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Emergency 12-Step Plan To End Oregon's Addiction Crisis

Presentation to the Senate Committee on Healthcare

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Jesse Cornett, MPA

Who We Are...



KAISER
PERMANENTE



Background



- Addiction costs Oregon \$6.7 billion a year, that's 17% of the state's annual budget
- No single point of accountability or authority within state government
- No people in recovery in decision making roles
- Significant societal costs
 - Foster care
 - Youth incarceration
 - Homelessness
 - Truancy/High school graduation rates
- Oregon ranks 50th in access to addiction treatment
- No meaningful prevention, long wait times for treatment, poor aftercare

Purpose of Plan

- Promote broad solutions to addiction crisis, not just fix Measure 110/public safety
- Convey urgency of need for immediate action that meets the size of the problem
- Build support for long-term structural funding for SUD system and ensuring alcohol industry pays its fair share

12-Step Plan Goals

- Reduce Fatal Drug Overdoses by 50% **within one year**
- Reduce Alcohol-Related Deaths by 50% **within one year**
- Eliminate Detox, Residential Treatment & Recovery Housing wait lists **within six months**



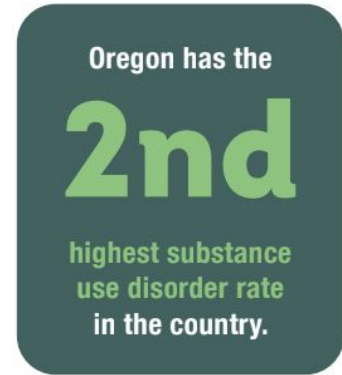
Step 1: Execute a Coordinated Response to the Addiction Crisis

- Declare that the addiction crisis has become a state emergency requiring an emergency response
- **Consolidate Alcohol & Drug Policy Commission (ADPC), M110 Oversight & Accountability Commission (OAC) and Opioid Settlement Committee into one decision making body led by the Executive Director of the ADPC, who reports directly to the Governor**
- Update and implement the state ADPC Strategic Plan to end the addiction crisis.
- Within 90 days require OLCC, OHA & ADPC to develop a joint plan to reduce excessive alcohol & cannabis consumption by 25% by January 2025

Step 2: Mobilize Emergency Detox & Respite Centers

Mobilize large, temporary field hospitals (similar to those created during the pandemic) which provide the following support:

- Medically supervised withdrawal management (detox)
- Respite/stabilization for up to three weeks for those recovering from overdose related brain injuries
- Case management to assist in securing access to residential treatment and/or recovery housing



Step 3: Deliver Immediate Access to Care

In alignment with the OHSU Gap Analysis, provide three year capital ***and operational grants*** to existing providers so that they create a net statewide increase of the following infrastructure (25% of which should be culturally specific):

- 250 long-term youth residential treatment beds
- 500 detox beds with immediate access
- 1000 respite/stabilization beds with immediate access
- 1500 residential treatment beds with immediate access
- 4000 NARR certified or Oxford House recovery/abstinence housing beds with immediate access



Step 4: Promote Recovery

Build Understanding and support for recovery by:

- Launch a statewide media campaign promoting: the value of recovery, that recovery need not be abstinence based and that there are multiple pathways to achieving it
- Require all publicly funded harm reduction programs to **adopt recovery promotion protocols** that recognize people where they are at but do not leave them there



Step 5: Amend, Don't End, Measure 110

Restore consequences to encourage recovery without creating long-term, destructive criminal justice involvement:

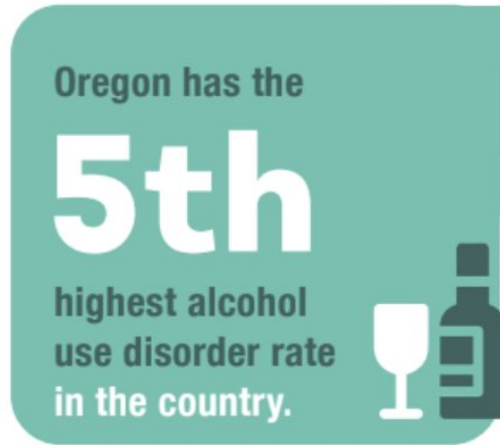
- **Direct all law enforcement officers to confiscate all amounts of illegal drugs**
- Strengthen M110 civil penalty for possession of drugs used for personal use and record each civil penalty
- Mandate that five civil violations of possession, within one year, result in a single misdemeanor charge
- Create rapid expungement linked to participation in treatment & recovery programs.
- Protect and expand funding for prevention, treatment, harm reduction, peer services and housing by **redistributing revenue generated by alcohol taxes and alcohol surcharges from the general fund (minus city and county allocation) to the Drug Treatment and Recovery Services Fund**
- Allow M110 funds to be used for statewide prevention programs

Step 6: Prioritize Prevention First

- Direct the ADPC to conduct a comprehensive assessment of statewide prevention programs and provide the legislature with draft legislation resulting in the design, implementation and funding of a comprehensive state prevention program which aligns with the SAMHSA definition of primary prevention.



