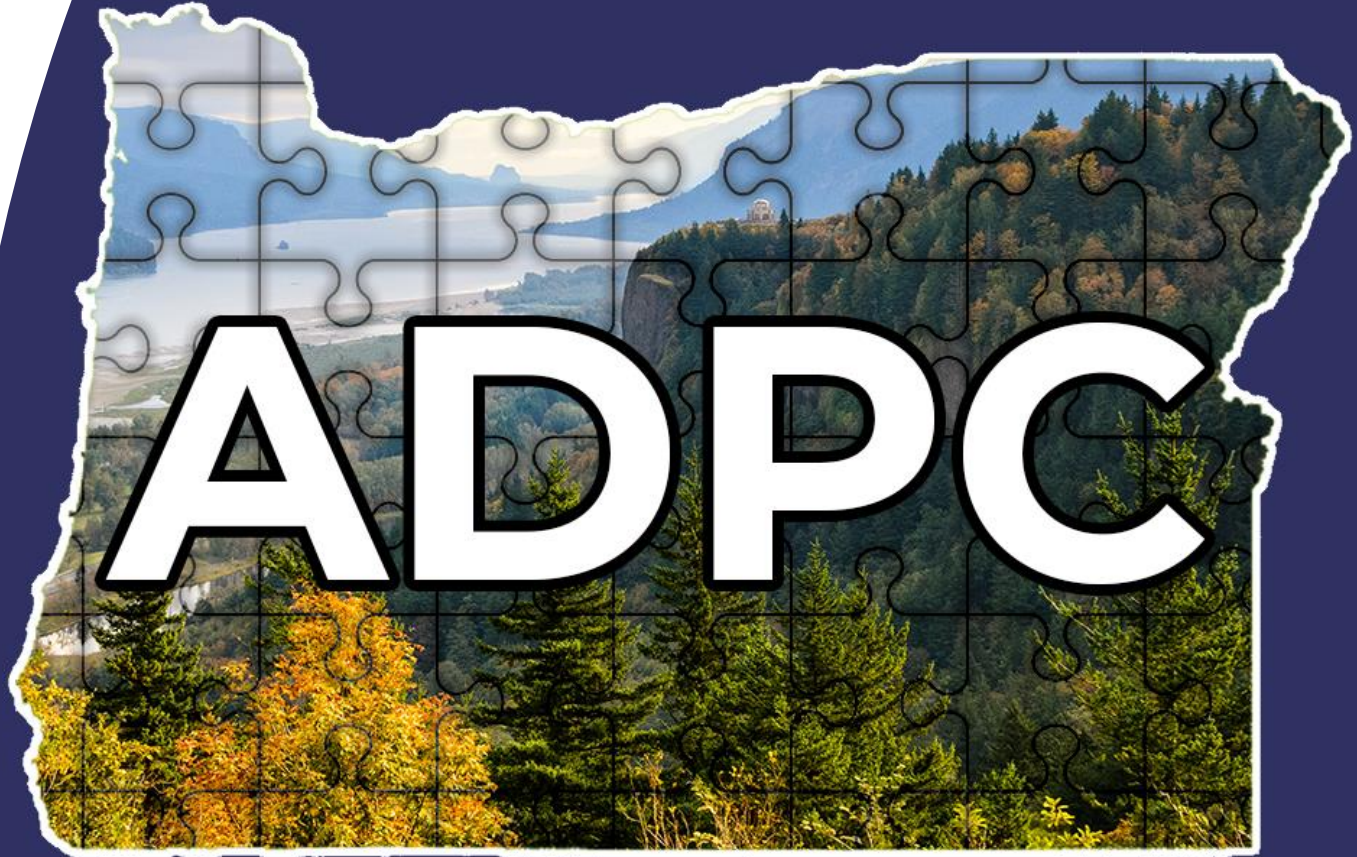


**Oregon  
Alcohol and Drug Policy  
Commission**

**Community Engagements**

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# Engagement Leads

- Andares
- Bay Area First Step
- Clackamas Youth Advisory Board
- Culturally Responsive Leadership Group
- Oregon Recovers
- ADPC Staff and Correctional Partners

# Engagement Audience

- Stakeholders with lived experience
- Youth and adults in custody (AICs)
- Peer recovery workers
- Local/county officials
- Behavioral health providers
- Tribal nations
- Latinx communities
- Youth

