



**DATE:** December 11, 2023

**To:** Governor Tina Kotek  
Senate President Rob Wagner  
House Speaker Dan Rayfield  
Senate Majority Leader Lieber  
House Majority Leader Fahey  
Senate Minority Leader Knopp  
House Minority Leader Helfrich

**From:** Tony Vezina, Alcohol and Drug Policy Commission, Chair

## Recommendations for Immediate Action to Reduce the Number of People Who Die of Overdose in Oregon

The Alcohol and Drug Policy Commission (ADPC) is charged with improving the effectiveness and efficiency of state and local alcohol and drug abuse prevention and treatment services. ADPC Commissioners are experts in substance use prevention, treatment and recovery; health industry professionals; individuals with lived experience; and court and community corrections professionals. The ADPC is also responsible for establishing the comprehensive addiction, prevention, treatment and recovery plan for Oregon.

In 2020, the ADPC finalized the 2020-25 Oregon Statewide Strategic plan, setting four statewide goals that would lead to four ultimate impacts if accomplished. The four statewide goals are:

1. Implement a coordinated state system to address substance misuse.
2. Increase the impact of substance misuse prevention strategies across the lifespan.
3. Increase rapid access to effective substance use disorder treatment across the lifespan.
4. Increase access to effective substance use recovery supports across the lifespan.

The four Ultimate Impacts that we seek to achieve as a state are:

1. Reduce the prevalence of substance use disorders and increase recovery.
2. Reduce deaths related to alcohol, tobacco and other drug use and misuse.
3. Reduce health disparities related to alcohol, tobacco and other drug use.
4. Reduce the economic burden of substance misuse on Oregon's state budget.

Since 2020, Oregon has faced the COVID pandemic, wildfires and other climate-related difficulties, and unprecedented housing and homelessness challenges. Concurrently, deadly illicit fentanyl surged into the state drug supply. These factors, combined with Oregon's already high rate of substance use

disorders and percentage of Oregonians who need treatment but don't get it, have led to the staggering numbers of deaths related to overdose.

***The strategic plan set a benchmark goal for the state to reduce the rate at which Oregonians die from drug overdoses (total) from 12.4 per 100,000 in 2017 to 10.4 or less per 100,000 by 2025.***

**In 2022, that rate climbed to 31.1 deaths per 100,000.**

**The rate of deaths related to overdose for American Indian or Alaska Native Oregonians increased from 46.6 per 100,000 in 2021<sup>1</sup> to 85 per 100,000 in 2022.**

**The rate of deaths related to overdose for Black or African American Oregonians increased from 33.6 per 100,000 in 2018 to 78.3 per 100,000 in 2022.**

Under Governor Kotek's leadership and direction, the Alcohol and Drug Policy Commission convened in October 2023 with new leadership and a bolstered membership. The ADPC immediately directed the formation of additional committees of subject matter experts to address the substance use continuum of care and develop recommendations for immediate action to reduce deaths related to overdose in 2024. On December 11, 2023, the ADPC voted to recommend that the following steps be taken.

In carrying out these actions, health equity considerations are paramount and the specific and varied needs of disproportionately impacted populations and people with lived experience must always be centered. We share the shocking death rates for American Indian/Alaska Native and Black/African American Oregonians above, but there is desperate need to address the needs of all populations disproportionately impacted by substance use disorders and overdoses, including all Latino/a/x, Pacific Islanders, Asian Americans, People of color, people with disabilities, LGBTQIA2S+ individuals, rural populations, pregnant and parenting people and youth.

Oregonians with substance use disorders or struggles continue to experience stigma at home, in the workplace, and in the community. This stigma is a factor in individuals not seeking quality care, is a source of shame for individuals afraid of seeking help, and a barrier to implementation of efficient and effective substance use services. Stigma must also be considered in implementation of all actions recommended below.

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<sup>1</sup> The rates before 2021 are considered unreliable due to small counts.

The ADPC recommends the following steps be taken to address the entire substance use continuum of care. We recommend that action be taken in each and every area in order to effectively prevent and address substance use and directly impact deaths related to overdose in Oregon.

### **Prevention**

The following recommendations are informed by the Institute of Medicine's (IOM) definition of prevention: "Practices, programs and policies designed to prevent and reduce the incidence and prevalence of alcohol and other drug use and consequent health, behavioral and social problems."

1. Scope and request funding for a statewide hub for Substance Use Prevention charged with building infrastructure to strengthen Oregon's overdose/polysubstance use prevention system.
2. Scale up funding for current OHA overdose/polysubstance use prevention programs to ensure adequate and equitable level of resources for Substance Use Prevention Coordinators in every Oregon County and Tribe.
3. Direct ADPC to conduct an analysis of Primary/Universal Prevention in Oregon, including current workforce, intervention types, training and technical assistance needs, existing community coalitions, partnerships with schools, and areas of unmet need.

