Between 2020 and 2023, fentanyl became a major factor in this increase. The COVID-19 pandemic made things worse, as it stretched healthcare resources thin and limited access to treatment for many people. The combination of a stronger drug supply and fewer resources during the pandemic has made it harder for Oregon to curb its overdose crisis.

In contrast, Portugal's decriminalization approach, which is backed by a comprehensive treatment, has helped reduce overdose deaths. Since decriminalization in 2001, Portugal has seen fewer people die from overdoses. Portugal's efforts, such as needle exchanges and mental health programs, have helped improve the health and safety of drug users. Switzerland has also taken a proactive approach with harm reduction strategies. These measures have helped reduce overdose deaths and limited the spread of infectious diseases. Switzerland's focus on medical care for those struggling with addiction has led to significant improvements in public health, showing that addressing addiction through support services rather than punishment can work.

These examples show that harm reduction can save lives, but it needs to be part of a larger, well-funded system. Oregon's struggles with fentanyl and the pandemic were unexpected gaps in the system, but more could have been done. While Portugal and Switzerland show that,

with proper support and funding, harm reduction can be much more successful in addressing addiction and related health issues.

Chapter 7: Economic Impact

When the discussion around drug policy occurs, the focus is often on health, safety, and justice. But there is another side to the story which is money. How governments choose to handle drug use comes with real financial consequences, and those choices can either drain public funds or create long term savings. At its core, drug policy is also economic policy.

Criminalizing drug use is expensive. It means funding police departments, court systems, jails, and prisons, all to punish behavior that often stems from untreated addiction.¹²⁷ This cycle not only costs billions, but it also misses the whole point of arresting people. People with substance use disorders often return to the streets without help, caught in a loop of arrest, incarceration, and relapse. It is a system that spends more reacting than resolving.

On the other hand, investing in treatment can change that. When people get support instead of punishment, they are more likely to recover. Over time, this approach can ease pressure on hospitals and law enforcement. Still, that shift does not come cheap upfront. Building new systems takes serious investment. But for countries and states that have committed to this model, the payoff is obvious, with fewer overdoses and lower healthcare costs. Everyone deserves a chance of living a stable and productive life. Treating addiction like the public health issue may require patience, but it is not just more humane, it is more financially beneficial.

7.1 Oregon: Cost of Enforcement vs. Funding for Treatment

Before the decriminalization of small drug possession in Oregon, the state spent millions of dollars on drug related arrests, court cases, and incarceration.¹²⁸ Each year, around 9,000

¹²⁷ Institute of Medicine (US) Committee on Opportunities in Drug Abuse Research. “Drug Control.” Pathways of Addiction: Opportunities in Drug Abuse Research., January 1, 1996.

<https://www.ncbi.nlm.nih.gov/books/NBK232978/>

¹²⁸ “Drug Decriminalization in Oregon-One Year Later: Thousands of Arrests Averted; over 16,000 People Served.” Health Justice Recovery Alliance, February 1, 2022. https://healthjusticerecovery.org/news-and-updates/febdecrimanniversary/?utm_source

people were arrested for possession, and the costs for handling these cases were huge, it was around \$35,000 per misdemeanor and even more for felonies.¹²⁹ In comparison, providing treatment services for addiction was much cheaper, costing around \$9,000 per person.¹³⁰ After passing Measure 110 in 2020, which decriminalized small drug possession and redirected funds to addiction treatment and harm reduction, Oregon saw a reduction in arrests and related expenses.¹³¹ This shift allowed the state to invest more in health focused solutions for substance use instead of focusing on criminal penalties.¹³²

For years, Oregon prioritized law enforcement over addiction treatment, resulting in high costs without actual meaningful reductions in drug use or addiction rates. The criminal justice system became the default response for individuals caught with drugs, leading to frequent cycles of arrest, imprisonment, and re-offending.¹³³ Unfortunately, this system did little to address the root causes of addiction, leaving many individuals without the necessary treatment and support. Instead of receiving rehabilitation, those arrested were often left to face the long-term consequences of incarceration, including homelessness and unemployment, which only exacerbated their struggles.¹³⁴ This approach created a revolving door where individuals with substance use issues were continuously pulled back into the justice system. In turn this created significantly high costs for the state. In theory, Measure 110 would have ultimately saved money by addressing the issue of drug use at its roots because it would have been helping people recover and reintegrate into society, while reducing the burden on the justice system.

¹²⁹ Staudt, Sarah. "Oregon Shouldn't Go Backwards on Drug Decriminalization." Prison Policy Initiative, February 15, 2024. https://www.prisonpolicy.org/blog/2024/02/15/oregon-110/?utm_source

¹³⁰ Staudt, "Oregon Shouldn't Go Backwards."

¹³¹ Staudt, "Oregon Shouldn't Go Backwards."

¹³² Health Justice Recovery Alliance, "Drug Decriminalization in Oregon—One Year Later."

¹³³ Russoniello et al., "Decriminalization of Drug Possession in Oregon."

¹³⁴ McNiel, Dale E., Renée L. Binder, and Jo C. Robinson. "Incarceration Associated with Homelessness, Mental Disorder, and Co-Occurring Substance Abuse." *Psychiatric Services* 56, no. 7 (July 2005): 840–46. <https://doi.org/10.1176/appi.ps.56.7.840>

While there were setbacks, supporters of Measure 110 remained optimistic about the long-term financial and social benefits the policy could have provided if it had been given more time. With continued investment and the right infrastructure in place, the policy would have led to significant savings in the state’s budget. By shifting from criminalizing drug use to focusing on treatment, Oregon could have seen reduced incarceration rates, lowering costs related to policing, court proceedings, and prisons. Additionally, the hope was that individuals who received treatment and support would be able to recover and re-enter the workforce, which would lead to greater economic opportunities and reduce reliance on social services.¹³⁵

However, it is important to note that such policies take time to show their full benefits. Countries like Portugal and Switzerland, which implemented similar harm reduction models, did not see significant improvements in crime and public health until years of consistent investment and system development. Portugal’s decriminalization policy, for example, took five -7 years of gradual implementation and funding before it demonstrated its success in reducing drug related harm and improving public health. Similarly, Switzerland’s harm reduction model required five to ten years of long-term commitment and infrastructure before it showed clear results in lowering crime and improving safety.

Unfortunately, Measure 110 was not given the opportunity to mature and demonstrate similar long-term results. The abrupt end to the policy prevented Oregon from seeing the potential benefits that supporters had hoped for. If the policy had been allowed to progress, with time and proper adjustments, it may have led to the same positive outcomes that countries like Portugal and Switzerland eventually experienced. In both Portugal and Switzerland, early

¹³⁵ Green, Emily. “Peer Mentors Are Key to Oregon’s Measure 110 Success, but They Are Working in a Broken System.” opb, January 10, 2023. <https://www.opb.org/article/2023/01/09/oregon-measure-110-drug-addiction-treatment-recovery/>

implementation faced challenges and setbacks. Over time, however, both countries were able to adjust, build the necessary infrastructure, and gain public and political support. In contrast, the short-term challenges in Oregon, coupled with insufficient infrastructure, contributed to Measure 110's undoing before it had the chance to demonstrate its full potential.

