

PORTLAND CITY-WIDE DRUG STRATEGY

2008 - 2012



**Sponsored by
The City of Portland**

**Prepared by
Oregon Partnership**

**Submitted to the City of Portland
February 26, 2008**



TABLE OF CONTENTS

FORWARD	3
EXECUTIVE SUMMARY	4
1. Our Recent History	5
2. The Strategic Planning Process	7
3. Substance Abuse Issues Facing Portland Today	9
4. Our Focus	10
5. Our Beliefs	11
6. Our Community Vision	13
7. Strategic Directions	18
8. PORTLAND CITY-WIDE DRUG STRATEGY WORK PLAN JANUARY 1, 2008 - JUNE 30, 2008	19
ATTACHMENTS	
A. Agenda of Planning Committee	23
B. Minutes of the Planning Committee Meeting	24
C. Agenda for the December 5th City-Wide Drug Strategy Conference	26
D. List of Participants at the December 5th Drug Strategy Conference	27
E. List of January - June 2008 Work Plan Committee Members	28
REVIEW: MANAGEMENT CONTRACT	29

FORWARD

All of us living within the city of Portland and the surrounding areas face a significant challenge. Drug and alcohol abuse and its effects adversely affect our community's livability, business climate, economic development, and public safety.

Each of us shares a concern about the impact substance abuse can have on our children, our families, our neighborhoods and our businesses. Many of us may have had personal experiences so deep that they have shaped our lives.

Yet, all Portlanders share a vision of a better life for all of our children and families, our neighborhoods, our businesses and our communities.

The most tangible successes we have achieved thus far are:

- Drinking and driving laws, and their consequences, have made it unacceptable for teens and adults to be driving while drunk
- We have seen a virtual disappearance of local toxic meth labs throughout our community
- We have made dramatic advances in understanding how alcohol and drugs affect the brain
- Prescriptions for single entity pseudoephedrine products - a meth precursor - are now required by law in Oregon
- Products that promote drinking to our teen-agers, such as Spykes, drinking games "Shots and Ladders", and sandals with hidden flasks have been removed from store shelves

Our community is ready to take the next big step.

MAKE THE ABUSE OF ALCOHOL AND DRUGS UNACCEPTABLE.

EXECUTIVE SUMMARY

The Office of the Mayor requested Oregon Partnership, a locally based statewide nonprofit and its Portland Anti-Drug coalition, CARSA (Community Action to Reduce Substance Abuse), to work with partners to create the blueprint for a five year Portland City-Wide Drug Strategy.

On December 5, 2007, a group of 40 community leaders met for a half-day work session to create a vision for Portland that would be the foundation for the greater Portland Area Drug Strategy. The group created a framework for a five year plan that would change the public's knowledge and attitudes about the abuse of drugs and alcohol and would set the stage for taking direct actions that would prevent substance abuse and change lives.

To achieve this, the participants recognized the need to build and mobilize a comprehensive, community-wide social movement to address this issue. They proposed a broad-based grass roots mobilization of citizens, providers, governments, businesses, and others to develop:

- A single integrated area-wide system of prevention and treatment services
- The development and enforcement of a prudent set of laws and regulations
- The use of an area-wide media and public education campaign
- The use of a diverse base of long-term stable funding
- The provision of a continual quality improvement process to evaluate the impact of the system, as well as its services
- Organizing and supporting neighborhood-based coalitions, to include the Office of Neighborhood Involvement (ONI), faith-based groups, non-profit organizations and others
- Partnering with Portland Business Alliance (PBA), Alliance of Portland Neighborhood Business Associations (APNBA), and Oregon Association of Minority Entrepreneurs (OAME)

The task before us is challenging. We have struggled for generations to address the issue of alcohol and drug abuse and its impact on the community. We know we must reach out and engage every sector of the community to achieve a long-lasting impact.

1. Our Recent History

In 2003, with broad representation and support from city leaders, and under the guidance of Oregon Partnership, Portland was selected as a city in the White House Office of National Drug Control Policies (ONDCP) “Major Cities Initiative”.

Without the benefit of funding, Oregon Partnership, (OP), formed a coalition of representatives from law enforcement agencies, schools, juvenile justice and advocates to identify the most significant drug issues in the greater Portland area.

The Coalition, naming itself CARSA (Community Action to Reduce Substance Abuse) chose to focus its efforts in two primary areas:

- Reduction of methamphetamine (meth) manufacturing and use in the Portland area through education and facilitated coordination of entities dealing with the meth issue
- Public education and awareness about the drug problem, including providing resources and education for parents and the publication of a new *Portland Profile*, containing the latest measurable data on local drug abuse

In the fall of 2003, the CARSA Coalition launched *Meth Watch*. Modeled after Kansas's successful effort, the aim was to educate retailers and tag the shelves of local retail outlets that sell the precursor chemicals used to make methamphetamine. The program caught on so quickly in Oregon that the effort went beyond the Portland area and became *Oregon Meth Watch*.