### **Treatment**

4. Increase Access to Medications for Opioid Use Disorder (MOUD) with the following strategies:
  - a. Address state policy and payor barriers, including the removal of prior authorization and barriers to youth access, and provide training to practitioners.
  - b. Address barriers to accessing MOUD in treatment and program settings by allowing direct admissions to opioid treatment programs from bridge clinics, primary care, emergency rooms, hospitals, and withdrawal management programs; increase MOUD in all system entry points (emergency departments, hospitals, carceral settings, residential facilities, etc.); require programs to accept all SUD patients regardless of their use of Medication Assisted Treatment (MAT) (and regardless of MAT type); and advocate for pandemic extensions regarding Methadone and buprenorphine at the federal level.
  - c. Expand access in the community by funding mobile Medication Assisted Treatment units and the development of medication units for methadone administration for every Opioid Treatment Program.
5. Provide flexible funding for capital investments to SUD providers for additional sobering centers; withdrawal management and residential facilities and partial hospitalization to increase appropriate placement based on medical need between these ASAM levels of care 3.0 and above, prioritizing projects that are achievable in the next 6-12 months and in regions with the highest need.

### **Recovery**

6. Increase access to Recovery Housing.
  - a. The ADPC Recovery Committee will prepare a memo to state agencies describing the benefit of increased access to recovery housing to facilitate cross-agency support of the model.
  - b. Request that a portion of new housing funding allocated by the 2024 legislature go to recovery housing.

7. Strengthen the linkage between peers and ‘overdose reversers and prevention’ emergency responders, public safety, emergency departments, withdrawal management, treatment, recovery, housing, harm reduction services, and MAT providers. This includes direction to Behavioral Health Resource Networks to work with CCOs and local governments to expand coordination between entities.
8. Provide funding to address the gap in recovery community centers, as identified in the 2022 OHSU gaps analysis. Distribute funding across the 7 hospital regions, with priority for investments in recovery community centers serving youth, culturally specific and rural populations.

### **Harm Reduction**

9. Develop and fund a statewide strategy for the purchase and distribution of naloxone, that ensures access in rural areas and includes an education strategy to ensure proper administration and dosage during overdose emergencies.
10. Implement a statewide drug checking network utilizing drug checking technology and mail order access, paired with statewide technical assistance, training, and operational support to the network across the state.
11. Expand Syringe Service Programs to ensure access to comprehensive harm reduction wraparound and engagement services in every county by incentivizing existing programs to provide mobile services, and encourage community safety net providers (like FQHCs, health departments) include syringe services.

### **Youth Specific Interventions**

The System of Care Advisory Council (SOCAC) and the Alcohol and Drug Policy Commission (ADPC) both recognize that we must center the needs of Oregon’s youth in addressing the addiction crisis. SOCAC and ADPC are joining forces to form a Joint Youth Substance Use Committee to advise and provide oversight to Oregon’s strategies to prevent, reduce and treat youth substance use. Addressing inequities and disparate impacts will be the foundation for the joint committee’s work. All recommendations will use an equity lens in decision making, including describing how funding all populations disproportionately impacted by substance use disorders and overdoses, including all Latino/a/x, Pacific Islanders, Asian Americans, People of color, people with disabilities, LGBTQIA2S+ individuals, rural populations, pregnant and parenting people and youth.

Recognizing the immediate need for investment in upstream prevention and treatment, while also developing a comprehensive plan specific to youth, the SOCAC and ADPC are requesting:

12. Funding for youth and family treatment services to be directed by the joint committee, with approval by SOCAC and ADPC.
13. Funding for primary prevention in line with recommendations of ADPC prevention committee, with approval of joint committee and ADPC.
14. Funding and staff for the ADPC to create a youth SUD strategic plan by 2025. This plan should include specific strategies to improve access to care for youth, evidence-based and evidence-

informed, strategies for upskilling the current workforce and increasing system capacity across the continuum of care.

The ADPC will work to move these recommendations forward at all levels of government and across state agencies. We ask our state agency and commission partners; local, state and federal funders; and community stakeholders to join us in moving these recommendations forward.

For questions or more information, please contact Annaliese Dolph, Director, Alcohol and Drug Policy Commission at [annaliese.dolph@oha.oregon.gov](mailto:annaliese.dolph@oha.oregon.gov).

CC:

Joint Interim Committee on Ways and Means  
Joint Interim Committee on Ways and Means Subcommittee on Human Services  
Joint Interim Committee on Addiction and Community Safety Response  
Senate Interim Committee on Health Care  
Senate Interim Committee on Human Services  
House Interim Committee on Behavioral Health and Health Care  
House Interim Committee on Early Childhood and Human Services  
Opioid Settlement Prevention, Treatment and Recovery Board  
Directors and Points of Contact of ORS 430.221 Participating State Agencies