



Alcohol and Drug Policy Commission
ORS 430.223 Biannual Report

Executive Summary

This report from the Alcohol and Drug Policy Commission (ADPC) is submitted to the Governor and Legislature in compliance with ORS 430.223 (4), which directs the ADPC to review and update the ADPC plan by July 1 of each even-numbered year and produce a report on the metrics and other indicators of progress in achieving the goals of the plan.

Oregon's progress since the [2024 legislative report](#) includes a decrease in overdoses and increased services in some places due to capital investments and opioid settlement funding, but prevalence and disparities have not improved.

The report summarizes the ADPC comprehensive substance use prevention, substance use disorder treatment and recovery support services plan for Oregon. The [2026-2030 Comprehensive Plan](#), *Opening Doors: Achieving Access, Belonging and Connection across Oregon*, prioritizes strategies across the substance use disorder continuum of care to reduce prevalence of substance use disorders; reduce deaths related to substance use; and reduce substance use-related disparities and inequities.

Instead of a lengthy report, the Comprehensive Plan is a tool to implement a comprehensive strategy across the fourteen ADPC participating state agencies. It identifies priorities and strategies for Primary Prevention, Risk Reduction, Treatment, Recovery, Youth and Infrastructure for the SUD system. The Comprehensive Plan was developed in collaboration with state agencies, local governments, people with lived experience and their families, schools, community and nonprofit organizations and other partners throughout the state. Strategies were prioritized based on a number of factors, including feasibility and impact, and an implementation workplan was developed, including assigned tasks for state agency partners.

This report provides an overview of the Comprehensive Plan and progress made in the first two quarters of the plan period. It also summarizes substance use disorder metrics used to measure progress.

Background

The Alcohol and Drug Policy Commission (ADPC) is an independent state agency created by the Legislature in 2009 to improve the efficiency and effectiveness of substance use services for all Oregonians. In 2018, the Legislature directed the ADPC to develop a statewide, comprehensive strategic plan for substance use services, which the ADPC completed in 2020 for 2020-25, and again this past year for 2026-2030.

The 2026-2030 Comprehensive Plan to address substance use disorder focuses on building infrastructure and stability through prioritized strategies and activities to Open Doors to Access, Belonging and Connection across Oregon. The plan provides a framework for a Recovery Oriented System of Care, with identified strategies for Primary Prevention, Treatment, Recovery and Health & Safety Interventions that reduce risks associated with substance use.

This report on the status of implementation and progress on the 2026-2030 plan is provided in compliance with ORS 430.223 (4), which directs the ADPC to review and update the plan by July 1 of each even-numbered year and produce a report on the metrics and other indicators of progress in achieving the goals of the plan. The report is offered in conjunction with a publicly available [Comprehensive Plan dashboard](#) of the status of all strategies and activities directed by the plan as well as substance use related indicators that the ADPC tracks over time to measure our progress as a state.

The Alcohol and Drug Policy Commission also updated its governing statute in 2025 through [HB 2929](#). HB 2929 accomplished several goals to establish the ADPC as a valuable resource to the Governor, the legislature and state agencies:

- Provides for a definitive Commission membership that includes local and state leaders.
- Clarifies scope and duties, amending scope to charge ADPC with improving substance use prevention, substance use disorder treatment or recovery support services through the establishment of state policies and holding state agencies accountable for carrying out those policies.
- Makes explicit ADPC's role in youth substance use prevention and youth substance use disorder treatment and recovery strategies.
- Mandates state agency notice to Commission at least 45 days before substance use related rulemaking.
- Clarifies contracting and grantmaking authority of ADPC to streamline processes.
- The legislature also funded ongoing staffing to the Commission.

Participating state agencies now meet quarterly with the Commission and cross-agency collaboration is increasing. The Commission leverages community input through its five committees that meet monthly.

Opening Doors: Achieving Access, Belonging, & Connection Across Oregon 2026–2030 Comprehensive Plan

Summary

The 2026–2030 Comprehensive Plan, *Opening Doors: Achieving Access, Belonging, and Connection Across Oregon*, reflects a commitment to programs, strategies, and policies grounded in equity, community engagement, data-driven accountability, and partnership. Partners include state agencies, local governments, community organizations, and youth and adults with lived experience. The plan proposes to advance policies, practices, and strategies that expand service delivery, while retaining the agility to be responsive to a rapidly changing state and federal policy environment.

