

Oregon leaders tasked to act on Measure 110, fentanyl went to Portugal in search of answers. Here's what they found

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Two dozen Oregonians, including lawmakers and policymakers, traveled late last month to this elegant European capital eager to learn about Portugal's longstanding drug decriminalization policy. Photo by Gonalo Fonseca

By Noelle Crombie | The Oregonian/OregonLive

LISBON, PORTUGAL -- One morning late last month, two dozen jet-lagged Oregonians pulled into a sprawling public health complex eager to hear from the man who more than 20 years ago helped overhaul the way his country responds to drug addiction.

They had traveled more than 5,000 miles to this southern European country nearly a third of Oregon's size for ideas to bring home, where political leaders face mounting pressure to unwind Measure 110, the state's 3-year-old law that decriminalized minor possession of street drugs.

Public support for Measure 110 has curdled amid unchecked public fentanyl use and soaring overdose rates.

“We have to do something,” Senate Majority Leader Kate Lieber, a Beaverton Democrat who was on the trip, said later. “It is unacceptable what’s happening on our streets.”

The delegation included influential lawmakers, like Lieber, policy wonks, veteran cops, a prosecutor, leaders of substance abuse treatment programs who themselves are in long-term recovery and representatives of a decriminalization advocacy organization that has lobbied on behalf of Measure 110. Most support drug decriminalization or said they are reluctant to reverse the voter-approved approach.

They spent three days learning about Portugal’s drug decriminalization policy, meeting with public health and addiction specialists, police and social workers and psychologists who administer methadone and deliver sterile injection materials to drug users.

Some broke off on their own to walk through enclaves known for drug trafficking and open drug use, launching impromptu conversations with Lisbon police officers and people suffering from addiction.

In interviews with The Oregonian/OregonLive, many said Portugal serves as less of a roadmap than a potential source of ideas for how decision-makers can confront the complex challenges posed by drug addiction and public drug use.



Dr. João Castel-Branco Goulão, known as the architect of Portugal’s decriminalization policy. Goulão leads Portugal’s General Directorate for Intervention on Addictive Behaviors and Dependencies -- the national bureau responsible for overseeing this country’s response to drug addiction. Photo by Gonçalo Fonseca

Critics questioned why Measure 110 proponents, who helped underwrite the trip for most who went, organized a visit years after the state's landmark law passed instead of earlier and pointed to fundamental cultural and political differences that could make Portugal's drug policy hard to replicate in Oregon.

Still, lawmakers and others on the trip said they were intrigued by some of what they saw: a better prevention strategy, coordination between police and treatment providers and a focus on reducing overdose deaths.

They showed less enthusiasm for other efforts, including government-sanctioned spaces where people smoke crack cocaine and inject heroin under the gaze of social workers and other professionals.

Multnomah County Chair Jessica Vega Pederson said she was struck by the years of planning behind Portugal's approach.

The decriminalization component of Measure 110 started well before the state began funding the suite of treatment services promised under the law.

"The main takeaway I got was the strong feeling that decriminalization didn't solve any problems, except (having a) criminal record," she said. "You have to have people diverted into something, a system of care."

Rep. Lily Morgan of Grants Pass, the lone Republican lawmaker on the trip, noted Portugal's longstanding strategy didn't solve the country's drug crisis, pointing to especially high rates of addiction among its migrant community.

And Portugal, with a population about twice Oregon's, has yet to confront fentanyl and methamphetamine, twin scourges that have plunged the state deeper into crisis, she said.

"I do not believe it's apples to apples," she said.

Editor's note

Oregonian/OregonLive staff writer Noelle Crombie traveled to Portugal to report independently on the country's drug decriminalization law, including time before and during a visit by a 24-member Oregon delegation. The news organization paid for Crombie's trip. This is the first story from her reporting.



Multnomah County Chair Jessica Vega Pederson attends a meeting with Dr. João Castel-Branco Goulão, who leads Portugal's General Directorate for Intervention on Addictive Behaviors and Dependencies. She said she was struck by Portugal's public health approach to addiction. "Just recognizing that this is a health issue, this is an issue that is a medical issue," she said, "and people need support as they are moving into recovery, as they are moving out of their addiction. The Portuguese system is set up to meet them along that path." Photo by Gonçalo Fonseca

NO SIGN OF FENTANYL

For the Oregon visitors, the absence of fentanyl on the streets of Lisbon was nothing short of extraordinary.

Portugal's national forensic laboratory has no record of even detecting the especially lethal synthetic opioid in the drugs seized and analyzed by the government, according to federal officials.

