<table>
<thead>
<tr>
<th>Question</th>
<th>Tina Kotek</th>
<th>Donice Smith</th>
<th>R. Leon Noble</th>
<th>Betsy Johnson</th>
<th>Paul Romero</th>
<th>Christine Drazan</th>
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</thead>
<tbody>
<tr>
<td>Personal connection to addiction and/or addiction recovery?</td>
<td>✅</td>
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<td>Changes to state agencies and commissions to address addiction and recovery rates?</td>
<td>✅</td>
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<td>Prioritize access to detox, outpatient, and residential treatment?</td>
<td>✅</td>
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<td>Address issues of addiction and recovery in Governor’s Budget?</td>
<td>✅</td>
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<td>Support utilizing pricing as mechanism to reduce impacts of excessive alcohol consumption?</td>
<td>✅</td>
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<td>Changes to the decriminalization component of Measure 110?</td>
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<td>Changes to funding component of Measure 110?</td>
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<td>Work to make Oregon federally compliant in regards to parity between physical, mental, and substance use disorder services?</td>
<td>✅</td>
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Like most Oregonians, I personally know people who are in recovery and others who continue to deal with addiction.

Given the seriousness of the addiction epidemic in Oregon, as Governor I will prioritize the time, energy, and existing resources needed to reduce addiction and increase recovery. That will immediately entail a review of leadership within the Oregon Health Authority and other key agencies, a comprehensive assessment of current state efforts, and enhancing partnerships with local government and the private sector to make progress.

It is completely unacceptable that Oregon is so far behind the rest of the country on this issue. As Speaker of the House, I worked successfully to shepherd new resources to recovery treatment, and I am incredibly frustrated by the pace of change to meet the health care needs of Oregonians. As Governor, I will utilize the guidance of the Alcohol and Drug Policy Commission and the on-the-ground experience of providers to set measurable goals and clear strategies to improve access to treatment.

I will set a budget based on the above answer.

Voters passed 110 because they wanted a change—they believe we should get health care to people experiencing addiction instead of just throwing them in jail repeatedly. To be clear, people should still be criminally prosecuted for selling or manufacturing drugs, and for committing violent or property crimes. When people experiencing addiction are caught with small amounts of drugs they get a ticket and the option of treatment, but far too few people take advantage of the opportunity to get treatment. We need to strengthen the connection between getting caught with drugs and seeking treatment. Behavioral health experts have proposed a variety of options for making 110 more effective. The legislature should take up this work immediately.

Not at this time. My initial focus will be on making sure state and local government delivers much better services using the resources it already has.

I have never shied away from criticizing the Oregon Health Authority and our current governor for their bungling of the work to get funding out the door for addiction services. As Governor, I will hold people accountable to deliver the results voters demanded: improved access to treatment and recovery services. State agencies need to be held to a much higher standard of work to ensure we are delivering results.

I will ask the appropriate agencies to review this issue, starting with PEBB, OEBB, and Oregon Health Plan utilization, and devise a course of action based on their guidance and that of experts in the field.

Oregon remains out of federal compliance on ensuring parity between physical health, mental health, and substance use disorder services. What actions will you take to correct this?
Do you have a personal connection to addiction and/or addiction recovery? If so, please explain.

I myself have not dealt personally with any kind of addiction, but I know people who have both. Ultimately, addicts have to want to fix themselves.

What, if any, changes would you make to the structures of state agencies and commissions (e.g., Oregon Health Authority, OLCC, etc.), in order to reduce addiction rates and increase recovery rates?

I’d like to know what the OHA actually accomplishes with the Billions they spend. Mental illness, addiction, and recovery doesn’t seem to be a priority within OHA. Where are the REAL results since its inception in 2016?

Currently Oregon ranks 50th in access to detox, outpatient and residential treatment. What measurable goals will you set to increase access and what strategies will you take to achieve those goals within your first term?

Measure 110 which has only made the underlying issues worse. Find real working examples from those states in the top three and replicate what obviously is working. Common sense approach over trying to invent a new mouse trap.

How would you address the issues of addiction and recovery in the budget you will present in 2023?

Addressing these issues lies with the professionals and proven techniques. I will support a budget line item for such things to be managed and run by those with a successful record. I will address it fairly and with regard to the needs of the state as a whole.

Do you support utilizing pricing as a mechanism to reduce the public health impacts of excessive alcohol consumption?

Sin tax doesn’t work except to increase costs, unfairly, to responsible consumers. Income tax, Property tax, hidden sales tax (gas & alcohol)...we are overtaxed as it is. Until this is rectified, the idea of MORE sales tax is out of the question. Our citizens are one of the highest taxed people in the US.

What, if any, changes would you make to the decriminalization component of Measure 110?

Following the results of Measure 110, the people of Oregon need the opportunity to vote on it again. All it did was create a Mecca for drug users and homeless people with addictions. The overdose rate DOUBLED! Those arrested for drug use at least get a chance to detox in jail which gives them the best chance for recovery...over time.

What, if any, changes would you make to the funding distribution and/or the oversight and accountability components of Measure 110?

Distribute funds to those with successful results. Oversight must always be in place and accountability for failure results in removal from access to such funds. Ultimately, Measure 110 must go away.

Oregon remains out of federal compliance on ensuring parity between physical health, mental health, and substance use disorder services. What actions will you take to correct this?

This must be corrected. Oregon wastes too much money on unproven systems, processes, and groups with no real accountability for measurable success. Hold those who fail accountable. Where does the money in Oregon go? Apparently, not where it’s supposed to go.