Vision and Guiding Principles

The ADPC approach to developing the 2026-2030 Comprehensive Plan was grounded in Recovery Oriented System of Care values and principles. These place an emphasis on person-centered, consumer-driven services. The ADPC is committed to ensuring the 2026-2030 Comprehensive Plan is community-driven and supported by evidence, with actionable strategies and activities that can be measured over time.

With [access](#) as the overarching theme, the comprehensive plan is organized around three primary goals:

1. Reduce the prevalence of substance use disorders: 20.8% of Oregonians had a substance use disorder in 2023-2024. This is much higher than the national average of 16.9%. For youth specifically (12-17), 10.2% had a substance use disorder in the 2023-2024 survey. The national average for youth was 8.1%. Increasing capacity to deliver primary prevention, treatment and recovery services can reduce rates of substance use disorder over time.

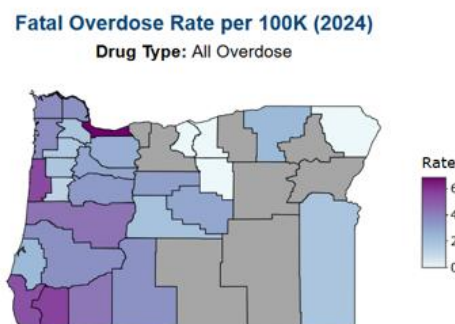
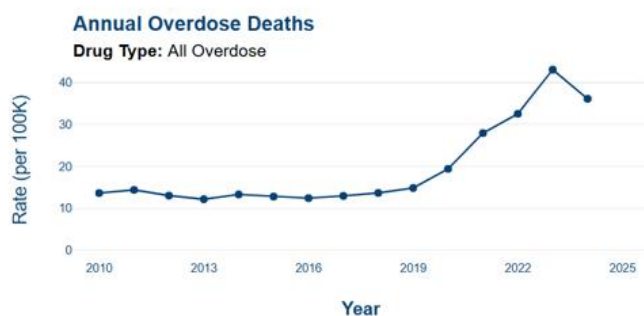
2. Reduce substance use-related deaths: 1,544 people died from drug overdoses in Oregon in 2024, down from a record 1,833 in 2023. There were more than 3,000 alcohol-related deaths in Oregon in 2022. Increasing delivery of risk reduction and other services can reduce preventable deaths.

3. Reduce disparities and inequities: American Indian and Alaskan Native Oregonians had an overdose death rate of 70 (per 100k), compared with the statewide rate of 36 (per 100k). Black or African American Oregonians had a rate of 84 (per 100k). There is a lack of care tailored to the needs of youth and culturally specific populations, in addition to geographic disparities in access to care. The plan focuses on geographic and population disparities to ensure actions taken focus on improving access where there currently exist gaps in care.

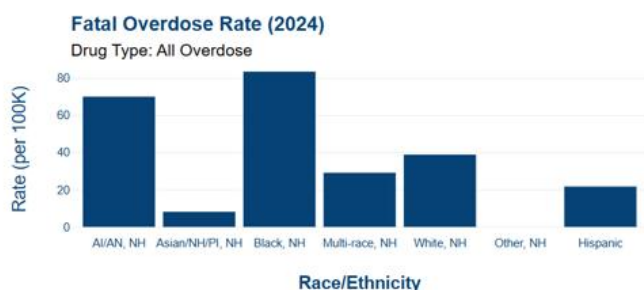
Metrics: The Big 3 Goals and Beyond

The Commission uses broad measures like substance use disorder prevalence and deaths from drug overdose to gauge population-level activity. Some measures, like substance use disorder prevalence itself, have limitations. Oregon's substance use disorder prevalence is measured by SAMHSA's National Survey on Drug Use and Health. At 20.8%, about one out of five Oregonians has a substance use disorder, according to the survey. The figure has hovered around this share for the past few years, and the nature of the survey makes it difficult to determine if there is a distinct trend.