7.2 Portugal: Cost Savings and Healthcare Impacts

Portugal's policy shift to decriminalize drug use resulted in substantial cost savings for the country by reducing the need for drug related arrests and imprisonment.¹³⁶ The money that was previously spent on criminalization was redirected to fund healthcare, rehabilitation, and harm reduction programs, all of which have shown significant economic and social benefits.¹³⁷ The reduction in criminal justice expenditures helped alleviate the financial burden on the state while simultaneously enabling investments in public health and treatment systems.¹³⁸ This shift in focus allowed Portugal to tackle drug addiction in a way that was more compassionate and effective, and it also brought significant economic benefits.

One of the most significant economic benefits of Portugal's new approach came in the form of healthcare savings. Portugal expanded programs that provided drug users with safer alternatives and access to essential health services.¹³⁹ By preventing the transmission of these costly diseases, Portugal saved millions of euros in long term healthcare expenses.¹⁴⁰ Treating HIV and hepatitis can be expensive, particularly when individuals require ongoing medical care and hospitalizations. Preventing the spread of these diseases through harm reduction programs

¹³⁶ Transform. "Drug Decriminalisation in Portugal."

¹³⁷ Greenwald, Glenn. "Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies." *SSRN Electronic Journal*, 2009. <https://doi.org/10.2139/ssrn.1464837>

¹³⁸ Greenwald, "Drug Decriminalization in Portugal."

¹³⁹ Greenwald, "Drug Decriminalization in Portugal."

¹⁴⁰ Greenwald, "Drug Decriminalization in Portugal."

not only improved public health but also led to a more efficient allocation of healthcare resources, reducing the financial strain on hospitals and healthcare systems.

By encouraging drug users to seek help early, fewer people ended up in emergency care. This lightened the load on hospitals and reduced expensive hospital visits.¹⁴¹ With less strain on emergency services, Portugal could put more resources into prevention and rehab, improving overall healthcare while keeping costs down.

Additionally, the country has experienced a more stable workforce, as individuals recovering from addiction are able to reintegrate into society and return to productive employment.¹⁴² As people are involved in their community, they contribute to the economy through taxes and reduced reliance on social services. By preventing costly medical conditions and reducing incarceration, Portugal has created a system that not only improves public health but also saves the country money in the long run.

7.3 Switzerland: Investment in Harm Reduction and Long-Term Benefits

Switzerland's harm reduction programs required significant initial funding.¹⁴³ However, over time, they have led to major cost savings by reducing healthcare expenses. They have lowered incarceration rates, and decreased drug-related crime.¹⁴⁴ Health insurance companies help cover the costs, making treatments like opioid substitution therapy more accessible.¹⁴⁵ This funding ensures that people can receive care without financial barriers.

Switzerland's harm reduction programs led to substantial long term healthcare savings. The reduction in overdose rates eased the burden on emergency services, and safer drug use

¹⁴¹ Clay, Rebecca A. Monitor on psychology, October 2018. <https://www.apa.org/monitor/2018/10/portugal-opioid>

¹⁴² Greenwald, "Drug Decriminalization in Portugal."

¹⁴³ Csák, Harm Reduction Services in Switzerland, 2022.

¹⁴⁴ Facher, Lev. "Switzerland Had a Drug Overdose Crisis. Then It Made Methadone Easy to Get." STAT, March 26, 2024. <https://www.statnews.com/2024/03/26/opioid-addiction-methadone-treatment-switzerland-europe/>

¹⁴⁵ Facher, "Switzerland Had a Drug Overdose Crisis."

environments lowered drug-related emergencies and hospitalizations.¹⁴⁶ These programs reduced the spread of HIV and hepatitis, which has saved the country millions in long-term healthcare costs.

Beyond the direct savings in healthcare, Switzerland's approach has generated broader economic benefits. Many individuals who participated in the heroin-assisted treatment programs found stability in their lives, with many going on to find employment and reintegrate into society.¹⁴⁷ This shift not only improved their personal well-being but also contributed to the economy through increased productivity and reduced reliance on social welfare programs. As more individuals stabilized their lives and returned to the workforce, they began paying taxes and contributing to the country's economic output, further benefiting the state. By offering individuals the tools and support they needed to recover, Switzerland was able to create a cycle of reintegration and economic participation, which in turn helped to reduce the overall costs associated with long-term addiction. Switzerland's harm reduction approach demonstrates that a well-funded and thoughtfully implemented strategy can pay off in the long run, both in terms of financial savings and improved social outcomes.

7.4 Economic Trade-Offs in Each Model

Drug policy choices have a big impact on our finances. Criminalizing drug use means spending a lot on police, courts, and prisons. But this approach often does not tackle the real reasons behind addiction, which leads to people getting stuck in a cycle of reoffending. As a result, there is continual spending of money without seeing much improvement in the long run.

Health-focused approaches might cost more at the start, but they save money in the long run. These methods take pressure off emergency services, help stop the spread of diseases, and

¹⁴⁶ Facher, "Switzerland Had a Drug Overdose Crisis."

¹⁴⁷ Liebrecht et al., "Fifteen Years of Heroin-Assisted Treatment in a Swiss Prison."

support people in recovering for good. As individuals get back to work, they rely less on social services and contribute more to the economy.

Oregon's Measure 110 was designed to change how the state handles drug use by shifting money from law enforcement to treatment. Before the measure passed, Oregon spent a lot more on criminal justice than it would have on helping people get the care they needed. While the policy had some challenges in getting off the ground, supporters believed it just needed more time and better infrastructure to really work.

Portugal decided to shift money from law enforcement to healthcare and rehab, which helped cut costs and improve public health. Switzerland also made big investments in harm reduction early on, and it paid off with lower healthcare and criminal justice expenses. These programs also helped people get back to work, boosting the economy in the long run.

The bottom line is that treating addiction as a public health issue does not just work better, it is also more affordable over time. But for these benefits to really show, there needs to be a long-term commitment, solid infrastructure, and consistent support.

Chapter 8: Crime and Public Safety

Drug laws play a critical role in shaping public safety, but they do not always have the intended effect. While the idea behind decriminalization is often to reduce harm and shift away from punitive measures, the outcomes are not always as straightforward as expected. Crime rates, public order, and overall safety can be impacted in different ways depending on how policies are implemented, and they can reveal deeper issues in society that need to be addressed.

In some cases, decriminalizing drug possession has led to a drop in arrests, since people will not be arrested, but it has not always been accompanied by the support needed to address the root causes of addiction. Without proper treatment, harm reduction programs, or social services, drug use can increase in public spaces, contributing to a visible and often troubling presence of addiction in communities. This can cause frustration for residents, business owners, and even law enforcement, who are left with fewer tools to handle the situation. The challenge is finding a balance between offering compassion and support while maintaining public order. If addiction is not addressed effectively, it can lead to a rise in petty crimes, like theft or vandalism, as individuals struggling with addiction seek ways to feed their habits.

What this shows is that public safety is not just about policing; it is about creating a comprehensive system that addresses both the causes and consequences of drug use. It is about offering pathways out of addiction, ensuring that people have access to treatment and rehabilitation, and addressing the broader social factors that contribute to drug use in the first place. When done right, decriminalization can contribute to a safer environment by reducing the burden on the criminal justice system and helping individuals get the support they need to rebuild their lives. However, without the right resources in place, the results can be less positive.

The key thing is that a successful approach to drug policy is complex. It needs to go beyond just changing the laws to something that incorporates public health, support services, and

community engagement. Only when these pieces come together can there be lasting improvements in both public safety and the lives of those affected by addiction.

