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THE RISE AND FALL OF PACIFIC NORTHWEST DRUG POLICY REFORM, 2020-2024

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Photo: REUTERS/Deborah Bloom

Executive summary

From 2020-2024, policy toward drugs, policing, and public disorder changed dramatically in North America's Pacific Northwest region. In the first half of this period, advocates for a new set of policies that blended libertarian and left-wing principles persuaded policymakers and the public to dramatically reduce law enforcement's role in drug policy on the theory that this would allow for a more health- and social justice-focused approach to drugs. However, the massive decline in drug and public disorder-focused law enforcement did not generate promised improvements in the severity of drug problems. Indeed, fatal overdoses soared from San Francisco to Vancouver, treatment services were not expanded, and crime and disorder rose. The second half of this period witnessed the public and policymakers turn against the new policy framework and roll it back as fast as it had been implemented.

These tumultuous changes highlight the challenges of forecasting the course of drug policy, the differing priorities of many advocates versus the general public, and the risks of attempting extreme policy changes rather than nuanced responses sensitive to the culture, resources, and preexisting drug problems and policies of a state, city, or country. Although there is a risk that the bitter experience of the Pacific Northwest will cast a long shadow over drug policy reform, this is not predestined. If reform advocates are willing to acknowledge and learn from their mistakes, engage more with communities outside their epistemic bubbles, and concentrate reform efforts in regions where they are most needed, they have the potential to significantly improve drug policy's effectiveness and popular legitimacy.

Introduction

In the scenic geographical stretch of North America that extends from San Francisco, California, to Vancouver, British Columbia, significant drug policy experimentation has occurred in the past four years. These efforts initially curtailed police and criminal justice system involvement in the lives of people who use drugs and also those who sell them, reflecting a backlash against law enforcement in the wake of the murder of George Floyd by police officers in May 2020. The reforms were undergirded by beliefs and arguments that not only opposed those dominant during the "war on drugs" but also differed in many respects from traditional arguments supporting harm reduction and public health approaches to drugs. Advocates of this new approach hoped that the drug policy reforms they championed would be so clearly effective that they would serve as a model of promoting racial justice and public health for the rest of the nation. But their once popular proposals rapidly lost public support in the face of worsening drug problems, neighborhood disorder, and crime, coupled with no evidence of improvement in access to or utilization of addiction treatment, nor in the prevalence of recovery. The decline in public support led to policy reversals at the ballot box and in legislatures. This paper analyzes these tumultuous changes, the principles and context that underlay them, how they went from popular to unpopular, and what lessons this may offer for future drug policy reform.

This paper uses the term "Pacific Northwest Drug Policy Reform" (PNDPR) as a descriptive convenience even though the Pacific Northwest is not a completely homogenous region. For example, Oregon's decriminalization ballot initiative lost in the eastern counties of the state even as it won big margins in cities and college towns, and the San Francisco Bay Area joke that "the Midwest begins on the other side of the Caldecott tunnel" reflects the reality that Californians who live north of the city have a more conservative outlook on life. The policy changes described

in this paper are more popular in cities (e.g., Vancouver, Seattle, Portland, San Francisco) than in the countryside, even though in many cases the countryside had no choice but to adopt them because they were implemented at a state or provincial level. And of course, some people and organizations outside of the region support the changes implemented there. The libertarian Cato Institute in Washington, D.C., has been an intellectual influence on PNDPR advocates, most notably via a widely-touted analysis of Portugal's experience of drug decriminalization,¹ and the New York City-based Drug Policy Alliance has devoted substantial financial resources attempting to influence drug policy in the region.²

This paper is divided into six parts. Part I describes the wave of significant drug policy reform that swept the Pacific Northwest beginning in 2020. Part II outlines the arguments underlying the principles of the new PNDPR approach. Part III analyzes how the political moment and the enduring character of the region facilitated the rise of PNDPR. Part IV details how law enforcement, crime, and drug problems changed following the introduction of PNDPR. Part V describes the reversal in public and political sentiment and the resulting repeal of most of the new policies. Finally, Part VI draws conclusions about the future of drug policy based on the rise and fall of PNDPR.

I. Pacific Northwest drug policy reform takes off

San Francisco. Chesa Boudin began his term as San Francisco's district attorney on January 8, 2020. Drawing explicitly on his experiences of being the child of radical political activists who were incarcerated,³ he fulfilled the promises that had facilitated his election: de-prioritizing the enforcement of drug laws as well as related retail theft, and stepping up prosecutions of police for alleged misconduct. He stated that "using the

D.A. office and jails" to deal with open-air drug scenes was "expensive, inhumane, and ineffective."⁴

As overdoses increased, the Public Health Department issued a city-wide response plan in 2022 which set the goals of its drug policy as reducing overdoses and promoting racial equity.⁵ No goals were set regarding drug use per se, addiction, or recovery. Prevention programs for youth were not mentioned. The department implemented the plan, spending heavily on harm reduction services such as distributing the overdose rescue medication naloxone and sterile drug use equipment (e.g., needles, pipes, and foil).⁶

One of the beliefs expressed in the city's plan was that destigmatizing drug use would help reduce overdose deaths. This reasoning led San Francisco's Public Health Department to erect billboards that portrayed users as healthy, happy, attractive, and social. The campaign encouraged people who use fentanyl to "do it with friends" rather than alone.

