

Testimony in Support of SB238, Oregon House Committee on Education, April 26, 2023

Jon Epstein

Hello Chair Neron, Vice-Chairs Hudson & Wright, members of the committee. Thank you for the opportunity to speak today. For the record, my name is Jon Epstein and I am a resident of unincorporated Washington County in Oregon. My wife Jennifer and I have lived and raised our family in the Portland area for 30 years. In support of SB238, we come to tell you the story of what happened to us, what we've since learned, and why the passage of SB238 is a necessary and meaningful action that will save young lives in Oregon.

In December 2020, our vibrant bright and healthy 18-year-old son Cal went on social media where he quickly & easily bought what he was told and believed was pharmaceutical Oxycontin. We found out later that prior to purchasing the pill, Cal had googled "What is Oxycontin?" He researched what it is and looks like, what was a safe dose for his weight and how it might interact with his anxiety medicine. Of course the information he received was about pharmaceutical medicine. Unfortunately, the pills he got for a few bucks that looked in every way like legitimate medicine and were sold as such were, unbeknownst to him, actually made of illicit fentanyl 50x more powerful than heroin.

We'll never know why Cal made this choice; it wasn't a good one, in fact it was a horrible mistake. Maybe it was typical teenage 'experimenting', or maybe Cal was self-medicating his medically diagnosed anxiety. Tragically, our son never stood a chance in beating this deception; we continue to grieve his death while also celebrating his beautiful short life.

Youth choices should be informed by knowledge, especially those that could be instantly lethal. But neither Cal, nor we, nor most of the country knew about this new hidden risk, where one's first experimentation could be their last. Two years later, there's no shortage of tragic stories like ours in the news; unsuspecting youth like Cal are the fastest growing group of victims of today's opioid epidemic. Unfortunately, most kids are still unaware.

Youth, and teens in particular, are a relatively small subset of all those we've sadly lost to overdose & poisoning. As a result of being such a small set of victims, mitigations to avoid these deaths are often rolled into solutions for older, more resolute users...who often suffer substance use disorder. That's immensely important work. But kids like Cal, who was not experiencing dependency or addiction, suffered from risk factors we don't often consider as such: having a cell-phone and not enough information ...creating an environment of easy access coupled with an inaccurate perception of harm: a lethal combination.

Research done by national non-profit Song for Charlie, with whom we work, show that a stunning 2/3 of high school students are **unaware** of fentanyl in fake pills, are even knowledgeable about fentanyl and its dangers at all. Data gathered here in Oregon by prevention specialists Clear Alliance, show over 90% of surveyed high school students similarly have no idea of this risk.

Fortunately though, most youth say that after learning all the facts, they're significantly less likely to use a pharmaceutical off script. With more specific fentanyl education given to kids, knowledge can become a protective

factor. An accurate perception of harm and awareness of the deception prevalent in today's evolving drug landscape is a critical tool our youth need to make the best choices possible. Their life literally depends on it. This is not complicated, as much of drug policy is. SB238 simply closes the knowledge gap for Oregon kids.

As straightforward and impactful as this is, we don't pretend the specific actions in SB238 will come close to solving the entirety of the crisis we're in. There are many changes to policies needed and actions needed spanning the much larger issues of lack of a state-wide primary prevention strategy to a massive gap in youth treatment resources for those who develop a substance problem. But an explicit focus on ensuring closing the knowledge gap around fentanyl and fake pills will have an outsized and lasting impact. Not only will this education decrease the profound current harm of "one pill can kill", it also decreases the future burden of harmful use as more youth are likely to abstain or delay their use with every bit of solid awareness and prevention we do.

We know that Oregon youth have been disproportionately impacted by fentanyl, and the urgency is extreme. Per the CDC, in 2021, nearly 100 teens & young adults in our state have died of drug-induced deaths, 80% involving fentanyl. These deaths have grown faster recently than that of any other age group in Oregon...and involve fentanyl more. The subset of 30 or so Oregon teenagers that died in 2021 represent an outrageous 7X increase from just 3 years prior; that's the fastest growth of deaths for teens in the entire United States. To put that in perspective, in 2018 the drug death rate for Oregon teens was ranked 43rd in the country; now we're ranked 11th, just behind West Virginia.

Recognizing the extreme situation and the value of education and awareness, last week nearly the entire Oregon federal congressional delegation, on a bi-partisan basis, wrote the U.S. Secretary of Education a public letter expressing concern for underutilization of drug use prevention programs, calling out local fentanyl awareness programs like Beaverton School District's Fake & Fatal, and saying that we must "ensure that our students, as well as their parents and teachers, are equipped with all of the resources they need, including access to naloxone and successful drug-prevention education programs."