Public health authorities say stringent medication prescribing standards for physicians in Portugal helped the country avoid the grim opioid epidemic that hollowed out American communities over decades.

Dr. João Castel-Branco Goulão, known as the architect of Portugal's decriminalization policy, suspects it's only a matter of time before fentanyl seeps into his country's illicit drug supply.

To prepare, Goulão said Portugal is stockpiling naloxone, a life-saving medication that can help reverse an opioid overdose.

The soft-spoken Goulão possesses the genial demeanor of the family doctor he once was. Today he leads Portugal's General Directorate for Intervention on Addictive

Behaviors and Dependencies -- the national bureau responsible for overseeing his country's response to drug addiction.

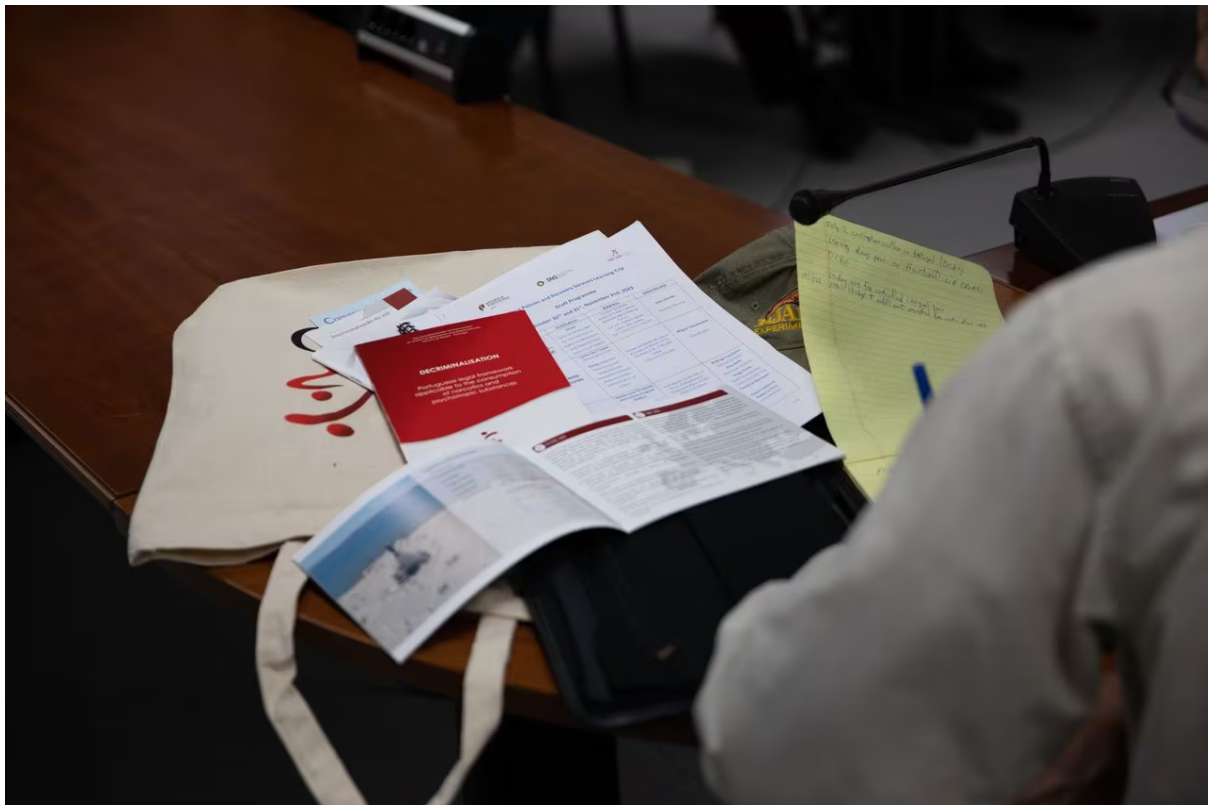
He told the Oregon delegation that Portugal's most pressing problems are familiar and age-old: heroin and more recently, crack.

Cannabis, still illegal in Portugal, is also viewed by the government and police as a pervasive problem.

To understand how this country of about 10 million ushered in a singular approach to drug addiction, Goulão stressed that it was important to understand Portugal's history.

Illicit drugs became a threat starting in the mid-1970s as the country emerged from the yearslong dictatorship of António de Oliveira Salazar and into a democratic republic.

Cannabis flooded Portugal, imported by people who came to the country from former Portuguese colonies, as well as soldiers who fought there.



