

OPINION

Opinion: Prevention efforts vital to stemming youth drug deaths

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A photo of Cal Epstein in fourth grade as part of a class art project. He came up with the message that he wrote across the photograph: "I hope to be a house dad that gets to spend time with my future kids." Photo courtesy of the Epstein family The Oregonian



By [Guest Columnist | The Oregonian](#)

Jon Epstein

Epstein and his wife, Jennifer, work with the national non-profit Song for Charlie, raising awareness about the risks of illicit fentanyl to youth and their families. They live in Cedar Mill.

Our family's average Oregon life turned upside down when our teenage son, Cal, died from a fake OxyContin pill made of fentanyl bought from an anonymous seller online. His death in late 2020 was one of many in a single year that saw a [near doubling of teen drug deaths nationally](#), many due to the same combination of naivete, deception and the availability of illicit fentanyl that killed our son.

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We share Cal's story with attention to these details not to put him or ourselves above others who have been lost, but to raise awareness among unsuspecting youth and families of the new drug landscape of fake pills. The risk cuts across demographics, and affects those with or without substance use addictions. But awareness alone is not enough. We need our policymakers to accept the responsibility of protecting our youth and the future they represent by investing in efforts to prevent, reduce or delay teen substance use. This saves lives now, while also limiting the growth and accompanying burdens of dependent and harmful use.

We'll never know exactly why Cal decided to seek out OxyContin – whether he was experimenting, as teens do, self-medicating his diagnosed anxiety or simply seeking a high. He searched the Internet the day before for “What is OxyContin, what’s a safe dose for my weight, and how will it interact with my anxiety medicine?” His query delivered answers about the regulated pharmaceutical he thought he was taking. We think that had he known about fentanyl and its common use in fake pills, he would have made a different choice. We don’t condone this poor decision, this tragic mistake and we live with many “should-haves.” But youth should learn from their mistakes, not die from them.

Cal didn’t have the opportunity to learn, but others do and are. In Beaverton School District, where Cal had recently graduated, an all-hands on deck awareness campaign after his death has turned into sustained fentanyl education integrated into classroom curriculum. Since its adoption, the district has not lost one student to fentanyl, that it knows of. Last year, Oregon legislators voted to ensure work like Beaverton’s happens in every classroom in the state while also expanding availability of overdose reversal medication Naloxone. A national non-profit we work with, Song for Charlie, will soon release a customized-for-Oregon version of its family education resource, The New Drug Talk. And a bill in Congress, The Fentanyl Awareness for Children & Teens in Schools Act, aims to invest resources towards educating youth.

But this only scratches the surface in addressing an all-out crisis. According to the CDC, Oregon has lost nearly 300 young people, ages 15-24, from 2018-2022 to drug overdoses and poisonings. The growth rate of Oregon teen drug deaths is four times the national average, faster than any other state. Teen fatalities stand out even among Oregon’s skyrocketing growth of drug deaths, accelerating at a rate three times faster than the state average. But sadly, the specific needs of this vulnerable group are often overlooked in policies and headlines focused on the overall crisis that has taken 4,000 Oregonians since 2018.

Cal didn’t seem “high-risk” to us or those around him. He was a good student, held multiple jobs, was involved in group activities, had strong family and friend relationships, no history of addiction, and so on. But he was a typical teenager, for whom some risk-taking and experimentation is normal adolescent behavior. Cal also struggled with anxiety though was fortunate to be receiving treatment. But stigma surrounding mental health challenges remains high while finding support for it seems impossibly hard.

At the same time, Cal and his peers came of age in Oregon during a period when we decided through ballot measures to commercialize high potency cannabis and decriminalize the use of other more potent and addictive substances. Whatever one believes about the yet-to-be-proven population level impacts of these choices and how we’ve implemented them, it’s clear that little to no investment was made in providing

“protective factors” (to use a prevention science term) to offset the heightened risk for youth. Teens may be encountering greater availability of drugs, while changing norms about the acceptance and prevalence of substance use is likely to reduce their perception of harm. Not only do kids need factual drug-education presented in a truthful and non-moralizing way more than ever, but they and their families need a holistic prevention approach and resources that prevent, reduce or delay the initiation of substance use – which can alter developing brains and lead to greater chances of harmful use later in life.

That’s not commonly available in Oregon. A [Lund Report story last year](#) detailed how meager Oregon’s strategy for both prevention and treatment for youth is. Our family’s education included what we as parents knew from our own youth; a few school health lessons on alcohol, marijuana and steroids; and a lightly attended parent night where we learned about drugs hidden in fake shaving cream cans.

As a community, we can and must do more. We need deployment of more evidence-based prevention programs centered on reducing risk factors – such as [untreated trauma and mental health challenges](#) and peer rejection – and promoting protective factors including resilience, connectedness, and conflict resolution skills. Substance use prevention programs should make clear that the only truly safe approach is not using at all, while also recognizing that a small percentage of youth will use, and will need additional intervention strategies and safety tactics. We need a [cross-organizational structure](#) to envision, plan and execute it; specialist staffing, long term funding and accountability – but first: the will to do it.

Legislators, the Opioid Settlement Board, the Alcohol and Drug Policy Commission, and other leaders should know and act with this truth: No amount of bans, harm reduction, or treatment will get us out of this problem without prevention. Quite simply, if we never stop or reduce how many people enter a cycle of harmful substance use to begin with, we’ll forever be subject to the growth of this crisis and its tragic consequences.

Too many families have already had to endure unbearable losses. Our leaders must take a stand to prevent others from joining our ranks.

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