



May 14, 2025

TO: Co-Chairs Prozanski and Kropf and members of the Joint Committee on
Addiction & Community Safety Response
FROM: Association of Oregon Counties Legislative Affairs Manager, Jessica Pratt
RE: Oppose HB 3631

Dear Co-Chairs Prozanski and Kropf and members of the committee,

On behalf of the Association of Oregon Counties, representing Oregon's county governments, I am writing in opposition to HB 3631.

I want to start off with a deep appreciation for the spirit and intent of the bill sponsors and thank them for elevating the need for youth addiction prevention.

All kids, in every county, should have access to data-driven, evidence-based addiction prevention programming. That programming should be responsive to the community needs assessment and community health improvement plan. This public investment should be subject to the oversight and accountability provided by the state-county public health infrastructure and coordinated with the health and human services system of care that counties as the local health authorities are statutorily mandated to provide.

While well intentioned, HB 3631 does not meet these important standards of equity and good governance; it would create new siloes at a time when coordination is critical and it would serve only those kids who participate in select after school clubs and camps.

Right now, only 6% of Oregon's substance use budget goes to prevention, the vast majority of which can only be used for tobacco prevention, because the funding source is Ballot Measure 108.

Oregon's entire alcohol and other drug prevention budget is a \$5 million per year federal grant that is divided by 36 counties, 9 tribes, and 9 community-based

organizations. No entity gets enough from this funding stream to support one entire FTE.

We agree that the state should fund primary prevention of alcohol and other drug abuse, but a pilot project divorced from the public system of care is not the way to go.

We know primary prevention programs work when they are evidence-based, and we have two excellent examples to point to:

Linn County's Life Skills program has been in existence for over 20 years. It is one of the most studied substance abuse prevention programs in the country and has shown large reductions in tobacco, alcohol, cannabis, and other drug use with effects lasting up to 12 years. Prevention specialists go into schools and teach skills to 4th and 6th graders, boosting their communication, self-esteem, decision-making and assertiveness.

Deschutes County's Healthy Schools program uses a "train the trainer" model in which public health prevention specialists teach teachers how to deliver evidence-based curriculum. In just three years, the Bend-LaPine School District is seeing decreased ER visits for teens related to alcohol, drug use, and suicidality.

We know what works, we just need to provide the funding to implement it equitably across the state, because EVERY CHILD deserves primary prevention programming.

Lastly, the Alcohol and Drug Policy Commission's work plan identifies a 5-step approach for ramping up Oregon's prevention infrastructure to where it needs to be. Investment in ancillary programs such as the ones in HB 3631, are the last step, after establishing statewide K-12 programming in partnership with local public health offices.

AOC supports state investment in addiction primary prevention, but we respectfully request that it begin with foundational capacity in all communities through the existing local public health infrastructure. Thank you.

Jessica Pratt
Legislative Affairs Manager
Association of Oregon Counties