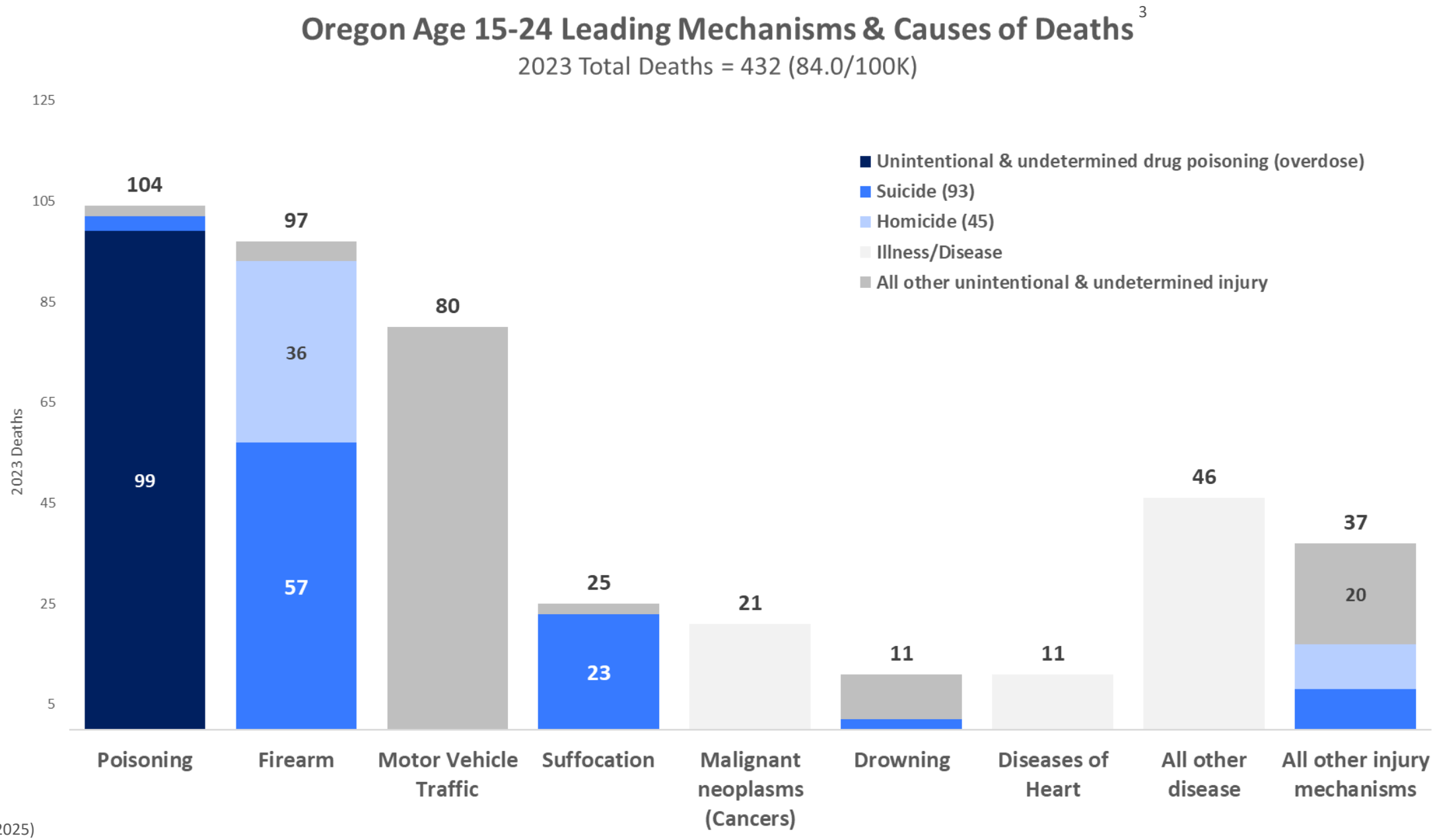
Drug Overdose/Poisoning is the Leading Cause of Death for Young Oregonians



3. CDC (2025)

Prevalence %/Mortality/Growth *Oregon's rank vs. other U.S. states*	**Oregonians Age 12-17**	**Oregonians Age 18-25**
Substance use past month (excl. alcohol/tobacco)	**10%** *#7*	**39%** *#3*
Needing substance use treatment past year	**14%** *#6*	**40%** *#2*
Needing treatment but not receiving past year	**~65%**	**~83%**
2023 drug death rate/100K (Age 15-19, 20-24)	**11.4** *#3*	**27.0** *#7*
5 Year drug death growth (Age 15-19, 20-24)	**+625%** *#1*	**+169%** *#3*
Major depressive episode past year	**25%** *#1*	**26%** *#1*
Serious thoughts of suicide past year	**15%** *#1*	**17%** *#1*
2023 suicide/100K (Age 15-19, 20-24)	**10.2** *#25*	**25.9** *#6*
5 Year suicide growth (Age 15-19, 20-24)	***-46%*** *#40*	**-1%** *#24*

1. CDC (2023) 2. SAMHSA (2021-2022)

HB2502/HB3321/HB3375/HB2929 (2025)
require a complete evaluation of Oregon's youth substance use continuum of care, including primary prevention, and a state-wide strategic plan with ownership & accountability within ADPC. This creates the foundation, where none currently exists, for a systemic upstream focus.