CARSA was instrumental in working with the Oregon Pharmacy Board when the temporary rule was passed to put products containing pseudoephedrine behind the counters of retail stores. The Oregon Pharmacy Board later voted to make that rule permanent, a significant accomplishment for CARSA.

In June 2005, CARSA hosted the Portland Meth Summit. Over 400 business and community leaders and public officials attended this event, including U.S. Senators Ron Wyden (D-OR) and Gordon Smith (R-OR).

On August 16, 2005 CARSA hosted the signing of legislation, by Governor Ted Kulongoski, which made Oregon the most difficult place in the nation to obtain a key ingredient in meth production.

In December 2005, the Deputy Director of the Office of National Drug Control Policy (ONDCP) met with the Policy Director for Public Safety to encourage Mayor Tom Potter to develop a City-Wide Drug Strategy as part of the “25 Cities Initiative.” The ONDCP recommended that the City of Portland partner with Oregon Partnership to assist in the development of this plan.

In early 2006, CARSA hosted cross-sector luncheons to educate the Portland community on drug and alcohol abuse, the provisions of the new legislation and suggestions on how all members of the community could take part in reducing the impact of substance abuse.

In 2006, Portland’s City Council unanimously approved a resolution to develop a City-Wide Drug Strategy in collaboration with CARSA and Oregon Partnership.

In 2006 the City of Portland and OP created a Portland Drug Strategy Work Group. Meetings were held to identify issues and begin to outline a vision for a City-Wide Drug Strategy Plan.

In May of 2006, CARSA co-sponsored a televised Town Hall meeting, which was the conclusion of a four-part series produced by KPTV- Fox 12 on Underage Drinking titled *Oregon's Hidden Crisis*.

The first "Portland Profile" was published in 2005 by Oregon Partnership and CARSA. It provided current data on the trends in alcohol and other drug abuse. The "2007 Portland Profile: Trends in Alcohol and Other Drug Abuse in the Tri-County has recently been published and is available online at: <http://www.orpartnership.org/web/PDFs/profile.pdf>, and in hard copy.

2. The Strategic Planning Process

In December 2006, after the success of Meth Watch, CARSA created a new strategic plan to re-focus on the *next big issues*. The group mapped out the planning process and determined a new organizational structure.

The planning continued in January 2007, and the group spent a day examining CARSA's mission and values. Members created a shared vision to guide CARSA with its future direction. It also determined six areas of primary emphasis toward that vision (see page 13).

Each of the selected *areas of emphasis* was used to create a committee charged with addressing the designated area of work. Committee Chairs were selected.

The Leadership Council created in March 2007, was chaired by a Portland business leader, Patrick F. Donaldson. The Leadership Council, consisting of key leaders from all segments of the Portland community, as well as the newly appointed committee chairs, held its first meeting on March 7, 2007. The group reviewed and discussed the mission, the selected focus and the shared vision. It developed a list of "Strategic Directions" to provide broad guidance for future work. In addition, CARSA's Leadership committees met and selected the 2007 - 2008 Annual Priorities.

The new 2008 - 2012 CARSA Strategic Plan is the result of those efforts.

Using the selected *areas of emphasis* outlined in the CARSA Strategic Plan, the committees have met since March to draft their 2007 - 2008 annual goals, measurable objectives and timelines. Among the priorities cited in the new CARSA Strategic Plan, is a plan to engage the City of Portland in a process to develop a City-Wide Drug Strategy which would include prevention, on-demand treatment, recovery, and law enforcement.

Concurrently, the Office of the Mayor, wanted to build on previous efforts with CARSA and complete the development of the Portland City-Wide Drug Strategy approved by the Portland City Council that would address, not only prevention, but treatment and law enforcement. The goal was to avoid duplication of efforts by partnering with an established expert organization. The City of Portland desired to build upon the resources, infra-structure and commitment of Oregon Partnership and the CARSA Leadership Council and committees.

In October 2007, the City of Portland issued an RFP and selected Oregon Partnership to develop a City-Wide Drug Strategy.

In November 2007, a Planning Committee met to discuss its purpose and an inconclusive process for developing and completing the Portland City-Wide Drug Strategy. The Agenda for that session can be found as Appendix A. The minutes of the meeting can be found as Appendix B.

On December 5, 2007, a group of 40 community leaders consisting of CARSA Leadership Council members, and other community leaders held a symposium to create a framework for the Portland City-Wide Drug Strategy. Appendix C provides the Agenda for that Symposium. A List of the Participants is found as Appendix D.

This Plan concludes with recommendations for specific next steps by establishing a Work Plan for the period January-June 2008. The Work Plan includes a list of significant policy issues, which

require further discussion. It also includes six areas of emphasis for the next fiscal year July 1, 2008 - June 30, 2009, and participants joined a Work Group Committee. Appendix E provides a list of the Work Group Committees.