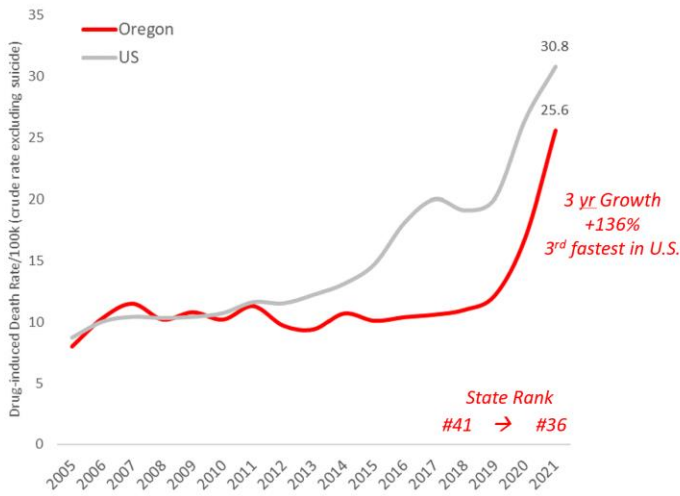
Beaverton, speaking through their Communications officer, added this comment: "School districts can no longer pretend that fake pills made from potentially deadly fentanyl are not a threat to their students. Fentanyl poisonings are a reality across the country. As educators, we have a responsibility to inform our students, parents and staff about the dangers. (We) implore school districts to be proactive and not wait until their communities suffer a student death that could have been prevented through education."

We respectfully implore this committee to send SB238 for a full vote of the House so we can pass this measure into law as soon as possible and save young lives. Drug policy is complex and the majority of the burden of developing solutions does not lie with this committee, nor within our education system. But this education-focused mitigation is simple, practical, and should rightly have the support of all members regardless of their stance on the myriad of important and difficult issues involving fentanyl and substance use that is wreaking havoc in our state.

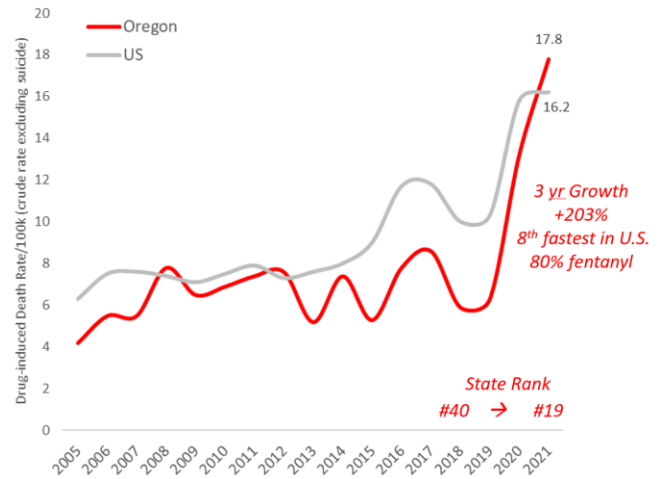
Thank you for your time today. Jon Epstein Portland, OR jonepstein33@gmail.com

CDC Data on Oregon Youth Drug Overdose & Poisoning

**OR vs. U.S. Drug-Induced Death Rate
All Ages**



**OR vs U.S. Drug-Induced Death Rate
Age 15-24**



Oregon Teens (Age 15-19)
3 yr Growth +575%
#1 fastest in U.S.
Rank #43 -> #11

CDC Final Mortality (excl suicide)		Drug-induced Deaths				Growth	Fentanyl involved	Crude Death Rate/100K & State Rank			
		2018	2019	2020	2021	3 Yr	2021	2018	2019	2020	2021
All Ages	US	62,543	65,853	87,470	102,324	+64%	+68%	19.1	20.1	26.5	30.8
	Oregon	460	515	718	1,087	+136% / #3	+49%	11.0 / #41	12.2 / #41	16.9 / #40	25.6 / #36
15-24	US	4,304	4,404	6,736	6,994	+63%	+84%	10.0	10.3	15.8	16.2
	Oregon	30	32	67	91	+203% / #8	+80%	5.9 / #40	6.3 / #41	13.2 / #30	17.8 / #19
15-19	US	630	682	1,404	1,552	+146%	+86%	3.0	3.2	6.7	7.2
	Oregon	4	5	16	27	+575% / #1	+74%	1.6 / #43	2.0 / #31	6.5 / #16	10.8 / #11

