
Oregon Health Authority
Public Health Division

“Primary Prevention in Oregon”

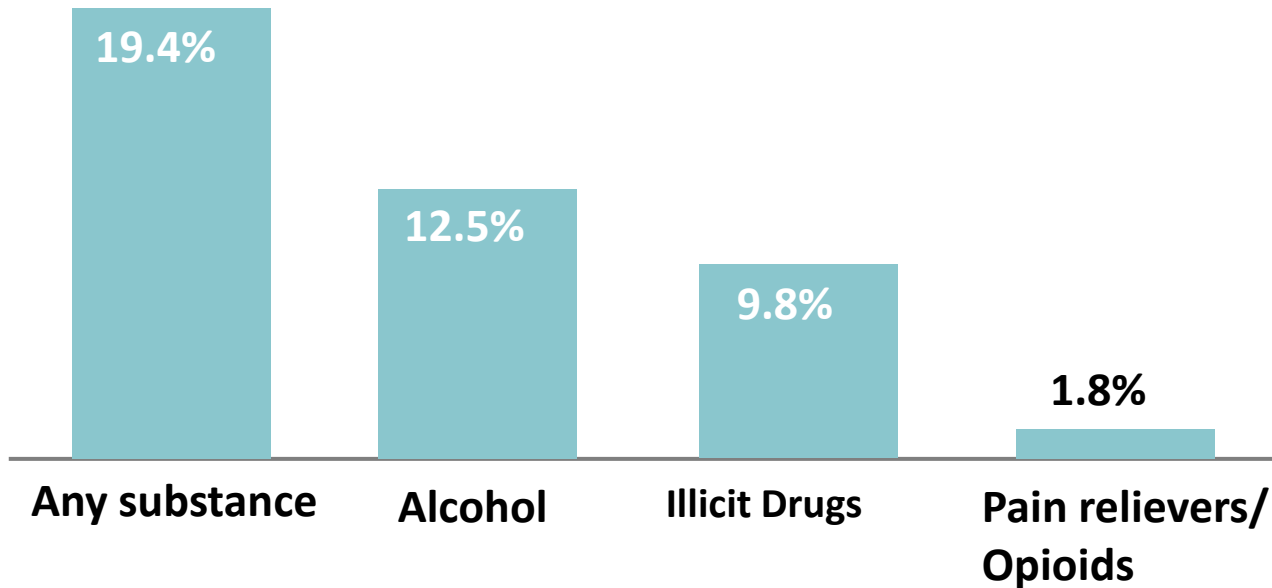
Joint Committee on Addiction & Community Safety

October 18, 2023



Substance use disorders are a population health problem

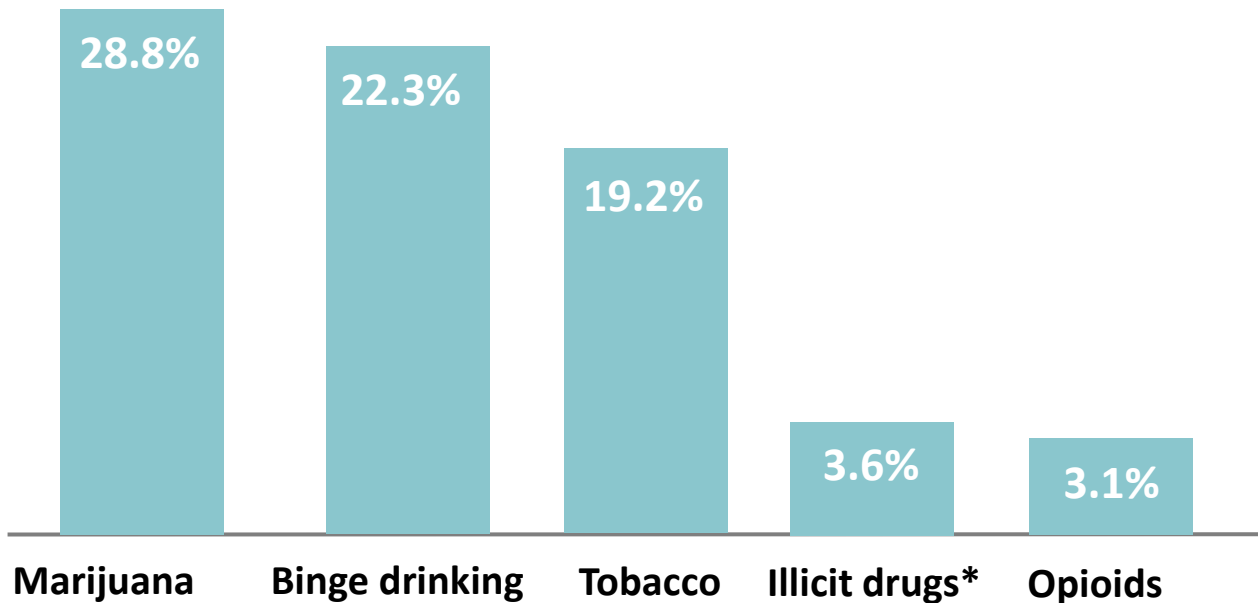
Substance Use Disorders (SUD) among Oregonians aged 12+, 2021