In response to complaints that the city's expanding open-air drug scene was harming businesses and reducing tourism, Mayor London Breed opened a "linkage center" in January of 2022 that was officially intended to connect struggling people to housing, addiction treatment, and mental health services.⁷ However, it was soon converted by its contracted provider into a supervised drug consumption site with the passive consent of the San Francisco Department of Public Health.⁸



Catherine Stefani on X. A San Francisco billboard depicts information for the city's "Know Overdose" campaign.

Oregon. The Drug Policy Alliance as well as a few other out-of-state funders (e.g., Arnold Ventures) spent millions of dollars promoting a ballot initiative known as Measure 110.⁹ The ballot initiative eliminated all criminal penalties for possession of any drug for personal use, including public drug use, and reduced penalties for carrying large amounts (e.g., for dealing) from felonies to misdemeanors. Individuals possessing drugs could still be issued a ticket which carried a fine of up to \$100. But the fine would be waived if the ticketed individual called a toll-free number and completed a health assessment at which substance use disorder treatment referral could be offered (N.B.: The fine was waived even if referrals were ignored). The measure also redirected state cannabis tax revenue (about \$40 million in the 2019-2021 biennium and over \$100 million in the 2021-2023 biennium) away from the existing addiction treatment system, police, and other programs to create a grant program overseen by a new body that would fund a reimagined system of harm reduction, low barrier

treatment, and other services (e.g., housing) for people who use drugs.¹⁰ A new council was set up to distribute these funds, which included people with lived experience of drug use, harm reduction providers, and grassroots advocates, and only modest representation from individuals working in the existing treatment system.¹¹

With a greater than 35-to-1 funding advantage, Measure 110 passed easily (58.5% of the popular vote) on November 3, 2020, and went into effect three months later.¹² Multnomah County (which includes almost all of Portland) District Attorney Michael Schmidt, who won 76.6% of the vote in June of 2020 running on a platform similar to that of Boudin, embraced the victory of Measure 110 with particular enthusiasm, pledging to implement it even before its official start date.¹³

Washington. On February 25, 2021, the Supreme Court of Washington ruled in *State v. Blake* that the state’s laws punishing drug possession were unconstitutional.¹⁴ The public and state legislature then debated whether to allow this judicially-imposed change to become permanent. In a compromise, the legislature enacted new drug laws that were much less punitive than the pre-Blake framework, converting most felonies to misdemeanors. Further, police were required to make and document addiction treatment referrals on multiple occasions before arresting someone for possessing drugs. As the state had no system for tracking such referrals, the barrier to arrest was even higher than the letter of the law suggested.¹⁵ Drug paraphernalia laws were also relaxed, and prosecutors were encouraged to divert drug cases from the criminal justice system wherever possible.

British Columbia. Vancouver and the province of British Columbia had as well-developed a network of harm reduction services as any in the world long before 2020. In March 2020, it introduced a new program of “safe supply” to distribute free pharmaceutical-grade opioids (including fentanyl, though in practice usually hydromorphone) for unsupervised use to individuals judged at high risk for overdose. The following year, the provincial government applied to the national government to formally decriminalize all personal drug possession and use (including public use) and this request was approved for a three-year trial period beginning January 31, 2023.

II. Arguments underlying Pacific Northwest drug policy reform

Proponents of the changes described in Part I articulated principles of drug policy that many policymakers and voters in the region found

compelling, at least for a time. This section details the arguments underlying these principles and how they differed from principles invoked by drug policy reformers in prior eras. The purpose of describing the arguments undergirding PNDPR is not to evaluate whether they are correct or incorrect. Nor is it to assert that every person and organization that advocated for PNDPR believed the novel and perhaps at times disorienting mix of traditionally left- and right-wing thought it encapsulated. PNDPR unfolded rapidly in a politically turbulent time without consistent central coordination across the region, and different advocates of it were likely moved by different arguments for policy change.

Argument #1: Drug use is an exercise of human rights and freedom that should neither be legally infringed upon nor subject to social disapproval. Many drug policy reform activists support decriminalization by noting that drug use and drug use disorder are health matters. Although PNDPR advocates would not dispute that, they also tended to frame drug use as a fundamental human right which criminalization unjustifiably infringes, much as other U.S. activists frame the right to bear firearms or to refuse vaccination. The late Cato Institute scholar David Boaz, for example, argued that “federal drug prohibition is not authorized by the Constitution and that adult individuals should be free to make their own choices”¹⁶; the Drug Policy Alliance asserts that “instead of arresting people for drugs, we should respect people’s bodily autonomy.”¹⁷

As a corollary, therapeutic jurisprudence that had been a feature of drug policy reform in the United States, e.g., drug courts and other programs that diverted arrested individuals from incarceration, were viewed as morally unacceptable within PNDPR. As another Cato Institute scholar put it after Oregon voters passed Measure 110, “the reform makes it impossible to force drug users into treatment by threatening them with criminal penalties. That is a feature, not a bug.”¹⁸

The PNDPR argument about the right to use drugs went beyond legal constraints to include social disapproval. That is, while agreeing with more traditional reform arguments that addiction and its treatment should be destigmatized, PNDPR proponents also argued (as noted in the description of San Francisco's fentanyl billboards) that drug use itself should not be socially stigmatized either.¹⁹

Argument #2: Prohibition of drug production and sales is inherently destructive and racist:

Many people who support a range of health services for people who use drugs as well as the decriminalization of simple drug possession simultaneously support the prohibition of drug production and sales, including its enforcement by police (even if they believe such enforcement should be made more effective, humane, and equitable). But the dominant view in PNDPR was that prohibition was worse than nothing as a policy, failing both in its stated goals and being in fact designed to suppress individual autonomy and oppress people of color. As the report of British Columbia's Provincial Health Officer put it, drug prohibition is based on "racism, white supremacy, paternalism, colonialism, classism, and human rights violations."²⁰ Decriminalization in this framework is seen as a good, but only a modest step toward ending prohibition and establishing instead, to quote the Drug Policy Alliance's mission statement, "a non-punitive, equitable, and regulated drug market."²¹

Argument #3: Drug overdoses are mainly a function of the criminalization and stigmatization of drug production, sale, and use.

PNDPR proponents argued that drug overdose was mainly due to the "toxic supply" of illicit drugs produced by drug trafficking organizations. That is, if drugs were made legally, clearly labeled, and of consistent quality (e.g., if there were a "safe supply"), overdoses would be uncommon.²² Further, if drug use were legally and socially approved of, accessing health services would be a less frightening experience for people who use drugs, thereby making drug use even less dangerous. An intriguing example of this line

of reasoning is that despite successfully suing Purdue Pharma for causing widespread addiction and overdose with legal, regulated opioids,²³ the British Columbian government changed its description of drug overdoses in official reports to refer to deaths due to "unregulated drug toxicity."²⁴

Argument #4: Society has a positive obligation to make drug use accessible and safe.

A traditional small-state libertarian view of drugs would hold that everyone should be allowed to use drugs, but no one has a claim on the public purse to help them pursue that choice. In contrast, within PNDPR only the first of these principles is advanced. Instead, PNDPR proponents (e.g., the Vancouver Area Network of Drug Users) argued that because society creates the conditions for drug use (e.g., through racism, stress, trauma, poverty, etc.) and also makes drug use more dangerous through prohibition, it therefore incurs a positive obligation to allocate resources toward making drug use more accessible and safer.²⁵ This includes harm reduction services long-supported by public health advocates (e.g., needle exchange programs), but goes beyond it. For example, Vancouver's Drug Use Liberation Front (which has received funding from the provincial government) lists as its first demand, "All levels of government must immediately fund programs for safe and accessible supplies of all drugs, including cocaine, heroin, and crystal meth."²⁶

Argument #5: The existing treatment system and the recovery movement should be regarded with skepticism.

Expanding addiction treatment and celebrating recovery from addiction have been staples of drug policy reformers for decades. Many proponents of PNDPR in contrast adopted a more skeptical stance toward the traditional treatment system. As mentioned, mandatory treatment is anathema within PNDPR, but the expressed critique goes beyond that. The treatment system is variously criticized within PNDPR as too focused on eliminating drug use rather than reducing its harm, failing to provide needed medication (especially opioid agonist therapies like methadone), and having

a moralistic tone (e.g., the “12-step” approach). An example of this skepticism in practice was Measure 110’s funding approach. Oregon’s existing treatment system was widely acknowledged to be underfunded. But rather than simply give new funds to the existing treatment system, Measure 110’s designers attempted to build an entirely new system free from its influence.

Other skepticism of the treatment system follows from the concept (Argument #1) that drug use is a right whose exercise should not be subject to formal or informal restriction. From this perspective, recommending treatment (e.g., within a supervised drug consumption center) could be an infringement of the right to use drugs without judgment, and might also be considered stigmatizing by implying that a life of recovery was in some way better than a life of continued drug use. When New York Times reporter German Lopez asked harm reduction workers in San Francisco what they would do if a client proposed seeking treatment and ending drug use, the response was that the client could be asked to set “more realistic goals.”²⁷ Lopez also noted staff fears that attempting to guide people who were receiving harm reduction services to treatment would be perceived as pushiness and scare people away.

Finally, yet more skepticism of treatment and recovery may have emerged from PNDPR proponents believing that opioids, particularly fentanyl, make cessation of drug use impossible (which would undermine the case for many treatments but support the case for safe supply). As the Provincial Health Officer of British Columbia, Dr. Bonnie Henry, put it, “Abstinence is an important treatment modality for people who have addictions to alcohol, but it does not work for opioid addiction.”²⁸

Argument #6: Drug dealers are victims and/or allies who should not be subject to law enforcement. Public-health-focused drug policy reform has tended to pursue policies that benefit people who use drugs; PNDPR embraced this ambition and extended it to include drug dealers. The Drug

Policy Alliance, for example, exhorted people to “Re-think the drug dealer” and to see such individuals as allies in public health: “Drug sellers are harm reductionists.”²⁹ In San Francisco, PNDPR took a different route by framing drug dealers as victims, specifically with the claim that the Honduran drug gangs selling fentanyl openly in the city were poverty-stricken victims of human trafficking and therefore deserving of sympathy rather than punishment.³⁰

In drug markets where at least some dealers are people of color, PNDPR added anti-racism as a further justification against law enforcement action. The strength of this conviction is perhaps best illustrated by proponents’ argument that it would be racial profiling for police to curtail open-air drug dealing by people of color even if it were destroying a neighborhood populated by people of color.³¹

Two points are notable by their absence within PNDPR arguments. Programs that attempt to reduce drug use initiation by youth are rarely discussed within PNDPR. That proponents in a city public health department put up billboards glamourizing fentanyl use in a fashion they would have forbidden the cigarette industry from portraying smoking tobacco (i.e., to avoid enticing youth) suggests that drug use initiation prevention is not top of mind within PNDPR.