Step 7: Proactively Protect the Public



Within 18 months:

- Substantially increase public awareness of the dangers of drug and alcohol consumption
- Temporarily restrict alcohol and cannabis advertising until the state addiction rate falls from 18.2% to 10%

Step 8: Improve Quality of Care

In order to improve quality of care as Oregon expands access to care we should:

- Increase public reimbursement rates by 50% for all seven ASAM levels of care plus respite/stabilization centers.
- Direct the Insurance Commissioner at the Oregon Department of Consumer and Business Services to work to compel private insurers to pay uniform, adequate reimbursement rates.



Step 9: Build & Strengthen Workforce

Create a Behavioral Health Workforce Development office within OHA with the goal of recruiting, training and certifying an additional:

- 2100 Certified Alcohol & Drug Counselors (CADC)
- 900 Prevention Specialists
- 600 Peers and Mentors



Jaron Riddle,
CADC I, QMHA I,
CRM, PSS, FSS
Transformations

"Peers fill many of the gaps in the current treatment model by providing culturally relevant and community based support for individuals across the entire continuum of care. . ."

Step 10: Increase Utilization of MAT

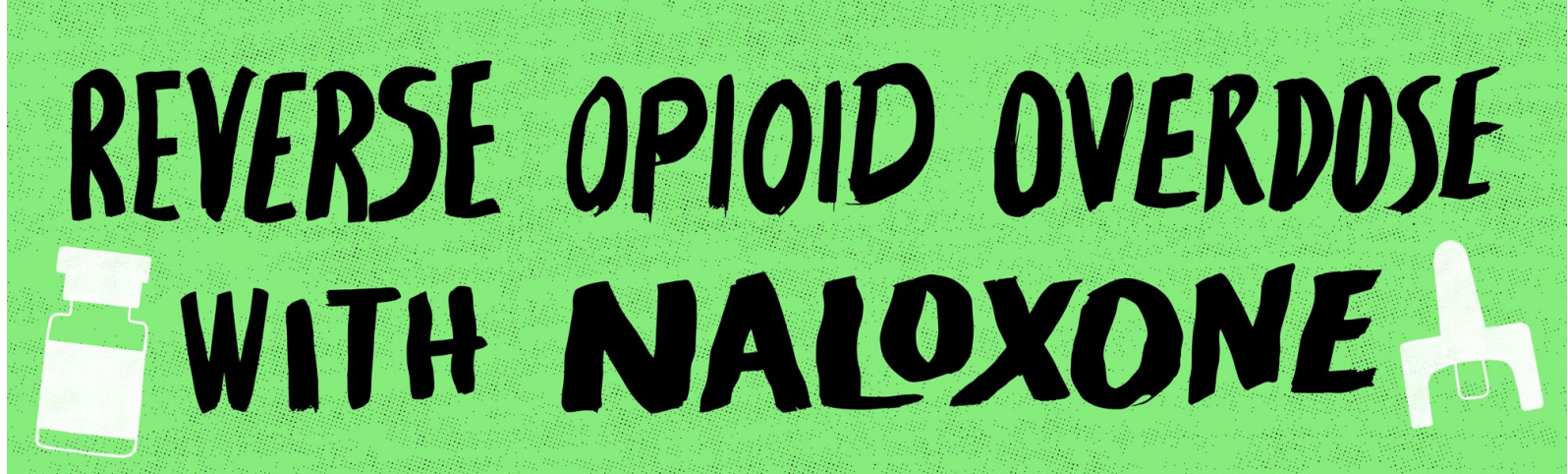
Medications save lives and should be promoted in the following ways:

- Within 18 Months require all healthcare providers to undergo six hours of continuing education units (CEU) on the efficacy and use of medication assisted treatment for alcohol, opioid/fentanyl and methamphetamine addiction
- Require all CCO's to cover all medications that help in treating addiction or co-occurring mental health diagnosis



Step 11: Distribute Overdose Reversal Medication (Narcan)

- Within six months train all city, county and state employees in the state in the use of Narcan and distribute adequate supplies to all government workplaces



Step 12: Increase Cannabis & Alcohol Prices

Reduce harmful consumption and costly demands on the healthcare system by increasing the price of all mind-altering substances:

- Increase state police prosecution of illegal cannabis operations
- Direct law enforcement to confiscate all levels of illegal substances
- Introduce Minimum Unit Pricing (MUP) for all cannabis products
- Increase current MUP for alcohol and expand to include beer, wine & cider
- **Tax cannabis & alcohol at equal levels.**

“Leaving tax rates unchanged has the practical effect of reducing them...over the last 45 years, Oregon’s beer tax has lost 80 percent of its value.”

New York Times, Sept. 11, 2022





www.oregonrecovers.org

Jesse Cornett, MPA

Policy Director

971-219-5429

Jesse@oregonrecovers.org



Resource for State Legislators

www.RecoveryNetworkofOregon.org