Oregon becomes first state to decriminalize possession of drugs

By ANDREW SELSKY
Associated Press

SALEM — Police in Oregon no longer can arrest someone for possession of small amounts of heroin, methamphetamine, LSD, oxycodone and other drugs as a ballot measure that decriminalized them took effect Monday, Feb. 1.

Instead, those found in possession would face a $100 fine or a health assessment that could lead to addiction counseling. Backers of the ballot measure, which Oregon voters passed by a wide margin in November, hailed it as a revolutionary move for the United States.

"Today, the first domino of our cruel and inhumane war on drugs has fallen, setting off what we expect to be a cascade of other efforts centering health over criminalization," said Kassandra Frederique, executive director of the Drug Policy Alliance, which spearheaded the ballot initiative.

Ballot Measure 110's backers said treatment needs to be the priority and criminalizing drug possession was not working. Besides facing the prospect of being locked up, having a criminal record makes it difficult to find housing and jobs and can haunt a person for a lifetime.

Two dozen district attorneys opposed the measure, saying it was reckless and would lead to an increase in the acceptability of dangerous drugs.

Instead of facing arrest, those found by law enforcement with personal-use amounts of drugs would face a civil citation, "like a traffic ticket," and not a criminal citation, said Matt Sutton, spokesperson for the Drug Policy Alliance.

Under the new system, addiction recovery centers will be tasked with "triaging the acute needs of people who use drugs and assessing and addressing any on-going needs thorough intensive case management and linkage to care and services."

Millions of dollars of tax revenue from Oregon's legalized marijuana industry will fund the centers. That diverts some funds from other programs and entities that already receive it, including schools.

The ballot measure capped the amount of pot tax revenue that schools; mental health alcoholism and drug services; the state police; and cities and counties receive at $45 million annually, with the rest going to a "Drug Treatment and Recovery Services Fund." The fund will be awash in money if the sales trend for marijuana continues as expected.

In the 2020 fiscal year, marijuana tax revenues peaked at $133 million, a 30% increase over the previous year, and a 545% increase over 2016, when pot taxes began being collected from legal, registered recreational marijuana enterprises around the state.

The other recipients of pot tax revenues now are saying that, after assessment and related treatment options are set up, the distribution of those revenues will deserve another look. A leading lawmaker agrees.

"In the future, as Oregon's treatment programs reach full funding, the state should evaluate what other services would benefit from our continually growing marijuana tax revenues," Oregon Education Association President John Larson said in an email.

Larson said a "balanced approach to budgeting" will support communities and students. The OEA union represents about 44,000 educators.

State Sen. Floyd Prozanski, chair of the Senate Committee On Judiciary and Ballot Measure 110 Implementation, said he expects Oregon's cannabis tax revenues to increase exponentially if recreational marijuana in the United States is legalized. He expects that to happen within four years.

MODELS

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provides long-lasting immunity, which remains unknown.

Each of the models demonstrate Oregonians are gaining the upper hand in the winter war against COVID-19. The Centre for Mathematical Modeling of Infectious Diseases, for example, put the "halving time" at 7.7 days, meaning if Oregonians manage to keep the rate of infection at current levels, COVID-19 infections will be cut by half roughly every eighth day.

But the models also contain no shortage of reminders that the state of the pandemic — and any projected recovery from the winter surge that may eventually come true — is precarious.

The OHA, for example, projected what could happen if the rate of transmission increases 30%, to 1.1. In that situation, average new daily cases would reach 720 with 24 new hospitalizations per day.

"This scenario is intended to illustrate what would happen over the next month if the (rate of transmission) were to increase slightly above 1 again; this could occur if people were to become less adherent to prevention recommendations and/or if a strain with higher infectivity were to circulate more widely," the OHA stated in its modeling report.

The IHME's "worst case scenario" — in which it modeled what could happen if mask use remains steady, new COVID-19 variants prove somewhat resistant to vaccines and spread rapidly and people begin going out at pre-pandemic levels

Kaleb Lay/The Observer

A cloth face mask dangles on a bush alongside Fourth Street in downtown La Grande on Monday, Feb. 1, 2021.

— projected 3,000 cumulative COVID-19 deaths, or roughly double the additional deaths over the next three months compared to its "most likely" scenario.

And, in fact, the COVID-19 variants from the United Kingdom and South Africa (officially B.1.1.7 and B.1.351, respectively) are featured in several models and play an exacerbating factor. The severity of that factor depends on varying assumptions made about their transmissibility and resistance to vaccines.

"We have no evidence that the existing vaccines are less effective against variant strains," the Center for Human Development, La Grande, said in a statement. "They don't appear to be causing more serious illness than we already have."

However, the P.1 variant that emerged in the Brazilian city of Manaus has shown signs it may be able to reinfect those who've already experienced COVID-19. The Lancet medical journal estimated 76% of people in Manaus already had been infected by Jan. 27, and yet the city was seeing a sudden spike in cases. The Lancet listed a resistance in the P.1 variant to COVID-19 antibodies as one of four possible explanations for the rise.

The IHME, OHA, CMMID and COVID Act Now models do not make any mention of the P.1 variant from Brazil or the L452R variant from California, the latter of which has been detected in Oregon, according to the OHA.

Even so, health officials have noted the COVID-19 vaccines so far appear to be effective in preventing moderate and severe illness in the variants, and while the projected decline in cases does paint a picture of a brighter future, taking preventive measures to ensure that the rate of spread does not once again increase is critical.