The harms of drugs to those who do not use them is a scrupulously avoided topic in arguments for PNDPR. Community concerns about, for example, a policy’s effect on open-air drug markets in neighborhoods, the influence of parental drug use on children, and the role of drugs in domestic violence are generally dismissed as pearl clutching.³²

III. The moment and the region that spawned PNDPR

Significant policy change is rarely if ever driven solely by the ascendancy of particular arguments. The spirit of the times and the weight of history also play a role in what policies are adopted, how they are implemented, what effects they have, and how they are perceived. This is clearly the case for PNDPR and is essential context for drawing sensible lessons from it.

Most importantly, the murder of George Floyd on May 25, 2020, produced understandable international outrage at police brutality, particularly as directed against African Americans. In much of the Pacific Northwest region, this sentiment was expressed with particular intensity. Portland had large protests every night in the summer of 2020, most of them peaceful but some resulting in property destruction and violence (by police, protestors, or both).³³ Seattle had somewhat less extensive but still large protests, with a noteworthy moment being the police abandoning a precinct that has been the site of many clashes, enabling activists to create a police-free “autonomous zone” in the Capitol Hill neighborhood. Protests in the San Francisco Bay Area were also large, but more peaceful.

Anti-police sentiments were absolutely not limited to activists. Elected officials in San Francisco, Portland, and Seattle cut law enforcement budgets in 2020, reallocating funds to social and health services with the goal of reducing racial disparities.³⁴ Vancouver held the police budget flat, producing a real-term cut that was smaller than what the other three cities enacted. Policing was markedly constricted in this new era. This was not due only to political winds shifting against police intervention; a pragmatic reality also played a role. Many officers in the region’s cities retired, went on psychiatric disability, or moved to more friendly environ-

ments. To the extent funds were available, hiring new police to replace them proved difficult. For example, by 2022, Portland had the lowest number of sworn officers on its police force in over 30 years and ranked 48th out of 50 large cities nationally in police per capita.³⁵

Of course, PNDPR also unfolded at the time of the COVID-19 pandemic. Like other pandemics in the past, the increase in death, fear, and loss lent an emotional cast to a wide range of policy debates, and radical proposals were given more of a hearing than they would have in a time of greater calm. The ferocity with which political arguments of all sorts were often made, frequently in accusatory and/or threatening language, may also have cowed opposition to policy change, at least for the moment. The pandemic also emptied out many public spaces, both because of ex-migration from cities like San Francisco and because those who remained were more fearful of going out.

Former police chief turned public health researcher Brandon del Pozo noted that after 2020, police were pressured to largely abandon their traditional role as arbiters of shared public spaces.³⁶ The combination of public areas being emptier and police pulling back made it easier for homeless people to camp out in what once were public spaces, for open-air drug markets to thrive, and for drug use to become a common sight in many cities and towns, certainly including those in the Pacific Northwest. To put this in concrete terms, where once a person might have walked with a crowd of fellow workers down a San Francisco sidewalk and passed a relatively small number of people who were using drugs or sleeping rough, after 2020 that same worker might have been one of few people on the same sidewalk who was not using drugs or sleeping rough.

The cultural norms and values of the Pacific Northwest are another important contextual influence on PNDPR. PNDPR’s emergence was facilitated by the ethos of the region in which it flourished. The western coast of North America

has been a place where people sought freedom from social constraints since the Europeans first colonized the continent. Individualism, libertarianism, and libertinism are stronger cultural forces in San Francisco and Seattle than in Boston and Atlanta.³⁷ This “do your own thing” vibe is a source of regional pride and is reflected in thriving art, music, and theatrical scenes, business entrepreneurship, and support for personal freedom both politically (e.g., gay rights) and in terms of personal behavior (e.g., alcohol and drug use). This is even truer in the Pacific Northwest’s port cities, which like port cities around the United States (and arguably the world), allot more freedom of conduct than landlocked towns and cities.³⁸

Indeed, this culture was reflected in the dominant approach to drugs already present in the region prior to 2020. Oregon was the first state to decriminalize marijuana (in 1973) and Washington was in the first pair of states to create a legalized marijuana industry (in 2012). At the time that the federal “war on drugs” inspired increases in mandatory minimum sentences for drug crimes, Oregon intentionally went the other direction by making it virtually impossible for drug possession to result in a prison sentence. Both Oregon and Washington extensively used a range of diversion programs to try every option other than incarceration for people with drug problems. San Francisco and British Columbia also used law enforcement much more lightly in their drug policies than other parts of the United States and Canada. PNDPR was sometimes mischaracterized as a reaction against the region’s allegedly long-standing “war on drugs,” but in truth, it was barely fought there in the first place. If law enforcement’s role in drug policy were a dial that could go as high as 10, the Pacific Northwest was already down at a 2 or 3, and thus many of its denizens were willing to entertain PNDPR advocates’ proposal to turn it down to zero.

All of the above forces shaped PNDPR beginning in 2020. They also influenced how those policies were implemented and what happened in the years that followed.

