Solution Engagement Series Regional Report:

Central Oregon

Introduction

The Central Oregon meeting was held at the East Bend Library on May 16, 2025. Facilitated by APDC Commissioner and Executive Director of Rimrock Recovery, Erica Fuller and attended by two APDC staff members: Annaliese Dolph and Wes Rivers. Participants included four workforce professionals and community members, and the session revealed systemic barriers to substance use care, especially around stigma, provider education, and referral systems.

Format

Participants were introduced to the work and mission of the Alcohol and Drug Policy Commission and shown a presentation that described the priorities and goals leading towards a five-year plan. They were asked to contribute their expertise and lived experience to help shape a regionally appropriate and culturally responsive strategy for Central Oregon which is comprised of Crook, Jefferson, and Deschutes Counties.

Discussion Guide with Key Discussion Excerpts

Section 1: Vision and Strategy

When you think about a comprehensive statewide plan, what elements must be included for it to be truly effective and equitable?

What do you think the public needs to know to improve supports and services for those impacted by substance use disorders.

What does success look like to you? In 5 years, what changes would you hope to see as a result of this strategic plan?

Key Excerpts during Section 1

"I always think about these concepts through a chronic disease model…"

"The reason people think Central Oregon is rural is because we act like it…"

"The stigma around medication extends to AA/NA. There is a [recovery] institution in the area that says if you are on medication, you are not welcome…"

Section 2: Reflections on Committee Priorities

Each of the four committees (Recovery, Treatment, Harm Reduction, and Prevention) has developed a set of priorities and strategies. Based on what you've seen or heard, do these align with your experience or the needs in your community?

How would you change these priorities to address missing or underrepresented issues?

Which committee's priorities do you feel are strongest or most needed in your community right now — and why?

Key Excerpts during Section 2

"We've done a good job with NARCAN distribution and education but co-prescriptions for opiates outside of hospital settings aren't available…"

"Lots of my patience work in construction…"

"We need a far-reaching prevention campaign like the "this your brain on drugs" commercial with the fried egg…"

Section 3: Process and Accessibility

If you have experienced prevention, harm reduction, treatment or recovery services in Oregon, how would you characterize your experience?

What has been your experience interacting with local government, state agencies, or the ADPC itself? As you think about efforts state and local leaders have taken to address substance use, what has worked well, and what could be improved in terms of transparency, accessibility, or inclusion?

How can the Commission better engage and listen to individuals and communities most impacted by substance use and addiction, especially those who have been historically underserved?

Key Excerpts during Section 3

"The Mayor of Bend is very approachable..."

"Better screening for SUD/AUD is needed the emergency room..."

"Patients are afraid to disclose because they want compassionate care and they don't want all of their issues chalked up to substances..."

Section 4: Community Needs and Gaps

What are the biggest gaps you see in Oregon's current approach to addressing substance use in your community(ies) — across prevention, treatment, harm reduction, and recovery?

Follow up: how do you think these gaps can be addressed, in your opinion

Are there existing local or culturally specific programs or solutions that you think the Commission should know about and learn from?

Key Excerpts during Section 4

"Free advertising is needed for CBO's and nonprofits as a larger public health initiative..."

"We need to talk about other mutual aid groups outside of 12-step as options…"

SUMMARY OF FINDINGS BY RECOVERY CONCEPT

Prevention

Central Oregon stakeholders emphasized the need for hyper-local, community-led prevention efforts that resonate with youth and their unique challenges. Traditional anti-drug messages were remembered for their impact, but todays youth face more nuanced threats involving mental health, legal marijuana, and low perceived harm. Schools, where 90% of untreated youth with substance use disorder (SUD) can be reached, should serve as primary prevention and early intervention hubs. There is strong support for prevention strategies that are culturally responsive and adaptable to rural contexts.