To get a more complete story on substance use disorder prevalence, it is important to look at several measures rather than just the substance use prevalence figure alone. The Commission does this by examining different types of drug and alcohol-related data. The first set of charts show overdose data, along with different types of disparities like race, ethnicity, and geography:



Data Source: Oregon Center for Health Statistics

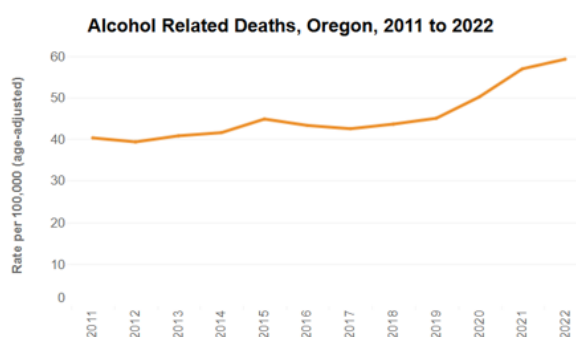


AI/AN = American Indian/Alaskan Native
NH/PI = Native Hawaiian/Pacific Islander
NH = Non-Hispanic

Data Source: Oregon Center for Health Statistics

Overdoses in Oregon peaked in 2023 and dropped in 2024, remaining close to record highs. Overdoses were significantly higher for Black/African American Oregonians and American Indian/Alaskan Native Oregonians. Rates were higher in the Portland Area, on the Coast, and in Southwest Oregon.

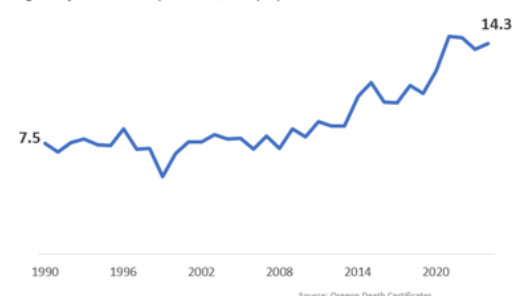
Alcohol-related measures include alcohol-related deaths, deaths from alcoholic liver disease, and alcohol-related deaths by race and ethnicity:



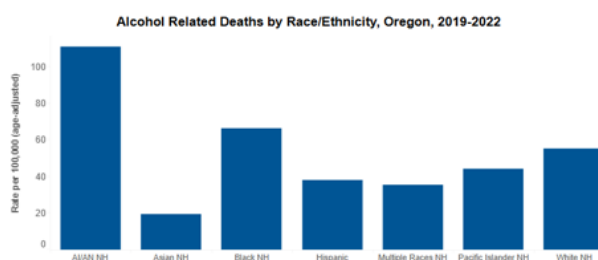
Data Source: Oregon Center for Health Statistics

Alcoholic liver disease death rate, Oregon, 1990-2024

Age-adjusted rate per 100,000 population



Source: Oregon Death Certificates



Data Source: Oregon Center for Health Statistics

Alcohol-related deaths include chronic conditions like liver disease, cancers, and heart disease, as well as vehicle crashes and falls. Such deaths reached 3,000 in 2022. Alcohol-related deaths are much more common among Black/African American Oregonians and American Indian/Alaskan Natives.

The data in the charts above support the combined look at substance use disorder in Oregon (goal 1). Also shown are measures for deaths and disparities (goals 2 and 3).

The big three goals attached to the ADPC plan are key to its work. It's also important to note that changes in these figures can happen for reasons not directly attributable to Comprehensive Plan implementation. The Commission has determined a deeper look into individual-level measures is needed to measure progress in a Recovery Oriented System of Care. The ADPC has considered several approaches and frameworks for this type of outcome measurement. Many frameworks overlap in key elements of success like the development of personal skills, relationship building, and community support. A few examples of frameworks include Positive Youth Development, elements of the Social Determinants of Health, and levels of Recovery Capital. Movement in measuring these outcomes will enrich the implementation and success of the Comprehensive Plan.

Community-Driven Development

The 2026-2030 Comprehensive Plan was built through extensive engagement of Commission members; consultation with subject matter experts in prevention, risk reduction, treatment, and recovery supports; and structured community engagement. Community members, individuals with lived experience, youth and families, and culturally specific leadership from across Oregon

participated in community engagement. The process also included youth and adults in carceral settings, providers, and state and local officials. From the development of vision and guiding principles in the fall of 2024 to structured community engagement throughout 2025, hundreds of Oregonians had input on the Comprehensive Plan. A summary of the community input gathered in the development of the Comprehensive Plan is available on the [ADPC website](#).

