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Opinion: Oregon lawmakers must include youth prevention in drug policy proposals

As state legislators debate changes to Measure 110, parent and youth advocate Jon Epstein urges them to consider upstream measures and youth treatment needs in their legislation



Jon and Jennifer Epstein look at photos from their son, Cal's, memorial inside his bedroom on Jan. 24, 2023. Cal died from an accidental drug overdose in December 2020 after he unknowingly took a counterfeit pill laced with fentanyl. | EMILY GREEN/THE LUND REPORT

by JON EPSTEIN | GUEST OPINION

JANUARY 30, 2024

If you follow drug policy discussion in Oregon and care about its impact on kids, you may be hopeful

that lawmakers will finally invest in statewide substance use prevention programs:

“We will not be able to afford the treatment system that we need until we start investing in prevention.”

– Sen. Kate Lieber (D-Beaverton)

“Prevention is part of the solution to Oregon’s addiction crisis.” – Gov. Tina Kotek

“Should we have a Drug Prevention Czar?” – Rep. Kevin Mannix (R-Salem)

One might infer from these words that the state is heading toward a bi-partisan move to make prevention a key part of proposed drug policy changes in the upcoming legislative session — but so far, it’s not — despite experts’ requests and having the fastest growing teenage drug deaths in the U.S. since 2018, driven by fentanyl.

Unfortunately, my teenage son was one of those deaths, the naive victim of a counterfeit pill made of fentanyl. Since his death, my wife and I have advocated for measures such as [S.B. 238](#), the [FACTS Act](#), [The New Drug Talk](#), and lately more holistic prevention which goes further than those mitigations.

“[The Overdose Crisis among U.S. Adolescents](#),” published recently in the New England Journal of Medicine, describes three groups of affected teens: naive/experimenting users, those with mental health struggles seeking to self-medicate symptoms, and those with a substance use disorder

who may even be knowingly seeking fentanyl. Mitigating deaths in each group requires multiple and, at times, different actions — all benefiting from upstream prevention.

But as lawmakers contend with the state’s ongoing crisis, the vast majority of discourse is monolithic, and focuses only on justice system aspects of Oregon’s drug decriminalization law, Measure 110: how serious the penalty for misdemeanor possession should be and how the justice system can be leveraged to encourage offenders to enter into treatment and improve public safety while minimizing historical carceral harms. It’s a vital discussion, but with respect to most youth, it is akin to rearranging deck chairs on the Titanic.

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JON EPSTEIN, PARENT AND YOUTH
ADVOCATE

In the upcoming legislative session, Oregon must take decisive action on primary prevention, which focuses on preventing, reducing or delaying youth

substance use in order to reduce rates of dependency, addiction and resulting harms. Prior recent legislative actions such as S.B. 238 and H.B. 2395, which focus on universal awareness of the existence of fentanyl in counterfeit pills and access to naloxone, are a great start but only scratch the surface of our problems.

Only when the state invests in primary prevention and accessible adolescent substance use treatment will it ensure a lasting reduction in rates of use and addiction in our youth, which ultimately dictate our future burdens. No amount of criminal penalties, harm reduction or even 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.

Oregon voters chose to commercialize high potency cannabis and then decriminalize the use of other more potent and addictive substances, without any investment in providing protective factors to offset risk for youth. Teens may now 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 even as the actual risk of harm is higher than it's ever been, particularly in the age of fentanyl. These measures did not cause this youth problem, but are likely contributing. Consideration of youth is necessary component in developing and

implementing comprehensive drug policy, and can occur alongside other changes.

Yet neither Democratic nor Republican proposals for the upcoming session provide any provisions whatsoever for prevention — only a “study” on youth treatment gaps. And statements from advocacy groups working to preserve or repeal Measure 110, such as Oregon’s Health Justice Recovery Alliance, the national Drug Policy Alliance and the Coalition to Fix and Improve Ballot Measure 110, don’t highlight prevention either.

Meanwhile, statements in support of prevention— in word only — come with good underlying cause.

Consider these stark facts:

- In the past six years, 348 Oregonians aged 15 to 24 died from accidental drug overdose, and teen deaths grew faster than any other state during the same period, according to federal data compiled by [The Lund Report](#). Fentanyl’s role is huge, particularly as [studies show](#) as few as a third of teens understand the risks of fentanyl in counterfeit pills and [100% of Oregon teen drug deaths in 2022 involved fentanyl](#). A [youth survey by Co-imagine Health](#) showed that 2 in 10 participants had someone in their family who overdosed on pills that might have had fentanyl in them and participants with a family member who overdosed were twice as likely to have used non-prescription pills.