"We have been doing a great job as a community in our response over the last difficult year. We know this has been hard on our community and as difficult as it is to say over and over again we need to do our best to continue to consistently put mitigating practices in place as individuals and a community to slow the spread," CHD stated. "Keep your distance, wear a mask, restrict your gatherings, wash your hands frequently, stay home if you're feeling ill."

VET

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deciding to retire was difficult because of the close ties he has made with community members during his career.

"It is with humble gratitude that my career comes to a close," Omann said in a letter he wrote to the community. "Many of you started as clients and then became more like friends and family."

Omann came to what is today the Country Animal Clinic in 1988 when it was the Grande Ronde Animal Hospital and owned by Dr. Bob Shoup. Omann knew Shoup well because he had also worked under him while a pre-vet student at Eastern Oregon University. Shoup died not long after Omann arrived. Omann purchased the clinic in 1989 and renamed it the Country Animal Clinic. Omann credited the support he received from the community in those early years with playing a big role in his development.

"I started as a new graduate filled with book learning; your wisdom, kindness and patience forged me into a veterinarian," Omann wrote in his letter.

Omann also credited co-workers including Stephnia Harris, who worked at clinic for 23 years, with playing an important roles in the success of his practice.

Omann, who owned the clinic with his wife, Lorna, whom he met there as a pre-vet student, sold the clinic's small animal practice to Dr. Jeff Henry and his wife, Tina, in April 2017. He then did contract work for Henry, which "allowed a more leisurely schedule over the past four years," Omann said.

Omann welcomed the reduced workload, but he was on call for emergencies. This took a toll.

"You wear out," he said. "I suffered from sleep deprivation."

Regardless of how tired he might be, Omann always strived to put the animal he was treating, and its owner, at ease by remaining calm and showing empathy.

"Even if you are busy, it is important that you make it seem you have all the time in the world," Omann said.

The Country Animal Clinic is different from many today because it continues to treat small animals plus large ones, including horses and livestock, in an era when many clinics are specialized. Omann said he enjoyed caring for a wide range of animals. He also said the revenue his clinic generated from treating small animals helped him to be able to afford to provide medical care for horses, which he also has a level of passion for.

He said veterinarians can do more for animals today than when his career began because of advancements in technology, including CT scans and MRIs available in larger cities, for which Omann provided referrals. The information from these diagnostic tools made it easier for Omann to restore the health of his patients.

"It is very gratifying to see an injured or sick animal recover so that it can live a normal life," he said.

Omann said he found himself treating fewer animals with broken bones as his career progressed, perhaps because fewer people drive with dogs in the back of open vehicles.

The veterinarian said his interest in becoming a veterinarian started in his childhood, growing up on a ranch in Halfway. There, he became deeply interested in animals.

Omann, after doing his pre-vet program work at Eastern, transferred to Oregon State University where he was a student in a veterinary medicine program operated cooperatively with Washington State University. This was before OSU and WSU had their own veterinary programs.

Throughout his career, Omann has worked to educate owners about how to care for their animals when sick or injured. One point he emphasizes is that animal owners need to be careful when approaching an injured animal they normally are comfortable with.

"It is not the same animal. Don't expect it to react as it normally would," Omann said.

Today Omann remains ever fascinated not only by the world of animal medicine but the intelligence and the clever nature of pets.

"They tend to train us more than we train them," the veterinarian said.

For example, pets often dictate when their owners let them outside and when they are fed.

Omann and his wife of 31 years, Lorna, whom he described as his "greatest blessing," plan to explore Eastern Oregon more extensively in retirement.

"This is an amazing area," the veterinarian said, "but because of my work I have not gotten to see as much of it as I would have liked."

VACCINES

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pharmacist for Winding Waters who was part of the vaccinating staff, agreed, saying that "by and large, the majority of people have taken the vaccine."

"People are excited to have the opportunity to get vaccinated," Farley said. "The number of people who opted in far outweighed" those who opted out.

Farley said the staff met with individuals who did elect to opt out — or who were uncertain — to make sure they were comfortable with whatever decision they made.

"We have a chance with those who are hesitant to talk it through," he said.

So far, there have been no adverse reactions to the vaccine among the care facility residents and staff.

"It's gone well," Farley said. "We've had no incidents of people not tolerating it well. We've felt positive about how things have gone."

The buzz about getting vaccinated was about equal for both staff and residents, too.

"Kind of hard for me to say who is more excited," Farley said. "The residents are excited because they want to be protected, but the staff are excited to keep it from (their residents)."

Powers added that Winding Waters staff has also been helping in the vaccine administration that Wallowa Memorial Hospital has been performing at Cloverleaf Hall, and will continue to work with the hospital in the vaccine rollout — including what it will consider doing if it receives more than just the second doses allocated for it.

"We're working out those details," Powers said. "It's all really going to depend on how much vaccine is coming into the community, and there is not clarity yet."

"We are thankful for the help of Winding Waters Clinic in getting vaccines to all of the interested LTCF residents and staff," said Brooke Pace, WMH communications director. "Their help assisted us in getting out all the available vaccine as quickly as possible, which is of course the goal. The vaccine clinics take a lot of man power, from planning, scheduling, setting up, and breaking down."

Powers added that the next task in Winding Waters' vaccination plan is "identifying a list of people who are homebound but not necessarily in a long-term care facility."