The Draft will be sent to the Mayor's Office at the end of January 2008.

3. Substance Abuse Issues Facing Portland Today

Oregon and the tri-county area consisting of Clackamas, Multnomah and Washington Counties, recorded significant successes in the reduction of substance abuse based on the data from the 2005 and 2007 Portland Profiles.

Our state has passed the nation's strictest laws limiting the availability of pseudoephedrine, the key ingredient in making methamphetamine. As a result, Oregon's local toxic meth labs have all but disappeared.

Youth cigarette use continues to decline slightly. The decline has slowed because of state budget cuts to tobacco prevention education and related services. But, the positive trend stands as a testament to the power of prevention. However, daunting challenges remain.

Oregon is experiencing an influx of meth from super labs in Mexico and California. Across the state meth-related deaths have increased the last few years.

Oregon teens are drinking alcohol at an alarming rate that is well above the national average.

In addition, Oregon Partnership's Crisis Lines have experienced a significant increase in calls the past several years, indicating that more people need free and confidential information about substance abuse and treatment referral. Although the number of people receiving publicly funded treatment has increased, only 60 percent of those Oregonians who need treatment receive it, due to a severe reduction in funding.

The statistics and facts published in the "Portland Profile", which include the increasing problem of underage drinking, the vast need for substance abuse treatment services, and the link between substance abuse and crime, can foster greater community understanding of these important issues.

CARSA's goal is to bring together citizens and policymakers to collaborate on solutions to these issues.

Alcohol and drug issues affect all of us, often in profound ways. It will take all of us, working together, to improve our region's livability through sustained efforts that center on prevention, education, treatment and recovery services and law enforcement.

4. Our Focus

The focus of the Portland City-Wide Drug Strategy is to build and mobilize a comprehensive, community-wide social movement to reduce substance abuse. The proposed broad-based grassroots mobilization of citizens, treatment providers, government officials, business leaders and others will require:

- Preventing the abuse of alcohol and other drugs
- Partnering with all of those who share our mission
- Promoting the advances in science to improve prevention and treatment
- Reducing the access of alcohol to minors
- Educating and training
- Motivating public opinion
- Stimulating public policy change
- Providing support to those in crisis and referring them to the help they need
- Providing an integrated system of accessible on-demand treatment for those in need
- Creating and enforcing effective laws and regulations that will encourage our citizens to prevent and reduce involvement in alcohol and drug abuse
- Organizing and mobilizing neighborhoods, business organizations and the community as a whole, to take action

5. Our Beliefs

- Alcohol and drug abuse can touch anyone
- Preventing alcohol and drug abuse will save lives
- Youth participation is integral to our success
- Parents are the most important influence on their children
- Strengthening families, neighborhoods and communities are the best means of preventing alcohol and drug abuse
- Drug prevention should be provided for all students K-12
- The abuse of alcohol and other drugs crosses all ages, ethnicities, income levels, neighborhood boundaries and political jurisdictions
- A full-array of treatment options, accessible and available on demand, is essential in meeting the unique and changing needs of those who are battling alcohol and other drugs
- There is a significant shortage of funds available to address the overwhelming needs of all of those that could benefit from support in our community
- Providing the necessary funding and support for all of those who could benefit from services is not a high enough priority in our country, nor in our community
- Providing public education is a critical and effective tool to bring about changes in social norms, personal opinions and public attitudes
- Building public awareness of the impact of the abuse of alcohol and other drugs on individuals, families and the community is essential to winning public support
- Including a diversity of experiences, perspectives and ideas leads to more effective policy decisions
- Creating opportunities for participation that will build a sense of "ownership" in decisions that are made
- Providing both neighborhood and community-wide forums which are inclusive, safe and use a democratic process to share information and debate important ideas are valuable to developing consensus and broad-based support
- Eliminating the stigma towards those addicted to alcohol or other drugs
- A range of supportive services, including adequate housing, job training and jobs that provide a living wage must be made available to all those battling the adverse impact of alcohol or other drugs

- To effectively address drug abuse in our community, enforcement has to be a primary partner with prevention and treatment
- An aggressive and effective focus of enforcement must address the supply side of the drug enterprises that affect the livability of our city
- A set of laws and regulations should be in place to support those in need of treatment
- The courts must have a series of service options available to meet the needs of those who could benefit from them
- Working through a coalition of those who share our mission is the most effective means of achieving our shared vision
- Everyone in our community has a role in ending alcohol and drug abuse
- A combination of grassroots, and neighborhood business groups supported by a coalition of community leaders is the most effective structure for addressing alcohol and drug abuse
- Drug and alcohol abuse adversely effects our city's livability, business climate, economic development, and public safety
- Assuring that our organizational structure is both financially sound and efficiently managed is critical to providing the long-term sustainability necessary to achieve our vision
- Making our vision a reality in the Portland area

6. Our Community Vision

At a planning symposium held December 5, 2007, Portland leaders developed a shared vision for addressing alcohol and drug issues in Portland over the next 5 years.