Source: National Survey on Drug Use and Health, 2021 Preliminary State-level estimates
Drug use disorder includes marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, and misuse of prescription pain relievers..

Substance use is also a population health problem

Use of selected substances among Oregonians aged 12+, 2021



Source: National Survey on Drug Use and Health, 2021 Preliminary State-level estimates

Binge drinking, tobacco, and marijuana use in the past 30 days; Opioid misuse and illicit drugs in the past year.

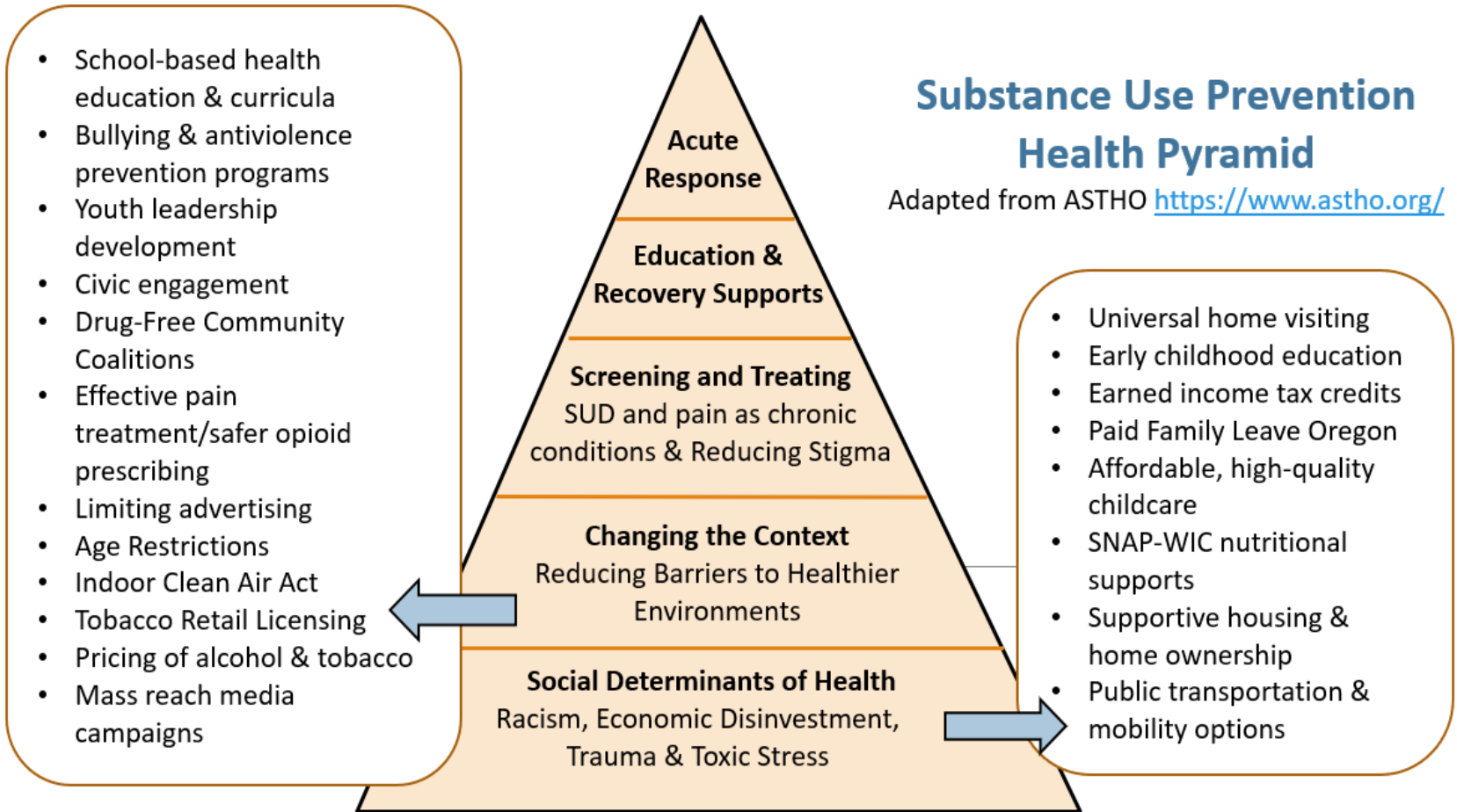
Respondents were classified as misusing opioids in the past year if they reported using heroin or misusing prescription pain relievers in the past year