- **Oregon youth rank among the worst of all states** in many key behavioral health & outcome indicators.
- Progressively worse outcomes by age (horizontally) and from use to mortality (vertically) highlights the need **to prevent, intervene, & mitigate challenges earlier. 90% of adults with SUD initiated in adolescence.**
- **Fentanyl, which drives quicker & worse outcomes of addiction brain injury, & mortality** plays a role, notably among teens where more naivety exists and ready treatment is hard to access. (27/29 teen drug deaths in 2023 involved fentanyl, drugs are leading cause of death of age 15-24 Oregonians)
- 37-80% of adolescent substance use disorders are co-occurring with at least one other mental disorder. The relationship is bi-directional. **Mental health treatment is substance use disorder prevention** and vice versa.
- **SB238 (2023)**, which mandates fentanyl and counterfeit pill education in OR MS/HS mitigates some fentanyl-related youth harm. Accompanying educational and awareness efforts that engage the family & community, such as **The New Drug Talk,** could also be effective for the universal population.
- **Youth suicide is addressed in Oregon holistically as a behavioral health issue requiring a full continuum of care starting with prevention. We do not address youth substance use this way.** K-12 suicide prevention actions such as Adi's Act (SB52 – '21) could have factored in improved outcomes.

Clear research shows that preventing, reducing, & delaying youth substance use reduces harms, improves outcomes, lessens future burdens, and is the most efficient use of resources. 90% of Adult SUD starts in adolescence.

- ***The adolescent brain is more vulnerable to the lasting effects of substance use, including an increased risk of addiction because it is not fully mature. Heavy substance use during adolescence is associated with neurocognitive deficits and may further alter the development of neural systems regulating reward and inhibitory behavior, delay social maturation, and disrupt academic achievement.***

- ***Adolescents with SUDs have poorer functional outcomes across multiple domains (education/employment, family/social, and health) and are at greater lifetime risk for experiencing an array of adverse outcomes, including sexually transmitted diseases, poor family planning, justice system involvement, school-related challenges, neurocognitive impairments, and increased mental health burden.***

  New England Journal of Medicine 2022. *Adolescent Substance Use Disorders*. Simon KM.[4]

- ***In the United States, more than 90% of adults with SUDs began their substance use in adolescence. The younger an adolescent initiates substance use, the greater the risk of developing an SUD. The duration of substance use disorder is longer for those who initiated substance use earlier.***

  Developmental Cognitive Neuroscience 2017. *Sensitive periods of substance abuse: Early risk for the transition to dependence*. Jordan CJ.
  Substance Abuse and Mental Health Services Administration 2014. *The TEDS Report: Age of Substance Use Initiation among Treatment Admissions Aged 18 to 30*.
  Urban Institute Health Policy Center 2021. *Substance Use and Age of Substance Use Initiation during Adolescence*. Clemans-Cope L. [5]

- ***Primary prevention efforts—which are designed to stop use before it starts—can interrupt the pathways to addiction and overdose. Youth primary prevention also reduces the risk of substance use and lessens other negative outcomes, including low educational status, under- and unemployment, unintended parenthood, and an increased risk of death from a variety of causes. Youth prevention programs also have a very favorable return on investment—$18 dollars for every dollar spent by one estimate.***

  John Hopkins Bloomberg School of Public Health. *Bloomberg Overdose Prevention Initiative; Principle 3: Invest in Youth Prevention.*

HB2502/HB3321/HB3375/HB2929 ensure the entire Oregon youth continuum of care receives proper leadership, planning, priority, action, & accountability: the foundation for a systemic upstream focus on youth and primary prevention in Oregon.

1. Centers for Disease Control and Prevention, National Center for Health Statistics, Jan 18, 2025. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-expanded.html. Drug deaths include Drug poisonings (overdose) Unintentional (X40-X44) & Undetermined (Y10-Y14). Death Rate is crude rate per 100K. Suicides include all mechanisms and are mutually exclusive from drug deaths. Death counts < 10 and death rates where death counts <20 are suppressed. Growth is based on death counts, not rates.

2. Substance Abuses and Mental Health Services Administration, 2024. 2021-2022 National Survey on Drug Use & Health. SAMHSA Center for Behavioral Health Statistics & Quality. Accessed at https://www.samhsa.gov/data/report/2021-2022-nsduh-state-prevalence-estimates. Model-based prevalence estimates, Annual average percentages.

3. Centers for Disease Control and Prevention, National Center for Health Statistics, Jan 18, 2025. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-expanded.html. Uses UCD Injury Mechanism & Other Leading Causes and UCD Injury Intent. All data are mutually exclusive and collectively exhaustive. “Drug poisonings (overdose)” include Unintentional (X40-X44) & Undetermined (Y10-Y14).

4. Simon, K. M., Levy, S. J., & Bukstein, O. G. (2022). Adolescent Substance Use Disorders. NEJM evidence, 1(6), EVIDra2200051. https://doi.org/10.1056/EVIDra2200051

5. Clemans-Cope, Lisa (2021). Substance Use and Age of Substance Use Initiation during Adolescence. Urban Institute Health Policy Center. https://www.urban.org/sites/default/files/publication/105389/substance-use-and-age-of-substance-use-initiation-during-adolescence_0.pdf