The following is a visualization of participants' potential solutions toward the goal of making the abuse of alcohol and other drugs unacceptable in our community.

Defining the Future 2012:

CARSA has been successful in bringing together an inclusive community-wide coalition of leaders from throughout the Portland area, including: the business community, service providers, foundations, media, the justice system and our neighborhood institutions, including the schools, faith-based organizations, neighborhood associations and our service organizations, who share the concern for Portland's livability, and a safe and healthy community.

We have strategically focused our efforts over the past five years on changing community attitudes.

Following is our shared vision as we see Portland in the year 2012:

System Structure

CARSA, including Leadership Council members and community leaders are responsible for setting policy and direction for the Portland City-Wide Drug Strategy.

- Oregon Partnership continues to be the fiscal agent and provides staffing for CARSA. In addition OP has fiduciary responsibility and administrative and financial management services
- Oregon Partnership also facilitates and manages a public education and media campaign on issues identified by CARSA's membership
- Oregon Partnership organizes and executes CARSA's plan for the sustainability of the Portland City-Wide Drug Strategy

The shared vision is broken down into these six *areas of emphasis*:

- Prevention
- Treatment services
- Regulation (legislation) and law enforcement
- Public education and media support
- Financial support
- Evaluation of impact

Prevention

Recognizing that prevention is the most effective strategy to address substance abuse issues, CARSA focuses its efforts and resources in the following areas:

- CARSA facilitates a network of crisis intervention service providers
- Prenatal health education and care is now provided in all area hospitals
- A drug education curriculum has been integrated into every school and has led to the creation of a health and wellness plan for every child
- Teachers, school counselors and administrators in all of our schools have been trained to identify children who manifest symptoms of early alcohol and other drug use
- Alcohol and drug counselors are now established positions in every school K-12
- Parenting education classes are provided in settings where parents can access them (workplace, faith community, neighborhood centers, children's sports programs and online) and they provide skills that have a direct impact on preventing early alcohol and drug use
- The faith-based community is an active partner in the neighborhood coalitions, and provides parent education classes and helps neighborhoods develop their own policies for a safe and healthy community
- Every middle school and high school makes peer-led youth advocacy and support groups available to all students
- Schools, faith-based organizations and service agencies offer incentives and recognition to businesses and organizations that prohibit alcohol sales to minors and provide an alcohol and drug-free place for youth

Treatment Services

Neighborhood coalitions exist in every geographic area of Portland, providing support to faith-based organizations, schools, youth-serving organizations, local businesses and other civic groups.

At the same time, they have worked judiciously with service providers to create a single, area-wide integrated system of comprehensive treatment and recovery services for all citizens. Substance abuse treatment is available on-demand for any citizen.

Elements:

- The neighborhood in-take center provides immediate assessment and triage
- The OP Crisis and Suicide Intervention lines work with Multnomah County alcohol and drug crisis intervention and treatment providers to assess, counsel, and refer to the most appropriate provider

- If the provider determines that a person requires treatment, an individualized treatment plan is developed by drawing upon the full array of treatment options available
- A single mentor/case manager is assigned to help provide support through the available service providers
- A system of seamless services that meet individual needs are available from assessment to detox, to treatment and recovery
- High quality, developmentally appropriate, community-based child care is now available to all families
- Increased opportunities for employment
- Subsidies are available for safe and affordable housing
- The Oregon Health Plan provides health care insurance for all Oregonians who are not covered by other insurance
- Homeless individuals can receive meals at expanded locations
- New community centers for recovery are established and modeled after successful programs

Regulation (legislation) and Law Enforcement

With a successful system in place, we are instrumental in helping establish rigorous responses to the continued abuse of alcohol and other drugs.

For example:

- The courts have a range of treatment options from which to choose, as alternatives to incarceration
- As more and more of our citizens have joined in the movement to reduce alcohol and drug abuse, community reporting is now more prevalent
- Multnomah County has a functioning Drug Court that has a range of alternative treatment options available
- Underage drinking laws are being enforced, and Minor In Possession charges are implemented
- The County has sufficient jail space
- Drug treatment is provided in jails

- Jail release exit procedures are in place, with follow-up referrals made to other services within the system
- Drug screening for employees is now available for all businesses
- Barriers for employment of those with past criminal records for alcohol and drug abuse have been removed
- DUI impact panels continue and have been strengthened
- All drug-related deaths are fully investigated
- CARSA continues to facilitate a forum that has brought together members in the justice system and treatment providers

Public Education and Media Support

An organized public education campaign engages the mass media including television, radio, cable, the internet including websites and blogs and print, with community forums, both neighborhood and community-wide, to educate Portland about the devastating impact of substance abuse and solutions to creating safer neighborhoods and healthy children and families. The Portland Profile, now updated regularly online, provides data that reports the successes and challenges in the reduction of problems associated with alcohol and other drugs.