*Illicit Drug Use Other Than Marijuana includes the misuse of prescription psychotherapeutics or the use of cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine..

Preventing Substance Use & Related Harms Before they Start

Substance Use Prevention Health Pyramid

Adapted from ASTHO <https://www.astho.org/>



Equity in All Actions – Mobilizing Collective investments – Preventing and Reducing Substance Use Related Harms

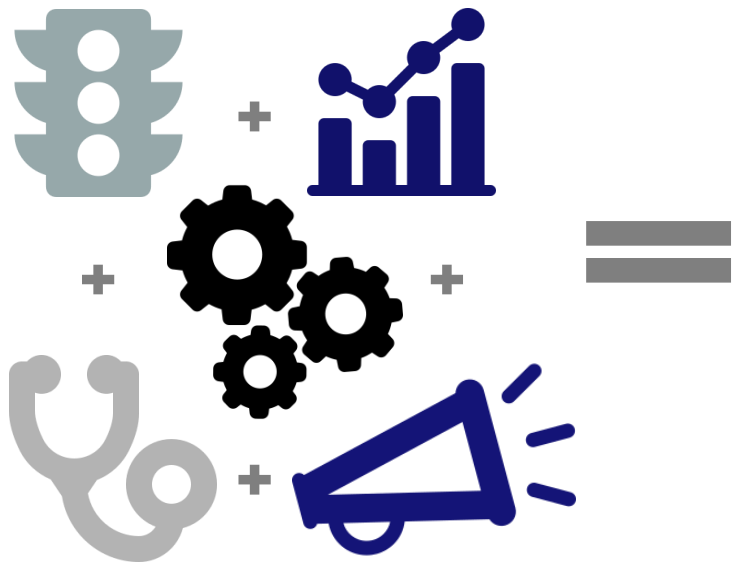
How do we improve population health?

Based on more than a half century of prevention efforts, **we know that primary prevention works.**

The CDC and SAMHSA recommend a **comprehensive approach** to reducing substance use based on **strong evidence** of effectiveness.



What are the **effects** of a comprehensive primary prevention system?



