



Solution Engagement Series Regional Report:

Northern Coast

Introduction

The Northern Coast meeting was held at the East Bend Library on May 27th, 2025. Facilitated by APDC Commissioner and Executive Director of JOIN, Monta Knudson and attended by two APDC staff members: Annaliese Dolph and Wes Rivers. Participants included twenty-one workforce professionals and community members, and the meeting unpacked issues surrounding a community rich with tourism but without the resources to protect its local community.

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

“We need no-barrier housing for stabilization; Yamhill doesn’t have that...”

“What about people who haven’t used enough to qualify for Detox and don’t have access to residential. Crisis stabilization becomes key...”

“Can we find a way of addressing the issues that are arriving at home through primary care providers...”

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

“The cost of NARCAN is going up and is becoming less accessible. Political push back on harm reduction is intense...”

“If we could align the whole state in one direction it would create momentum. Spaghetti at the wall is not an effective strategy...”

“A lot of us (providers) are siloed where there are multiple gaps in service and its tricky finding what people qualify for. Egos are driving a lot of relationship barriers on the coast...”

“Shifting priorities causes burn out, and it’s hard to say no”

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

“People aren’t passing drug tests on MAT which is preventing employment....”

“Well workforce is huge - we are largely people in recovery. Are we supported to do this work?...”

“We want initiatives that build a stronger community through events that center the people that live here and not tourists....”

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

“Sex offenders have the fewest resources, and they end up addicted. We need to look at people who are committing crimes and staying addicted....”

“We need a statewide plan that incorporating culturally responsive components built into funded plans not a caveat that we then try to translate and bring resources to...”

“We should be realistic with ourselves and our community about the scope of the problem and how long it’s going to take to fix. We shouldn’t be pitching a 6 month homelessness solution when that takes 10-20 years to resolve...”

SUMMARY OF FINDINGS BY RECOVERY CONCEPT

Prevention

Northern Coast participants stressed that prevention efforts must be embedded within local communities—not just schools. They voiced concerns that prevention is too narrowly defined and underfunded, especially for programs serving rural or multi-generational populations. Youth drop-in centers, community-building events, and integrating prevention into primary care and early childhood services were top suggestions. Participants also emphasized long-term investment, with clear expectations for community involvement and epidemiological data support.

Treatment

While detox services are reasonably available, access to residential treatment is limited and often requires cross-county placement. Participants called for investments in crisis

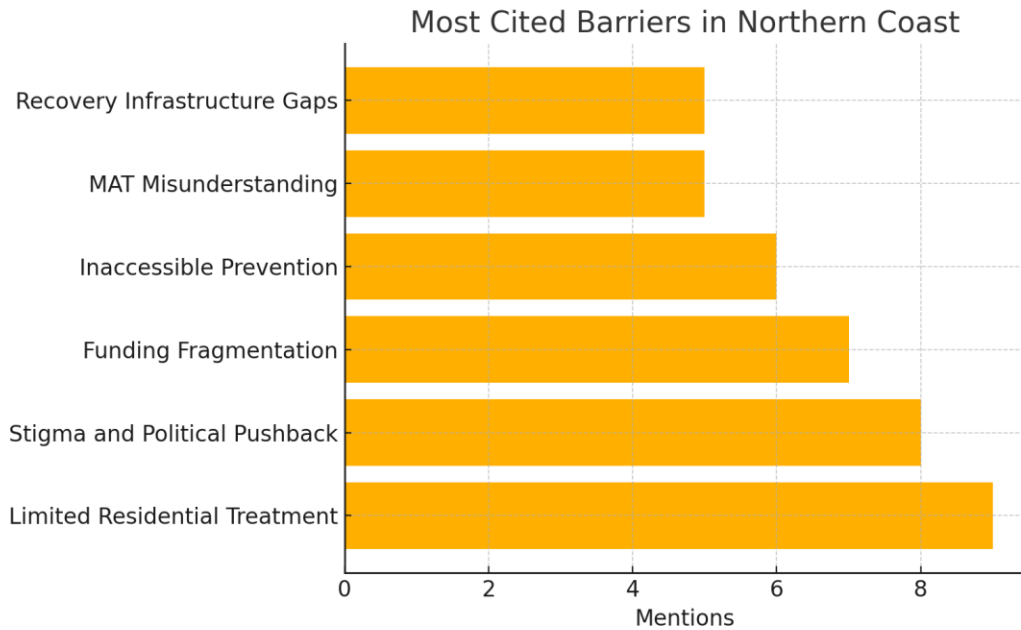
stabilization services and transitional housing. Treatment was described as systemically fragmented, with gaps for individuals who do not meet detox thresholds. Coordination between regions, consistent deflection programs, and workforce stability were also major concerns. Stigma and lack of culturally responsive care continue to restrict meaningful treatment access.

Recovery

Stakeholders emphasized that recovery is a long-term process requiring community-wide support and integration. Short-term funding and program silos are ongoing barriers. Participants emphasized the need for flexible funding, more peer support roles, and recovery navigation resources. Recovery efforts were described as overburdened by egos, system inefficiencies, and competition for limited funds. Recovery and housing systems were described as crucial infrastructure for long-term wellness.

Harm Reduction

Harm reduction efforts in the Northern Coast are hindered by stigma, limited funding, and political resistance. Naloxone is becoming more expensive and less accessible, and some providers still misunderstand MAT. Participants urged policymakers to normalize harm reduction across all services, recognizing it as a continuum of care. Ideas included community-based outreach, education campaigns, and better transitions from harm reduction to treatment. Participants want the state to model harm reduction values and fund programs that reflect community ownership and trust.



Recommendations to ADPC

1. Expand crisis stabilization, detox-to-treatment transitions, and recovery housing options across the coast.
2. Fund peer-led harm reduction and recovery services, especially in nontraditional and rural settings.
3. Invest in local prevention infrastructure that supports youth drop-in centers and community-wide strategies.
4. Increase culturally responsive treatment capacity and workforce supports.
5. Align funding with long-term goals—eliminate fragmented, short-term grant cycles.
6. Normalize harm reduction as part of all care pathways and reduce stigma through education.
7. Develop data-informed plans that identify needs by geography and support equity across counties.

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