8.1 Oregon: Crime Trends and Public Concerns Post-Measure 110

The immediate outcome was a sharp decline in drug-related arrests, which many viewed as a win for drug policy reform and a more compassionate approach to addiction.¹⁴⁸ But it is important to note that, that the decline in drug related arrests was due to the legal status around personal drugs. This policy was seen as a progressive step toward reducing the stigma around addiction and providing people with the support they needed rather than resorting to punishment.

However, as Measure 110 was implemented, there were concerns around the rise of crime and public safety issues. In cities like Portland, the most visible consequence of decriminalization was a significant increase in open drug use in public spaces.¹⁴⁹ While drug arrests dropped, other issues emerged. Business owners and residents began reporting a rise in petty crimes such as theft and vandalism.¹⁵⁰ The city streets, once frequented by fewer public drug users, now saw an uptick in visible drug activity. Some critics of the policy argued that the reduction of criminal penalties led to an influx of individuals struggling with addiction into the city, further exacerbating the existing homelessness crisis.

Homelessness, already a huge issue in Oregon, remained high, and critics voiced concerns that the state’s approach had inadvertently made the situation worse.¹⁵¹ Many argued that decriminalizing drug possession without simultaneously ensuring sufficient access to

¹⁴⁸ Davis, Corey S., Spruha Joshi, Bianca D. Rivera, and Magdalena Cerdá. “Changes in Arrests Following Decriminalization of Low-Level Drug Possession in Oregon and Washington.” *International Journal of Drug Policy* 119 (September 2023): 104155. <https://doi.org/10.1016/j.drugpo.2023.104155>

¹⁴⁹ Fannin, Zach, Joe LoCascio, Mack Muldofsky, Aria Young, and Ivan Pereira. ABC News, March 12, 2024. <https://abcnews.go.com/US/oregons-drug-decriminalization-law-rolled-back-homeless-overdoses/story?id=107841625>

¹⁵⁰Fannin et al., ABC News, March 12, 2024.

¹⁵¹ Zielinski, Alex. “How Homelessness in Oregon Started, Grew and Became a Statewide Crisis.” opb, October 10, 2023. <https://www.opb.org/article/2023/10/09/oregon-homelessness-history-background-housing-solutions/>

recovery services simply created a cycle where individuals who were once criminalized now found themselves in an environment where addiction continued unchecked.

The removal of criminal penalties for possession left law enforcement in Oregon with fewer tools to intervene in drug-related situations. The ability to arrest and charge individuals had previously been one of the primary means for connecting people with addiction services.¹⁵² With the removal of that leverage, police officers found themselves without clear options for engaging drug users and connecting them with treatment. There was a concern that, without intervention, individuals struggling with substance use would continue to cycle through public spaces and commit minor offenses without facing real consequences. As a result, issues like public drug use, petty crime, and continued homelessness are dominating the conversation.

8.2 Portugal: Changes in Drug-Related Crime Rates

Portugal's drug decriminalization has had mostly positive results, improved public health and reduced crime. After the policy change, violent drug-related crimes dropped as law enforcement shifted its focus from arresting people for small drug offenses to going after bigger drug trafficking organizations. This helped reduce the power of organized crime.¹⁵³ With fewer people in jail for minor drug offenses, crimes like theft and burglary also went down. More people began seeking treatment instead of turning to illegal activities to support their addiction, making communities safer and easing the strain on police. One of Portugal's biggest successes has been its focus on rehabilitation which has resulted in fewer people returning to the justice system.

¹⁵² Levinson, Jonathan. "Measure 110 Forced Oregon to Build a New Drug Addiction Services Model. Here's How That's Going." OPB, June 27, 2023. <https://www.opb.org/article/2023/06/27/oregon-measure-110-drug-addiction-treatment-model-changes-from-jail-time/>

¹⁵³ Hughes and Stevens, "What Can We Learn from the Portuguese Decriminalization," 1010

However, in some areas, drug use can still be seen in public spaces, which raises concerns about public order. Some believe that more mental health support and stronger social services are needed to fully address the issue. Still, Portugal’s approach shows that decriminalizing drugs, along with offering support and treatment, can be a more effective and compassionate alternative to locking people up.

8.3 Switzerland: The Impact of Supervised Drug Programs on Crime and Public Areas

Switzerland’s harm reduction model had significant benefits for both individuals and the broader community. Public drug use significantly decreased, and safe consumption sites reduced the visibility of addiction-related behaviors in public spaces.¹⁵⁴ This shift led to cleaner, safer streets, with discarded needles and drug paraphernalia no longer a widespread concern. Additionally, the reduction in visible drug use helped improve public perception and reduce the stigma associated with addiction.

The model also contributed to a decline in crime rates.¹⁵⁵ With access to medical-grade heroin and controlled consumption spaces, addicts no longer needed to resort to theft or illegal activities. This reduction in drug-related crime freed up law enforcement resources to focus on more serious criminal activities.

Switzerland’s harm reduction programs combined strict regulations with a focus on rehabilitation and reintegration. Users followed rules but were supported in recovering from addiction rather than being punished. This approach allowed many individuals to stabilize their lives and reduce drug dependence. Law enforcement supported the programs, as they contributed

¹⁵⁴ Marzel, Alex, Katharina Kusejko, Rainer Weber, Philip Bruggmann, Andri Rauch, Jan A Roth, Enos Bernasconi, et al. “The Cumulative Impact of Harm Reduction on the Swiss HIV Epidemic: Cohort Study, Mathematical Model, and Phylogenetic Analysis.” *Open Forum Infectious Diseases* 5, no. 5 (May 1, 2018). <https://doi.org/10.1093/ofid/ofy078>

¹⁵⁵ Marzel et al., “Cumulative Impact of Harm Reduction on Swiss HIV Epidemic.”

to safer communities without negatively impacting crime rates.¹⁵⁶ Instead of criminalizing users, the programs helped individuals receive care, improving both their lives and the community's well-being.

8.4 Broader Implications of Decriminalization on Public Order

Decriminalization does not mean there is no law enforcement. In Portugal and Switzerland, the focus is on stopping drug trafficking, not just minor drug offenses. They tackle larger issues like trafficking while also offering treatment, harm reduction, and social services. For decriminalization to succeed, it needs to be supported by a mix of healthcare services and strong, strategic policing that focuses on more serious crimes.

Simply removing criminal penalties for drug possession is not enough on its own. To reduce crime and improve safety, decriminalization needs to be part of a larger, more comprehensive plan. This plan should include accessible treatment options, mental health support, harm reduction strategies, and law enforcement targeting major criminal activities. When these elements come together, decriminalization can help individuals recover, break the cycle of addiction, and contribute to safer, healthier communities.

¹⁵⁶ Marzel et al., "Cumulative Impact of Harm Reduction on Swiss HIV Epidemic."

Chapter 9: Public Opinion

Why is public opinion so important? It affects everything, from whether a policy gets passed to how well it is carried out and whether it lasts. In the case of drug decriminalization and harm reduction, the success of these policies depends not just on political support but also on how the public perceives them. If people do not believe in the change or are not on board, the policy might face major challenges, even if experts back it.