↓ Reduced acceptability

↓ Reduced access

↓ Reduced use & misuse

↓ Reduced diseases

↓ Reduced harms

↑ Increased screening

↑ Increased savings

↑ **Better population**

health

Tobacco Prevention & Education

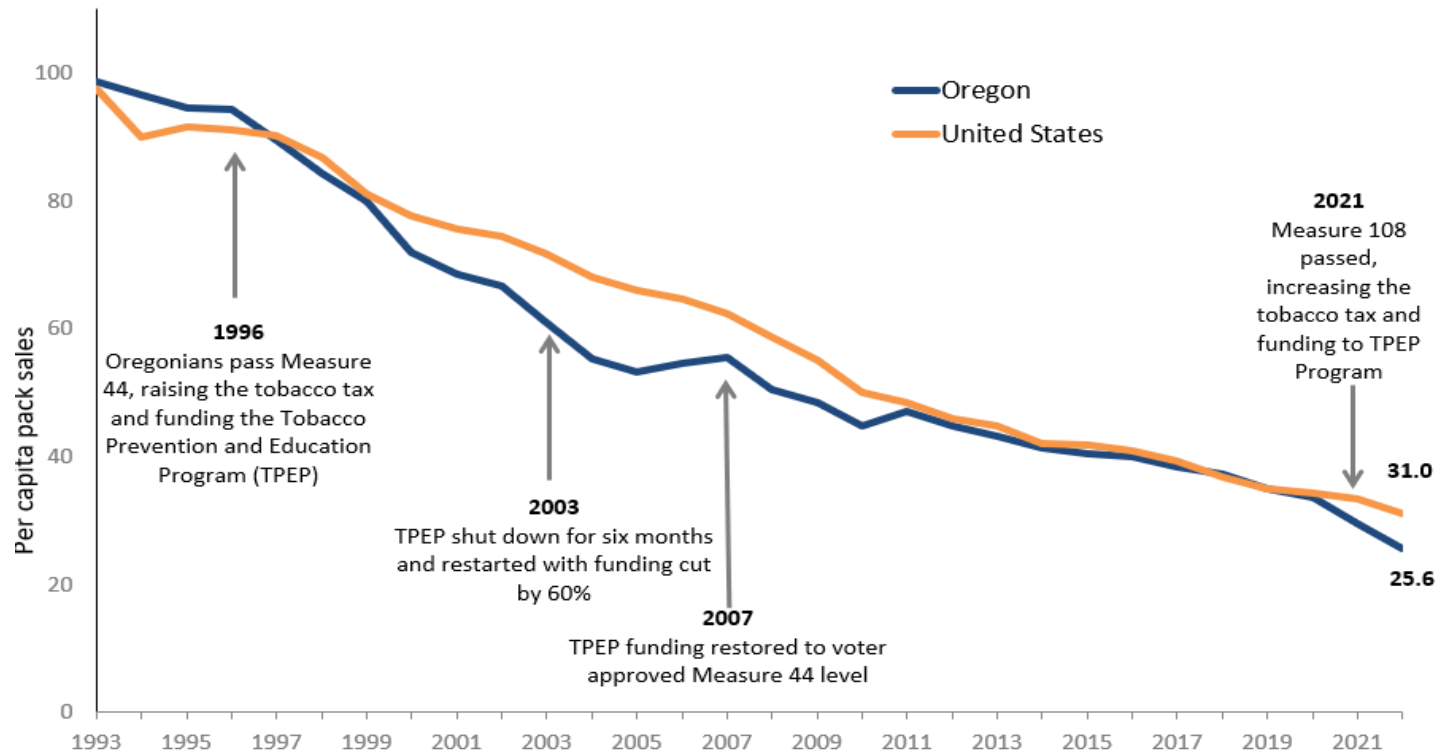
\$78.3 million biennial budget (2021-2023)

Program Component	%
Health Communications	7%
Links to Cessation	5%
State & Community Interventions	69%
Infrastructure & Administration	12%
Data & Accountability	6%

- No funding from 1998 Tobacco Master Settlement Agreement
- Tobacco tax funded for 25+ years
- 1.0+ FTE in every Oregon county
- 8 Regional Health Equity Coalitions
- 94 new CBOs
- LPHA and CBO co-governance model in development
- New CDC Menthol grant addressing health inequities (\$375K per year for 5 years)
- In 2022, one of few states to meet CDC's criteria for a fully funded, comprehensive program

How do we know TPEP is working?