IV. Changes that followed the implementation of PNDPR

The title of this section was chosen advisedly. It describes what happened over time after PNDPR was implemented without assuming that causality is clear now or that it will become clear in the future.³⁹ In another paper in this volume, Roland Neil and Beau Kilmer make some efforts to assess whether and to what extent PNDPR had a causal influence on the region’s drug and crime problems; no such ambition is present here in this descriptive section.

Neither does this section draw conclusions about whether the changes that followed were good or bad in the eyes of heaven, i.e., reasonable people will differ on which outcomes and tradeoffs they care about. For example, San Francisco’s “linkage” center could not document success at linking more than a few people with addiction treatment (e.g., a week of records inspection showed a rate of referral of 1 in 300 to treatment, with no documentation of whether even these few referrals resulted in care being received), but operated a supervised drug use area in which no one died.⁴⁰ This made it a successful program in some people’s eyes and a failure in others’. Likewise, the de-policed Capitol Hill neighborhood in Seattle effectively legalized all drug use and dealing and allowed it to be conducted openly, permitted urban camping for unhoused people, fomented gangs who shook down businesses for protection money, and was the site where six people were shot in 10 days⁴¹; again, different people will weigh the net value of these various developments differently.

Drug enforcement declined dramatically. The San Francisco District Attorney’s Office under Boudin did not consistently make arrest data public, but in the first two years of his term

(2020–2021), arrests for drug possession appear to have fallen by about three-fourths and arrests for manufacture and dealing declined as well, but by less than 10%.⁴² In 2021, a year when over 500 people died of drug overdose in San Francisco, Boudin did not convict a single person for fentanyl dealing.⁴³

Relative to 2020, the number of arrests for drug possession in 2022 fell by 68% in Oregon and 90% in Washington, and the number of arrests for drug manufacturing and sales fell by 42% in Oregon and 30% in Washington.⁴⁴ In the other 48 states, drug arrests declined to a lesser extent over the same period. Specifically, possession arrests declined 15% and drug trafficking arrests declined 28%.⁴⁵

British Columbian criminal justice data understandably differs from that reported by U.S. police agencies, but a relevant index here is the number of individuals charged with violating the Canadian Drugs and Substances Act (CDSA). From 2020 to 2022, the number of individuals charged in the province with drug possession under the CDSA dropped 63% and the number charged with sales/production/trafficking dropped 38%.⁴⁶

Crime increased sharply in the U.S. Pacific Northwest, but not in British Columbia. Relative to 2020, by 2022, violent crime rose 17% in San Francisco,⁴⁷ 17% in Oregon, and 28% in Washington while declining by 5% nationally.⁴⁸ Portland was particularly hard hit, experiencing a record number of homicides in 2021 and tragically breaking that record again in 2022.⁴⁹

The Pacific Northwest also stood out from the rest of the country for its increase in property crimes from 2020 to 2022. Specifically, property crime rose 33% in San Francisco, 10% in Oregon, and 23% in Washington, while being unchanged nationally.⁵⁰

No such pattern was evident in British Columbia.⁵¹ The violent crime rate was unchanged from 2020 to 2021 and then fell by

2% in 2022. The property crime rate fell by 6% from 2020 to 2022.

Overdose deaths rose to historic levels. From 2020 to 2022, San Francisco's drug overdose rate was very high in absolute terms but roughly stable (83.4 in 2020; 78.8 in 2021; 80.3 in 2022).⁵² Unfortunately, it then jumped to 99.6 in 2023, setting records both for rate and absolute numbers.

According to data from the Centers for Disease Control and Prevention (CDC), in 2020, Oregon's age-adjusted overdose death rate was 18.7.⁵³ It rose to 26.8 in 2021 and 31.1 in 2022. Similarly, Washington's rate was 22 in 2020 and rose to 28.1 in 2021 and 33.7 in 2022. In the CDC's provisional data through October 2023, overdose fatalities rose 1.1% over the past 12 months nationally while rising 43.9% in Oregon (fastest in the nation) and 41.7% in Washington (second fastest in the nation).⁵⁴

In 2020, British Columbia had a drug overdose death rate of 34.4 per 100,000. That rose to 44 in 2021, 44.5 in 2022, and 46.5 in 2023, all record highs.⁵⁵ The rise in fatalities was paralleled by a rise in emergency service responses to overdoses (fatal or not) from 27,067 in 2020 to 42,172 in 2023.

Substance use disorder treatment accessibility and utilization did not appear to increase. San Francisco has made available only limited data on two forms of drug treatment: methadone and buprenorphine maintenance.⁵⁶ The number of individuals receiving these medications declined by about 8% from 2020 to 2022, roughly the same rate at which the city's overall population shrunk (7%).⁵⁷ Unfortunately, there is no 2020 baseline for other forms of treatment.

Oregon's help-seeking promotion and service expansion initiatives stumbled badly out of the gate, as the state government acknowledged.⁵⁸ Over 90% of individuals receiving a ticket with the accompanying fine ignored it; so few called the staffed toll-free health assessment line that

the state spent \$7,000 per phone call.⁵⁹ It is not clear if more than a handful of the few people who did call received substance use disorder treatment as a result. An initial injection of \$31.4 million released to jump-start the sector resulted in only 136 people receiving treatment.⁶⁰ The enduring and more extensive grant funding for countywide “behavioral health networks” that was to follow this initial allotment was mismanaged by the inexperienced oversight body that Measure 110 created. Almost incredibly, 16 months after the policy began, no grants had been allocated for services of any kind.⁶¹

Washington, like San Francisco, offers only limited data covering opioid agonist therapies (e.g., methadone).⁶² In 2020, nearly 34.5 million daily doses of buprenorphine and methadone were distributed at the retail level.⁶³ This dropped to nearly 32.7 million in 2021 but then increased to about 37.5 million in 2022.