In addition to the structured engagement that reached across regions and populations, community-driven elements are also built into the Commission and its committees. The Commission and its five committees are made up of members from different regions and backgrounds ensuring work is rooted in the needs of Oregon communities.

System Challenges and Opportunities for Impact

Through active community engagement, committee work, and analysis, several challenges were identified by the ADPC and its committees:

- Access to primary prevention, risk reduction, treatment, and recovery support services is inadequate and inequitable, leaving many Oregonians without meaningful access to services.
- Financing is siloed and fragmented across agencies and programs, making it difficult to tell whether funds are being strategically leveraged to support community needs.
- Data gaps make it a challenge to inform local, regional, and state decision-making.
- Stigma creates barriers to the expansion and access of critical services across the continuum of care. Stigma can come from many sources, including a lack of understanding around the topic of substance use and the benefits of services across the full continuum of care.
- Services across the continuum of care are not well networked, creating barriers to care access and transitions for youth and adults.
- Services for youth are often punitive, not trauma-informed, and lack programmatic approaches that are youth-centered.

To address these and other structural challenges, the ADPC proposes priorities and activities to strengthen the statewide infrastructure to sustainably support comprehensive substance use programs and services. On top of strategic focus areas to support the substance use continuum noted below, the ADPC proposes the following:

- Leverage the ADPC's statutory authority to promote data-informed budgeting and improve inter-agency decision-making.
- Increase direct, ongoing support to local alcohol and drug planning committees¹ in addressing substance use within their communities.
- Improve access to culturally and linguistically specific services by addressing regulatory inconsistencies and promoting best practices for funding and contracting.
- Maintain staff and committee subject matter expertise to effectively provide guidance and support to the 14 state agencies and across the continuum of care.

¹ ORS 430.342.

Strategic Focus Areas

The ADPC's five committees—Prevention, Harm/Risk Reduction, Treatment, Recovery, and the Oregon Youth Addiction Alliance (OYAA)—form the backbone of Oregon's coordinated substance use response. Each has developed a focused strategy with measurable objectives and phased implementation timelines.

1. Prevention

Building protective factors across the lifespan requires strong community partnerships. The ADPC will launch a Prevention Hub/Center of Excellence to support training, evaluation, and technical assistance; expand primary prevention capacity in K-12 schools and at the college and university levels; and prioritize expanding community-based, culturally specific, intergenerational leadership and programs beyond school settings to expand prevention efforts across the lifespan in communities throughout Oregon. These strategies form foundational infrastructure for delaying and reducing use among young people and making evidence and culturally informed prevention strategies more accessible in every Oregon community.

Two quarters into Comprehensive Plan implementation, Primary Prevention work is progressing. [HB 3321 \(2025\)](#) defined the primary prevention of substance use and directed the ADPC to conduct a comprehensive inventory and assessment of existing primary prevention programs in this state, including programs that are school-based or provided by youth-serving agencies or organizations. This includes a workforce and financial assessment. The one-time resources allocated to support this work allow for an extensive examination of current primary prevention efforts statewide. This will inform planning for the scope and necessary resources to support a Center of Excellence.

Why these strategies were chosen and how they impact our goals:

- **Reduce the prevalence of substance use disorders:** Prevention science is a well-studied discipline. SAMHSA and other institutions back a multitude of interventions and policies that are effective across the scope of substance use and substance use disorder prevention (this includes universal, selective and indicative prevention). However, in Oregon, that science is not always translated to a community context, and professionals in a position to support Oregonians don't always have the tools to implement these interventions. The Prevention strategy to create a Center of Excellence borrows concepts from other states and provides a one-stop-shop of training support, data collection, evaluation and technical assistance – all with the aim of equipping professionals from any sector with evidence and culturally informed strategies. For example, 60% of Oregon's (197) school districts don't use evidence informed prevention curricula or programs at any grade level. The Commission, in partnership with the Oregon Department of Education (ODE) and the future Center of Excellence, is prioritizing the development of a Primary Prevention Toolkit with guidance, model school policies, and effective K-12 prevention strategies.
- **Reduce substance use-related deaths:** According to the National Survey of Drug Use and Health (NSDUH), substance use disorder jumps from 1 in 10 Oregonians aged 12-17 to 1 in 3 Oregonians aged 18-25. This greater risk of substance use disorder means greater risk of

overdose. Additionally, research shows that substance use in general contributes to the three leading causes of death among youth: accidents, homicides, and suicides. The Comprehensive Plan calls on Oregon to prioritize reducing and delaying use among transition-aged youth (both those in college and those going straight to the workforce), including assessment of college primary prevention services and policies, and strengthening the workforce (on college campuses and in community) that works with older adolescents.

