February 5, 2019

To: Chair Greenlick, Vice Chair Hayden, Vice Chair Nosse, Members of the Committee House Committee on Healthcare

RE: House Bill 2257 – Support

Chair Greenlick, Vice Chair Hayden, Vice Chair Nosse, and Members of the Committee. For the record, my name is William Miller and I am the Health Equity Program Coordinator for the Future Generations Collaborative, a program at the Native American Youth and Family Center located in Portland, Oregon. Our collaborative focuses on the prevention and intervention of substance exposed pregnancies among the Native American Community in the Multnomah County region. Much of my work is focused on the prevention and intervention of Fetal Alcohol Spectrum Disorder (FASD). House Bill 2257 tugs at the heart of why I am passionate about the work that I do – for the health and healing of our communities.

This legislation, recommended by Governor Brown, declares that Substance Use Disorder (SUD) is a medical problem throughout the state and allocates resources for solving this issue through the public health and medical lens. According to the State of Oregon, in 2017 there was a total of 751 drug related overdose deaths. That is 751 deaths that could have been avoided if the proper resources were allocated and treatment mechanisms were in place to assist in the healing of each of their lives. While our nation, and state, are rightly focused on the opioid crisis, alcohol remains Oregon's most pervasive drug of choice, and consequently, causes our communities the most harm. International experts have determined that alcohol, compared to both legal and illegal drugs available worldwide, is the most harmful to society. This is compared to illicit drugs such as heroin and crack cocaine.

According to the Centers for Disease Control and Prevention, alcohol misuse and abuse costs our state \$3,520,200,000 per year and also increases risk of over 60 chronic diseases, including 8 of Oregon's 10-leading causes of death in 2016. This legislation allows the State to take an upstream approach toward prevention and intervention, by assessing what is currently being done and to allocate funds and resources in combating this growing issue. Treating individuals with SUD as an illness will have far better return on the State's investment.

The Future Generations Collaborative is enthusiastic about HB 2257 because it will not only increase our state's capacity for substance use prevention and increase access to trauma-informed treatment and recovery services, but because it provides a critical opportunity to examine the effect of alcohol consumption on life-long health, including its role in increased risk for substance-exposed pregnancies, accidental injury and death, and chronic disease.

On behalf of the Future Generations Collaborative, it is my privilege that we urge the passage of this legislation.

Thank you,

William Miller

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