Potentially important things on which there is currently not sufficient information. A number of PNDPR’s possible effects have not been systematically evaluated. These include but are not limited to search time and costs to obtain treatment or harm reduction services; search times and costs for illicit drugs; how safe or unsafe residents felt in their neighborhoods; how often residents witnessed open drug use, dealing, and other disorder (e.g., sex work in public spaces); the rate of drug use and addiction in general and among homeless people; and whether perceptions of drug use and people who used drugs changed.

V. The public and policymakers turn on PNDPR

San Francisco. Less than two years after Boudin’s election, polls consistently showed that most San Franciscans disapproved of his performance as district attorney. On June 7, 2022, a special

recall election was held after a successful petition from voters, 55% of whom voted to remove him from office.⁶⁴ Boudin was replaced by Brooke Jenkins, who promised to crack down on organized drug dealing and street crime more generally. Meanwhile, both Mayor Breed and Board of Supervisors members who had previously voted to defund the police publicly reversed themselves. Breed instituted a state of emergency and ordered major police operations against drug dealing. Concurrently, activist claims that Honduran drug dealers were poverty-stricken victims of human trafficking were undermined by an 18-month-long investigation from 2022-2023 by the city’s leading newspaper showing that the Honduran migration was not only voluntary but so lucrative that it had sparked a real estate boom in the drug dealers’ hometowns.⁶⁵ In February 2024, Breed declared at a rally in front of city hall, “Harm reduction, from my perspective, is not reducing the harm ... it is making things worse.”⁶⁶ Breed also championed a ballot initiative that would require welfare recipients to undergo drug testing and rescind their benefits if they did not enter treatment; the voters passed this into law by a wide margin in March 2024.⁶⁷

Oregon. By 2023, Oregonians had soured on the ballot measure they had voted in only a few years before, with polls showing that 56% supported total repeal and a further 8% supported repealing at least part of Measure 110.⁶⁸ Given that Measure 110 was framed by proponents as promoting racial justice, it is remarkable that support for its repeal was even higher among African-American (74%) and Latino (79%) Oregonians. In early 2024, Oregon’s House of Representatives voted 51-7 and the Senate voted 21-8 to repeal Measure 110, restoring criminal penalties for hard drug possession, endorsing mandated addiction treatment, and investing an additional \$250 million in health services for people experiencing drug problems. Measure 110’s proponents spent lavishly to defend the law by funding an all-expenses paid trip to Portugal for legislators and other individuals,⁶⁹ hiring lobbying groups, and making large campaign donations to politicians, but it was to no avail. Governor Tina Kotek signed the repeal into law in late March 2024.

Two months later, Multnomah County District Attorney Michael Schmidt ran for re-election against Nathan Vasquez, who pledged a crackdown on crime and open-air drug scenes. Schmidt received significant financial support from the Drug Policy Alliance.⁷⁰ He eventually retracted his earlier support for Measure 110, but it was too late: just four years after winning the district attorney election by over 50 points, he was handily defeated.⁷¹

Washington. The reform law put in place in 2021 was slated to sunset, meaning the legislature again had to decide whether to allow drug possession to be completely legal, maintain the 2021 law, or do something else. In the spring of 2023, both houses of the legislature voted by more than 6-to-1 margins to toughen criminal penalties for drug possession, waive the requirement for documented treatment referrals to precede arrest, expand programs that used criminal justice pressure to promote treatment, and invest \$44 million in expanding treatment services. On May 17, 2023, Governor Jay Inslee signed this new legislation into law.⁷²

Specifically in Seattle, a remarkable change occurred. In the November 2020 general election, its voters supported Democrat Joe Biden over Republican Donald Trump for president by 53 percentage points.⁷³ Twelve months later, the same city gave a majority of the vote for city attorney to Republican Ann Davison, who ran against a police abolitionist on a promise to increase drug prosecutions and clear out homeless encampments.⁷⁴ When the state increased penalties for drug possession in 2023, PNDPR advocates in Seattle demanded that the city not follow the new policy but instead keep to its more lenient city ordinance, but city leaders nonetheless voted to also increase penalties.⁷⁵

British Columbia. In Vancouver's October 2022 municipal election, the local "Vancouver ABC" party ran a slate of candidates pledging to increase police funding and improve public safety.⁷⁶ The police union broke with historical precedent to endorse ABC's slate of candidates,

stating that they were concerned about budget constraints imposed by the city's elected officials.⁷⁷ The mayoral race was a rematch of the 2018 election in which Kennedy Stewart narrowly defeated ABC candidate Ken Sim. In the 2022 election, Stewart touted making Vancouver the first city in Canada to decriminalize drugs and to initiate a "safe supply" drug program. Sim won in a landslide, beating Stewart by 22 points, and every other ABC candidate also won, giving the party control of the city council and other city bodies as well.⁷⁸