It is important to note that public opinion can both support and limit policy reforms. For example, countries like Portugal and Switzerland saw a shift in public opinion toward decriminalization as positive results started to show, such as lower overdose deaths and fewer cases of infectious diseases. As people saw these outcomes, they became more supportive of the reforms. But as Oregon's experience shows, public support does not always stay constant. In Oregon, after initially approving a measure to decriminalize drug possession, public opinion shifted as issues like increased visible drug use and concerns about public safety started to rise. This shows how fragile public support can be when the outcomes do not meet expectations. Measuring public opinion is key to understanding these shifts. It is not just about polls or surveys. It is about understanding the broader public sentiment, which can be influenced by things like personal experiences, media coverage, and political beliefs. For instance, how safely people feel in their communities or how well they think addiction treatment services are working can shape how they feel about drug policies.

Public opinion is not fixed. It changes over time, often influenced by what people experience and the outcomes they witness. In some cases, policies that initially face resistance can gain widespread support if they deliver tangible benefits. But in other cases, if the changes do not deliver as promised, public support can quickly fade. That is why paying attention to

public opinion is crucial for any lasting policy change, it helps policymakers adjust and fine-tune their approach based on how people respond.

The success of drug policy reform depends on more than just passing laws, it relies on keeping the public engaged, addressing their concerns, and demonstrating that the changes work for everyone. Public opinion reflects the values, experiences, and concerns of society, and it is a driving force behind long-term, sustainable policy change.

9.1 Oregon: Shifting Attitudes and Policy Reversals

In November 2020, Oregon voters approved Measure 110, decriminalizing the possession of small amounts of all drugs and allocating cannabis tax revenue toward addiction treatment services. The measure passed with 58% voter approval, reflecting a significant shift in public opinion toward treating addiction as a public health issue rather than a criminal one.¹⁵⁷

Advocates like Kassandra Frederique, executive director of the Drug Policy Alliance, emphasized the growing public support for a health-based approach to drug use. “This confirms a substantial shift in public support in favor of treating drug use with health services rather than with criminalization,” she said.¹⁵⁸ Support also came from within the justice system. John Hummel, District Attorney of Deschutes County, noted, “Continuing to criminalize addiction is wrong and ineffective. In order to create safe communities, people need to feel comfortable asking for help when they need it.”¹⁵⁹

¹⁵⁷ Rush, Claire. “With Oregon Facing Rampant Public Drug Use, Lawmakers Backpedal on Pioneering Decriminalization Law.” AP News, January 24, 2024. <https://apnews.com/article/oregon-drug-decriminalization-law-3f851183d45e9c29609360b09e996d04>

¹⁵⁸ Stapilus, Randy. “Measure 110 in Need of Fixes Rather than Repeal • Oregon Capital Chronicle.” Oregon Capital Chronicle, November 30, 2023. <https://oregoncapitalchronicle.com/2023/11/30/measure-110-in-need-of-fixes-rather-than-repeal/>

¹⁵⁹ Reports, Staff. “Other Views: Measure 110 Is a Fundamentally Bad Law Conceived in Bad Faith.” La Grande Observer, March 26, 2025. <https://lagrandeobserver.com/2023/10/14/other-views-measure-110-is-a-fundamentally-bad-law-conceived-in-bad-faith/>

However, not everyone supported the measure. Oregon Recovers, an addiction advocacy group, opposed it, arguing that “Measure 110 is so poorly written it will lead to additional unnecessary deaths [and] further destabilize Oregon’s fractured and incomplete behavioral health system.”¹⁶⁰ Business leaders echoed similar concerns. Phil Knight of Nike and Tim Boyle of Columbia Sportswear contributed major funding to efforts aimed at amending the policy.¹⁶¹ They called for a more balanced approach, one that supports treatment but also includes accountability.

As the policy unfolded, public sentiment began to shift. Reports of increased visible drug use, rising overdose deaths, and concerns about public safety started to dominate the discourse. By 2023, a significant portion of the population expressed regret over the decision, with many advocating for a return to stricter enforcement measures.

Public testimonies reflected this growing unease. Lisa Schroeder, owner of Mother's Bistro & Bar in downtown Portland, testified, “The police occasionally come in and clean up a specific area with their superficial presence, and the drug market moves along to another corner. The quality of life of our citizenry, from the user to the general population, is suffering.”¹⁶² Cat and Chad Sewell, who run a bakeshop in Salem, also voiced concerns. In their written testimony, they stated, “The scenes that we see day in, and day out leave us frustrated and questioning just how safe the longevity of our business and livelihood is.”¹⁶³

¹⁶⁰ Jaquiss, Nigel. “Leading Addiction Advocacy Services Group Announces Opposition to Measure 110.” Willamette Week, September 24, 2020. <https://www.wweek.com/news/2020/09/24/leading-addiction-advocacy-services-group-announces-opposition-to-measure-110/>

¹⁶¹ Giegerich, Andy, and Suzanne Stevens. Bizjournals.com, September 18, 2023. https://www.bizjournals.com/portland/news/2023/09/18/m110-measure-110-max-williams-phil-knight-tim-boyl.html?utm_source

¹⁶² Wilson, Conrad. “Oregon Pioneered a Radical Drug Policy. Now It’s Reconsidering.” NPR, February 7, 2024.

¹⁶³ Wilson, “Oregon Pioneered a Radical Drug Policy.”

Law enforcement officials expressed similar frustrations. Portland Police Chief Bob Day noted that the new legislation would make it easier for police to address public drug use, a problem that has become widespread in some parts of the state.

In response to mounting public pressure, the Oregon Legislature voted in 2024 to repeal the state's three-year-old law decriminalizing drug possession for personal use. Governor Tina Kotek signed the bill, reclassifying drug possessions as a misdemeanor and imposing tougher penalties for public drug sales.

Despite these challenges, some advocates argue that the policy needs more time and support to prove its efficacy. A study from NYU's Grossman School of Medicine found no evidence that the decriminalization policy increased fatal drug overdoses in Oregon, suggesting that reducing arrests without increasing overdoses indicates a potential improvement over the previous system.¹⁶⁴

These competing perspectives underscore a key tension: while many agree that drug addiction is best addressed through care rather than punishment, the way a policy is designed and implemented can make all the difference. Whether through grassroots advocacy, expert planning, or medical-based models, the strategy matters just as much as the goal.

This reversal underscores the complexities of implementing transformative policies and the importance of public perception in their sustainability. The Oregon experience highlights how initial public support can wane if policy outcomes do not align with community expectations.

9.2 Portugal: Public Trust and the Evolution of Support

¹⁶⁴ Weiss, Haley. "Oregon's Measure 110 Has Not Caused More Overdose Deaths." Time, September 28, 2023. <https://time.com/6318102/decriminalizing-drugs-overdose-study/>

When Portugal first announced its plan to decriminalize all drugs in 2000, public reaction was mixed, and in many communities, deeply skeptical. Critics feared the country would become a magnet for drug tourism or that loosening criminal penalties would encourage drug use. But the urgency of the crisis helped build momentum, but it did not immediately resolve widespread public fears.

Over time, those fears began to subside, not because of a public campaign, but because people saw the results for themselves. Overdose deaths dropped dramatically, HIV infection rates declined, and drug use among young people decreased. This visible shift in outcomes slowly reshaped the public conversation. In a 2009 interview with NPR, João Goulão, the architect of the decriminalization policy, recalled, “Every family had its own drug addict. It was so, so present in everyday life, that it turned public opinion”¹⁶⁵

By 2011, a major study by the Cato Institute reported that Portuguese citizens had become broadly supportive of the new policy. Public trust grew in tandem with the system’s transparency and its emphasis on health and dignity. In a 2017 Eurobarometer survey, over 70% of Portuguese respondents supported treating drug use as a public health issue rather than a criminal one, reflecting an established cultural shift that had taken place over the preceding decade.