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 & Mortality 2018-2021 on CDC WONDER Online Database, released in 2021 & 2023. Data are from the Multiple Cause of Death Files, 1999-2020 & 2018-2021 as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> & <http://wonder.cdc.gov/mcd-icd10-expanded.html> in Jan 2023. NCHS has defined selected causes of death groups for analysis of all ages mortality data. "Drug poisoning (overdose)" deaths are identified by the ICD if any one of the following ICD-10 codes, indicating poisoning by drugs, medicaments, and biological substances, is in the underlying cause of death: X40-X44 (unintentional) X85 (assault), and Y10-Y14 (undetermined intent). EXCLUDES X60-X64 (SUICIDE). "Fentanyl" = MCD T40.4: synthetic opioid analgesics other than methadone including drugs such as fentanyl and tramadol. Death rates are crude per 100K and manually calculated where deaths <20 due to CDC suppression. 2021 vs. 2018 3 yr growth rates are based on counts, not rates.

OREGON DELEGATION URGES DEPARTMENT OF EDUCATION TO CURB OPIOID USE, INCREASE FENTANYL AWARENESS IN OREGON SCHOOLS

Oregon Teen Drug-Related Deaths are Increasing Faster than Anywhere Else in the Nation

Thursday, April 20, 2023

<https://www.merkley.senate.gov/news/press-releases/oregon-delegation-urges-department-of-education-to-curb-opioid-use-increase-fentanyl-awareness-in-oregon-schools>

Washington, D.C. – Oregon’s U.S. Senators Jeff Merkley and Ron Wyden and Representatives Suzanne Bonamici, Lori Chavez-DeRemer, Earl Blumenauer, Andrea Salinas, and Val Hoyle are raising concerns with the U.S. Department of Education (ED) that Oregon teens are dying of drug-related causes faster than any other state, and the lawmakers are pushing for action. The Oregon delegation members are urging the Department to work with school districts to combat the opioid crisis and substance misuse in schools.

The rate of Oregon teenagers dying due to drug-related causes is growing faster than in any other state. Adolescent drug overdose deaths have more than doubled nationwide since 2019 and more than tripled in Oregon in the same time period. This is largely due to the proliferation of illicitly manufactured fentanyl, according to the Centers for Disease Control and Prevention (CDC).

“If we are truly committed to ending the opioid crisis, then we must ensure that our students, as well as their parents and teachers, are equipped with all of the resources they need, including access to Naloxone and successful drug-prevention education programs,” the members wrote in a letter sent today to Secretary Cardona. “In pursuit of combatting and eventually ending the opioid crisis, we believe that ED can play an increasingly important role in the education of students, parents, and teachers as well as in the delivery of drug-resistance education programs.”

In the letter, they ask the Education Department to provide an update on their efforts to share best practices with school districts. The lawmakers highlight Beaverton School District’s “Fake and Fatal” campaign, which focuses on providing resources for students, parents, and teachers on the dangers of synthetic opioids, as well as key contacts and hotlines should a student ingest these drugs. The district has also adopted a non-punitive approach to students with substance use issues, instead providing specialists and social workers to each campus to help students and families find the help they deserve.

“School districts can no longer pretend that fake pills made from potentially deadly fentanyl are not a threat to their students,” said Shellie Bailey-Shah, Public Communications Officer for the Beaverton School District. “Fentanyl poisonings are a reality across the country. As educators, we have a responsibility to inform our students, parents and staff about the dangers. I implore school districts to be proactive and not wait until their communities suffer a student death that could have been prevented through education.”

“There has been a seismic shift in the drug landscape in the past several years. Potent synthetics, easily and cheaply produced and distributed, are the ideal raw material for drug traffickers, so they have flooded the streets. This trend, in tandem with the deceptive marketing of fake pills as legitimate medicines, makes the street drug supply unpredictable and extremely risky. Young Americans are dying in record numbers in this environment, largely from a lack of information. We can and must address the knowledge gap among teens and young adults that puts them at risk of consuming illicit fentanyl unknowingly. We need to install updated drug education programs in our schools as part of a multipronged effort to reduce drug harms. We encourage Congress to provide funding for innovative drug education programs that reach students where they are, in relevant and resonant ways, with the goal of empowering our youth to avoid harms and develop healthy, sustainable coping skills,” said Ed Ternan, President, Song for Charlie.

