

Testimony in support of HB 3321

Jon Epstein

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Co-Chairs Prozanski and Co-Chair Kropf, Members of the Committee,

I write in support of HB 3321, HB 2502 & HB 3375.

I have spoken to this committee previously about **the dire need for upstream and youth focused efforts in Oregon's fight against the harms of substance use and addiction.** I appreciate that time last session as I appreciate this time you're providing on March 12. I also am deeply grateful for the work of **Representative Walters, Representative Sanchez, Representative Kropf,** and their staffs in bringing this valuable legislation forward.

I come to you as a community youth advocate and parent of a teenager lost to a counterfeit pill made of illicit fentanyl. I've spent the last 4 years joining others across the state in their work to protect Oregon's youth from the harms of substance use. While there are many many passionate and highly skilled professionals, volunteers, school counselors, teachers and administrators, coalitions, and others doing upstream work in all manners, I can tell you they are fighting a pitched uphill battle with no reinforcements in sight. **The state deeply lacks leadership, vision, planning, capacity, transparency, and accountability in this area;** in other words, what the Lund report referred to 2 years ago as a "long standing failure, years in the making."

I will share with you more thoughts on that in the context of this legislation, but first I should point out some bright spots. I've been gratified by the passage and funding of **SB238**, first nationally to create a classroom centered protective factor addressing the very specific issue of fake pills and how to recognize and respond to an overdose. The playbook and lessons developed jointly by **OHA & ODE** are the most complete set of resources, in many cases the only set of resources, that exists across all states. We shouldn't forget that this work was catalyzed by the action and efforts of **Beaverton School District**, where my son attended. Since they initiated classroom instruction and community engagement, a full 3 1/2 years before the rest of the state, they've not lost one student to fentanyl. Non-profit **Song for Charlie & Oregon CCO Trillium Health Care**, also deserve thanks from the state for their tireless work to protect our youth through innovative upstream outreach programs aimed at the universal population. Lastly and important to today, I'm grateful to the **ADPC**, their leadership, and their commitment and understanding that to truly **"treat substance use and addiction as a health issue", we must employ a full continuum of care** — that starts with primary prevention and attention to youth.

It's quite a big issue and there are many facets over multiple bills. I would like to share what I consider the 3 most important things to not lose sight of in this discussion:

#1: Oregon youth are experiencing a 5-alarm fire in substance use harms, essentially unmitigated. We must act, not just study.

#2: The primary prevention components in HB 3321 must not be lost in the legislative process if and as these bills come together.

#3: The final form of these bills and HB 2929 must ensure a clear center of gravity for youth and primary prevention in Oregon, with follow-through & accountability.

Oregon teenagers have the 7th highest rate of illicit substance use in the country and the 6th highest need for treatment of which only 1/3 receive. Add to that a flood of fentanyl, and the result is we have the third highest teen drug mortality rate in the U.S. after growing faster than any other state in 5 years. And it gets worse as they age, with 4 of 10 of young adults under 25 regularly using illicit substances and needing treatment, and only 1 out of 6 of those needing treatment receiving it. The deadly results are in: Oregon can claim the horrible distinction only 4 other states can: **the leading cause of death of Oregon's youth age 15-24 is the preventable cause of drug overdose & poisoning.**

The treatment gap is severe, but we cannot ignore the reality that Oregon's young people's high prevalence of use and low perception of harm, which rank among the worst in nation, are a major part of our problem. As **Sen. Lieber** said last session, **we simply cannot afford the treatment and recovery system we need if we do not focus on preventing how many people need it to begin with.**

Research show that adolescent substance use harms their developing brains and that **90% of adults with SUD initiated use in adolescence.** In aiming to reduce the acute harms to our youth today and to reduce the enormous future burden that unmitigated adolescent substance use brings, we must invest in **evidence-based primary prevention, shown to both effectively improve outcomes and generate an 18:1 return on investment vs costly downstream measures.** That's why I implore you to retain as many components of **HB 3321** as you can, not allowing primary prevention to yet again be the victim of the shortsighted thinking that has caused the dismantling of it in Oregon in favor of policies that ignore our youth, cause them harm, and allows the thriving of the pipeline into our unsustainable and horrible substance use challenges.

Lastly, I applaud the intentions and efforts of the only 2 state level groups in Oregon who have stepped forward to face this problem wholly: **The Opioid Settlement Board and the ADPC.** Both have demonstrated clear leadership in voice and act on the need for a full continuum of care made up of harm reduction, treatment & recovery, and primary prevention. **We must have clear leadership and accountability for primary prevention in Oregon and that place is in ADPC.** Please ensure the eventual language in these bills clearly calls for not only a study, but a **plan** that is measured and reported against regularly by the ADPC, with an **explicit youth pillar and primary prevention component.** This requires ensuring that the intentions of the Legislature are fully called out and aligned across these three bills and also in **HB 2929** which you will hear next week. Recall that Oregon has had an ADPC for years, but the existing statute was insufficient to prevent the dismantling of the primary prevention muscle in Oregon.

In summary, thank you so much for your work and attention to this! **It is our future.** While crafting the best possible solution for our youth, families, and Oregon's future, please do not lose sight of:

- 1) This work is urgently needed and it's far past due. Mere study is not enough, we must act.
- 2) This work must retain an explicit focus on primary prevention and not allow it be minimized vs. treatment or rolled into overdose prevention.
- 3) This work must create a youth and primary prevention center of gravity, connected, but planned & reported separate and distinct from adult components. A plan, with progress measured and regularly reported against to you, the Legislature, inclusive of primary prevention and a youth pillar is the vital action we need.

ADPC is demonstrating leadership here and showing us they are ready, willing, and up to the task. I respectfully request that you make this happen by passing this legislation with the considerations I've provided in mind.

Thank you.

Jon Epstein, Portland