

TITLE: Achieving a State of Recovery in Oregon: What is public health's role?

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PRESENTER(S): Julia Dilley, Grace Clancy, Katie Lenahan, Madison Ashworth

STUDENT SUBMISSION: No

TOPIC/TARGET AUDIENCE: Public health practitioners at the community and state level, especially those working in substance use prevention, treatment, recovery; social justice; and epidemiology.

ABSTRACT: Compared to other states, Oregon has historically had a relatively high prevalence of substance use, and a low percentage of people receiving treatment. In November 2020, Oregon voters passed Ballot Measure 110 (M110), the Drug Addiction Treatment and Recovery Act. The goal of this Measure is to transform Oregon's response to drug use, by making screening, treatment, and recovery services broadly available, and removing criminal penalties for low-level drug possession. Oregon is the first state in the U.S. to pass such a reform; internationally, only Portugal has done so. In addition to M110 funding, communities will soon begin to receive funding from a recent landmark opioid settlement, and new tobacco and e-cigarette taxes. Within this sweeping change in laws and resources, the need for strong linkages across prevention, treatment, and recovery systems, as well as law enforcement, is more critical than ever. Public health systems can play a key role in Oregon's transition from a penalty-based approach to drug use to a supportive response by providing meaningful data, educating about new resources, and assuring principles of equity and elimination of stigma are embedded throughout. This three-part panel of presentations will provide tools for public health in support of these activities.

OBJECTIVE(S): 1. Identify resources and roles for public health in Oregon's shift from criminalization to a supportive drug dependence response. 2. Identify specific data useful for understanding the burden of drug dependence and harms, including at the local level in Oregon. 3. Identify key gaps in the SUD services delivery system, across the continuum of care as well as county/region-specific needs. 4. Explain how public health messages can be developed to promote equity and not reinforce stigma against people who use drugs.

PANEL MODERATOR: Grace Clancy, Fletcher Group

PANEL ABSTRACT 1: Background: Quality data indicators will be key to evaluating what happens as a result of Measure 110 (M110) and identifying needs for improvement. Some media stories have presented current trends in drug overdose as evidence of failure. Such interpretations fail to consider context, M110's goals, and approaches. Purpose: Assemble a baseline data report of indicators relevant to drug use in Oregon, including strengths and limitations, and recommend best indicators. Methods: A Data Workgroup was convened in Fall 2021 to examine criminal justice, behavioral health, public health, and M110 implementation data. The Workgroup considered whether data would reflect M110 effects, and data quality attributes including timing, and ability to report for demographic groups and geographic areas. Results: Some indicators are useful for monitoring change and need for action in the short-term; others are unlikely to change for multiple years. Evaluation of M110 will be made difficult by

the pandemic and evolving fentanyl crisis. Recommendations for monitoring will be presented. Implications: Data monitoring can provide information that is useful to a variety of partners at the state and local levels. Public health can play a pivotal role in accessing and meaningfully interpreting data within community partnerships to support health and recovery.

PRESENTER 1: Julia Dilley

PANEL ABSTRACT 2: Background: Researchers from the OHSU-PSU School of Public Health, in collaboration with OHA and ADPC, developed an inventory and gap analysis of resources available to address substance use disorder (SUD) prevention, harm reduction, treatment, and recovery in Oregon for youth and adults (Inventory). The Inventory includes population estimates of adults and youth requiring services at both the state and county level, as well as quantity and corresponding capacity of services along the continuum of care. Special consideration was given to bringing health equity to the forefront of the Inventory project. Aims and Approach: 1. Quantify risk of Oregonians developing an SUD, by county and statewide. 2: Estimate the number of Oregonians with and treated for an SUD. 3: Catalog all SUD services across the continuum of care and compare to the recommended number of services required to meet each county's need. Interviews were conducted with 250 SUD service providers from January to June 2022. Public Health Implications: Findings will be used by OHA and the ADPC to inform next steps in the Oregon Statewide Strategic Plan. The report, along with a data dashboard is also publicly available and outlines next steps to appropriately address the SUD care needs in Oregon.

PRESENTER 2: Katie Lenahan

PANEL ABSTRACT 3: Background: A key component of Measure 110 (M110) is the expansion of substance use disorder (SUD) services. A barrier to such expansion is community stigma, which has been shown to negatively impact the establishment of SUD services, treatment engagement and success. Methods: We designed a national randomized controlled trial (N = 2,721) to test if A) facts about the effectiveness of recovery housing (RH), or B) personal recovery stories, may reduce community SUD stigma and increase political and financial behavior in support of RH. Oregon residents were oversampled (N = 455) to determine if messages work differently in a state where personal drug possession has been decriminalized. Results: We find that Oregon residents are similar to the rest of the U.S. in their support of SUD treatment and community stigma. We also find that personal recovery stories can reduce stigma towards people with SUD and SUD treatment, but there is limited evidence that reductions in stigma translate to meaningful changes in political or financial behavior. Implications: Public health messaging has the potential to decrease community stigma which may aid in the expansion of recovery support services and increase individual treatment-seeking and success.

PRESENTER 3: Madison Ashworth