The voices of those directly affected played an important role in shifting public perception and policy. Rui, a drug user in Portugal, shared how the stigma against addicts has lessened since the country's decriminalization of drugs: “Now, not so much. It is less, because the methadone is coming, and people are treating this problem. They see the drugs with another

¹⁶⁵ Frayer, Lauren. “In Portugal, Drug Use Is Treated as a Medical Issue, Not a Crime.” NPR, April 18, 2017. <https://www.npr.org/sections/parallels/2017/04/18/524380027/in-portugal-drug-use-is-treated-as-a-medical-issue-not-a-crime>

perspective.” Rui is saying that, in the past, addicts faced harsh judgment and were seen as criminals.¹⁶⁶ But now, thanks to harm-reduction strategies like methadone treatment, society views drug addiction more as a health issue. For many like Rui, this shift in perspective was crucial, not just because of the policy change, but because society started treating them with more compassion instead of stigma. Moving from criminalization to care helped rebuild trust between vulnerable communities and public institutions.

Civil society organizations played a key role in shifting public attitudes toward harm reduction. Groups like APDES and GAT (Group for Activism and Treatment) actively participated in harm reduction outreach and education, frequently working alongside government health agencies to promote evidence-based policies and practices. As noted in a 2021 study by O’Gorman and Schatz, their involvement was crucial in advocating for a more supportive approach to drug policy and in reinforcing the public’s understanding of harm reduction strategies.¹⁶⁷ They provided practical services, like needle exchanges and peer counseling, while also helping to normalize the idea that addiction required care, not punishment. As local communities saw their neighborhoods become safer and more stable, resistance to the policy steadily eroded.

Portuguese media played a critical role in shifting the narrative around drug use and decriminalization. While early coverage in outlets like Público and Expresso posed tough questions about the policy, it later focused more on the human stories of recovery and resilience within communities. A 2024 article in *The Guardian* captures this shift with the words of Paulo, a regular at Porto’s “shoot-up” center: “It beats getting stoned on the street, where, you know,

¹⁶⁶ Frayer, "In Portugal, Drug Use Is Treated as a Medical Issue."

¹⁶⁷ O’Gorman, Aileen, and Eberhard Schatz. “Civil Society Involvement in Harm Reduction Drug Policy: Reflections on the Past, Expectations for the Future.” *Harm Reduction Journal* 18, no. 1 (February 10, 2021). <https://doi.org/10.1186/s12954-020-00426-8>

anyone can come along, kids or whatever. Here, we can just do our thing, and no one hassles us.”¹⁶⁸ This change in focus reflects a broader societal understanding, that the goal is not to eliminate drug use, but to treat it with the dignity and care that any health issue deserves.

The shift in public opinion was not instantaneous. It evolved in response to real-world outcomes and was shaped by transparency, evidence, and ongoing dialogue. What made Portugal’s approach durable was not just that it worked, but that it was visible, and responsive. People could see the change in their communities and hear it from those whose lives had been transformed. Over time, which built something stronger than support: it built trust.

9.3 Switzerland: Pragmatic Acceptance of Harm Reduction

Switzerland did not arrive at harm reduction because of ideology. It arrived there because it had no other choice. In the 1980s and early 1990s, Swiss cities like Zurich and Bern became known for their chaotic open drug scenes. The Platzspitz Park in Zurich which was nicknamed “Needle Park” became infamous as hundreds of people gathered daily to use and sell heroin in plain view.¹⁶⁹ Crime rose, overdoses spiked, and police crackdowns failed to contain the crisis. For the public, the issue was not abstract, but it was visible.

Initially, there was fierce public resistance to progressive drug policy. Many residents wanted a tougher crackdown, more policing, and stricter laws. But as traditional methods continued to fail, Swiss leaders turned to a different solution: pragmatism. They piloted harm reduction programs, and the public watched.

¹⁶⁸ Balch, Oliver. “‘It Beats Getting Stoned on the Street’: How Portugal Decriminalised Drugs – as Seen from the ‘Shoot-up Centre.’” The Guardian, January 25, 2024. <https://www.theguardian.com/world/2024/jan/25/it-beats-getting-stoned-on-the-street-how-portugal-decriminalised-drugs-as-seen-from-the-shoot-up-centre>

¹⁶⁹ Fahy, Jo, and Christoph Balsiger. “25 Years on: The End of Zurich’s Open Drugs Scene.” SWI swissinfo.ch, January 23, 2024.

Swiss public support for heroin-assisted treatment (HAT) grew significantly following the program's early implementation. A 1997 national referendum revealed that 71% of Swiss citizens supported the heroin maintenance program, indicating a strong endorsement of the new approach after witnessing its initial results.¹⁷⁰ The public's approval suggested a growing recognition that traditional punitive methods had failed and that harm reduction strategies offered a more effective solution.

This shift in sentiment continued over the following decade. In a 2008 nationwide referendum, 68% of voters approved making the heroin-assisted treatment program permanent.¹⁷¹ This consistent majority support reflected a broader transformation in how the Swiss public viewed addiction not as a criminal issue, but as a public health challenge requiring compassion, oversight, and evidence-based care.

Support did not come from emotion; it came from results. In a televised town hall before the 2008 vote, one local police chief from Basel said, "helping addicted people out of crime and disorder into a safer place for all is a measure of a caring society, and certainly a caring police department."¹⁷² His words echoed a sentiment growing across Switzerland: that harm reduction was not a sign of weakness, but a sign of control, of evidence-based governance.

Testimonies from individuals in treatment helped humanize the policy and shift public opinion. One such story is Sarah's, a participant in Switzerland's heroin-assisted treatment (HAT) program. "Twice a day, Sarah also walks down the street from her apartment to a clinic where she takes a treatment to stabilize her chronic disease. She has a substance use disorder,

¹⁷⁰ Sheldon, Tony. "More than a Quick Fix." *BMJ* 336, no. 7635 (January 10, 2008): 68–69. <https://doi.org/10.1136/bmj.39434.460694.ad>

¹⁷¹ Sheldon, "More than a Quick Fix," 68.

¹⁷² Goldstein, Diane. "Harm Reduction Can Help to Heal Law Enforcement's Rift with the Public." *Pacific Standard*, June 23, 2015. https://psmag.com/news/harm-reduction-can-help-to-heal-law-enforcements-rift-with-the-public/?utm_source

and her treatment includes injectable heroin.”¹⁷³ Her life used to be unstable and controlled by addiction. Now, thanks to the program, she has structure and dignity. Stories like hers are common, stories about people finding jobs, reconnecting with loved ones, and starting over. These real changes helped build trust in the program.

Swiss drug policy was not framed around morality but rather public health and order. As Ruth Dreifuss, the Swiss Federal Councilor who played a key role in the reform, explained, “We fundamentally changed the focus. We are putting [...] the people’s health and also the people’s freedom first, because [...] people can [decide] to use drugs and they will still belong to our community.”¹⁷⁴ This practical, evidence-based approach resonated with voters across the political spectrum, helping to shield the reforms from political backlash and reinforcing public support.

The Swiss experience shows that public support does not always come from beliefs or ideology, it can come from seeing real results. What began as an emergency fix turned into a lasting approach because people could see the improvements in their communities. Over time, skepticism faded, not because everyone supported it, but because the new system simply worked better than the old one. In Switzerland, where effectiveness matters deeply, that was all it took to shift opinions and change the policy for good.

