



Addiction Primary Prevention Support HB 2954

Co-Chairs Kropf and Prozanski and members of the committee, my name is Sarah Lochner, here with the Coalition of Local Health Officials (CLHO) representing Oregon's 33 local public health departments.

First, let me say, **Happy Public Health Week!** And thank you for having us.

With me today is Kennedy Fields from Klamath County Public Health and Heather Kaisner, the Public Health Director for Deschutes County. We are all here today in support of HB 2954.

HB 2954 is a short bill, but don't be fooled - it does a lot. The bill allocates funds to local public health and tribes to establish or expand Addiction PRIMARY prevention programs across Oregon. It references ORS 431.144 – which is the public health modernization statute - which requires the use of evidence based practices or emerging best practices. The bill language also allows for tribal cultural practices.

By utilizing the modernization statute, there is also built-in accountability -- LPH and tribes will create a budget and workplans that OHA will have to approve. Once approved and funding is awarded, they then report quarterly to OHA. OHA then compiles the data and reports to the legislature on progress every two years. In fact, [on Monday in the Human Services Subcommittee](#), OHA will be presenting this progress report for the 23-25 biennium.

I know several of you are wary of sending more money through OHA due to the BM110 funding problems. That was a new, untested process using an advisory body with no parameters and this body is housed in another department of OHA, not the public health division.

HB 2954 would use a tried and true method that has been used for a long time without major issues – it's the same way OHA PUBLIC HEALTH has been putting out PH Mod funding for the last 10 years. No drama. [No missing funds](#). It would entail adding a section to existing contracts with LPH and tribes.

That's the How. Now, let's talk about the Why.

We know that Oregon has a substance use problem.

More than 12,000 Oregonians [die each year](#) from the harmful effects of tobacco, alcohol and illicit drugs. Together, these substances kill four times as many Oregonians as obesity and they are responsible for three of the top four causes of preventable death.





How did we get here? Why do we have such a problem, and what are the health outcomes? Kennedy is going to answer these questions for you.

We know we have a problem and that it's very costly to the [health care system, the criminal justice system, and to the economy](#). And YET...

Oregon spends very little to prevent substance use

Many of the deaths and harms from alcohol and drug use are preventable, yet in Oregon, we spend only 6% of the substance use budget on [primary prevention](#), most of which can **ONLY** be spent on tobacco. The rest of the budget (94%) is spent on harm reduction, recovery and treatment.

The budget for alcohol and drug prevention work is only \$5 million a year, which comes primarily from a federal SAMHSA block grant called ADPEP - Alcohol and Drug Prevention Education Program.

This \$5 million annual grant is split between 36 counties, nine tribes and nine community organizations. For recipients, this isn't even enough to hire one full-time alcohol and drug prevention specialist.

Most people who become dependent on alcohol and drugs start using when they are [teens or young adults](#). Primary prevention programs prevent or delay this use.

There is no doubt that we need more treatment resources for people who are already addicted, but if we don't start devoting money to primary prevention NOW, we will never dig out of this crisis.

That's why CLHO is asking for \$25 million (per biennium) to fund primary addiction prevention through HB 2954 – sponsored by Rep. Tran, Nelson, Nosse, and Hai Pham, with support from Sanchez and Patterson as well. This would allow counties to...

- Hire at least one person to work exclusively on primary prevention
- Develop or expand evidence-based school and community prevention programs focused on youth
- Increase collaboration with culturally specific community-based organizations as needed

A [review](#) conducted by SAMHSA found that implementing effective family and school-based substance use prevention programs could save an estimated \$18 for every \$1 invested.





WHY PUBLIC HEALTH?

Public Health folks are prevention experts. Schools likely don't have experts on staff. Schools also don't have the capacity to take this on - they are already stretched so thin. They don't have the time to research and evaluate evidence based programs. Public Health already has this figured out. If you only fund individual schools or organizations to do this work – let's say through competitive grants, it won't be a coherent system. And we need a systems approach – which the public health infrastructure could provide – to ensure all kids across Oregon are getting evidence-based programming – at multiple points in their education. Of course, we need schools as partners, and local public health is well positioned for that. They are experts in partnership and engagement, utilizing community input and local culture as part of the approach - to ensure buy-in and success. And in many communities, public health is already going into schools to do sex education, pregnancy prevention, vaccine work, and more.

Furthermore, in 2019 HB 2257 declared substance use disorder a chronic illness, and ORS 431.144 charges public health with the prevention of chronic illness and injury. That's one reason we believe that Local Public Health are the right folks to do this work, in partnership with others.

Local Public Health may also choose to pass the money through to another county department or contract out with a local non-government partner. It should be a local decision, though, not a decision made by the state or a random grant application reviewer.

We intend to be good collaborators and want to recognize that other system partners also have contributions to make. We need primary prevention in many spaces, and this would be just the first step of several toward a healthy Oregon.

With that... I'm now going to turn it over to Heather to share with you an example of effective primary prevention and the positive outcomes they are seeing.

Thank you.