- **Reduce disparities and inequities:** Finally, the Prevention strategies aim to increase access through greater engagement of youth-serving and allied organizations in primary prevention activities at the community level. This may include organizations such as early childhood and afterschool programs, cultural organizations, faith communities, family support organizations, healthcare providers, government, civic groups, social services, and businesses. This strategy aims to delay any youth use of substances through education and prosocial activities. Locally driven programs with cultural and community context stand to increase engagement and integrate primary prevention strategies into existing programming of youth and family serving organizations.

2. Harm/Risk Reduction

The ADPC recommends the expansion of access to equitable, stigma-free, lifesaving, and health-promoting interventions. Key initiatives include streamlined statewide naloxone acquisition through bulk purchasing partnerships, expanded risk mitigation and drug injury prevention strategies in communities across Oregon, and clear, evidence-informed cross-sector education. These efforts aim to create a cohesive statewide framework that reduces overdose deaths and ensures consistent access to comprehensive risk mitigation and drug injury prevention services in every county.

The implementation of the Risk Reduction Comprehensive Plan strategies has largely focused on naloxone access, including efficient, low-cost purchasing and effective distribution. ADPC collected data related to all state agency purchasing of naloxone to ensure that state agencies are purchasing at the lowest possible price through Oregon's chosen multistate purchasing program. OHA also collected data related to Save Lives Oregon (SLO) recipient purchasing outside of SLO, which can be leveraged to encourage local governments and nonprofit organizations to utilize the multistate purchasing program.

Why these strategies were chosen and how they impact our goals:

- **Reduce the prevalence of substance use disorders:** Risk mitigation services are an integral piece of the SUD continuum of care, and access to life saving, evidence-based services reduces the harms associated with drug use and improves outcomes for people who use drugs. Risk Reduction practitioners utilize evidenced-based strategies to decrease HIV and Hepatitis C in our communities, increase access to naloxone and other medications for people who use drugs, and provide linkage to care. The ADPC aims to increase access to strategies that reduce the harms of substance use. Strategies like drug checking allow for people who use drugs to make informed decisions about drug use, and data collaboration between agencies can reveal trends in drug supply contaminants and overdoses. The ability

of drug users to connect with safe, reliable risk reduction services and supports can build trusting relationships that not only protect the safety of individuals using drugs, but can also serve to link individuals considering recovery to appropriate levels of care.

- **Reduce substance use-related deaths:** According to the State Unintentional Drug Overdose Reporting System (SUDORS), opioid overdoses increased dramatically in Oregon from 2019 through 2023. Overdoses decreased in the second half of 2023 and continue to decrease overall but overdose numbers remain high. Naloxone is a medication that reverses opioid overdose. It is an essential component of the response to the overdose crisis in Oregon. The ADPC aims to increase access to this lifesaving drug by clarifying available resources at state and local levels, and by providing technical assistance and guidance on distribution and administration of naloxone.
- **Reduce disparities and inequities:** The 2024 [PCG financial analysis](#) found that Oregon had less than half of the necessary risk reduction service programs required to meet the need for services statewide, with frontier and rural counties often being left with few or no opportunities to engage in risk reduction services. The ADPC would like to ensure comprehensive injury prevention services are available to all Oregonians by incentivizing existing programs to provide mobile services and encouraging community safety net providers (like Federally Qualified Health Centers and health departments) to expand the use of injury prevention and risk mitigation strategies.

Drug harms disproportionately affect [communities of color in Oregon](#). By prioritizing streamlined naloxone purchasing at the state and local level, as well as sharing evidence-based distribution guidance, the ADPC hopes to demystify the naloxone acquisition process and increase the amount of naloxone in communities who are most at risk for overdose.