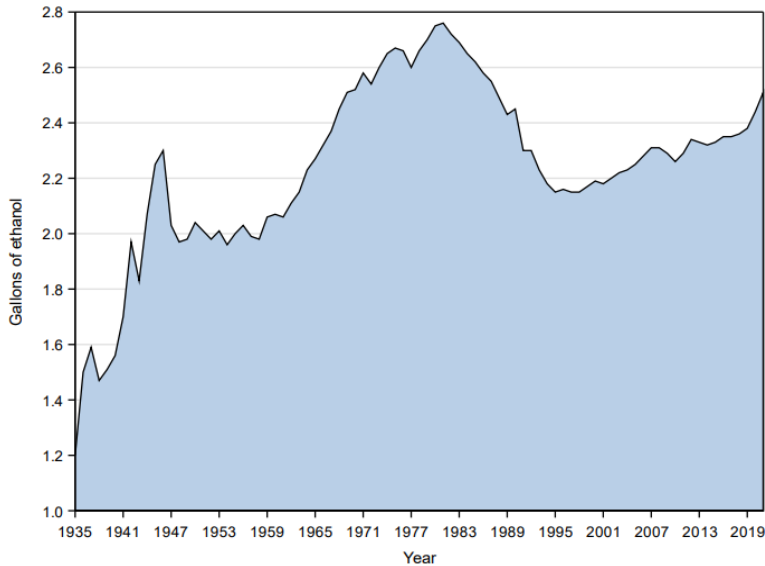
Per capita cigarette pack sales, Oregon and the United States, 1993–2022



Source: Orzechowski and Walker, The Tax Burden on tobacco. Historical compilation. Fairfax and Richmond, Virginia.

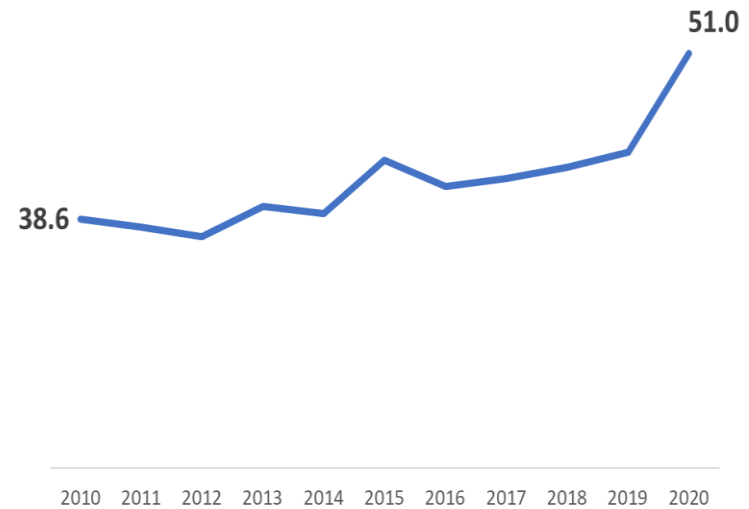
Adverse Health Impacts of Alcohol Use – U.S. & Oregon

Total per capita alcohol consumption, U.S., 1935–2021 (pure alcohol in gallons)



Source: NIAAA
Per capita consumption among those aged 14 and older

Alcohol-related death rate, Oregon, 2010-2020
Age-adjusted rate per 100,000 population