Dr. João Castel-Branco Goulão serves as his country's de facto spokesperson when it comes to drug decriminalization, hosting so many foreign visitors that his office includes an international affairs section to arrange visits. None, however, approached the sheer size and range of professions represented in Oregon's delegation, his staff said. Photo by Gonçalo Fonseca

"There was a curiosity that came with freedom," he said. "There was an explosion in experimentation. Everyone experimented with cannabis, but meanwhile criminal

organizations introduced all the other substances and Portugal became a new emerging market.”

Drug use generally, but heroin especially, escalated “wildly,” touching people from all socioeconomic backgrounds, he said.

By the late 1990s, the country had spiraled into a full-blown drug addiction crisis, with Lisbon hosting one of Europe’s largest street drug markets, he said. HIV infections, spread through intravenous drug use, exacted a high death toll.

In 2001, after several years of planning, the country made minor drug possession an administrative instead of criminal offense, he said, comparing it to driving without a seatbelt.

That step, which generates outsized attention, was only part of the government’s strategy, he told the group.

At the time, Goulão helped coordinate a national response that prioritized prevention, reaching into schools and starting as early as kindergarten. The country facilitated needle exchanges and methadone availability and ensured an accessible treatment system as well as services to help people in recovery reintegrate into society.

Goulão said the country made “big investments” in outpatient and residential treatment early on to ensure immediate access to anyone who wanted it via nonprofit organizations and the government, a goal that has since slipped as the country’s waiting lists have grown.

Waiting lists for inpatient treatment vary depending on geography, Goulão said later in response to a follow-up question from The Oregonian/OregonLive. People in small cities in the country’s interior may not encounter a wait; those in bigger cities may face up to six months, he said.



Sen. Floyd Prozanski (right), Rep. Rob Nosse (center), and Senate Majority Leader Kate Lieber (left) in a meeting with João Goulão, Portugal's Drug Czar, in charge of SICAD, a branch of the Health Ministry in charge of the country's drug decriminalization policies, during a fact-finding trip to Portugal. 30th October 2023 Photo by Gonçalo Fonseca

He noted that even before the law changed, police didn't focus much on drug users. Now when they encounter people using drugs on the streets, police may write up a report and refer them to an administrative process that somewhat resembles American drug courts, though treatment is not required.

Police also confiscate street drugs in Portugal, a practice more complicated in Oregon in minor drug possession cases given constitutional prohibitions on unreasonable searches and seizures. Officers generally need a warrant signed by a judge to conduct a search.

"What was the process by which people would enter the system to get services?" asked Portland police Sgt. Aaron Schmutz, who serves as president of the Oregon Coalition of Police and Sheriffs Association, a statewide law enforcement advocacy and lobbying group, and the Portland Police Association, the union that represents police officers.

Mostly, people go when they're ready, Goulão said.

"If you knocked on the door," he said, "you had a response immediately."

In 1998, before the country developed its new drug addiction strategy, Portugal recorded 350 overdose deaths. The number plunged in the years that followed,

dropping to a low of 19 in 2011. In 2021, 74 people died in Portugal from drug overdoses.

In Oregon, 1,289 people died from drug overdoses last year, according to preliminary Oregon Health Authority data, 956 related to opioids. These figures include unintentional overdoses, as well as cases where authorities could not rule out suicide.

In the first four months of this year, the state saw 501 fatal drug overdoses, 404 from opioids, the agency's data shows.

LARGEST-EVER DELEGATION

Goulão serves as the decriminalization policy's de facto spokesperson, hosting so many foreign visitors that his office includes an international affairs section to field inquiries and arrange visits.

None, however, approached the sheer size and range of professions represented in Oregon's delegation, his staff said.

The Oregon Health Justice Recovery Alliance, a coalition of state and national groups that supported Measure 110, including the New York-based Drug Policy Alliance, organized the trip and covered the travel expenses of 19 of the delegation's 24 members.

Campaign finance records show the Drug Policy Alliance pumped about \$5 million into the 2020 decriminalization ballot measure in Oregon – a first-in-the-nation approach that passed with robust voter support and, proponents hoped, would serve as a model for other states.

The organization's stated mission is to end the war on drugs, saying people deserve to lead lives with "dignity within whole and loving communities, with compassion and support in our times of need, without threat or violence regardless of who we are and whether or not we use drugs."