3. Treatment

The ADPC is committed to expanding access to substance use disorder (SUD) treatment across Oregon, working to build capacity for services that reflect current best practices and are consistently available statewide. While many high-quality programs already exist, Oregonians still face long wait times and complicated transitions between providers. This plan addresses those challenges by modernizing oversight, reducing regulatory barriers, and supporting providers with technical assistance and data-driven insights. Together, these efforts will improve equitable access, make services timelier, and strengthen accountability and quality across the system.

The Comprehensive Plan strategies related to Treatment will in many ways be the most difficult as the strategies focus on evolving an existing system which involves change management, improved access to care and outcomes information, and aligning financing and regulation to maximize the services available.

After two quarters of Comprehensive Plan implementation, several efforts are underway to improve access to information for data-informed decision-making in the treatment system. The ADPC executed a contract for an annual SUD All Payor All Claims analysis. The ADPC, OHA and the

Opioid Settlement Prevention, Treatment and Recovery Board combined efforts to move forward a strategy to improve access to SUD data. The ADPC Treatment Committee is also developing a survey of clinical providers to develop a provider landscape assessment to collect information necessary to measure comprehensive plan progress. A follow-up survey is planned in 2029 to measure progress on the 2026-2030 Comprehensive Plan to adjust future strategies.

Comprehensive Plan strategies to improve access to Medications for Substance Use Disorder (MSUD) are also moving forward. Opioid settlement funding is supporting additional Opioid Treatment Programs in areas of the state with the highest need for access. The Board of Pharmacy is moving forward rules that will allow pharmacists to prescribe Medications for Opioid Use Disorder (MOUD), an essential component in the strategy to reduce overdoses.

Why these strategies were chosen and how they impact our goals:

- **Reduce the prevalence of substance use disorders:** The 2023-2024 NSDUH Survey estimates that 20.8% of Oregonians, age 12 or older, experienced a substance use disorder. For those receiving services or those who may need them, more timely availability of appropriate services may help individuals receive care that decreases the prevalence of more “severe” substance use disorders. Diagnostically speaking, these more “severe” substance use disorders may result in greater unwanted impacts on an individual’s life, such as increased physical or mental health concerns, interpersonal problems, loss of employment, housing instability, and more that makes positive recovery outcomes more challenging to achieve. The ADPC hopes that by standardizing entry and transition practices as well as increasing the availability of data derived insights, treatment services offered throughout Oregon will be more timely, responsive, and reflect accepted best practices, resulting in improved treatment and recovery outcomes.
- **Reduce substance use-related deaths:** In 2024, [1,544 people died of an overdose](#) in Oregon. While this is less than the 2023 figure of 1,833, it is still near record high. In many cases, these substance related deaths have been more common among those with complex needs, such as those who may be justice involved, rural or frontier located, or part of other underserved or under resourced communities. To decrease SUD related deaths, the Treatment strategies will expand MOUD access to decrease overdose deaths. The Treatment strategies also address common pain points experienced by those receiving treatment services that frequently result in interrupted care episodes. Standardizing the process of transitioning from one provider to another, unifying wait list management practices, and supporting improved coordination of holistic supportive services will improve treatment outcomes for patients.
- **Reduce disparities and inequities:** According to the [PCG Residential+ Facility study](#), the Oregon treatment continuum lacks capacity to meet the needs of all Oregonians who need treatment services. Oregon’s complex geographic realities also exacerbate these challenges as accessing the most appropriate services may require traveling a great distance. The ADPC has prioritized addressing these inconsistencies through expanding access to medications for substance use disorders in both the community and carceral settings,

launching and coordinating technical assistance or informational campaigns, and by increasing the use of common assessment tools with the goal of increasing service consistency. The Commission simultaneously seeks to support investments in services that make them more available where people need them and help ensure these services reflect individuals' unique needs.

4. Recovery

Recovery is a lifelong process that succeeds when individuals have access to safe housing, supportive workplaces, and peer connections. The Commission recommends expansion of Recovery Community Centers (RCCs) and recovery-centered spaces, adequate recovery housing, establishment of a Recovery Friendly Workplace Program in Oregon, and standardized Peer Recovery Support Service (PRSS) practices in diverse venues. Activities in this arena will raise public awareness, reduce stigma, and improve outcomes for Oregonians thriving in recovery.