As public drug use spread in parks, transit stops, and the doorways of homes, hospitals, and businesses, some city officials in British Columbia attempted to impose constraints on public drug use. PNDPR advocates successfully sued to block restrictions on the right to use drugs anywhere.⁷⁹ However, the premier of the province, David Eby, then announced that he agreed drug use in public spaces should be recriminalized and applied to the national government for a change to the terms of the decriminalization experiment in April 2024.⁸⁰ This request was granted by Health Canada the following month. Shortly thereafter, the national government rejected an application by the city of Toronto to run its own decriminalization experiment.⁸¹

Whether "safe supply" continues in British Columbia (as well as in other provinces that have now adopted it) depends in part on upcoming provincial and national elections, as conservative parties have pledged to end it. But regardless of the future election results, safe supply's existence is also dependent upon continued support from its current elected advocates, which has visibly lessened. In the fall of 2023, the provincial government stopped funding the Drug Users Liberation Front, which was operating a safe supply program and whose leaders were indicted for drug trafficking.⁸² In May 2024, polling data showed that most British Columbians disapproved of the ruling party's handling of drug policy,⁸³ and Eby conceded that safe supply drugs should have some distinctive tracer to assess their degree of diversion.⁸⁴ The following

month, Provincial Health Officer Bonnie Henry's proposal to expand safe supply to include more illegal drugs distributed with fewer controls was immediately rejected by the minister for mental health and addiction.⁸⁵ In September 2024, Henry was overruled again when Eby announced that the province would start legally mandating some individuals to attend addiction treatment.⁸⁶ PNDPR thus risks becoming an orphan policy that candidates across the political spectrum see as an electoral liability.

VI. Lessons of the rise and fall of PNDPR for the future of drug policy

Whether and how much PNDPR bears responsibility for the rising crime, drug overdoses, and neighborhood disorder in the region will be much debated by academics in the coming years. In the real world, however, the people who actually lived under these policies have already voted to roll them back. Drawing lessons from PNDPR for drug policy in democratic societies requires understanding why so many people turned against it. This immediately raises two critical questions, namely why didn't PNDPR produce "Portugal-style" outcomes for drug policy (which would presumably have maintained its initial popularity) and why didn't the public agree with PNDPR proponents that the changes that followed it (e.g., declining drug arrests) were of sufficient value to justify continuing the experiment?

Critical question #1: Why didn't PNDPR generate "Portuguese outcomes?" The small, picturesque nation of Portugal is never referenced in American public policy debates except regarding drugs, where it is regularly invoked as a cynosure by reform advocates. PNDPR policies were sold to the public on a promise to reduce drug problems, as many observers believe they did in Portugal (e.g., lower HIV transmis-

sion, reduced drug deaths, and higher rates of treatment engagement).⁸⁷ Five non-competing conjectures could be offered for why the implementation of PNDPR was not followed by the outcomes that Portugal's drug policy reforms seemed to produce in the early years of this century.

First, Portugal guarantees access to health care for all its citizens and at the time of its reforms around 2000, provided substantial treatment and harm reduction services to people with drug problems.⁸⁸ There is no such guarantee in the United States, which might be hypothesized to increase morbidity and mortality among people with drug problems. That said, a critic of this hypothesis could note that British Columbia exists in a country with guaranteed universal access to health care yet has a markedly higher drug overdose death rate than Washington and Oregon just across the U.S.-Canadian border.

Second, synthetic opioids are prevalent in the Pacific Northwest but are currently uncommon in Portugal (and in Europe more generally). Even if we assume very optimistically that it were possible to perfectly implement a decriminalization and harm reduction strategy that reduced the risk of overdose per use episode by 90%, we would still expect dramatically more overdoses from fentanyl than heroin because the former is both much riskier and is used more times per day by addicted individuals.

Third, relative to the libertarian-leaning Pacific Coast of North America, Portugal has stronger cultural pressures not to use drugs, not to be publicly intoxicated, and to stop using drugs when they are causing problems. Portugal was a dictatorship in living memory, has a communitarian Catholic-influenced culture with strong, multi-generational families that provide a mix of support and monitoring that is largely absent in the cities of the Pacific Northwest (except for within certain recent immigrant communities, which not incidentally tend to have very low rates of drug use).

Fourth, Portugal also has a formal legal system that dissuades people from drug use. Police can and do seize drugs from individuals who are caught using in public and can also make them attend a “dissuasion commission” that conducts health assessments and where appropriate directs people to treatment. Commissions can also impose civil penalties, for example, removing the license to practice a trade if someone refuses to attend needed drug treatment or fining individuals who do not comply with commission requirements. Portugal’s dissuasion commissions place less pressure on people who use drugs than do U.S. drug courts, but that isn’t the relevant comparison for PNDPR which effectively abolished drug courts and replaced them with no pressure at all. PNDPR advocates declined to adopt a policy mechanism comparable to that Portugal uses to discourage problematic drug use.

Fifth, PNDPR was implemented concurrently with other highly consequential public policies, including COVID lockdowns and the defunding of law enforcement. A decade previously, when California and Utah defelonized “hard” drug possession, impacts on drug use, crime, and popular opinion were hard to discern. Had PNDPR or at least a version of it been implemented in another era, it might have had different effects, been perceived differently by the public, or both. Most notably, the emptying and de-policing of public spaces meant that—independent of whether drug use, drug dealing, and homelessness were increasing or not—severely troubled people were more visible to the average person. Such troubled people were also plausibly more frightening to the average person, as they came to outnumber them on once busy streets.