“The poisoning and overdose crisis is a complex issue with many different drivers and potential solutions discussed and debated. The drug landscape has drastically changed in a short amount of time, and will continue to, due to the prevalence of synthetics and the widespread counterfeiting, contamination, and deception occurring today. At the same time, in Oregon and nationally, we seem to have lost our commitment and focus on primary prevention of harmful substance use for our youth. Simple awareness programs, done broadly and repeatedly in our schools either as stand-alone efforts or integrated with existing prevention programs will go a long way towards mitigating the current harms

we're seeing where the first time a teenager experiments with what they think is a legit pill could be the last decision they ever make. We lost our 18 year old son to this deadly and hidden threat. Had we and he known about it, there's a good chance he never would have made that choice. We don't defend his choice; it wasn't a good one. But kids need good information to make good decisions. And when they make a mistake, they should be able to learn from it. With fentanyl, there's no time for intervention or learning. Therefore, we are grateful to Sen. Merkley's office and the Oregon Delegation for appreciating the past efforts of the Dept of Education, and inquiring about what help is needed to do more in this area. Fighting the threat of illicit fentanyl requires an all hands on deck effort. Schools can and should play an important role in this," said Jon Epstein, Board Member, Song for Charlie.

"The introduction of fentanyl into the street drug supply has been the most dramatic shift in the drug market in our nation's history. While Monitoring the Future reports that teen illicit drug use has been trending down and is at its lowest in 20 years, since 2020 there has been a dramatic increase in teen drug deaths, primarily due to fentanyl. Schools in every state are still grappling with understanding this crisis and how to best protect our nation's youth. Synthetic drugs being delivered on social media in the form of fake pills are a dramatic change in the drug landscape that will require updates to the drug education currently being used in every district. The dynamic nature of the current drug supply makes it especially challenging for educators to find current and accurate resources. Schools still recovering from the impacts of COVID are now faced with another major challenge, finding ways to protect their students from deadly fentanyl and other synthetic drugs. Schools don't typically rely on resources provided by the U.S. Department of Education, but these are unprecedented times and kids are dying every day. We need to think differently, engage all available resources, and be open to make dramatic changes and in order to tackle this new phase of the opioid epidemic, and I am grateful Sen. Merkley's office and the Oregon Delegation are asking how U.S. Department of Education can support the schools in their effort to protect our nation's youth, and what resources they need to do so," said Jennifer Epstein, Director of Outreach and Education, Song for Charlie.

Full text of the letter can be found here and follows below:

Dear Secretary Cardona,

We write today to express our support for the recent efforts that the Department of Education (ED) has taken to combat the opioid crisis and substance misuse in our nation's schools. The Department's two-pronged approach of education and prevention is an integral part of addressing, and eventually solving, the opioid epidemic that continues to plague communities and families across the United States.

While the ongoing efforts at ED are commendable, we remain deeply concerned with the unmitigated growth of opioid-related overdoses amongst teens. Since 2019, we have seen adolescent drug overdose deaths more than double, due largely to the proliferation of illicitly manufactured fentanyl.[1] This issue is especially acutely felt in Oregon, where drug-related deaths among teens are increasing faster than anywhere else in the nation.[2] As the widespread availability of counterfeit pills and their availability through commonly accessed social media platforms continue, there remains an unmet need to ensure students, parents, and teachers have access to the resources that will help prevent these tragic deaths.

We are aware that many effective drug-use prevention exist, however, our concern remains that we are not reaching all of our students with this life-saving information. If we are truly committed to ending the opioid crisis, then we must ensure that our students, as well as their parents and teachers, are equipped with all of the resources they need, including access to Naloxone and successful drug-prevention education programs.

In pursuit of combatting and eventually ending the opioid crisis, we believe that ED can play an increasingly important role in the education of students, parents, and teachers as well as in the delivery of drug-resistance education programs. To that end, we ask:

Can ED provide an update as to their efforts to share best practices with school districts, including information about what efforts have been most successful and where there are opportunities for improvement?
What additional resources, if any, does ED require from Congress to better address concerns with drug use and drug overdoses amongst adolescents?

More concerning than our schools' inability to react effectively to the opioid crisis, is the underutilization of drug-use prevention programs. According to a study conducted by the Center for Behavioral Health Statistics and Quality, over twenty-five percent of students aged twelve to seventeen reported not having experienced drug or alcohol use prevention messages while at school.[3]

As an example for how we think ED could help address this issue, we would like to highlight the "Fake and Fatal" campaign launched in the Beaverton School District in Oregon. The campaign focuses on providing resources for students, parents, and teachers on the dangers of synthetic opioids as well as key contacts and hotlines should a student ingest these drugs. The district has also adopted a non-punitive approach to students with substance use issues, instead providing specialists and social workers to each campus to help students and families find the help they deserve. It has been a success in our state and could be a life-saving example for other school districts across the country.

We value ED's commitment and partnership in combatting the opioid epidemic and welcome the opportunity to work with the agency to continue these efforts.

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[1] "Drug Overdose Deaths Among Persons Aged 10-19 Years – United States, July 2019-December 2021," Centers for Disease Control and Prevention, (2022).

[2] "State Inaction Left Oregon Teens Vulnerable to Fentanyl's Lethal Spread," The Lund Report, (2023).

