



OREGON HOUSE OF REPRESENTATIVES

March 1, 2024

Timothy G. Sekerak
Chief Clerk of the House
Oregon House of Representatives
State Capitol Building
Salem, OR 97301

RE: Vote Explanation on HB 4002 (A-Engrossed)

Dear Chief Clerk Sekerak,

I'm very conflicted about this vote. Over the past several months, I have diligently watched and listened to people from all across the spectrum of beliefs on how we should handle this addiction crisis. I have often found myself in deep thought of "how did we get here?" and "why are we rushing, again, to find a solution to a decades-old problem?" Those reflections reinforced my belief that the road to recovery is long and requires a shared commitment to compassion, patience, and collective action.

While I have been listening, like so many, I have a very personal connection to this topic. Unfortunately, I know deeply the impacts of what it is like to have a father who chooses the baggie or the bottle over being a parent. A father who returns your diapers for cash so he can score. A father who steals your grandpa's car for a weekend-long binge. A father who left me wondering, "Am I not good enough? Am I the reason he uses?"

I have not seen this man since I was eight years old, and for years, I grappled with the 'whys' and 'what ifs.' It wasn't until my own journey through addiction that led to a clear realization: Society has failed to develop a culture of care and a deep understanding of why one falls into addiction. When it comes to addiction, I am a firm believer that this is a public health crisis and that it is a **disease**. No one chooses to become an addict. You are running away from your trauma, from life, you are running away from pain.

So, yes, I'm very conflicted about this vote because I know that passing this bill can do great things, but I also know that it does not get at the root causes of why someone falls into addiction, and honestly, it scares people.

As a mother, my every action is driven by a desire to forge a better future for my daughters and for all generations to come. I spent time listening to the views of some high schoolers and college students and was shocked to hear that, in their view, "the smart adults" made hard drugs





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easy to obtain, so they must be safe. One comment that really struck me was, “Why would I risk the higher penalties of having vodka, when I can just have molly or cocaine, where there are really no consequences and they’re easier to buy?”

With our children’s mental health at an all-time low, too few counselors to support them, and the introduction of fentanyl, which is cheaper and more deadly than anything, it is tragic but unsurprising that we’re seeing a dramatic spike in youth overdoses.

So, I can support this bill because it represents a comprehensive approach to youth drug use prevention, targeting the heart of the issue with educational initiatives and robust support systems. We are investing in curriculum enhancements and social media campaigns to warn of the dangers of synthetic opioids, establishing a dedicated position within the Department of Education to spearhead youth substance use prevention efforts.

I can also support this bill because I am someone who believes that sometimes, sometimes, the threat of jail is exactly what someone needs to hit rock bottom. I know that it is not the only tool and should not be the first option, but it can be a tool. It can be a tool as long as we couple it with treatment and recovery. I can’t stress enough how absolutely imperative it is that we have treatment available while in jail.

For many years, my family watched my stepbrother battle his addiction. My stepbrother’s journey through addiction involved numerous attempts at detoxing and treatment, yet the longest period he remained clean was the 13 months he spent in jail. But that did not come easy for him—while there, he suffered from the lack of addiction treatment and mental health services.

He was finally released to my stepdad on December 22nd. That was the last time he saw him alive. On Christmas Day, my stepdad received the call every parent has nightmares about. My stepbrother had overdosed from a Fentanyl-laced pill that he thought was Adderall and passed.

It is because of this that I can support this bill because of medically assisted treatment and conditional discharges to inpatient and outpatient treatment. Had my stepbrother been part of a community of individuals on similar paths, with access to the necessary support to address his addiction, whether inside or outside of incarceration, his story might have ended differently.

HB 4002 moves us towards this vision, introducing the Oregon Jail-Based Medications for Opioid Use Disorder Grant Program, overseen by the Criminal Justice Commission. This initiative will allocate grants to cities, counties, and federally recognized Tribes operating correctional facilities, enhancing treatment accessibility for incarcerated individuals in Oregon. By doing so, it aims to provide a stable foundation for these individuals to engage with ongoing treatment post-release.