Critical question #2: Why didn’t the public value the changes that followed PNDPR implementation the same way as did its proponents? There has been no significant recanting by PNDPR proponents—they point to declines in drug arrests (particularly of people of color) and more spending on harm reduction as clear evidence of success and argue that any perceived negative effects are either illusory or relatively unimportant.

From the PNDPR point of view that drug use is a fundamental human right and bodily autonomy is absolute, it is a success that drug use and drug dealing became easy to do in private and in public without interference in places like Oregon. The public at large could have looked at this change and concluded that other changes that occurred after PNDPR (e.g., increasing crime and disorder) were a reasonable cost to bear to generate those freedoms (again, particularly for people of color), and at the height of the George Floyd-inspired protests it seemed likely they would. However, many public policies are more popular in theory than when people have to live under them day to day. Under those conditions, it became evident that the public differed from PNDPR proponents in how they weighed the tradeoffs inherent in drug policy.

The rollback of PNDPR in some of the most politically progressive areas of North America suggests that most voters are more distressed by crime and neighborhood disorder than they are about drug arrests. Del Pozo has argued persuasively that activists’ dismissal of legitimate concerns about public drug use and disorder was a political miscalculation.⁸⁹ Harm reduction was originally a population health strategy, and people who don’t use drugs were part of that population. As PNDPR advocates focused on what they considered the rights and desires of people who use drugs and ignored the rights and desires of everyone else, they lost public support. And it was clearly an even worse miscalculation to assume that the public could be persuaded to sympathize deeply with people who deal a drug that kills hundreds of Americans every day.

PNDPR’s rise and fall may also indicate that the majority of the public is more willing to devote their tax dollars to treatment and recovery (including for programs that actively push people who use drugs in that direction) than to harm reduction. Arguably, some of the initial public support for PNDPR may have been based on a misunderstanding (perhaps at times one actively fostered), namely that “expanding treatment” would mainly be about helping people stop using

drugs rather than supporting their fundamental right to use drugs more easily and safely at public expense. When it was revealed that less than 1% of Measure 110 dollars were spent on treatment and instead the money was devoted almost entirely to harm reduction programs, one of the lead proponents of the measure said bluntly, “The money is going exactly where it needs to be going.”⁹⁰ A public sense of betrayal over this may have helped turn voters against Measure 110.

San Francisco’s now-closed “linkage” center might also have been perceived by voters as a bait and switch. At a cost of over \$20 million, the public funded a linkage center that provided minimal linkage but did run a supervised drug consumption room. The individual overseeing that center justified this decision by saying “To be clear, nobody asked us to operate an overdose prevention area. For me, it was a matter of conscience. Recognizing the dire need, we went beyond the initial proposal.”⁹¹ Irrespective of whether one supports the existence of supervised drug consumption rooms, promising the public they are going to get one thing, taking their money, and then doing something else is playing the short end of the field politically. For any drug policy change to be durable, proponents have to be straightforward with the public on what their goals are and persuade voters to have similar policy preferences.

Further, it can’t be overstated that PNDPR claimed the mantle of racial justice **while ignoring significant opposition from people of color**. Progressive politics (both activists and donors) in the United States are dominated by a college-educated, overwhelmingly white group of people who advocate putatively anti-racist policing and drug policies that are applied in low-income, largely minority communities where they do not themselves live.⁹² Attitudes toward harm reduction, de-policing,⁹³ and decriminalization are often more negative in minority communities than in progressive white-dominated activist circles, as the polling data on opposition to Measure 110 showed.⁹⁴ Tensions rise particularly when white-dominated harm-re-

duction activist organizations move uninvited into minority neighborhoods where their views are unpopular and most of their staff do not live.⁹⁵

Relatedly, many of the leading figures pushing for the repeal of PNDPR are people of color, with the white Chesa Boudin being thrown out of office to be replaced by a tough-on-crime-and-drugs Black district attorney, Brooke Jenkins, being emblematic. San Francisco Mayor London Breed is also Black, as are several other U.S. major city mayors who are hostile to harm reduction, decriminalization, or both. Drug policy activists who want to justify their proposals as being grounded in racial justice are more likely to be successful if they build coalitions with people of color who are based outside of elite circles and who live and work in the neighborhoods that have serious drug problems.

To conclude with a challenging question, does the spectacular rise and fall of PNDPR in the past four years mean that drug policy reform is dead or dying? Some may spin it this way, but it needn’t be the outcome as long as reformers are clear-eyed about their mistakes and willing to embrace evidence-based changes to drug policy that bring more of the public along with them. This must include an assessment of the baseline of drug policy in areas that are the site of reforms. In places like the Pacific Northwest, which already have a relatively de-carceral, light police touch approach to drugs, further moves in that direction (though perhaps easier to garner public support for, at least at first) might produce qualitative shifts in drug and crime problems that have unexpected effects which the public opposes. In contrast, the same amount of “dialing down” might generate a more appealing set of tradeoffs in a state or province with a relatively higher baseline of criminal justice approach to drug use.

PNDPR proponents were initially successful in a volatile political moment in framing drug policy as a switch that could only be thrown to “on” (for a carceral, racist, war on drugs) or “off” (for PNDPR and ultimately to legalization). In reality, there are

many options between those extremes.⁹⁶ The future of drug policy reform is not in throwing a switch, but in adjusting many dials to find those sweet spots in policy where the tradeoffs are both broadly evident and broadly popular.

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