[3] "What Educators Can Do to Help Prevent Underage Drinking and Other Drug Use," Center for Behavioral Health Statistics and Quality, (2018)

State inaction left Oregon teens vulnerable to fentanyl's fatal spread

A lack of prevention, education and youth addiction programs opened the door to tragedy as dealers added the potent opioid to local drug markets

by EMILY GREEN | THE LUND REPORT

MARCH 7, 2023

<https://www.thelundreport.org/content/state-inaction-left-oregon-teens-vulnerable-fentanyl-fatal-spread>

<https://www.wweek.com/news/2023/03/15/state-inaction-left-oregon-teens-vulnerable-to-fentanyl-lethal-spread/>

When it comes to drug use, Oregon holds an ugly distinction: Its rate of teenagers killed by overdose is growing faster than in any other state.

But where the public sees a rash of depressing headlines, addiction care providers see the culmination of a story that's been years in the making. As a result of state officials' long-standing failure to respond to youth drug addiction, fentanyl—the potent opioid that's driving the skyrocketing death toll—has dealt Oregon a particularly devastating blow.

For well over a decade, official report after report has detailed deficiencies in Oregon's youth addiction treatment and prevention programs.

But people working with youths say the only thing that's changed is that the problem has gotten worse. And lately, key youth addiction treatment services have dwindled near extinction.

"Professionals in this sector have been trying to wave the flag of warning for 10 to 12 years, with no effect whatsoever," Heather Jefferis, the executive director at Oregon Council for Behavioral Health, told The Lund Report. "We don't have a youth system for substance use disorder—we have a handful of providers who do some services. That's how bad it's degraded."

Meanwhile, there's no statewide system for connecting teens to needed addiction services. And school prevention and education efforts in Oregon have remained minimal for many years, despite repeated calls to ramp them up.

An ex-police officer and a community college geography teacher who's researched the issue, Sen. Chris Gorsek (D-Troutdale) told The Lund Report that as far as he can tell, in Oregon "there is no current educational work to let kids know about fentanyl."

And it's evident. One recent survey of teenagers in central Oregon found 91% knew "little or nothing" about fentanyl, and 95% knew little or nothing about counterfeit pills.

Gorsek introduced Senate Bill 238 to try to address that part of the problem. The Senate Committee on Education held a public hearing on the bill March 7. No second hearing is yet scheduled.

Several other bills have been introduced, and legislative workgroups convened, all aimed at slowing the surge of fentanyl deaths and patching the holes in the state's addiction care system this legislative session.

But a Lund Report investigation shows how far Oregon has to go in order to address the needs of some of its youngest residents.

High school overdoses and news of fentanyl seizures grab public attention—among Oregonians aged 15 to 24, there were 73 fentanyl-related deaths in 2021 alone, according to federal data.

But lesser known is how the addiction crisis among Oregon teens is intensifying just as youth treatment beds in the state have nearly disappeared.

The state ranks third highest nationally for the rate of substance use disorder among adolescents, according to Mental Health America's 2023 rankings.

Teen experimentation riskier than it used to be

In the last two years, 18-year-old Portlander Cal Epstein's story has been well reported. Home for the holidays in December 2020, the first-year college student took a pill he thought was OxyContin—and died from the fentanyl it actually contained.

The little-known part of the story? Cal tried to be safe. His Google history showed that before he purchased the pills, he looked up the appropriate dosage for his weight and how the drug would react with his anxiety medication.

He might be alive today if he had realized the risk he was taking, his parents told The Lund Report.

"He was a person who was adventurous, but he was also cautious," said his mother, Jennifer Epstein. "He just didn't have the information that he needed to make the right decision."

What he likely didn't know was that fentanyl—a highly addictive synthetic opioid that's 50 to 100 times stronger than morphine—is often found in pills like the one he was about to take.

About five years ago, Oregon started seeing a flood of fentanyl-laced counterfeit Xanax, Adderall and oxycodone pills manufactured in clandestine labs outside the United States. Drug makers and dealers had also begun cutting fentanyl into heroin, meth and popular party drugs like cocaine and ecstasy. The goal? To increase potency, save money and increase the products' addictive qualities.

Since Cal's death, more people have become aware of fentanyl's notoriety. But local and national surveys show many teens still don't know how dangerous or prevalent it is—and the Oregon state departments of health and education have been slow to tell them.

Fentanyl overdoses began to surge in Oregon in 2019, but three years passed before the state offered school districts a way to educate students about the dangers and prevalence of the drug. Even now, neither of the state agencies that put together the fentanyl tool kit—the Oregon Health Authority and Department of Education—are tracking which districts opt to use it.