9.4 Global Perspectives: Trends in Public Opinion on Drug Policy

As the global conversation about drug policy shifts away from punitive measures, public opinion is increasingly supporting reforms that prioritize public health over criminal justice.

¹⁷³ Knopf, Taylor. “Switzerland Fights Heroin with Heroin.” North Carolina Health News, February 27, 2023. <https://www.northcarolinahealthnews.org/2019/01/28/switzerland-fights-heroin-with-heroin/>

¹⁷⁴ Dreifuss, Ruth. “Discourse: Decriminalizing Drugs for Public Health - Thu, February 6, 2020.” The Jakarta Post, February 5, 2020. <https://www.thejakartapost.com/news/2020/02/06/discourse-decriminalizing-drugs-public-health.html>

Countries like Portugal and Switzerland are leading the way, showing what can happen when societies treat drug addiction as a health issue rather than a crime. Meanwhile, the United States is still grappling with how to balance support for decriminalization with concerns over public safety.

Portugal stands out as a positive example, with public opinion solidly behind its drug decriminalization policies. But that is because they had strong results that helped create positive feedback. Surveys show that a large part of the population believes the country's drug policies are working.¹⁷⁵ Many people credit the shift to a public health approach, which has made drug treatment programs more accessible. This success has made Portugal a model for other nations considering similar reforms.

In Switzerland, harm reduction policies have also gained broad public support. According to a 2017 survey, over 70% of Swiss citizens favor maintaining or expanding harm reduction programs.¹⁷⁶ Despite some resistance in conservative areas, many Swiss citizens view these policies as essential for maintaining safety and health.

In contrast, the experience in Oregon, especially after the passing and later modification of Measure 110, reflects the complexities of drug policy reform in the United States. Although the 2020 ballot measure to decriminalize drugs initially received broad public support, the lack of infrastructure and resources to fully implement the reform led to frustration. By 2024, after rising concerns about public drug use and treatment availability, which is a huge reason Oregon reintroduced criminal penalty for drug possession. This shift has caused some to question whether true reform can be achieved without a stronger support system. Still, 56% of Oregonians

¹⁷⁵ Moury & Escada, *Addiction*, 118(5), 967–978.

¹⁷⁶ Zobel, Frank, and Larissa J. Maier. “Chapter 14 Switzerland: Moving Towards Public Health and Harm Reduction.” *Collapse of the Global Order on Drugs: From UNGASS 2016 to Review 2019*, September 17, 2018, 277–88. <https://doi.org/10.1108/978-1-78756-487-920181014>

still support decriminalization, indicating a willingness to continue working toward a better solution, even if the path forward is uncertain.¹⁷⁷

Globally, the trend is clear: punitive drug laws are increasingly seen as ineffective, and there's growing momentum toward policies that focus on harm reduction, treatment, and public health. However, how each country approaches this shift varies greatly. While some countries, like Portugal and Switzerland, have had success with harm reduction, the U.S. remains divided, with Oregon's recent policy reversal serving as a reminder of how difficult it can be to balance reform with real-world challenges.

The public's opinion on drug policy reform is still evolving. In some places, the move toward decriminalization is already well-established, while in others, it remains an ongoing struggle. As more countries experiment with harm reduction, the hope is that success stories from places like Portugal and Switzerland will inspire further global change. Yet, with challenges still visible in places like Oregon, it is clear that the path to a reformed drug policy is far from simple, and it will take time and collaboration to get it right.

The experiences of Oregon, Portugal, and Switzerland show how public support can change over time in response to drug policy reforms. The table below summarizes how attitudes shifted before and after these major policy changes:

¹⁷⁷ Dillon, Fox Digital and Kassy. "Oregonians Support Ending Drug Decriminalization amid Rising Overdoses." <https://www.kptv.com>, September 1, 2023. <https://www.kptv.com/2023/09/01/oregonians-support-ending-drug-decriminalization-amid-rising-overdoses/>

Table 1: Public Opinion Before & After Decriminalization in Oregon, Portugal, and Switzerland

Region	Year of Policy Implementation	Support Before (%)	Support After (%)	Notes
Oregon	2020	58% (2020)	~ 44% (2024)	Support declined as concerns about public safety and overdose deaths grew, leading to the 2024 policy reversal. ¹⁷⁸
Portugal	2001	~ 40% (2000)	~ 70% (2017)	Support increased as positive outcomes (fewer overdoses, less HIV) became evident.
Switzerland	1994	54.4% (1999)	68% (2008)	Support grew as heroin-assisted treatment reduced crime and overdose deaths.

* Public support is subjective and can vary across studies due to different measurement methods and interpretations.

The table shows that people’s opinions can change based on what actually happens. When drug policies lead to clear improvements, like fewer overdoses or less crime, people are more likely to support them. But if change doesn’t happen as quickly as hoped, or if new problems occur, like they did in Oregon, that support can fade a bit. Paying attention to these shifts helps us create policies that actually work and keep people’s trust in the long run.

In Oregon, public opinion played a major role in the reversal of Measure 110. When voters approved of the measure in 2020, support stood at 58%, it had the hope of addressing addiction through health-focused, non-punitive means. But by 2024, that support had dropped to around 44%. This wasn’t just a shift in statistics, it reflected a deeper change in how people perceived the policy’s impact on their communities.

¹⁷⁸ <https://san.com/cc/oregon-rethinking-drug-decriminalization-as-majority-of-voters-want-change/>

For many Oregonians, the promise of Measure 110 didn't seem to materialize fast enough. While the goal was to help people with addiction, the state struggled to scale up treatment services. Overdose deaths continued to rise, and drug use became more visible. There is a lot of contributing factors to why this is, but one reason is that if you are not arresting the people doing drugs, there will be more visible drug use since those people won't be incarcerated. As a result, many residents began to feel that the system wasn't working, and concern moved to frustration, eventually driving calls to repeal the measure.

If you compare Oregon to countries like Portugal or Switzerland, the difference is clear. In those places, support for similar drug reforms actually grew over time, because people saw real results. But in Oregon, without those same visible successes, public trust faded fast. But again Portugal and Switzerland gave it more time to see that success. Oregon gave it four years and Portugal and Switzerland were longer. In Oregon people expected overnight change.

This shows how powerful public opinion really is. It's not enough to pass a good policy, people need to see that it's working and understand what is happening. If they don't, even the most well-meaning reforms can lose support. In the case of Measure 110, that loss of trust helped lead directly to its reversal.

Chapter 10: Challenges and Criticisms

Decriminalizing drugs is often seen as a bold, progressive move, and in many ways, it is. It shifts the conversation from punishment to support, from isolation to care. But that shift does not happen overnight. And it does not happen easily.

These policies can work, but they do not always unfold the way people hope. The idea sounds simple: take away criminal penalties and replace them with access to treatment and harm reduction. But in practice, it is complicated. Services must be ready. People must trust them. Communities must feel safe. And all of it takes money, coordination, and time, things that are often in short supply.

When a country or state decides to decriminalize drugs, it steps into uncertain territory. There are usually pushbacks from politicians, from police, from the public. Some worry that loosening laws will send the wrong message. Others are frustrated when visible problems like public drug use do not disappear right away. Even in places where outcomes improve, the road to get there can be messy.