Inappropriate alcohol advertising has been eliminated. Popular culture stars have been engaged to support the 'no use' message to Portland teens. The alcohol industry has significantly less influence in the media and in our community, and is partnering with us to reduce the impact of alcohol-related problems. As a result of the public education campaign, cultural norms about the acceptance of alcohol and drug abuse have changed.

Financial Support

The strength and effectiveness of grassroots neighborhood-based coalitions have led our elected officials, major foundations, businesses and others to contribute needed resources.

For example, CARSA's five-year campaign to build community support for a long-term stable source of revenue for the prevention and treatment of substance abuse has been successful with the passage of a new designated city tax on malt beverages.

In addition, government funders and foundations of drug services have found that by withholding 5% from each of their grants and contracts to fund the infrastructure and support services of the Portland City-Wide Drug Strategy, measurable gains have been accomplished.

The business community and many local service organizations have designated "the elimination of substance abuse from the Portland area" as a priority for their financial support.

Evaluation of Impact

As an integral part of Portland's comprehensive strategy, emphasis has been placed on the importance of evaluating and measuring the impact of collective efforts. The use of baseline data gathered five years ago makes this process possible.

For example, longitudinal data is now available on changes in:

- Number of substance abusers, by type of substance, age, gender, ethnicity, etc
- Prevalence of underage drinking
- Emergency room visits for alcohol related injuries
- Drug use rates
- Attitudes of the public towards substance abuse
- Recidivism rate among treatment users for different modalities of treatment
- Rates of drug-related crime
- Rate of incarcerated prisoners with drug abuse

Today, Portland is known throughout the nation for the exclusive use of evidence-based practices.

Collaboration between the areas leading educational institutions including Portland State University, Portland Community College, Oregon Health & Sciences University (OHSU) and others will continue to be employed.

Continued research in collaboration with OHSU has been valuable in adding to the understanding of the impact of substance abuse and finding new and better ways to combat the problem. Research and evaluation findings are used in the public education campaign to change public attitudes, and convince financial supporters of the value of their contributions.

Summary

Portland is proud of its collective efforts. Today, every Portlander takes ownership for substantially reducing the abuse of alcohol and other drugs from our community and providing treatment on demand for those who need it.

Portland is proud of the significant reduction in underage drinking, binge drinking, drunk driving, the abuse of illicit drugs and prescription drugs. Portland has seen significant reductions in drug-related crime and property crime, and treatment is available for those incarcerated.

Yet, the work is far from over. To continue the success over time, city and county leaders must remain vigilant in the fight against substance abuse. Portland will need to continue to draw upon the unique features that give strength to our community: the richness of our diversity, an interest in collaboration, and the focus on sustainability.

7. Strategic Directions

- Utilize the period of February 1, 2008 - June 30, 2008, to maintain the momentum gained from the process of creating the Portland City-Wide Drug Strategy
- CARSA will create a new infrastructure necessary to support the Portland City-Wide Drug Strategy
- CARSA will meet periodically from February - June, 2008, to review the Drug Strategy, and create the 2008 - 2009 Annual Operating Plan, with measurable objectives, timelines and a budget, effective July 1, 2008
- CARSA will create a two-tiered strategy to educate, change attitudes and build community support, including:
 - The development of grassroots neighborhood-based coalitions consisting of all segments of the community
 - A broad-based community-wide tier of support through the development and distribution of training materials, consultation, a public education campaign and other organized activities at the city and county levels
- CARSA will explore various means of obtaining a long-term, stable source of revenue to assure its sustainability
- Build on the Mayor's commitment to the city-wide effort
- Build on the Portland City Council's commitment to the city-wide effort
- Build on Multnomah County Chair's commitment to the city-wide effort
- Reach out to create new affiliations with organizations city-wide that share this vision
- Begin to create neighborhood-based coalitions and youth-councils that bring together all the "grass roots" segments of a given area to educate and build support for the shared vision
- Utilize Oregon Partnership as a resource to develop tools and materials that can be used to help organize, and support the neighborhood-based coalitions and the youth councils
- Create a broad-based media strategy to increase public awareness

8. PORTLAND CITY-WIDE DRUG STRATEGY WORK PLAN JANUARY 1, 2008 - JUNE 30, 2008

Designate CARSA and its committee to oversee this effort.

