

Policy Priorities for the Alcohol and Drug Policy Commission

The Alcohol and Drug Policy Commission will organize its work around ten policy goals:

1. Reduce or eliminate the exposure of children to drugs*
2. Reduce the use of drugs by people of all ages
3. Reduce health risks and other harm to people who use drugs
4. Reduce harm caused by people who use drugs
5. Reduce the violence that often accompanies distribution and use of drugs
6. Reduce the number of people in jails and prisons because of drug use
7. Improve timely access to effective treatment services by people who use drugs
8. Reduce or eliminate demographic and geographic disparities in enforcement and treatment
9. Improve the value of drug use prevention programs supported by taxpayer funds
10. Improve the value of drug treatment programs supported by taxpayer funds

* In this document, the term “drugs” is intended to include all forms of tobacco, alcohol, marijuana and marijuana products (whether “medical” or “recreational”), diverted or misused pharmaceuticals, other misused substances such as inhalants, and illicit drugs.

Priorities

Priority 1.

Prioritize all state funding to activities or programs that

- a. address at least one of these ten policy goals; and
- b. show strong evidence of past effectiveness; or
- c. are high-fidelity replications of effective evidence-based programs; or
- d. show potential, based on credible research, of scalability and cost-effectiveness.

Priority 2.

Prioritize activities or programs designed to prevent, interrupt, or treat behaviors that

- a. have the greatest potential to cause the drug-using individual to harm others; or
- b. have the greatest potential to cause lasting harm to the drug-using individual; or
- c. have the greatest potential to cause taxpayer expense.

Priority 3.

Prioritize interventions in geographic areas or population groups in which the problem drug use occurs most frequently.

Goals and Issues

There are many issues involving drugs that can be addressed by effective policy, directed or influenced by the ADPC, for the State of Oregon. Here is an issue list, grouped by the ten policy goals.

Goal 1: Reduce or eliminate the exposure of children to drugs

Drug-exposed pregnancy, FASD, low birth weight	Adolescent access to alcohol
Exposure to secondhand smoke	Adolescent access to MMJ and decriminalized MJ
Reduce or prevent marketing of tobacco/alcohol/marijuana products to adolescents	Possession and use policies in schools and colleges; school health centers' role
Adolescent access to tobacco products	Regulation and enforcement of laws related to supplying alcohol, tobacco, other drugs to children
Flavored tobacco products	

Goal 2: Reduce the use of drugs by people of all ages

Non-medical use of prescribed medications, diversion	Effects of MMJ dispensary control system – production regulation, quality/contaminant control, variant and derivative products, pricing, labeling, advertising, taxation, logistics, diversion prevention, outlet location and density, etc.
Protocols that encourage alternatives to prescription opiates	
Tribal prevention and treatment – new ideas	Regulation of alternative nicotine delivery systems
Scalable prevention programming – new ideas	Design of future decriminalized/legalized MJ control systems
Effects of current and potentially-changing alcohol control system – pricing, labeling, advertising, taxation, logistics, diversion prevention, outlet location and density, etc.	Effective public education about drugs

Goal 3: Reduce health risks and other harm to people who use drugs

Hepatitis C, HIV prevention	Binge drinking prevention/intervention
Rx drug diversion	Surveillance and outreach: club drugs, analogs, new molecules
Naloxone distribution	
Needle exchange programs	Alignment of drugs—pharmaceuticals and new molecules—in Schedules
Good Samaritan/911/medical amnesty	

Goal 4: Reduce harm caused by people who use drugs

Support and expand problem-solving courts	Drug treatment coupling with DV and CPS intervention
Impaired driving enforcement, intervention	
Increased access to drug-replacement treatments as a crime-reduction strategy	Secondary smoke regulation Prenatal screening and treatment

Goal 5: Reduce the violence that often accompanies distribution and use of drugs

Cash-handling and banking for MMJ and decriminalized MJ dispensaries	Prevention of drug-involved violent crime or drug-motivated crime
Security standards for dispensaries	Prevent/reduce/contain organized crime/cartel/gang involvement in trafficking
Possession and use of firearms associated with distribution and use of drugs	

Goal 6: Reduce the number of people in jails and prisons because of drug use

Adopt science and cost-benefit analysis (not politics) as basis of policy	Pre-adjudication access to drug use treatment
Sentencing discretion vs. mandatory minimums	Sentenced inmate access to drug use treatment
Alignment of drugs and penalties in statute	Probation and post-prison access to drug use treatment
Racial and ethnic disparities across CJ system	Frequent flyer community intervention

Goal 7: Improve timely access to effective treatment services by people who use drugs

Barriers to treatment	Access to care for non-CCO, uninsured, population
Determine core drug use-related services to be provided by CCOs	Access for people who are homeless
	Access in rural areas

Goal 8: Reduce or eliminate disparities in access to drug treatment

Reduce or eliminate demographic and geographic disparities in enforcement and access to treatment	Align enforcement and treatment practices to address racial, ethnic, economic, geographic disparities
Evaluate variations in programs across the state	
Implement treatment-matching tools	Increase access to medically-assisted treatment – all populations

Goal 9: Improve the value of drug use prevention programs supported by taxpayer funds

Survey current funding sources and uses – Where do funds come from? How are they spent?	Establish statewide standards
	Give direction to state budgeting process
Survey current programs – Evidence-based? Cost-effective? Available as intended? Unintended consequences? Replicable? Scalable?	

Goal 10: Improve the value of drug treatment programs supported by taxpayer funds

Survey current funding sources and uses – Where do funds come from? How are they spent?	Establish statewide quality standards
	Give direction to state budgeting process
Survey current programs – Evidence-based? Cost-effective? Available as intended? Unintended consequences? Replicable? Scalable?	