Decriminalization is about believing people can change, and that the system can change with them. But that does not mean it is easy. And when things go wrong, people notice. So, if this approach is going to work, it needs more than good intentions. It needs a plan that sticks around long after the headlines fade.

10.1 Oregon: Implementation Challenges and Public Skepticism

Oregon's experience with Measure 110 illustrates several implementation challenges that have hindered the effectiveness of drug decriminalization. While the measure led to an immediate drop in drug-related arrests, it also revealed significant gaps in the state's ability to provide adequate treatment services. Although Measure 110 promised to redirect funds toward addiction treatment and recovery programs, many Oregonians found that these services were not

readily available or accessible when they were needed. This delay in the rollout of treatment services created frustration among residents and business owners, who reported an increase in visible drug use and associated crimes such as theft and vandalism, especially in urban areas like Portland.

Public skepticism about the effectiveness of Measure 110 has grown because of these challenges. While some argue that it is too early to judge the policy's success, many people have voiced concerns about the rise in public drug use and disorder. This has led to a sense of insecurity in certain neighborhoods, with some individuals questioning whether decriminalization has inadvertently worsened the problem. The public's uncertainty about the long-term benefits of Measure 110 has made it difficult for the state to garner widespread support for the policy. This skepticism is compounded by the perception that decriminalization has created a situation where drug use is becoming more normalized in public spaces without the necessary support systems in place to help those struggling with addiction.

One of the central concerns is that decriminalization without a comprehensive treatment infrastructure may do little to address the root causes of addiction. While Measure 110 shifted the focus from punitive measures to public health, critics argue that without enough resources for rehabilitation, harm reduction, and recovery services, the policy risks falling short. This creates a cycle where drug users may remain in the community without receiving the help they need to overcome addiction, potentially leading to repeat offenses or continued drug use in public spaces. Some advocates for Measure 110 argue that time is required to fully implement the policy and establish the necessary services, but the lack of immediate results has left many questioning the future of the measure.

The unfortunate timing of Measure 110's implementation was further complicated by the onset of the COVID-19 pandemic, which exacerbated existing challenges and delayed necessary actions.¹⁷⁹ While there is little data around the subject it is fair to assume that time and resources were redirected to address the immediate public health crisis, leaving little room for the development of the treatment infrastructure promised by Measure 110.

Oregon's experience highlights the importance of a well-planned, well-funded implementation strategy for drug decriminalization. Without addressing the logistical and financial challenges associated with providing these services, public perception may remain negative, and the policy could fail to meet its goals of reducing crime and improving public safety.

10.2 Portugal: Issues with Drug Tourism and Funding

Portugal's decision to decriminalize drugs led to concerns about drug tourism, with some fearing that people from other countries would travel there to take advantage of the more relaxed laws.¹⁸⁰ While the number of drug users visiting wasn't as high as expected, there was still an increase in visible drug use, especially in busy areas like Lisbon.¹⁸¹ This influx of drug users has created new challenges for local authorities, particularly in areas with high levels of public drug use. Some regions have seen an increase in the visibility of drug use and related public safety concerns, as tourists seeking drugs contribute to local problems.

¹⁷⁹ *Oregon's Measure 110: What Really Happened*, 2024.

¹⁸⁰ Blackstone, Samuel. "Drug Decriminalization in Portugal Decreases Number of Addicts." *The World from PRX*, July 31, 2016. <https://theworld.org/stories/2016/07/31/drug-decriminalization-portugal-decreases-number-addicts?utm>

¹⁸¹ Hughes, Karen, Mark A. Bellis, Amador Calafat, Nicole Blay, Anna Kokkevi, George Boyiadji, Maria do Rosario Mendes, and Lubomira Bajcárova. "Substance Use, Violence, and Unintentional Injury in Young Holidaymakers Visiting Mediterranean Destinations." *Journal of Travel Medicine* 18, no. 2 (March 1, 2011): 80–89. <https://doi.org/10.1111/j.1708-8305.2010.00489.x>

Drug tourism has strained Portugal's already limited resources for treating addiction and providing harm reduction services.¹⁸² Local authorities and treatment programs have had to contend with an increased demand for services, which has led to some areas experiencing a backlog in providing care for drug users. This influx of people seeking drugs has also created tensions between locals and drug users, as residents worry about their neighborhoods becoming hotspots for drug consumption. While Portugal's model has been successful in reducing the stigma around addiction and providing support for users, the unintended consequence of drug tourism highlights the need for careful management of the policy's international impact.

10.3 Switzerland: Political Opposition and Balancing Control vs. Support

Switzerland's approach to drug decriminalization has faced strong political opposition.¹⁸³ Critics, from conservative parties, argue that harm reduction measures encourage drug use and dependency. Some believe providing access to medical-grade heroin and safe injection sites sends the wrong message, implying government acceptance of drug use.¹⁸⁴ While this has proven false, it has sparked a political debate on how much the state should intervene in drug use and whether these measures encourage more abuse. This opposition has created challenges in balancing harm reduction with stricter drug control and maintaining public safety.

Switzerland faces challenges in making sure harm reduction programs are well-regulated.¹⁸⁵ While supervised injection sites have reduced public drug use and crime; they are not a full solution to addiction. Critics argue that these programs need to be paired with more support for recovery and treatment. Political opposition makes it harder to find the right balance

¹⁸² Hughes et al., "Substance Use, Violence, and Unintentional Injury," 82

¹⁸³ "Swiss Vote Rejects Plan to Legalise Narcotics." The Irish Times, November 30, 1998.

<https://www.irishtimes.com/news/swiss-vote-rejects-plan-to-legalise-narcotics-1.220188?utm>

¹⁸⁴ *Irish Times*, "Swiss Vote Rejects Plan to Legalise Narcotics," November 30, 1998.

¹⁸⁵ Gordon, Elana. "What's the Evidence That Supervised Drug Injection Sites Save Lives?" NPR, September 7, 2018. <https://www.npr.org/sections/health-shots/2018/09/07/645609248/whats-the-evidence-that-supervised-drug-injection-sites-save-lives>

between helping drug users and keeping the public safe, which could lead to a lack of public support in the future.

Despite the successes of this medicalized approach, challenges persist in the implementation of harm reduction programs. One issue is ensuring adequate access to supervised injection sites and opioid substitution therapy (OST) across the country.¹⁸⁶ While these programs have proven effective in reducing drug related deaths and HIV transmission, they are not universally available in all areas. The availability of these services can vary depending on the region, and some individuals may face difficulties in accessing them, particularly in more rural or remote areas.

10.4 Common Barriers to Effective Decriminalization Policies

Even though decriminalization has shown promise in Oregon, Portugal, and Switzerland, each place has run into similar challenges. One of the biggest is funding. Without enough money, it is hard to keep treatment, harm reduction, and recovery services going. When resources fall short, programs get overwhelmed. Wait times get longer. People are left without the help they need.

Another common barrier is public skepticism and political opposition. In each of the countries discussed, there has been resistance to drug decriminalization, whether from local communities concerned about public safety, political parties opposed to progressive drug policies, or citizens worried about the social impact of such policies. Public concerns about the normalization of drug use and the potential for increased crime or disorder can derail support for decriminalization efforts. Winning people overtakes honesty and clear communication. It means

¹⁸⁶ Csák, "Harm Reduction Services in Switzerland," 2022.

showing the public what is really working, like fewer people in jail and better health outcomes and helping them understand why this approach can make communities safer, not worse.