The first two quarters of Comprehensive Plan implementation of Recovery strategies focused on defining Recovery Community Centers, in collaboration with current Recovery Community Center (RCC) leaders. The ADPC will soon propose guidelines for any state funding allocated to Recovery Community Centers, including uniform measures that should be collected by all RCCs, regardless of source of funding. The Oregon Youth Addiction Alliance (OYAA) is collaborating on this work to provide guidelines and best practices for RCCs that serve youth.

Why these strategies were chosen and how they impact our goals:

- **Reduce the prevalence of substance use disorders:** A growing body of research demonstrates that peer services support reductions in the prevalence of substance use disorders by helping people enter, remain in, and navigate care more effectively. A [2025 systematic review](#) found that peer-delivered recovery support services reliably improve treatment engagement and retention, and a [2024 emergency-department study](#) showed that individuals who interacted with peers after an overdose were more likely to initiate medication for opioid use disorder after discharge. In Oregon, peer work is already widespread and delivered with high quality across recovery settings, emergency departments, primary care clinics, and the justice system. Peer workers draw on their lived experience to provide advocacy, self-help education, and support in identifying recovery goals and creating a roadmap to achieve them. However, peers in some settings are asked to perform duties outside their role, which reduces their capacity to focus on the functions that are most effective in supporting recovery. By clarifying peer role expectations and strengthening consistency across systems, Oregon can ensure that peer services are delivered efficiently and effectively, enabling peers to fully leverage their lived experience and contribute to improved recovery outcomes.
- **Reduce substance-use related deaths:** Recovery housing provides a safe and necessary space for individuals in their journey towards recovery from substance use challenges. Recovery housing exists in different forms, including peer-run houses in which members vote to make household decisions, housing in which requirements exist to attend self-help

or treatment, and houses in which clinical services are provided in-house. One type of housing model, The Oxford House Model, offers a type of recovery housing in which individuals in recovery from a substance use disorder run and support the house while living and supporting each other in a substance-free environment. A [2025 systematic review](#) of recovery residences found that peer-run and social-model homes consistently outperform usual care on measures of abstinence, employment, recovery capital, and overall stability. These findings reinforce earlier [Oxford House studies](#) showing that only 31% of residents reported substance use at two-year follow-up compared with 65% of individuals in usual aftercare.

This growing evidence base demonstrates that stable, peer-supported recovery housing not only reduces return to use but also strengthens long-term housing, economic well-being, and recovery outcomes. Ultimately, recovery housing helps build, shape, and strengthen a tenant's recovery, thus lowering the likelihood a person returns to using alcohol and drugs in a way that leads to a substance-use related death. The ADPC recommends the development of a regulatory framework to increase safe and secure housing, sustainable funding for housing, education for landlords and tenants, and community welcoming of recovery housing. Based on recommendations of both the Oregon Youth Addiction Alliance and the Recovery Committee, the Commission will work to ensure these efforts are extended to youth and family housing.

- **Reduce disparities and inequities:** Access to recovery supports remains limited for youth, incarcerated individuals, and people who need culturally and linguistically specific services. [Research](#) on Recovery Community Centers shows that peer-led recovery spaces increase recovery capital, the resources and supports people rely on to begin and sustain recovery, and strengthen long-term recovery outcomes. These Centers and Recovery Spaces provide welcoming environments, peer support services, recovery information, social activities, and connections to community-based services, all of which help individuals build and maintain recovery. Evidence also [shows](#) that culturally responsive substance use services improve engagement and outcomes, reinforcing the need for recovery supports that reflect communities' cultural and linguistic needs. In response, the Commission prioritized expanding peer-led Recovery Community Centers and Recovery Spaces, with a focus on culturally specific programming, supports for people of all ages, diverse geographies, and carceral settings, as a key strategy to reduce disparities and inequities in access to recovery supports.

5. Youth and Young Adults

The Oregon Youth Addiction Alliance (OYAA) centers youth voices in shaping prevention, treatment, and recovery strategies. The plan developed by OYAA calls for expanding school-based early treatment and recovery schools, creating peer-led youth recovery spaces, expanding in-home treatment pilots, and strengthening diversion and treatment models within juvenile justice. These efforts will reduce juvenile system involvement, enhance family support, and embed youth leadership in system design.