- The rate of substance use disorder among Oregon youth ranks third in the country, according to [Mental Health America](#). Pediatrician and State Rep. Dr. Lisa Reynolds (D-Portland) points to [research](#) that shows how earlier initiation of substance use affects developing brains and corresponds to greater lifetime risk of addiction and other harms. [Over 90% of adults with substance use disorder began using alcohol or drugs during adolescence](#). And critically, [half of people with substance use issues also struggle with mental health challenges](#), which are woefully untreated in Oregon.
- According to Oregon Health Authority's 2022-2023 [Youth Health & Wellness](#) and [Ombudsman](#) reports, 40% of 11th graders experienced depressive symptoms, 1 in 5 reported unmet emotional or mental health care needs, and 25% of Oregonians aged 12 through 17 have experienced a "major depressive episode," the second-highest rate in the nation. Nearly 15% said they seriously considered suicide during this period, in which 95 Oregon youth did take their own lives.

Yet, the near- and long-term focus on prevention in Oregon shows a badly untended situation:

[The Lund Report detailed](#) more than a decade of reported deficiencies in Oregon's youth addiction treatment and prevention programs and how, over the last two years, the Oregon Legislature has

invested over \$1 billion into Oregon's behavioral health system but included [almost no new funding](#) for substance use prevention.

There's no statewide system for connecting teens to needed addiction services and repeated calls to ramp up school prevention and education efforts have gone unheeded. In fact, [The Lund Report also found](#) Oregon's school districts are falling "far short" when it comes to implementing meaningful prevention programs that experts say can work. Namely, only 8% of districts have put in place curricula and programs across both their primary and secondary schools that have the potential to reduce risk factors for addiction, 3% of public school districts use curricula considered by experts to have valid evidence that they specifically reduce substance use, and only 12% of school districts made certified alcohol and drug counselors available as part of their prevention strategy.

Just last year, an analysis of substance use disorder services found that over half of providers reported they could not meet current demands for prevention. The [December 2023 Measure 110 Funding and Delivery Audit from the Secretary of State's office](#) described how youth services are not tracked or evaluated, only 16% of grantees offer services to youth or parents, and only about half of Oregon's counties even have providers focused on youth or parents in their networks.

In short, "We don't have comprehensive prevention" anywhere, according to Annaliese

Dolph, director of the state Alcohol and Drug Policy Commission in response to the [Lund reporting](#).

In light of this, the Legislature should:

- Support a funding request from the Oregon Department of Education for proper implementation of fentanyl education bill S.B. 238 that includes opioid use prevention curriculum threaded across all grades, supplants out-of-date and fear-based lessons in many districts, and ensures cooperation and coordination with the state's Alcohol and Drug Policy Commission, creating a vital and necessary linkage across state agencies.
- Support the critical funding request from Alcohol and Drug Policy Commission to staff prevention specialists across the state to address the 94% gap identified in a 2022 statewide analysis.
- Mandate and fund a systemic structure that has accountability and authority to drive prevention efforts over time.
- Strengthen the existing recommendation that Alcohol and Drug Policy Commission conduct only a study of barriers to youth accessing substance use disorder treatment — by also requiring and funding a base-level amount of accessible youth treatment service state or region wide.

Without support of these actions in the February session, we will continue to fail our children. We must have a strong non-partisan expert voice advocating for our youth amidst ongoing drug policy work. And we can no more legalize our way out of the harms of addiction than we can arrest our way out of youth substance use. The Legislature must not just speak about prevention, but invest in it. Our future depends on it.

Jon Epstein is an educator and youth advocate. He and his wife, Jennifer, work with the National nonprofit Song for Charlie and raise awareness about the risks of illicit fentanyl to youth and families. They live in Cedar Mill.

Comments

Submitted by Peter Stoker on Wed, 01/31/2024 - 01:31

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We strongly support the initiatives spelled out by Jon and Jennifer Epstein in this article. We have worked for around 30 years on just this principle. We are based in the UK but we sustain ties with many organisations in other countries - with America as a primary contact. We co-founded our 'NFP' - the National Drug Prevention Alliance - with leading prevention-oriented bodies in the UK. My wife, Ann, and I (Peter) have a background in education and social work. We are happy to have Jon and Jennifer Epstein contact us if they want,

and we will freely cooperate with them in advancing what we see as the keystone of drug policy.

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