Another challenge is finding the right balance between public safety and compassionate care. Portugal and Switzerland showed that when decriminalization is paired with strong services and clear rules, it can lead to less crime and better health. But Oregon's experience shows what can happen when that balance is not fully in place. Without enough support or clear guidance, public drug use became more visible, and some people started to lose trust in the process.

The key to overcoming these barriers lies in comprehensive planning, sustained funding, and political consensus. Decriminalization should not be seen as a solution but as one part of a broader strategy that includes treatment, harm reduction, and social reintegration efforts. When addressing there are common obstacles to decriminalization things like funding limitations, public skepticism, and political opposition. But by overcoming that, countries can better ensure the success of their drug policies and create a safer, healthier environment for all citizens.

Chapter 11: Conclusion

Oregon's passage of Measure 110 in 2020 marked a turning point in American drug policy. For the first time, a U.S. state voted to decriminalize possession of all drugs. It was a bold attempt to move away from punishment and toward support, prioritizing addiction treatment and harm reduction. The goal was clear and that was to stop incarcerating people for using drugs and start helping them instead. But while the vote showed strong public support, the actual rollout revealed just how complex this kind of reform really is.

The biggest problem was not the idea behind the policy, it was the lack of preparation. Oregon did not have enough treatment centers or trained professionals to meet the demand. Rural communities especially lacked access to services, and even in urban areas, people faced long waiting times for care. On top of that, cannabis tax revenue, which was supposed to fund the new programs, was slow to arrive and was not enough to cover the need. These gaps left people without the support they were promised, creating frustration and confusion across the state.

Meanwhile, a new wave of overdose deaths hit Oregon hard. Fentanyl became more common and far more deadly. Its growing presence overwhelmed public health systems that were already stretched thin. Oregon wasn't fighting heroin like Portugal and Switzerland had. It was fighting fentanyl, and that made a huge difference. Fentanyl is much more potent and dangerous. Combating it takes a lot more preparation like having a well-made treatment infrastructure. Oregon didn't have that. The state's rehab centers weren't ready. Its system hadn't been fully stabilized or expanded through government channels, relying instead on a network called the "BHRN" (Behavioral Health Resource Networks).

Both Portugal and Switzerland did see a spike in overdoses in the first few years after decriminalization, just like Oregon. But after a few years, overdose rates dropped below the levels they had before. Oregon never got that same chance. It was cut off too early, before real

stability or improvement could happen. Many people struggling with addiction were left with nowhere to go. Some never even received civil citations meant to replace criminal charges because police and local governments were not clear on how to enforce the new law. The disconnect between policy and reality created a system that felt broken from the start. Portugal connected people to care through dissuasion commissions. Switzerland focused on medical treatment and safe use sites. Both countries show that with strong planning and support systems, reform can really work.

These international models show that drug policy reform does not work on its own. Changing the law is just one step. It only succeeds when it is supported by things like housing, health care, social services, and public education. Without that broader support, even the best policy can fall short. Addiction is deeply tied to a lack of support in areas like poverty, unstable housing, racism, genetics, and limited access to healthcare. In the U.S. and in Oregon in particular, communities of color have long been targeted by drug enforcement. Decriminalization is a step toward justice, but it cannot be the only one. Addressing addiction effectively means acknowledging and confronting these larger structures. Otherwise, there is a risk of treating the symptoms while ignoring the root causes.

The tension between public health and public safety is another challenge. When reforms like Measure 110 are introduced, people often expect immediate changes in crime and public order. But healing from addiction and rebuilding lives takes time, and it does not always look neat. People using drugs in public, for example, may not be committing a crime anymore but their presence still raises concerns in neighborhoods already struggling with homelessness and poverty. This tension makes it easy for critics to call for a return to criminalization, especially when there are not enough visible signs that support systems are working.

Public opinion is central to whether these efforts succeed. When voters support reform, as they did with Measure 110, that support can be fragile if results aren't visible. People want to believe in change, but they also want to feel safe. The tension between public health and public safety is hard. When reforms are introduced, communities often expect crime and disorder to improve quickly. But recovery takes time. It's not always visible. For example, people using drugs in public might not be breaking the law anymore, but their presence still raises concerns, especially in areas already dealing with homelessness and poverty. When people don't see progress and aren't kept informed, hope can quickly turn into doubt. And once that happens, it's not long before calls to go back to the old ways start gaining traction.

The continual stigma surrounding substance use and addiction remains a huge issue within the broader conversation on drug policy reform. Even with legal reforms, many people still view addiction through a moral lens rather than a medical one. That stigma influences how people seek care, how they are treated when they do, and how society responds to policies aimed at helping them. In Portugal and Switzerland, public education campaigns helped shift these attitudes. In Oregon, that cultural shift did not come fast enough. When people do not believe those struggling with addiction deserve help, or when they fear reform puts their safety at risk, support for change quickly fades.

Oregon's challenges also underscore the need for clear communication and public trust. Many people supported Measure 110 at first, but that support faded when results did not come quickly. Some blamed the policy itself, rather than the lack of services and structure behind it. That gap between intention and execution made it easy for critics to argue that the whole idea had failed, even though it had not been given a fair shot.

Still, the repeal of Measure 110 does not mean the idea of decriminalization is dead. In fact, Oregon's experience is an opportunity to learn from. If the state, or others like it, tries again, there are some clear steps to do it better: build treatment infrastructure before making legal changes. Make sure funding is stable, not dependent on tax revenue alone. Train police, healthcare workers, and social service providers so they understand their roles. Offer housing, mental health care, and job support alongside addiction treatment. And most importantly, include people with lived experience in designing and guiding the process.

Housing is one of the most overlooked but essential pieces of recovery. It is hard to break the cycle of addiction when you do not have a stable place to live. Switzerland and Portugal both recognized this and invested in transitional housing as part of their harm reduction models. Oregon, like much of the U.S., has struggled with rising homelessness and an overwhelmed shelter system. Without housing, even the best treatment plans can fail. Any future reform must treat housing as healthcare, because for people in recovery, it often is.

Another important piece is the role of the federal government. While states like Oregon can pass their own reforms, they still operate within a national legal and funding system that treats drugs punitively. Federal restrictions on cannabis, limits on funding for harm reduction programs, and inconsistent national messaging all create friction. Portugal and Switzerland benefited from coordinated, national level support. In the U.S., changes made at the state level are often limited or made less effective by national laws. If local, state, and national rules worked together, although this would be very unlikely with this case, it would lead to more successful and consistent outcomes.

Countries around the world are rethinking their approach to drugs. Some, like Canada and parts of Australia, are looking to Portugal and Switzerland for guidance. Others watched

Oregon to see what happens when reform moves fast without deep preparation. Changes like this do not happen overnight. Portugal did not see immediate success; it took years of support. Switzerland's reforms were tested slowly before expanding. Oregon deserved that same patience. Drug policy reform must be measured in decades, not months. To truly shift from punishment to care, commitment is needed, even if progress is slow.

Oregon's story is not a failure, it is a beginning. It highlights the bravery of trying something new and the consequences of not fully supporting that courage. The next time Oregon or any other state considers drug decriminalization, they will not start from nothing. Future reforms elsewhere can be stronger because of what Oregon tried, and what happened to it. With deeper investment, better planning, and more trust in communities, drug policy reform can still be a tool for lasting change, and hopefully someday it will happen again.

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