# Placed-Based Engagement

- Frontier and rural counties (e.g., Coos, Curry, Eastern Oregon)
- Urban centers (e.g., Portland Metro, Willamette Valley)
- Coastal and Tribal communities
- Correctional settings: Oregon State Penitentiary (OSP), Oregon State Correctional Institution (ORCI), Columbia River Correctional Institution (CRCI), Oregon Youth Authority (OYA) facilities

# Methodology

- Engagement events structured and led by Leads, Jan-June
- Engagement Leads sent summary reports to ADPC
- Third Horizon Synthesis
  - Review of notes, presentations, and summaries provided by engagement leads.
  - Human + AI-based thematic analysis to surface commonly noted systemic challenges and opportunities.
  - Organized findings under ADPC's five subcommittees: Treatment, Harm Reduction, Recovery, Prevention, and Youth.

# Limitations

- Community Engagement efforts outstanding; will be integrated into the final report
  - LGBTQA+
  - Individuals who use drugs
  - Latinos Unidos Conference
  - Individual Stakeholder Feedback (trade associations, partner groups, etc.)
- Differences in engagement approach may yield different results and reporting

# Engagement Key Themes



# Treatment

**Limited Access:** Shortage of detox and residential beds, especially in rural areas.

**Barriers:** Rigid referral processes, insurance/Medicaid challenges delay care.

**Carceral Settings:** Waitlists and one-size-fits-all programs; voluntary trauma-informed models work best.

**Youth Needs:** Mandatory programs feel punitive; youth want peer-led, age-appropriate treatment.

**New culturally responsive and flexible infrastructure needed:** Expand local, culturally responsive treatment options and streamline entry into care.



# Harm Reduction

**Inconsistent Access:** County-by-county disparities; political resistance and Narcan costs limit availability.

**Cultural Gaps:** Few Spanish-language or culturally specific outreach programs.

**Persistent Stigma:** Harm reduction remains misunderstood; community education needed.

**Peer Workforce:** Peers are trusted messengers but underfunded and overextended.

**Expand capacity:** Build a cohesive, inclusive statewide harm reduction strategy with peer-led outreach and culturally grounded services.

# Recovery

**Housing Shortages:** Recovery housing is scarce and often overly restrictive for people with complex needs.

**Peer Services:** Peers play a vital role but lack adequate funding, pathways for training, and career advancement opportunities.

**Carceral Barriers:** Institutional stigma and limited program access undermine recovery alongside punitive relapse policies.

**The long-term journey needs integrated, inclusive supports:** Create regional recovery hubs that integrate housing, jobs, and peer support and strengthen reentry transitions.

# Prevention

**Underfunded:** Current prevention efforts rely too heavily on schools and miss families and communities.

**Data Limitations:** Lack of county-level data impedes targeted investments.

**Youth Voice:** Youth want trauma-informed, peer-led programming that starts earlier.

**Build Capacity:** Fund prevention coordinators in every county and expand culturally grounded strategies (e.g., storytelling, community mentors). Expand prevention beyond school settings. Engage intergenerational, culturally specific organizations and programs.

# Youth

**Disconnection:** Youth feel alienated by adult-centric systems that rely on punitive responses.


**What Works:** Voluntary, peer-led, culturally affirming programs in safe, trusted spaces.

**Schools' Role:** Schools must be more trauma-informed and recovery-friendly.

**Expand youth-centered programs and spaces:** Fund youth leadership roles, expand drop-in wellness centers (especially in rural areas), and ensure youth shape prevention and recovery efforts.

# ADPC Actions to Date

- **Regulated Substances Group**
- **Workforce development efforts**
- **Coordination improvements**
- **Policy initiatives and regulatory review**



*“We don’t want cookie-cutter programs... We need the flexibility to tailor our programs to the people in our community.”*

# Discussion Questions

- Committee Chairs:
  - Where do you see alignment with current planning discussions? Any surprises or gaps this feedback illustrates?
- Full Commission
  - What questions do you have about what's been shared?
  - What resonates most with you from this feedback?
  - Are there additional immediate actions the ADPC should take based on this feedback (further analysis, discussions, etc)?





*THANK YOU!*

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