

LISA REYNOLDS, MD
STATE SENATOR
District 17



OREGON STATE SENATE

Joint Committee On Addiction and Community Safety Response
03/12/2025
HB 3321

Thank you, Co-Chairs Prozanski and Kropf and members of the committee.

I am Lisa Reynolds, state representative for Senate District 17 - which includes Portland's westside and northern Washington County. I am also a pediatrician.

I am testifying in support of HB 3321 today and for all efforts to prevent SUD in the first place.

I am guided by two principles - in policy and in medicine:

- ONE: Children and youth are not little adults. They need tailored responses to the problems we address in this building and this state.
- And NUMBER TWO interventions have a better chance of success the earlier they are implemented. This includes public spending, which we know has a higher rate of return in the prenatal and early years of a child's life. This is what we mean when we talk about getting at root causes and prioritizing upstream investments.

We are in a crisis when it comes to youth AND adult substance use disorders.

In the US, drug overdoses and poisonings are the third leading cause of pediatric deaths, behind firearm-related injuries, which is #1, and motor vehicle accidents. ([NEJM article](#), and [here](#)).

Most - 90% of - adults with a substance use disorder started drugs in their youth.

The key reason goes back to the "not little adults" statement. The adolescent brain is different than the adult brain. Namely, the pre-frontal cortex is underdeveloped.

The prefrontal cortex is associated with logic, regulating impulses, and guiding decisions. This underdevelopment leads to increased risk-taking, a hallmark of adolescence. This risk-taking includes experimenting with drugs, which in this day and age can carry lethal consequences.

Furthermore, the adolescent brain is primed for addiction because the substances alter the still-developing adolescent brain. This is called neuroplasticity - the brain changes in response to substance use, often resulting in craving more of the substance. So, this neuroplasticity, this

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(cont'd) responsiveness, can lead to addiction but also to chronic mental illness, such as the known association of habitual youth marijuana use with schizophrenia.

In short, the younger one is when one initiates substance use, like alcohol, like marijuana, like nicotine, like opioids, the MUCH more likely one is going to become addicted. Remember, the latest numbers show that 90% of adults with a substance use disorder started drugs as youth. It is so important to prevent youth substance use disorder in the first place, or at the very least to DELAY the initiation of drug use until 21 or older.

Prevention takes many forms. It actually starts in utero. Substance use disorders among pregnant people impact fetal brain development and can lead to a baby born with addiction and withdrawal. Furthermore, parental SUD is the most common reason that a young child is placed in foster care – I see this in my clinic. We MUST prioritize SUD disorder treatment for pregnant people and for the parents of babies. I have put forward a package of policies called Momnibus that will improve SUD treatment, mitigate poverty, and provide stable housing for pregnant people and people with babies. These 0-1-year-old interventions, which reduce early childhood trauma, are the ultimate SUD prevention programs.

We need early screening and improved services for mental health disorders for young Oregonians, which then lowers the risk of substance use and also justice involvement. And we must also better deploy prevention curricula in schools and in other youth-serving organizations.

And at the risk of opening up a whole new can of worms at the end of my short presentation, I've come to realize that our overall approach to drug use in youth has become permissive and negligent. In my years of taking care of youth, I talk to kids about their habits - whether it's binge drinking - which thankfully is down, or near-daily use of marijuana. There is a lack of awareness or messaging that this is harmful behavior. It's a whole "oh, kids will be kids" among the youth themselves and even among some parents. We know - remember the brain science - that addictions are minted in youth. We know that marijuana has become a gateway drug - that users of marijuana - which is now much more potent than in past generations - are much more likely to escalate to opioid use. I'm not an abolitionist, and I know some kids use drugs without ever becoming addicted - we just don't know exactly who those kids are. And so, **prevent and delay.**

I'm grateful for the way forward as we work to craft a comprehensive plan for primary prevention - which is distinct from harm reduction or treatment. I will say, as we often say in this building, I wish we were working faster.

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(cont'd) We seek to put a fence at the top of the cliff instead of always sending ambulances to the bottom of that cliff. Let's start really building that fence, post by post, asap.

Sincerely,

Senator Lisa Reynolds, MD
Senate District 17

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