



April 8, 2025

To: Co-Chairs Senator Prozanski and Representative Kropf and Members of the Oregon Legislative Assembly Joint Committee on Addiction and Community Safety Response

Chairs Prozanski and Kropf and members of the committee, on of the behalf of the Washington County Public Health Advisory Council, thank you for the opportunity to testify in support of [House Bill 2954](#), which would provide \$25 million for substance use primary prevention programs for Oregon's federally-recognized Tribes and local public health authorities (LPHAs).

Substance use is widespread in Oregon. About [12%](#) of Oregonians report symptoms of alcohol use disorder, about [22%](#) of adults and about [13%](#) 11<sup>th</sup> graders use some form of tobacco product, and an estimated [9%](#) of teens and adults use some form of illicit drug. Across all these substances, rates of use and the associated [poor health outcomes](#) tend to be higher for [Black/African American, Indigenous, LGBTQIA+](#), and [lower income](#) populations.

Chances are, you know someone who uses one of these substances in a way that negatively impacts their life. Substance use disorder (SUD) influences every part of a person's life and can lead to poor health outcomes and bring harm to the people around them. Yet in the 2021-2023 biennium only about 6% of statewide SUD spending was dedicated to helping people avoid initiating substance use through primary prevention. These "upstream" solutions build the bridges community need to avoid falling into dangerous waters. Instead, nearly [\\$746 million \(or 76%\)](#) of Oregon's investments focus downstream; throwing life preservers out in an attempt to rescue individuals through harm reduction, treatment, and recovery. In April 2024, the OHA published the results of a statewide SUD financial analysis, which estimated \$128M is needed to close the gap in primary prevention supports and services. This is a fraction of the investment Oregon has made in downstream solutions and would help lessen this growing need.

Local and tribal public health are uniquely positioned in local communities to lead this work. Public health has a population-wide perspective, prevention experts on staff, existing relationships with relevant partners, and expertise in convening and coordinating community partners (e.g., schools, behavioral health) to address health priorities. Please help us close this gap and ensure that everyone in Oregon has access to evidence-based primary prevention for substance use by supporting HB 2954.