Prevention

1. Issues Requiring Further Discussion and Debate

- Defining prevention and seeking outcomes to better demonstrate its effectiveness
- Integrating prevention into work, schools, neighborhoods, churches, libraries and parks
- Making prevention strategies appealing, interesting and engaging

2. Annual Priorities for 2008 - 2009

- Work with the Superintendent of the Portland Public Schools (PPS), the Portland Board of Education and surrounding education districts and to obtain the support necessary for implementing an effective health curriculum
- Work with educators, PPS and district administrators to develop and adopt a curriculum
- Create a scope of work for the new task force, to include:
 - The development and adoption of the curriculum
 - Partnering with PPS to create a plan for training administrators at both district and school levels, in order to develop an infrastructure for implementation that includes accountability
 - A budget to hire a health teacher or prevention specialist at each elementary, middle and high school
 - The integration of parent education and youth involvement to assure a holistic approach to educating families
 - A process for collecting, tracking and sharing the findings
 - A mechanism to evaluate the outcomes of the adopted curriculum
- Create and implement a community education program to change the culture and social norms around the use of alcohol and other drugs by both youth and adults
- Increase the diversity of the CARSA committees and the prevention community

- Convene a group of educators, parents and prevention specialists to identify where we can obtain the most impact with parents; for example, by reaching them at work, through their children's schools, athletic teams, churches, etc.

Comprehensive System of Treatment Services

1. Issues Requiring Further Discussion and Debate

- How best can we improve the quality of our treatment services
- How best can we integrate our services in a user-friendly, efficient and effective manner
- What is our policy on the abuse of prescription drugs
- What is our policy on harm reduction
- What is our policy on the threshold for "treatment on-demand"
- What is the public's attitude towards the provision and effectiveness of Alcohol and Drug treatment
- What is our policy on the use of medical marijuana

2. Annual Priorities for 2008 - 2009

- Develop a plan to improve access to treatment services
- Develop a plan to improve the rate of retention by users of treatment services
- Develop a plan to provide a single integrated system of services including prevention, treatment providers, law enforcement, the justice system and medical and mental health services

Regulation (Legislation) and Law Enforcement

1. Issues Requiring Further Discussion and Debate

- How do we increase and coordinate drug enforcement efforts in Multnomah County and Portland to: Disrupt and dismantle drug trafficking organizations responsible for supplying street-level, mid-level and upper-level drug dealers
- What is the role of law enforcement in the schools
- Do we believe we should have jails that provide full services, including treatment, job training and education

2. Annual Priorities for 2008 - 2009

- Work to create an effective state, civil and criminal forfeiture process that allows the seizure of proceeds derived from criminal activity including drug trafficking.
- Create a series of forums to provide a dialogue between the community and law enforcement
- Use the series of community forums to help the community develop a policy position on the use of medical marijuana and examine current laws and regulations
- To oppose efforts to decriminalize the possession and use of marijuana

Public Education and Media Support

1. Issues Requiring Further Discussion and Debate

- What is the message
- What are the strongest vehicles for a public education campaign
- Who are the target audiences for the message
- How do we adjust the message for different audiences and different demographics

2. Annual Priorities for 2008 - 2009

- Develop a marketing plan to inform the public about the alcohol and drug abuse issues
- Conduct surveys to inform Portland leaders about current community attitudes towards alcohol and drug abuse
- Develop messages based on the results of the community surveys

Financial Support

1. Issues Requiring Further Discussion and Debate

- What are the most logical sources of revenue to support the system of services
- How do CARSA and community leaders work towards assuring long-term financial stability
- How do we develop diversified sources of funding
- How do we grow CARSA membership

2. Annual Priorities for 2008 - 2009

- Conduct a survey to determine the public's willingness to invest tax dollars in drug prevention and treatment services
- Develop a business plan to obtain long-term financial stability, including revenue from public and private sources

Evaluation of Impact

1. Issues Requiring Further Discussion and Debate

- How will CARSA and community leaders obtain meaningful results from surveys
- Can evaluation be integrated into an action plan
- Should an outside, independent evaluator be utilized
- Should a partnership be developed with a recognized research organization
- How will the results be reported

2. Annual Priorities for 2008 - 2009

- Discuss how to measure the impact of the services provided
- Create an RFP, advertise and obtain an independent evaluator if needed
- Develop an Outcome Evaluation Plan including:
 - The selection of outcome measures
 - Setting benchmarks
 - Creating a process for collecting and evaluating the resulting data

ATTACHMENTS

Appendix A

PLANNING COMMITTEE MEETING TO CREATE THE PORTLAND CITY-WIDE DRUG STRATEGY

November 13, 2007
11:30 AM – 1:00 PM
City Hall, Rose Room

Planning Committee Members

Mike Reese, Louise Grant, Kyle Chisek, Patrick Donaldson, Bill Russell, Kathleen Treb, Maria Rubio, Mike Kuykendal, Gary Cobb and Barbara Caplan, and Bob Aptekar, consultant.