I want to echo some of my colleagues and express my concerns about the racial disparities and the lack of clear commitments from our county partners. I will have faith and hope in my district and county to hold up their end of the bargain, but I would be remiss if I didn’t state that I am





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nervous that we don't have measures to hold everyone accountable, we need to have a collective and unified approach to tackle these pressing issues.

It's within this context of seeking tangible solutions and fostering accountability that I made it a priority to go on a ride-along with the Oregon City Police Department to see the challenges they're facing firsthand and how they're dealing with them.

I'm so glad I did that. The OCPD, leveraging the lived experiences of its officers, has prioritized treating individuals with addiction with empathy and humanity, forging ties and relationships with the community. This approach has not only facilitated the building of meaningful relationships within the community but has also underscored the potential for effective partnerships between law enforcement and health services.

During my ride-along, we drove through the city, observing areas notorious for drug dealing, places marked by tragic overdoses, and neighborhoods witnessing a surge in drug trafficking—surprisingly, the ones you'd least expect.

While on this tour, a drug-related call redirected our course to an Assisted Living Center. There, housekeepers had stumbled upon a suspicious baggie in a resident's room, promptly alerting the authorities.

Upon our arrival, we were informed of the situation and directed to the resident's room. Greeted warmly, the resident invited us in. Upon noticing the substance and asking about it, the officer was initially met with denial. However, when directly confronted, the resident admitted to possessing meth, explaining that he bought the drugs during a chance encounter with a dealer at a nearby laundromat.

When questioned about his drug use, the man, a wheelchair user in his late 60s with an amputated leg, told me, "Well, look at me. I don't have much to live for. I am in pain. I am stuck in here. So what if I want to escape from this hell." Testing confirmed that the meth contained Fentanyl, a detail that startled the resident, who was unaware of the drug's lethality. The officer's cautionary words, "One hit can kill you," elicited a heartbreakingly resigned response: "Maybe that wouldn't have been the worst thing."

I wanted to share this story to highlight two things. First, older adults are left out of these conversations too often, and I believe that their struggles with mental health and addiction deserve to be addressed. Second, I want to underscore that this man did not have to give up his drugs—he did so voluntarily because of the personal connection the officer built with him.

Near the end of the ride-along, we passed an apartment complex marked by a recent tragedy. A father, who was six years clean, had gotten into a minor accident and broken his nose but was unable to afford the costs of treatment or pain medication. While his 9-year-old child slept, he sought out pain medication on his own and took a pill he believed to be Oxycontin. Tragically, the pill was laced with Fentanyl, and he fatally overdosed, leaving his young child to make a heart-wrenching call to 911.





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This experience reminded me that the complex, ongoing battle against addiction does require a criminal justice system that fosters a culture of care and prioritizes support and rehabilitation. And it can be done.

These stories are unfortunately not unique, and we will continue to fail society if we do not truly acknowledge the root causes of addiction. We must allow space to create a safety net for when an addict fails, to remind them they matter, to remind them of the joys of life, and to remind them that together we will fight this. Without investments in housing, all forms of health care, workforce, and education, I'm concerned that we will be in the same place we are today in 10 years.

Friends, colleagues, relatives, with all that I have shared with you, I hope you can accept my vulnerability and understand that I am supporting this bill for my father, for my step-brother, for my step-father, for the 9-year-old daughter who will forever remember the image of her father's lifeless body, for the man in the assisted living center who doesn't see value in his life and for all of the families in the state of Oregon that have lost someone to this disease. I know it is not perfect, and it is scary for some people, but I can promise you all this, I will be following this closely, and I am dedicated to making sure that we are all held accountable in this fight to defeat addiction.

Sincerely,

Representative Annessa Hartman

State Representative – Oregon House District 40