



Jennifer Siegel, CADC-2

503.752.2355 peacefulhealth@icloud.com 1021 NE 33rd Ave Apt B25 Portland, OR 97232

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Joint Committee On Addiction and Community Safety Response
Regarding HB3197

Dear Legislators,

I have worked with adolescents struggling with substance use and abuse since 2021. I am a bachelors level Certified Alcohol and Drug Counselor (CADC-2). My current role is with Portland Public Schools working at the education level of care with students who are referred to me and my colleagues for getting caught using at school. My previous position was at LifeStance. While they still had a Substance Use Disorder (SUD) program, I was the only counselor in Washington County able to provide Intensive Outpatient (IOP) level of care services for adolescents. I also provided Outpatient (OP) level of care services in person and online during the pandemic. I am writing because it is embarrassing how under-resourced we are in regards to providing substance use treatment to our youth.

I have talked with legislators in the past while attending Oregon Recovers' Advocacy Day who suggest that it isn't government's job to provide SUD services to Oregon adults, never mind youth. While I understand the desire to boost private interest in providing these services, the barriers to opening up treatment for adults is already quite prohibitive. It is even more difficult to provide care to minors due to insurance issues and other factors that make adolescents an undesirable, not-profitable demographic to provide SUD services to. Just ask LifeStance, who closed their SUD department after almost 20 years of providing SUD support as Western Psychological.

The few residential treatment facilities we have in Oregon are stretched thin with waiting lists that make accessing treatment in the critical window of opportunity (when a young person is willing to go) nearly impossible. There are few to none IOP opportunities for following up once a young person completes residential treatment, thus denying them the structure that they need to prevent returning to use. The OP options are also stretched thin and often have to be outsource to community partners like 4D (who are excellent for aftercare but not the same as treatment).

Again, it is embarrassing to tell parents that I recommend that they send their struggling children out of state for treatment and then refer them to less than ideal online providers for IOP and OP treatment because we just do not have the resources. In my own

professional opinion, HB3197 would start to address the inequities as we in the recovery community work to create more and better adolescent treatment options. Not all parents can afford to send their children out of state even with insurance that covers doing so.

Please keep in mind, most of the adolescents who use alcohol to cope learned to do so by watching their parents and caregivers use alcohol to cope. They have been marketed to believe that they require alcohol to feel good, to have fun, to be mature and sophisticated. A tax on such a product is hardly going to make a dent in alcohol's effect on our culture.

Thank you for your consideration.

Sincerely yours,

Jennifer Siegel, CADDC2