AGENDA

1. Welcome and Introductions
2. Purpose of the Meeting
3. Brief History of What Brought Us to Where We Are
4. Discuss Where We Are Today
5. Discuss How We Can Use this Opportunity as Phase One of What We Hope Will be Three
6. Desired Outcomes from December 5th Conference
7. Build the Agenda for the December 5th Conference
8. Next Steps
9. Adjourn

Appendix B

MINUTES

PORTLAND CITY-WIDE DRUG STRATEGY PLANNING MEETING

**City Hall, The Rose Room
November 13, 2007
11:30 AM - 1:00 PM**

Participants: Mike Reese, Louise Grant, Kyle Chisek, Patrick Donaldson, Bill Russell, Kathleen Treb, Maria Rubio, Mike Kuykendal, Gary Cobb, Barbara Caplan and Bob Aptekar.

Bob Aptekar, the consultant hired by OP to facilitate the process, opened the meeting at 11:30 AM.

A review of the recent past history of our working on drug prevention in Portland was discussed. Maria Rubio stated that in 2005, Portland was one of 25 cities picked by the Federal Government to create a drug strategy and plan. The City chose to work with the Oregon Partnership on this project. In 2006, The City, working with OP, created a Portland Drug Strategy Work Group. The group decided to name itself "CARSA", (Community Action to Reduce Substance Abuse). Meetings were held to identify issues and begin to outline a vision for a City Wide Drug Strategy Plan.

Both Louise Grant and Bill Russell related their experiences with CARSA during the early stages. The Meth Watch program was seen as an outcome of those meetings and an instrumental forerunner to these larger efforts.

Maria Rubio stated that after she attended the September 2007 CARSA Leadership Council Meeting, she realized that we could avoid any duplication of efforts by partnering with Oregon Partnership and building upon the resources, infra-structure and efforts of the CARSA Leadership Council and its committees.

The group determined the new plan will be known as the City -Wide Portland Drug Strategy.

It will be based on a two-tiered strategy: organizing neighborhood "grass-roots" groups, based on the CARSA model with each neighborhood encouraged to reach out to their neighbors, including the businesses, faith based organizations, neighborhood associations, schools, treatment providers, law enforcement, and all other community members (including youth and their parents) who support the vision and want to see it happen in their neighborhood.

In addition, a city- wide tier of leadership support will be provided to support the neighborhood coalitions. This broad -based effort will be provided by leaders who reflect all segments of the Portland community (and modeled after the CARASA Leadership Council).

In addition, OP will be asked, under a management contract, to provide administrative support services, education and training, a major media campaign, advocacy and public policy initiatives, research and evaluation, crisis intervention and treatment referral services.

The group discussed the need for a three- phased effort:

- Phase I will include our current meeting, the conduct of a Drug Strategy Symposium on December 5, 2007. The invitees will be all of those community leaders who participated in the 2006 Portland Drug Strategy Work Group and the current CARSA Leadership Council. They will meet for a half-day and asked to create the initial Drug Strategy and leave a clear agenda and the next steps necessary fore for the second phase of our work.
- Phase II will include work to be done during the six (6) months following the December 5 th Symposium; (January through June 2008). It will be conducted under a management contract with OP/CARSA. The work will focus on discussing those issues and policies identified on December 5th that require further debate to achieve consensus; creating a 2008-2009 Annual Plan with measurable objectives and timelines necessary address the top priorities listed by the Symposium participants; and developing an FY 2008-2009 budget to support it. In addition, some source(s) of stable funding for the necessary long- term sustainability of the effort will be identified.
- Phase III will begin with the FY 2008 - 2009, on July 1, 2008 and the implementation of the 2008 - 2009 Annual Plan, It will feature the two tiered strategy of: a "*grass-roots, mini-CARSA*" in every neighborhood; and city-wide efforts including a coalition leadership infrastructure and committees with leaders from all segments of the community (modeled after the CARSA Leadership Council) and the provision of education and training, consultation, and a media campaign to support the neighborhood efforts.
- Patrick Donaldson stated he felt there was a need to eliminate all of our personal agendas and focus on the broader issues in which we have a shared interest. He recognized there is a need to build on the momentum created from CARSA's recent efforts in order to engage the larger community.

Bob Aptekar summarized the groups agreed upon items for the December 5th Symposium:

- 1) The Symposium will be held at the Multnomah Athletic Club; 8:30 a.m. – 12 noon.
- 2) Bob Aptekar will facilitate the Symposium.
- 3) The Mayor and Judy Cushing will be asked to "Welcome" the Symposium participants.
- 4) The Multnomah County Chair will be invited to "co-sponsor" the event.
- 5) Participants will be asked to create a shared vision.
- 6) Participants will be asked to list the "*no brainer*" issues in which there is already consensus.
- 7) Major issues and questions requiring further debate and discussion in Phase 2 (Jan.-June, 2008) will be determined and listed.
- 8) The desirable integration of the CARSA infrastructure, already in place, with the coalition leadership and structural needs of this new group, needs to be examined.
- 9) The Annual Priorities for the unmet needs for 2008 - 2009 will be determined.

