Solution Engagement Series Regional Report:

Southern Oregon

Introduction

The Southern Oregon meeting was held at the Medford HHS Building on May 19, 2025. Facilitated by APDC Commissioner and Klamath County Commissioner, Kelley Minty and attended by two APDC staff members: Annaliese Dolph, Mara Sargent, and Stephanie Condon. Participants included seventeen workforce professionals and community members, and highlighted urgent gaps in infrastructure, stigma surrounding harm reduction and medication-assisted treatment (MAT), and a general lack of culturally specific services in the region.

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 Southern Oregon which is comprised of Douglas, Jackson, Josephine, and Klamath 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

"The infrastructure of the buildings we are able to rent that are inviting people into is a concern, especially as minority…"

"30 days is most often what's available and it often doesn't go further than 45. It's not enough…"

"The consequence of ineffective care is many repeat visits through these programs. Long term support is needed so why don't our systems reflect that…"

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

"Some programs say they do "harm reduction" but don't really…"

"Services feel very black and white and paint a picture that treatment is always best…"

"We appreciate that the ADPC is sourcing the voices of youth with lived experiences…"

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 expect to enter the system and expect warm handoffs and are dropped cold…."

"Peer services can be used to fill the gaps. We're leading the pack (nationally) where we used to be behind…"

"Maintaining willingness between detox and treatment is challenging and there's little access to MAT…"

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

"Geographical inclusion is an issue, is there a way to stay connected to our urban counterparts using technology…"

"What would a learning platform look like for families that have been exposed to addiction to curb stigma…"

SUMMARY OF FINDINGS BY RECOVERY CONCEPT

Prevention

Participants expressed concern about the lack of traditional prevention services and the importance of alternative models such as nature-based healing and 'eco-recovery.' They emphasized that prevention must go beyond the classroom, integrating holistic, trauma-informed practices that meet people where they are—physically and emotionally. Youth-led efforts and transparency with young people were celebrated as essential strategies, especially in high-risk families. The development of a youth council was cited as a missing but critical part of the solution.

Treatment

Attendees highlighted significant barriers to treatment access, including restrictive regulations (OARs), short durations of care (30–45 days), and outdated or unsuitable residential facilities. Culturally specific treatment options were cited as a major gap in the region. Stakeholders praised the ADPC's presence in Southern Oregon but warned that local programs remain underfunded, overregulated, and logistically constrained. Peer support was presented as a practical and trusted means of bridging those gaps, especially in small or rural counties.

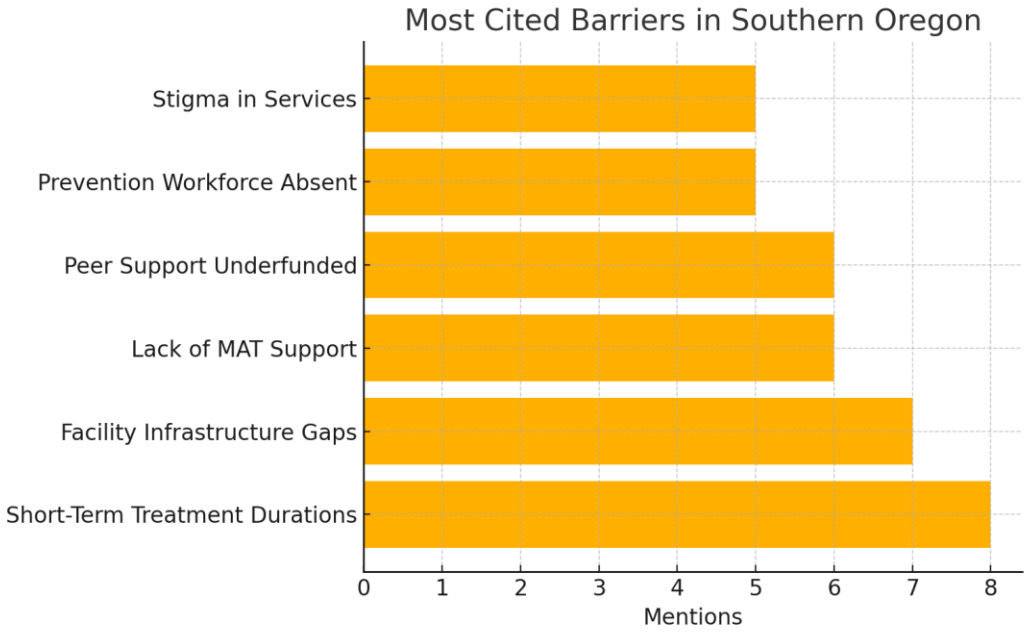
Recovery

Recovery advocates strongly criticized the short-term model of care, arguing that recovery requires at least six months of engagement to address trauma and build life skills. The role of peer support was emphasized as crucial in helping people

maintain motivation during the critical window between detox and formal treatment. Local organizations like Recovery Cafe were praised for operating in the late evening hours and weekends, bridging critical time gaps when most formal services are closed.

Harm Reduction

Harm reduction services in Southern Oregon face stigma both externally and internally—from community members and sometimes even from service providers. Participants advocated for infrastructure upgrades to ensure safe, welcoming environments, and noted how important staff training is in reducing escalations. The 'Faces of Harm Reduction' campaign was proposed to humanize success stories and expand public understanding. MAT was frequently misunderstood or stigmatized, with participants calling for greater clarity and support in MAT access post-incarceration.



Recommendations to ADPC

1. Fund long-term recovery models that include trauma care, peer mentorship, and extended housing.
2. Build and upgrade rural facilities to accommodate harm reduction and treatment under one roof.
3. Invest in youth-focused, culturally specific prevention strategies including eco-recovery and school engagement.
4. Remove regulatory barriers (e.g., OARs) that restrict treatment expansion.
5. Expand MAT access in jails and ensure post-release continuity of care.
6. Fund training for staff in trauma-informed and stigma-free service delivery.
7. Support a statewide 'Faces of Harm Reduction' campaign to reduce stigma and educate communities.

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