Adrienne Petta

14446 SE Garland Ln Oak Grove OR 97267

AdriennePetta@gmail.com 609-775-8075

9 February 2026

Chair and Members of the Committee,

My name is Adrienne Petta, and I am a community member currently living in Clackamas County, OR and working in Portland, Oregon. The views expressed in this testimony are my own and do not represent an official position of any organization. I am submitting this testimony in my personal capacity as a prevention professional, a parent, and a person in long-term recovery.

I strongly support SB 1548 because it reflects a primary prevention approach that prioritizes child safety, youth health, and informed decision-making while still respecting Oregon's regulated cannabis framework. As cannabis availability and potency have increased, it is essential that Oregon's policies keep pace with what prevention science and public health data clearly demonstrate—particularly regarding the risks high-potency THC products pose to children, adolescents, and families.

What prevention science teaches us—and what I have seen firsthand—is that risk is not destiny. Evidence-based prevention efforts, when implemented early and consistently, help reduce risk factors and strengthen protective factors that counteract even significant early adversity. Prevention works because it builds resilience, skills, and informed decision-making *before* harm occurs.

My professional foundation in prevention began in New Jersey, a state that has long invested in prevention infrastructure guided by SAMHSA's Strategic Prevention Framework (SPF). In New Jersey, prevention efforts were deliberately structured around SPF's five core steps—assessment, capacity building, planning, implementation, and evaluation—ensuring that policy, funding, and community action were aligned toward preventing harm before it required intervention or enforcement (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019).

Through systems supported by the New Jersey Prevention Network (NJPN) and the Governor's Council on Alcohol and Drug Abuse (GCADA), Certified Prevention Specialists received significantly more consistent funding and structural support than what I have

observed since relocating to Oregon. That investment allowed prevention to be embedded in schools, families, and communities as a foundational public health strategy—not an afterthought.

Throughout my career in NJ, I served three terms as Chair of the Hamilton Alliance Against Substance Abuse (HAASA), having been voted in by my municipal town council and mayor. I was also employed by Mercer Council on Alcoholism and Drug Addiction (MCADA) and the Prevention Coalition of Mercer County (PCMC). These roles involved implementing SPF-aligned strategies, coordinating school and parent education, and working directly with families to create safe environments for children while supporting adults struggling with substance use. Tools such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) were used to identify risk early and connect families to support before the crisis is escalated.After relocating to Oregon and continuing my work in prevention, I earned my Certified Prevention Specialist (CPS) credential in this state.

My support for prevention-based policy is both professional and deeply personal. I am the mother of three children and a person in recovery from substance use disorder. Some may say that my children face what is often described as a “trifecta of risk”: having parents with substance use disorder histories, being born physiologically dependent during pregnancy, and experiencing high Adverse Childhood Experiences (ACE) scores. ACEs refer to cumulative childhood exposures to trauma such as household substance use, mental illness, instability, or abuse, which research has shown are strongly associated with long-term health, behavioral, and substance use outcomes (Felitti et al., 1998; Centers for Disease Control and Prevention, 2019).

As both a professional and a parent, I noticed a meaningful difference in how prevention is emphasized in schools here in Oregon. My middle daughter learned extensively about topics such as diversity, equity, inclusion, and gender identity—which are important conversations—but she frequently came home noting the absence of any foundational, structured education around substance use prevention. She was able to recognize that gap precisely because prevention had been consistently embedded in her earlier education in New Jersey.

There is no reason that prevention education should take a back seat to other initiatives—especially when substance use disorder remains one of the most pressing public health crises facing our country. Substance use has been formally recognized at the national level as a public health emergency, underscoring the urgency of upstream prevention rather than reactive response alone (White House, 2017).

SB 1548 reflects the kind of prevention-informed policy Oregon needs. The bill's provisions—single-serving edible limits with individual wrapping, prohibitions on infused pre-rolled joints, and strengthened warning labels—are evidence-based safeguards that reduce risk across the population. They help prevent accidental poisonings among young children while also reducing adolescent exposure to high-potency THC linked to anxiety, depression, psychosis, and suicidal ideation.

Prevention works best when it is proactive, structured, and adequately supported. SB 1548 reinforces that public health and prevention must remain central as Oregon continues to regulate cannabis. Protecting children and youth through clear standards and accurate risk information is not ideological—it is responsible, evidence-based governance.

Thank you for your consideration of SB 1548 and for your commitment to the health and safety of Oregon's children, youth, and families.

Very truly yours,

Adrienne Petta

Centers for Disease Control and Prevention. (2019). *Preventing adverse childhood experiences (ACEs): Leveraging the best available evidence*. U.S. Department of Health and Human Services.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., … Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine, 14*(4), 245–258.

Substance Abuse and Mental Health Services Administration. (2019). *Strategic prevention framework guide*. U.S. Department of Health and Human Services.

Substance Abuse and Mental Health Services Administration. (2013). *Systems-level implementation of screening, brief intervention, and referral to treatment (SBIRT)*. U.S. Department of Health and Human Services.

White House. (2017). *President declares opioid crisis a public health emergency*. Executive Office of the President.