"There are kids that are dying on their first pill, their second pill—one of their first times experimenting or self-medicating," Epstein said.

Drug-related deaths among teenagers increased faster in Oregon than anywhere else in the country between 2019 and 2021—up 666%, according to the Centers for Disease Control and Prevention.

A system on life support

Perhaps worse than the lack of prevention and education in Oregon are what resources are available when youths do experience fentanyl and get hooked.

Due to its potent and addictive nature, fentanyl creates havoc in people's lives at an accelerated rate. With youths, who are often new to opioids, fentanyl addiction can take hold within three to six months, said Dr. Jim Laidler, medical director at Great Circle Recovery, which offers medication-assisted treatment to youths. This treatment involves prescribing opioids to combat withdrawal symptoms. Laidler said earlier in his career, it wasn't typical to see people seeking medication-assisted treatment until they were in their 20s or 30s.

"Now we're seeing people who are starting in their midteens, who are now in trouble, and they can't stop using it because they become so rapidly addicted," Laidler said.

Meanwhile, the services available for youth who become addicted have dwindled. Jefferis, of the Oregon Council for Behavioral Health, said the number of residential treatment beds for youths remained relatively stagnant between the 1990s and 2010s, hovering around 120 to 160 beds, even as Oregon's population grew by about a million. Then the pandemic nearly obliterated the system.

In 2017, there were 144 treatment beds for adolescents struggling with addiction across the state. By 2020, there were 100. Last April, the number dropped to its lowest with 13, according to data kept by the Oregon Health Authority.

Outpatient treatment that meets the gold standard for higher-risk youth—involving multiple appointments each week, after school and on weekends, is able to address mental health issues in addition to substance use, and that involves comprehensive family involvement—is extremely limited in Oregon.

“There are outpatient programs for youth, but if you need more intensive outpatient, you can’t find it anywhere in the state,” said Dr. Ana Hilde, a child and adolescent psychiatrist at Great Circle Recovery in Portland.

Driving the shrinkage of Oregon’s youth treatment services is the behavioral health workforce shortage that’s plaguing much of health care.

Morrison Family Services in Portland tried to roll out a companywide outpatient addiction treatment program for youths with co-occurring disorders—the area of greatest need across the state. But despite posting a job opening for more than a year, it couldn’t find a certified drug and alcohol counselor qualified to work as supervisor, and had to drop the idea, said Margaret Scott, the nonprofit’s division director.

Wages in early March hovered around \$22 to \$26 per hour for 82 certified drug counselor openings listed on a state job page. Providers say that’s not enough to attract the workers they need—but reimbursement rates for addiction care are too low to pay more.

Rimrock Trails Treatment Services has a co-occurring residential treatment program for youths in Prineville that it closed due to a workforce shortage in August 2021. It’s since reopened, but only for boys.

“We are licensed for 24 beds. We’re currently operating at about no more than seven kids,” said Rimrock Trail’s CEO Erica Fuller. “We have to turn people away every single day.”

One school district’s program shows promise

Epstein and her husband, Jon Epstein, have dedicated their lives to spreading fentanyl awareness since their son’s death. Epstein began working remotely for a California-based nonprofit called Song for Charlie, through which they’ve done most of their advocacy.

The Epsteins first approached the Beaverton School District, where their two sons attended school and Jon taught for 10 years. They shared Cal’s story and helped develop a fentanyl education program called “Fake and Fatal.” It included classroom lessons that were taught to all the middle and high school students in the district, a virtual town hall more than 6,500 people viewed live, a social media campaign, getting the opioid overdose-reversing drug Narcan into the classroom, and educating teachers.

Epstein said Beaverton schools lost four students to fatal fentanyl overdoses leading up to the program’s launch in April 2021. Since the program was implemented, however, there haven’t been any the district is aware of, district spokesperson Shellie Bailey-Shah confirmed.

Bailey-Shah said the Beaverton School District made all the program’s materials available to any school district. More than 50 districts around the country have contacted the Beaverton district to talk about the materials, including “a handful” in Oregon, she said.

Whereas lesson plans like Beaverton’s are voluntary, Gorsek’s fentanyl education bill would make it mandatory for Oregon districts to implement. If passed, it would direct state agencies to develop curricula around the dangers of synthetic opioids for public schools by the start of the 2024-25 school year.

Among other things, his bill would call for teaching students a potentially lifesaving fact: that Oregon’s Good Samaritan law protects them from criminal charges if they call 911 because someone is experiencing an overdose.

Tony Biglan chairs the Alcohol and Drug Policy Commission’s prevention subcommittee, which was tasked with building prevention into the state’s mostly shelved five-year strategic plan for addiction.

