

ADPC Policy Agenda, Revised October 2014

Here are eight policy areas that are recommended for consideration by the Alcohol and Drug Policy Commission during 2014-2015.

1. Build an effective, evidence-based, statewide prevention system.

Dr. Biglan has proposed a cost-effective prevention system make-over that could dramatically reduce the prevalence and impact of addictions in Oregon. There are school-based and family-based prevention programs that could be more widely implemented across the state. These programs have been demonstrated in other states to be good investments with enduring positive results.

2. Apply treatment-matching tools demonstrated in corrections to other state-supported drug and alcohol treatment programming.

The Department of Corrections has pioneered tools that use program outcome data combined with personal information to match people in need of drug use treatment to programming that is predictably most effective. Applied to non-corrections state-supported treatment, these tools could improve the quality of care for other Oregonians.

3. Access to treatment

The need for alcohol and drug use recovery services exceeds availability, especially for people involved with the criminal justice system. Commissioners have noted that continuity of care and access through the CCOs needs improvement. ADPC wants to use its influence to encourage rapid improvement, i.e., more services and better access, without sacrificing quality of care.

4. Marijuana regulation

Oregon voters are poised to partially decriminalize the use, possession, and distribution of marijuana in November. If Measure 91 passes, the OLCC will develop new regulations. ADPC Commissioners, particularly those with professional expertise on the topics of regulation and prevention, would like to be involved in shaping the new regulations and the State's policies.

5. Improve and increase availability of prenatal intervention for pregnant women who use alcohol, tobacco, and other drugs.

Screening and treatment for pregnant women who use drugs is inconsistent, and often has been dependent on unstable grant funding. A sustainable universal system is needed to help prevent birth defects and other long-lasting effects of prenatal drug exposure.

6. Increase the availability of naloxone and establish a medical amnesty law for drug overdose.

Naloxone is an opiate antagonist (opiate-blocking) drug. It can save lives by rapidly reversing the effects of overdose. It is used at hospitals and by some first responders, but could be made readily available to people who use opiates or are in recovery from opiate addiction, families of people who use prescribed or illicit opiates, more first responders, and community organizations.

Oregon passed an amnesty law last year for underage drinkers who get medical help for their alcohol-overdosed peers. A similar law to protect those who get medical help for companions who have overdosed on other drugs could help reduce fatalities from overdose.

7. Support and expand drug take-back disposal programs.

Drug take-back events and permanent drug disposal sites are present across the state, but many Oregonians are unaware or unable to get to the sites. Expansion and support of these programs could help reduce the massive quantities of excess drugs that are in Oregon homes or seeping into groundwater and rivers.

8. Provide Medicaid reimbursement for drug treatment for pre-adjudicated jail inmates.

The Affordable Care Act allows people who are pre-conviction in jail to be classified by their states as qualified to enroll in and receive services from health plans that are part of health insurance exchanges (e.g., Cover Oregon), if they would otherwise be eligible. Expanding medical and behavioral health services to this vulnerable population could help make drug treatment more accessible, thereby reducing recidivism and other social costs.