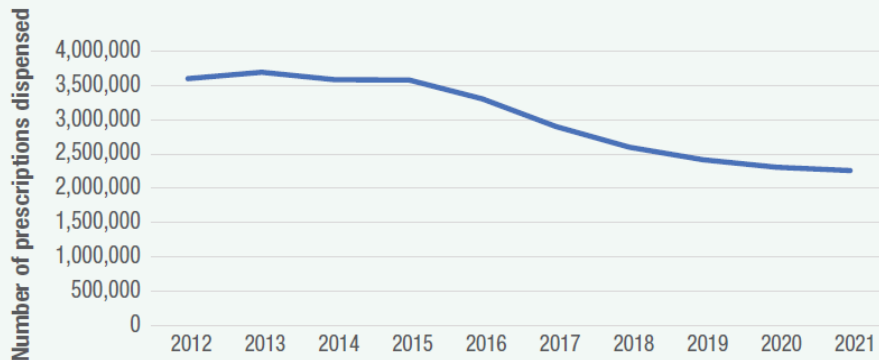
Source: Oregon Death Certificates

Alcohol & Other Drug Prevention

\$10 million biennial budget (2021-2023)

- Primarily funded through SAMHSA's Substance Use Block Grant (20% minimum for prevention)
- Statewide coverage but many counties have part-time FTE
- Limited state infrastructure to maximize allocation of community grants
- *Rethink the Drink* showing promising initial outcomes
- CDC-funded retail outlet density mapping underway
- New *SAMSHA alcohol-overdose Strategic Prevention Framework grant*
 - \$1.2 million per year for 5 years

Figure 14: Opioid prescriptions dispensed by year, Oregon 2012–2021

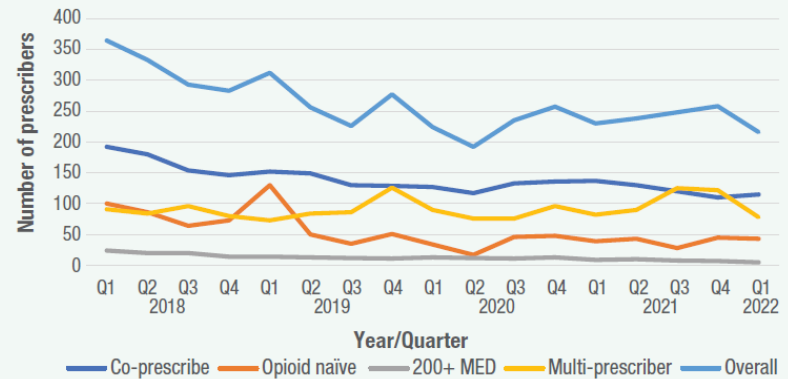


Source: Oregon Prescription Drug Monitoring Program (PDMP), 2012–2021

Figures from Oregon Health Authority, Public Health Division. *Opioids and the Ongoing Drug Overdose Crisis in Oregon: Report to the Legislature*. Portland, OR. September 2022

Reducing Prescription opioid dispensing and prescribing in Oregon

Figure 15: Risky prescribing notifications, Oregon Q1 2018–Q1 2022



Source: Oregon Prescription Drug Monitoring Program (PDMP), 2018–2022

Overdose Prevention & Response

\$7.2 million biennial budget (2021-2023)

- Partial state coverage with 11 regional programs (spanning 22 counties)
- Updates to OHA Overdose Surveillance Plan and Response Protocol
- Not all counties have response plans
- Limited health communications to raise awareness
- SB238 – fentanyl curricula supplements
- New *CDC Overdose Data to Action in States (OD2A-S)*,
 - \$3.85 million per year for 5 years
- OSPTTR Board developing allocation plan

Primary Prevention Upstream investments

[Oregon's Strategic Plan for Substance Use Services](#) shares a strategic goal area with [Healthier Together Oregon \(HTO\)](#), the [2020–2024 State Health Improvement Plan \(SHIP\)](#)

Pivoting to the Future

- Use tobacco prevention approach as a blueprint for a comprehensive system
- Increase local alcohol and overdose prevention programs and workforce
- Fund culturally and linguistically specific Community Based Organizations (CBOs)
- Invest in health communications, data, and evaluation
- Elevate maternal & child health and child maltreatment prevention partnerships
- Use SUD Gaps Analysis (2022) and SUD Financial Analysis (2024) for innovation and systems improvements