He said there’s a big gap between what Oregon knows about prevention and what it’s implemented so far.

“Oregon is probably one of the strongest states in the country for the research that is done on prevention,” he said.

At least four prevention programs with the proven ability to prevent a range of behavioral problems were developed in Oregon, he added, but aren't used much in the state—despite being used widely in states like Michigan and countries like Norway and Iceland.

A student at Harmony Academy, a high school for teens in recovery, told The Lund Report he didn't realize he was smoking fentanyl until his parent had him tested. He thought the pills he was buying were oxycodone. (Emily Green)

When treatment costs too much

For one Portland-area 16-year-old, whose name we're withholding, what he thought was an oxycodone addiction turned out to be fentanyl.

At age 14, he was using illicit drugs regularly when he overdosed on Xanax. After a two-week wait in the hospital, he got a bed at Madrona's residential treatment facility in Tigard. He was there 28 days, then discharged. His family couldn't afford the follow-up outpatient treatment at the facility, he said, and he relapsed about two weeks later.

He said he stayed away from Xanax after that and began smoking "blues" instead, which are made to look just like oxycodone pills. Pills were easy to buy from dealers on Snapchat.

"That's where people will target kids because, like, social media is just a huge hole," he said.

"I woke up one day, I remember this day, I woke up and I was like, I need to stop doing this," he said. Later that same day, in November 2021, in the bathroom at his high school, he said a classmate overdosed when she took a hit off one of his pills.

Following that incident, his mother took him to the hospital for a full toxicology test. She'd been drug testing him at home, but he never tested positive. When she got the results of the hospital test, she asked her son to fess up to what he had been doing.

"And that's where I was like, OK, well, I'm gonna be honest now. And I was like, 'I'm smoking oxys.' And then she's like, 'OK, that makes sense, because the only thing in your system is fentanyl.'"

Soon after, his school mandated that he meet weekly for six weeks with a certified drug and alcohol counselor on school grounds. He stopped smoking blues, but drank to soften the withdrawals. Then the counselor referred him to Harmony Academy—which is a recovery high school—where he could attend classes with other kids in recovery and get continued counseling and case management until he graduates.

"That's when I really was, like, done," he said. He's been drug-free ever since.

Changing their environment

Sharon Dursi Martin is the principal at Harmony Academy, located in Lake Oswego.

It operates like a public charter school and currently has 32 students, though the size of the student body always grows as the school year progresses. Some kids travel to the Lake Oswego campus from Forest Grove, Gresham, Colton and even Vancouver, Wash.

Dursi Martin said when students arrive at her campus, it's often after they've faced great difficulty with Oregon's treatment system. Residential treatment is scarce and hard to get into, Dursi Martin said, and outpatient treatment can be too expensive for many families to afford.

"When I'm interviewing parents, a lot of the time what they're telling me is that they're turned down for treatment because their young person is trying to get mental health treatment and they're told, 'Well, primarily it's a substance use problem.' And then they go to try to get substance use treatment, and they're told that their mental health acuity is too high," she said.

When youths are denied access to treatment, they often end up in the emergency room. Harmony Academy tries to shield students from the pressures to use drugs they would likely encounter if they exited treatment to their former high schools.

About 75% of students at the school are completely free of substance use. The other 25%, who are typically testing positive for cannabis or alcohol over the weekend, “they’re talking to the recovery staff about that,” Dursi Martin said. “As long as they’re working towards an abstinence-focused recovery, we’re with them 100%.”

House Bill 2767, introduced this session, seeks to fund more recovery high schools across Oregon. There was no work session or hearing scheduled for the bill as of this writing. If none is scheduled prior to March 17, the bill will die.

Juvenile departments say Measure 110 slowed referrals to treatment

In 2020, Oregon voters decriminalized hard drugs, a move some critics say has had an unintended consequence for youth.

Under Measure 110, people younger than 18 caught with hard drugs can no longer be arrested and diverted into treatment. Meanwhile, another law passed in 2021 eliminated fines and fees charged to youths in the justice system, including those caught with meth, fentanyl or other hard drugs.

Because of this, “heroin or cocaine actually have significantly less consequences than marijuana and alcohol right now in our statutes,” said Torri Lynn, the director of Linn County’s Juvenile Department. While kids can potentially lose their driver’s license if they have a second court referral for alcohol or cannabis possession, there’s no consequence for harder substances.

Speaking on behalf of the Oregon Juvenile Department Directors Association, Lynn said he and his colleagues take issue with how these new laws took away their ability to send youths caught with drugs to treatment—but did nothing to ensure those youths were getting an intervention elsewhere.