Two quarters into Comprehensive Plan implementation, a School-based early intervention, treatment and recovery pilot program has launched. The program provides capacity and planning grants to communities interested in developing a model of support for school-based early intervention, outpatient treatment, and recovery services for their students. Grants support school embedded cross-trained licensed or dual credentialed professionals to provide evidence-informed and/or culturally responsive screening, brief intervention, outpatient treatment (referral or provision) and recovery services to youth. The pilot seeks to modify school discipline policy to support, increase staff knowledge/capacity, improve educational outcomes, and support students with Tier 2 and Tier 3 behavioral health needs. ADPC, ODE and OHA co-designed evaluation of the program.

Work to address the lack of SUD treatment access is proceeding with small steps. A plan to include substance use disorder services in In-Home Behavioral Health Treatment was scaled back due to budget cuts but a smaller scale pilot to include capacity building for IIBHT Providers who have a Certificate of Approval for SUD Treatment is moving forward. A multi-agency effort is moving forward to provide case consultation and telehealth services through OHSU to youth in child welfare who have SUD. The Oregon Youth Authority is working toward expanded access to SUD treatment but they lack staffing resources.

OYAA is also working with the ADPC Recovery Committee to define best practices for youth Recovery Community Centers.

Why these strategies were chosen and how they impact our goals:

- **Reduce the prevalence of substance use disorders:** Given that research shows that 90% of adult addiction begins with use between the ages of 12-18 and that 96% of youth with a substance use issue still attend school,² the Comprehensive Plan prioritizes school-based early intervention, treatment and recovery school programs. Such programs are evidence informed interventions that can offer broad access and prevent adult SUD. OYAA recommends in-home/home-based models of care because of the evidence-based family supports and interventions that support whole-family needs. Evidence suggests intergenerational links in use and substance use disorder – in other words, parental and caregiver use and substance use disorder may increase risk for youth.
- **Reduce substance use-related deaths:** According to OHSU, [nearly 1 in 5 Oregon youth with a behavioral health diagnosis had contact with the juvenile justice system](#), and a study of the National GAIN Data set suggests that 90 percent of youth at intake of a carceral setting have a substance use issue.³ Given that youth SUD treatment services are not well financed and are unevenly distributed in carceral settings, the plan also prioritizes shoring

² Dennis ML, Clark HW, Huang LN (2014). The need and opportunity to expand substance use disorder treatment in school-based settings. *Adv Sch Ment Health Promot.* 2014;7(2):75-87.

³ Dennis, Michael, PHD (2024). Importance of Addressing Youth Health Disparities, and Improving Access to Quality Services. 2024 Joint Meeting on Youth Prevention, Treatment and Recovery in Conjunction with Pathways to Wellness Recidivism Reduction Initiative Forum.

up services at Oregon Youth Authority and Department of Corrections, particularly evidence-based, life-saving interventions such as Medications for Opioid Use Disorder.

- **Reduce disparities and inequities:** Prioritization of peer-led youth recovery and community spaces allows communities to design youth and family centered programming, steeped in cultural context and mutual support. Research has demonstrated the efficacy of these spaces. For instance, recovery high schools have been shown to [improve](#) school attendance and lower rates of substance use and misuse for adolescents treated for SUDs. The Commission recommends engaging culturally specific organizations to provide recovery-oriented services and support to develop a model that includes recovery-friendly places where youth and families can seek resources and connection.

Implementation and Accountability

The Comprehensive Plan includes actionable workplans for each state agency, as well as the ADPC and its committees, to ensure tangible progress on each of the priorities over the five years of the plan. The ADPC will use ongoing data collection, fiscal analysis and performance measurement in partnership with state agencies to ensure transparency and accountability across the plan priorities. A mid-plan review process will occur in 2028. By grounding implementation in community partnership and data-driven learning, the ADPC positions Oregon to make sustainable, measurable advances toward a recovery-oriented system of care that embodies access, belonging, and connection for all.

A financial analysis of all participating state agency spending related to substance use disorder during the 2023-25 biennium is currently in progress. The final report will be released in the Fall.

More detail, including opportunities to partner with the ADPC and regular updates on implementation, may be found on the [ADPC website](#).

Questions and Follow-Up

For further information, please contact ADPC Director Annaliese Dolph at annaliese.dolph@oha.oregon.gov.