The delegation

The following people took part in the recent fact-finding trip to Portugal:

Rep. Rob Nosse, D-Portland; Rep. Lily Morgan, R-Grants Pass; Sen. Floyd Prozanski, D-Eugene; Senate Majority Leader Kate Lieber, D-Beaverton; Sgt. Aaron Schmautz, Portland Police Association; Detective Scotty Nowning, Salem Police Employee's Union; Kimberly McCullough, Oregon Department of Justice; Channa Newell, Multnomah County District Attorney's Office; Multnomah County Chair Jessica Vega Pederson; Monta Knudson, Bridges to Change; Mark Harris, Oregon Black Brown Indigenous Advocacy Coalition; Shannon Olive, Women First Transition & Referral Center; Mercedes Elizalde, Latino Network; Janie Gullickson, Mental Health & Addiction Association of Oregon; Paul Soloman, Oregon Criminal Justice Commission; Fernando Peña, NW Instituto Latino; Andy Ko, Partnership for Safety & Justice; Morgan Godvin, drug policy researcher, Oregon Alcohol & Drug Policy Commission, Measure 110 Oversight & Accountability Council; Joe Bazeghi, Recovery Works NW; Theshia Naidoo, Drug Policy Alliance; Iris Chavez, Equity Action Partners; Tera Hurst, Health Justice Recovery Alliance; Ron Williams, Health Justice Recovery Alliance; Devon Downeysmith, Health Justice Recovery Alliance; Diana Nuñez, Health Justice Recovery Alliance.



A housing complex in Lisbon. Members of the Oregon delegation observed several differences between Oregon and Portugal: Portugal's restrictive gun laws translate into comparatively low violent crime rates and people generally have an easier relationship with police. The most jarring difference, though: the absence of fentanyl on the streets. Photo by Gonçalo Fonseca

Vega Pederson and Lieber paid their own way. The Portland Police Association covered Schmautz's travel costs. Two others on the trip picked up their own tabs.

Oregon campaign finance records show the Drug Policy Alliance has previously contributed to Lieber's campaign, as well as those of Rep. Rob Nosse, D-Portland, and Sen. Floyd Prozanski, D-Eugene, who also joined the trip.

The Oregon Health Justice Recovery Alliance released a statement shortly after the trip highlighting multiple lessons it said Oregon should take from Portugal: that decriminalization "remains the right thing to do" but that Measure 110 "didn't go far enough in creating a comprehensive healthcare approach to addiction."

"We have the opportunity to do that now," the statement said, calling for more money and "policy solutions" that include better access to treatment, clear direction to police and coordination among services and programs addressing addiction.

Measure 110 not only decriminalized possession of small amounts of illicit drugs, making it a violation on par with a traffic ticket, but also funneled cannabis tax revenue toward treatment and other support such as housing and peer counseling for people with addiction.

So far the state has awarded about \$265 million in grants for those services.



People walk through the Almirante Reis Avenue in Lisbon, where many homeless individuals live. In 1998, before the country developed a new drug addiction strategy, Portugal saw 350 overdose deaths. The number plunged in the years that followed, dropping to a low of 19 in 2011. In 2021, 74 people died in Portugal from drug overdoses. Photo by Gonçalo Fonseca

The program saw a rocky, disjointed rollout. Money was slow to make it to providers. Waiting lists for help remain common. The vast majority of people cited by police for drug possession fail to follow up with treatment or by paying fines.

Joe Bazeghi, director of engagement at Recovery Works NW, said his privately run medical and behavioral health center has so far received about \$3 million in Measure 110 grant dollars, including \$1 million to open a 16-bed clinic in Southeast Portland for people who need to detox from fentanyl and other opioids.

Measure 110 funding alone, he said, isn't enough to build treatment capacity needed to address surging addiction.

"We are under-resourced," said Bazeghi, who went on the trip. "Our waits across the continuum of care are too long. We need more investment" in staff and treatment facilities.

LEGISLATURE UNDER PRESSURE

Nosse and Prozanski sit on a new legislative committee laying the groundwork for changes to public safety and addiction policy in the 2024 short session. Lieber serves as co-chair.

They acknowledged the Legislature faces fierce pressure to crack down on the rise of public fentanyl use in downtown Portland.

Nosse said he supports making it easier for police to confiscate street drugs when legislators convene.

“I get this refrain from people like, ‘I’m paying all these taxes and I don’t feel like it’s getting any better,’” he said.



Building on the grounds of one of the government-funded substance abuse treatment centers in Lisbon. Photo by Gonçalo Fonseca

But funding a substance abuse prevention program as comprehensive as Portugal’s is an expensive proposition, he said. “I think that’s a good idea,” he said. “Will we find the money to do that?”

Prozanski said he returned home convinced that the state should continue with decriminalization.

“Everyone I had the opportunity to ask basically said you need to move forward not backward in implementing the measure,” he said. “You need to continue in that direction and figure out what the needs are that are missing and put those components together.”

Lieber said the state faces the challenge of creating a “criminal justice response that goes after the supply of drugs” while also funding a “robust public health response” for people coping with addiction.