“It’s pretty rare that kids raise their hand and say, ‘I really need to go to treatment,’” he said. “The million dollar question: What do we do with kids who have possessed these serious drugs, and how do we make sure that they are getting adequate services?”

Fingers point to schools

While no one interviewed for this story suggested Oregon should recriminalize drug possession for teens, nearly every treatment provider, counselor and advocate suggested schools are key to curbing drug-related deaths and connecting youths to treatment in Oregon.

“Research shows that more than 90% of kids who have a substance use disorder and are in need of treatment are actively attending school,” Fuller, director at Rimrock Trails, said. “That is where they are, and that is where we need to start to identify them as early as possible.”

She suggested in-school behavioral health screenings be as routine as scoliosis and vision screenings. “Then, if there are symptoms, there’s a referral, and then it’s tracked and followed.”

Other providers suggested early intervention programs in schools might be effective for students who are using drugs but not yet considering treatment or that they may have a problem.

Oregon’s Department of Education spokesperson Peter Rudy told The Lund Report it’s not realistic to expect schools to play a larger role in screening, intervention and treatment referrals.

“Placing an additional burden on already stretched schools and districts to screen and identify youth, and refer them to what little youth substance use treatment options there are in Oregon is likely not realistic at this time, particularly for school districts already challenged to meet the mental health needs of their students,” he said in an email.

Oregon’s Department of Education is working on some new lesson plans to integrate substance use information into classes for high school grades not currently getting required prevention education. But many prevention and addiction experts say more robust programs that get at decision-making skills and root causes of addiction—that go beyond a chapter in a health book—are needed.

Meanwhile, Rep. Maxine Dexter (D-Portland) has introduced a package of bills aimed at getting the opioid overdose-reversing drug naloxone more widely into schools and decriminalizing fentanyl testing strips, among other harm reduction measures.

Rep. Tawna Sanchez (D-Portland) has introduced House Bill 2646, which would require that school staff be trained on the signs and symptoms of behavioral health issues, including substance use disorder, and how to assist students who exhibit symptoms.

Dursi Martin calls education “the tool that works.” She said most kids who are using don’t rise to the level of needing intensive treatment or admission into a recovery high school like the one she oversees. For many of those students, information on how substances impact their minds and bodies, and how they interact with mental health, could go a long way, she said. “How close the kids in this building are to dying on a regular basis before they get here,” she said, “is unconscionable.”

A History of Warnings

For the past 15 years, official reports have outlined a number of deficiencies in Oregon’s youth addiction treatment system:

- In 2008, a multistate agency report identified “adolescent treatment” as a “top area of need” in an assessment of Oregon’s addiction services. It also noted that limited prevention programs in schools were not consistently applied across school districts and needed to start earlier.
- When tasked with evaluating Oregon’s treatment system in 2010, the state’s Alcohol and Drug Policy Commission in a report to then-Gov. Ted Kulongoski pointed to “the lack of treatment designed for teens and young adults” as being a “significant gap.”
- Seven years later, a state committee again tasked with evaluating the system came to the same conclusion. “Resources for detecting or treating adolescents with SUD in Oregon are minimal,” wrote the Oregon Substance Use Disorder Research Committee. “Oregon ranks a dismal 48th in the nation for adolescent treatment access.”
- “State spending on substance more than quadrupled since 2005, consuming nearly 17% of the entire state budget in 2017. Less than 1% of those funds, however, were used to prevent, treat, or help people recover from substance misuse,” the Alcohol and Drug Policy Commission wrote in its 2020-25 strategic plan. Most of that spending was on the “escalating health and social consequences created by the lack of investment in prevention, treatment, and recovery.”

INDEX: Youth Addiction Care in Oregon

- Residential treatment beds for ages 12-17:
 - December 2021: 33
 - December 2022: 31
- Adolescents in Oregon in 2020: 299,454
- Youth detox facilities: 0
- Youth outpatient providers: 12
- Youth inpatient providers: 4*
- (Many providers have the equivalent of only one or two full-time staffers dedicated to youth services.)
- Youth medication-assisted treatment providers as part of an opioid treatment program: 1 (Great Circle Recovery)
- Number of recovery high schools: 1 (Harmony Academy)
- Estimated number of certified alcohol and drug counselors working with schools: 131**
- Ratio of such counselors to secondary school students: 1 to 2,400**
- Percentage by which prevention specialists need to increase to fill gap: 94%

*Excludes specialty programs, such as those for sex trafficking victims.

**Based on 2018 figures (most recent available) with 2022-23 school enrollment numbers.

Sources: Oregon Health Authority, U.S. Office of Juvenile Justice and Delinquency Prevention, Oregon Council for Behavioral Health, Mental Health & Addiction Certification Board of Oregon