

March 12, 2025

RE: Testimony in Support of HB 2502, HB 3321, HB 3375

Dear Co-Chairs Prozanski and Kropf, Members of the Joint Committee on Addiction and Community Safety Response:

90% of people with a Substance-Use Disorder started when they were young, when their brains were primed for addiction, because SUD is primarily a pediatric-onset disease. To reverse the rising rates of addiction in our state, it is imperative that Oregon develop a state-wide prevention system based on evidence-based science that has been shown to work.

Kids today are preyed on by powerful industries that profit from addiction. Typically, 20% of customers purchasing tobacco, cannabis, and alcohol products buy 80% of the product. In other words, these businesses depend on problem users, and they know that if they can successfully lure young people, they will be lifelong customers. Thus the current proliferation of nicotine and cannabis vapes in child-friendly flavors and sweetened alcoholic carbonated beverages. Attractive packaging and widespread marketing further reduce the perception of risk. The most recent Student Health Survey (2022) revealed that 31% of 8th graders perceive no or only slight risk of harm with binge drinking and that 45% of 11th graders perceive no or only slight risk of harm from regular marijuana use.

I call on you to please support HB 3321 because it directs the Alcohol and Drug Policy Commission to develop and implement a primary prevention state-wide strategy to prevent the onset of substance use. Primary prevention goes upstream to support kids before they start experimenting with substances because every year a child delays initiation greatly reduces their risk of developing a lifelong substance-use disorder.

We need Oregon to prioritize kids' safety and well-being. They are our future, and right now in Oregon, according to the most recent ADPC assessment results, there are 38,000 kids 12-17 (12.5%) diagnosed with a SUD (with currently 42 youth treatment beds) and 148,000 (36%) young people (18-25). Together, that's 186,000 young Oregonians who are currently leading suboptimal lives, undermined by a preventable disease that compromises their opportunities regarding education, employment, family and social relations and physical health.

Addiction is a powerful disease that takes control of a person's life, depriving them of a sense of autonomy and will. Not only is it demoralizing to want to quit something and not be able to – to have something that is more powerful over you than your own intention – but addiction also robs a person of the ability to experience joy or pleasure independent of substances. Everyone deserves to have the opportunity to thrive and live with intention.

My 21-year old son is one of the 186,000 young people with a diagnosed SUD, and it's heartbreaking to know that there are that many other families in Oregon who are also struggling with the disease and seeing their child's life derailed and their hopes and dreams for their child's future disintegrate. Addiction doesn't just impact the person with the disease. It affects everyone in their family and those who love them.

My son started vaping THC, the psychoactive component of cannabis, at 15, and he became almost immediately addicted, using every day, multiple times a day. We watched with

horror as his whole personality changed, and he descended into a spiral of depression, anger, emotional outbursts, and suicidal thoughts.

The current system failed my son. Not only was he taught in school that cannabis was not addictive, but also none of the professionals we reached out to for help – his lacrosse coach, pediatrician, and therapist – took his use seriously. They all thought it was ‘just weed’ – ‘kids experiment’ -- and that he’d ‘outgrow’ it. Unfortunately, they didn’t know that today’s cannabis – what kids vape -- is nothing like the plant that Oregonians voted to legalize 10 years ago. Rather it is highly engineered to be at least 10 times as strong and highly addictive. Nonetheless, we were seeing problematic behavior, and when we reached out for help, none was available. Eventually we took him to the ER at Doernbecher for suicidal ideation and were advised that he needed in-patient treatment. With none available in Oregon (we only had about 15 youth beds in Oregon at that point), we were able to find a place for him out of state, which we were grateful we could afford.

When he returned after 10 months away, we watched with dismay as he valiantly fought to stay sober in a culture rife with environmental risk factors. Not only were his high-school friends still using, but the streets of Portland are full of dispensaries, advertisements, and the ever-present smell of weed. Immersed in a culture that normalizes teen cannabis use, the disease won out, and he continues to be dependent on it – no longer to get high, but merely to get through the day.

HB 3321 seeks to change our current culture that normalizes teen substance use. Instead, it seeks to foster a culture of prevention that normalizes practices that promote healthy adolescent development and strengthens protective factors that reduce the risk of substance use. A robust system would also prioritize early intervention when a child initiates substance use in order to ward off a SUD and mitigate the harms to the child’s developing brain.

Culture today is rife with environmental risk factors. It’s become what the addiction psychiatrist Anna Lembke has called *Dopamine Nation*, where we’re surrounded by offers of instant gratification designed to hijack the neural network of our brain’s reward system. Between phones, screens, social media, gaming, and addictive industries targeting adolescents, it’s a battle for our kids’ brains, and we need to provide them with the support and tools to look past the enticing images and slick marketing and make healthy choices.

HB 3321 would be an important first step. Not only is prevention morally the right choice – giving kids the tools to make the most of their lives and thrive -- but it also makes economic sense. Preventing kids from developing a SUD is considerably more affordable than the often years-long attempt to cure what can be an intractable disease.

For those skeptical of prevention, look up the Icelandic Model of Adolescent Substance Use Prevention.¹ In 1997, 40% of Iceland’s adolescents got drunk in the past 30 days, which was one of the highest teen alcohol problems in the world at the time – and is close to where Oregon stands now with youth substance use. After a 20-year national prevention program, the trend has been reversed to just 5%. A side effect of the program also measured decreased

¹ Sigfúsdóttir ID, Thorlindsson T, Kristjánsson AL, Roe KM, Allegrante JP. Substance use prevention for adolescents: the Icelandic Model. *Health Promot Int.* 2009;24(1):16-25. doi:10.1093/heapro/dan038

tobacco, cannabis, as well as decreased bullying, violence, theft, and sexual abuse. “The Icelandic Model is a theoretically grounded, evidence-based approach to community adolescent substance use prevention that has grown out of collaboration between policy makers, behavioural scientists, field-based practitioners and community residents in Iceland. The intervention focuses on reducing known risk factors for substance use, while strengthening a broad range of parental, school and community protective factors.”²

Not only is prevention the answer to our addiction crisis, it would also improve numerous societal problems across the board by better preparing our children to deal with life’s challenges in a healthy and supported way.

Thank you for your time and for helping to lead Oregon in a healthier direction by supporting primary prevention and HB 3321.

Sincerely,

Lee Stewart
Portland, OR

² Sigfúsdóttir ID, Thorlindsson T, Kristjánsson AL, Roe KM, Allegrante JP. Substance use prevention for adolescents: the Icelandic Model. *Health Promot Int*. 2009;24(1):16-25. doi:10.1093/heapro/dan038