Barbara Caplan stated that she envisions the December 5th Symposium will serve as a planning meeting to set the agenda for the six months of Phase 2 (January - June, 2008). She requested that all additional potential invitees' names be forwarded to her so she can include them on the list for invitations.

The meeting was adjourned at 1:00p.m.

Appendix C

PORTLAND CITY-WIDE DRUG STRATEGY SYMPOSIUM

December 5, 2008
8:30 am - 12 Noon
Multnomah Athletic Club

Agenda

1. Welcome

Tom Potter, Mayor, City of Portland, and Judy Cushing, President/CEO Oregon Partnership

2. Charge to the Symposium Participants

Patrick Donaldson, Chair, CARSA Leadership Council

3. Brief Explanation of Past Work upon which we are Building

Maria Rubio, Office of the Mayor

4. Review of the Symposium Agenda and "Next Steps" in the Process After Today's Symposium

Bob Aptekar, Symposium Facilitator

5. Creating a "North Star" to Guide Us Towards Our Desired Future

Meet in Small Groups

6. Reports of Small Groups to Plenary

7. Our Shared Vision and the Roads to Our Shared Vision

8. Break

9. Areas of Agreement; The "No-Brainers"

10. Outline the Work to be Done from January 1, 2008- June 30, 2008

Meet in Small Groups to:

Identify those Significant Philosophic Issues and Questions Requiring Further Study and Debate

Identify the First Three Steps (Priority Activities) that should be Taken Down the Road to the Vision

11. Reports of Small Groups to Plenary

12. "Sign Up" (As you Leave) for Working on a Road to the Vision Committee

Appendix D

PORTLAND CITY-WIDE DRUG STRATEGY SYMPOSIUM PARTICIPANTS

Robert R. Aptekar	Consultant; Facilitator
Gwen Barnard	Church of Scientology
Barbara Caplan	CARSA Coordinator
Bill Cameron, Ph.D.	OHSU; CARSA Leadership Council
Kyle Chisek	Office of Mayor Tom Potter
Judy Cushing	President/ CEO, Oregon Partnership
Kaleen Deatherage	Development Director, Oregon Partnership
Patrick Donaldson	President, Forbes and Associates; Chair, CARSA Leadership Council
Jim Ferraris	Commander, Portland Police Bureau, North Precinct
Erica Finstad, Ph.D.	Center for Family and Adolescent Research
Joanne Fuller	Director, Human Services, Multnomah County; CARSA Leadership Council
Jerry Gjesvold	Serenity Lane
Louise Grant	Citizens Crime Commission; CARSA Leadership Council
Ray Hudson	Multnomah County, Human Services; CARSA Leadership Council
Ethan Knight	Representing Karen Immergut, US Attorney's Office
Dale Koch	Judge, Multnomah County; CARSA Leadership Council
Larry Langdon	Prevention Coordinator, Multnomah County
Carolyn Leonard	Director of Compliance, Portland Public Schools
Jennifer Martin	US Department of Justice
Jean Maurer	Judge, Multnomah County
Mark McDonnell	Office of the District Attorney, Multnomah County
Valerie Moore	InAct, Inc.
Emily Moser	Parenting Programs Director, Oregon Partnership
Julia Peters	Volunteers of America
Lorenzo Poe, Jr.	Representing Multnomah County Commission Chair Ted Wheeler
Mayor Tom Potter	Mayor, City of Portland
Maria Rubio	Office of Mayor Tom Potter
Bill Russell	Executive Director, Union Gospel Mission; CARSA Leadership Council
Pete Schulberg	Director of Communications, Oregon Partnership
Bill Sinnott	Director of Downtown Clean & Safe, Portland Business Alliance
Mike Schrunk	District Attorney, Multnomah County
Rosie Sizer	Chief, Portland Police Bureau
Renee Stewart	Lexus of Portland
Jason Temchin	Serenity Lane
Kathleen Treb	Department of Community Justice, Multnomah County
Pat Walsh	Portland Police Bureau, Drugs and Vice
Judy Wilkins	Chief Operating Officer, Oregon Partnership
Jana Wolfgang	Drug Safe Work Place Advisory Group
Les Youngbar	NW Natural Gas Company

Appendix E

LIST OF JANUARY - JUNE 2008 WORK GROUP COMMITTEE MEMBERS

(Incomplete - still in progress)

Prevention Committee:

- Joanne Fuller
- Dawn Baumler

Comprehensive System of Treatment Services Committee:

- Jason Temchin
- Valerie Moore

Regulation and Law Enforcement Committee:

- Louise Grant
- Jim Ferraris
- Pat Walsh

Public Education and Media Support Committee:

- Bill Cameron
- Gwen Barnard
- Pete Schulberg
- Renee Stewart

Financial Support Committee:

- Kaleen Deatherage
- Barbara Caplan

Evaluation of Impact Committee:

- Kyle Chisek
- Erica Finstad
- Larry Langdon
- Jana Wolfgang