Treatment

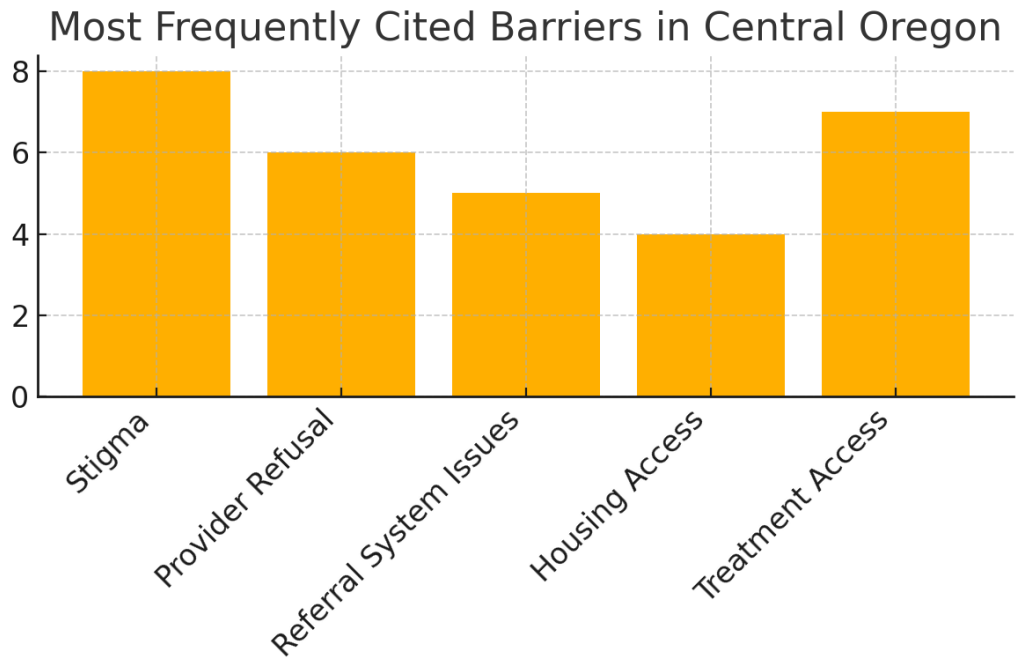
The treatment system in Central Oregon faces critical challenges. Stigma among providers remains a top concern. Cases were reported in which terminally ill patients were denied pain management due to addiction labels, and ERs failed to initiate or refer for medication-assisted treatment (MAT) despite clear need. Participants recommended a stabilization-first policy framework, mandatory SUD screening in emergency departments, and education mandates for providers. The use of outdated technology like fax-based referrals further complicates access.

Recovery

MAT continues to face stigma not only in clinical settings but also in peer recovery spaces such as AA and NA, where medication use can disqualify participation. Clinicians and individuals in recovery advocated for a patient-centered recovery model that recognizes recovery as multi-faceted and ongoing, with or without medication. There were also calls for broader public awareness campaigns to highlight the variety of mutual aid and professional recovery options available, including SMART Recovery and culturally specific groups.

Harm Reduction

Participants overwhelmingly supported harm reduction, particularly when grounded in clinical best practices. Naloxone access has improved, but co-prescription policies remain inconsistent and underutilized. MAT in correctional settings was celebrated, with every jail-treated patient reportedly following up post-release. However, a key recommendation was that providers be mandated to offer treatment regardless of patient readiness. ER personnel, behavioral health providers, and the public require targeted education to dismantle stigma and provide compassionate care.



Recommendations to ADPC

1. Launch a statewide anti-stigma campaign tailored to healthcare, recovery, and general audiences.
2. Mandate universal SUD screening in emergency departments.
3. Fund a regional pilot to digitize referrals and end the use of fax machines.

4. Invest in public outreach for local programs through state-funded media campaigns.
5. Require all licensed providers to complete continuing education on harm reduction and recovery-oriented care.
6. Expand access to MAT in correctional facilities and support post-release transitions to community care.
7. Establish a provider accountability mechanism for denial of care based on SUD stigma.

These recommendations reflect lived experiences and align with ADPCs strategic pillars of Prevention, Treatment, Recovery, and Harm Reduction.