Among the ideas in circulation: making public drug use a misdemeanor and strengthening laws related to drug dealing, as well as directing police to confiscate drugs from people using them on the street.

In general, prosecuting drug dealers has become more difficult in Oregon since a 2021 state Court of Appeals ruling banned a longstanding practice of charging people with drug dealing if they're caught with large amounts of drugs and drug supplies. Now prosecutors must have specific evidence of dealing to bring such charges.

Lieber said she was struck by the Portuguese government's approach to addiction.

"They're like, 'We're always going to have drugs,'" she said. "From Oregon's standpoint, I think we try to eradicate drugs. ... And I think there's a slightly different starting point."

Morgan, the Republican lawmaker, said keeping people suffering from addiction out of jail is a goal for Portuguese public health officials.

That's different from what she sees as the priority for Oregon: helping people get -- and stay -- sober.

"Their goal is not that people have a life outside of drugs," she said. "Their goal is nobody goes to jail and (the government) has a responsibility and burden to take care of the person the rest of their life."



Salem police Detective Scotty Nowning, from left, Portland police Sgt. Aaron Schmautz, Rep. Rob Nosse, D-Portland, Senate Majority Leader Kate Lieber, D-Beaverton, Joe Bazeghi, of Recovery Works NW, a treatment provider, and Paul Solomon, chair of the Oregon Criminal Justice Commission, learn about Portugal's mobile methadone vans that serve people coping with heroin addiction. Photo by Gonçalo Fonseca

Lawmakers noted other cultural differences: Portugal is home to a national health care system, restrictive gun laws translate into comparatively low violent crime rates and people generally have an easier relationship with police.

At one point, Lieber, a former Multnomah County prosecutor, and a couple others from the delegation walked through this city roughly the size of Portland, stopping to speak with a man they had seen using heroin.

She said she wondered how comfortable he would be contacting police if he felt victimized or needed their help.

"If you were in trouble, would you be afraid to call the police?" she recalled asking the man. "And his response was, 'What do you mean? Why would I?'"

"It was an interesting moment for me," she said. "He's like, 'I'm not a criminal. I'm addicted to a drug and yes, I believe I would call the police if I needed help.'"

Monta Knudson, executive director of Bridges to Change, said he noticed a seamlessness to Portugal's approach. Knudson's nonprofit is among the region's largest providers of a housing program where recipients can receive treatment, mentoring and help finding a job; it received a Measure 110 grant of about \$8 million.

"All sectors of their government in terms of their health care providers, law enforcement, service providers seem to be in alignment for the most part ... that treating addiction as a public health issue and not a criminal justice one is the way to go," he said.

He said police in Portugal, however, don't have to confront the threat of guns.

"There is no fear of violence," he said. "Guns for the most part don't exist. There are outliers, but it's easier for community policing to take place."

Miguel Moniz, an anthropologist at the Institute for Social Sciences at the University of Lisbon, has studied Portugal's decriminalization policy and policing and said the strategy, which targets trafficking instead of minor drug possession, has been in place so long that it's now part of "the culture of policing."

"It's just what police do," he said.



Portland police Sgt. Aaron Schmutz and Mark Harris, of the Oregon Black Brown Indigenous Advocacy Coalition, which is made up of providers of substance use disorder and mental health services, after a meeting in Lisbon. Schmutz said Portugal's policy was the result of years of planning. "They spent two years standing up all of their treatment to make sure that when it went live, they had stuff in place," he said. "We didn't do any of that." Photo by Gonalo Fonseca

Schmutz, the Portland police sergeant, said Portugal appears to have effectively wrestled with the police role in addressing drug use and addiction.

In Oregon, he said, "we've got to decide what question or what problem we're trying to solve. Are we trying to get to a place where drugs are less prevalent in our society or are we trying to get to a place where the presence of drugs has less impact on everyone else? Basically, that to me, is the rub."

A 'COMPLEX PUZZLE'

As the two-hour conversation with Goulao came to a close, Shannon Olive, founder and president of WomenFirst Transition & Referral Center, a reentry and recovery nonprofit organization in Gresham, spelled out the problems facing Oregon.

She asked Goulao's advice, saying she hoped to return to Oregon "with solutions." Goulao had few to offer.

"I think it's important to identify the fragility in your current policy and try to complete the puzzle of responses that you need," he said.

He said reducing the drug supply and meeting the needs of people with addiction are key.

“I don’t know enough of your reality to make any concrete proposal,” he said.
“Think about the system as a very complex puzzle and move the pieces as much as you need to.”

-- Noelle Crombie; ncrombie@oregonian.com; 503-276-7184; @noellecrombie

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