



To solve the addiction crisis, we have to start funding primary prevention

HB 2954
\$25M

The high cost of addiction in Oregon

More than 12,000 Oregonians die each year from the harmful effects of tobacco, alcohol and illicit drugs. Together, these substances kill four times as many Oregonians as obesity and they are responsible for three of the top four causes of preventable death.

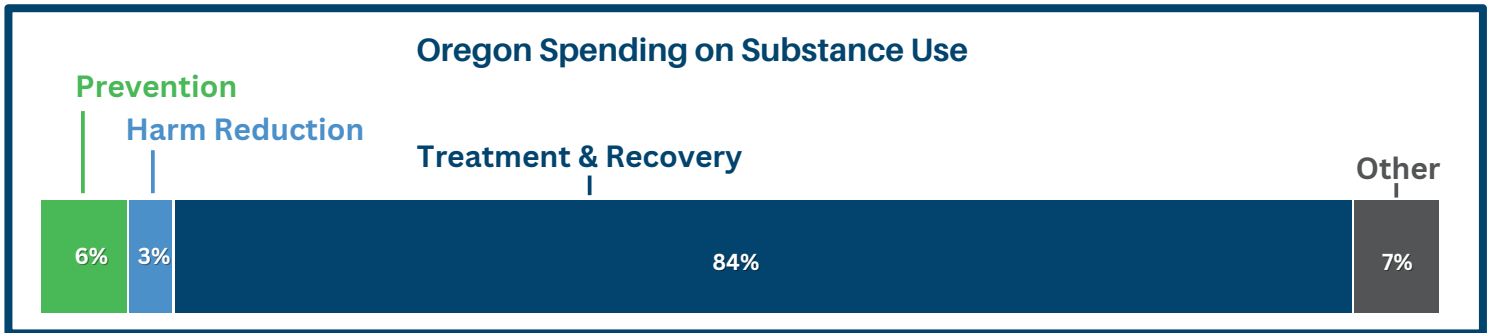
The substance use crisis takes an emotional toll on people who use drugs, their families and their loved ones. It takes a financial toll on all of us, with an estimated societal and economic cost of \$6 billion a year.

Oregon spends very little to prevent substance use

Many of these deaths and harms are preventable, yet in Oregon, we spend **only 6%** of the substance use budget on primary prevention. The rest is spent on harm reduction, recovery and treatment.

Cause of death	# of deaths
Tobacco use	8,500
Obesity, poor diet, physical inactivity	3,100
Alcohol use	2,500
Illicit drug use	1,400
Firearms	700
Motor vehicles	600

Source: Oregon Center for Health Statistics



Most prevention funding goes to tobacco programs

Over 70% of prevention funding comes from the tobacco tax and can't be spent on alcohol or drug prevention. The remaining budget for non-tobacco prevention work is only \$5 million a year, split between 36 counties, nine tribes and nine community organizations. In smaller counties, this is not enough to hire one full-time alcohol and drug prevention specialist.

Primary prevention saves lives and money

The public health workforce are experts at primary prevention, which has saved millions of lives. Examples include decades of anti-smoking campaigns and legislation, childhood vaccinations, seat belt and car seat laws and reductions in sexually transmitted infections and teen pregnancy.

A review conducted by SAMHSA found that implementing effective family and school-based substance use prevention programs could save an estimated \$18 for every \$1 invested. It also showed that substance abuse would decline for over 1 million youth and be delayed for two years on average.

For more than two decades, we have known that evidence-based primary substance use prevention programs deliver results, so it's time we start committing state dollars to do this work.

Fund prevention to reduce the need for treatment

Alcohol use and related deaths are rising in Oregon and so are fatal opioid overdoses. One in five Oregonians has a substance use disorder and one in eight has an alcohol use disorder. There is no doubt that we need more treatment resources for people who are already addicted, but if we don't start devoting money to primary prevention, we will never get ahead of the crisis.

That's why CLHO is asking for \$25 million (per biennium) to fund primary substance use prevention.

This will allow counties and tribes to:



Hire at least one person to work exclusively on primary prevention

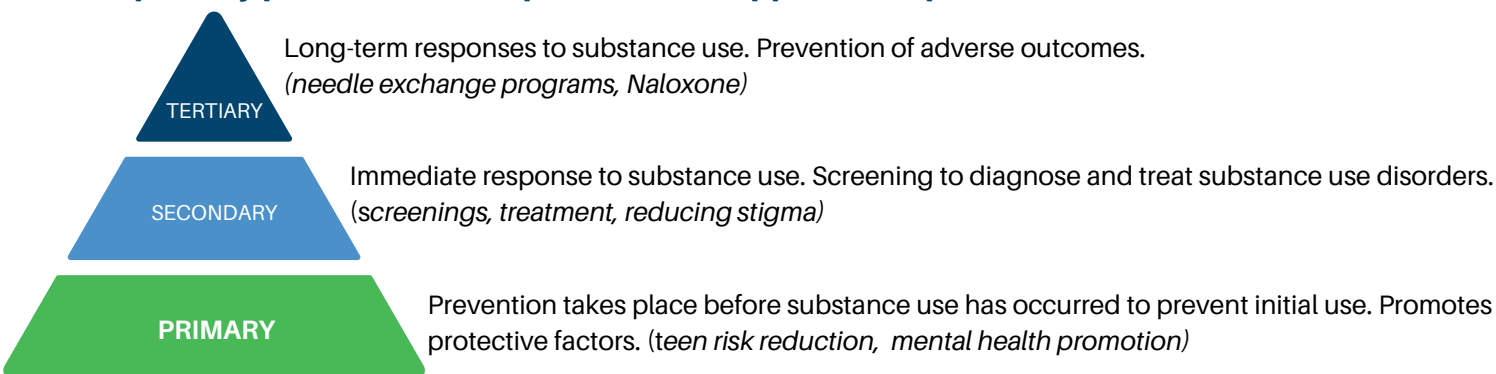


Develop or expand evidence-based school and community prevention programs



Increase collaboration with culturally specific community-based organizations

What is primary prevention? The public health approach to prevention



What effective primary prevention looks like

Prevention programs that have proven to work help youth build confidence, improve social skills, resist peer pressure, and make better choices about alcohol and drug use.

Photo: Primary prevention program in Deschutes County



Healthy Schools, Deschutes County

Healthy Schools is a cooperative venture between Deschutes County Public Health and Bend-La Pine Schools that embeds public health specialists in the district's 14 middle and high schools.

Since 2021, the CDC-recommended program has shown positive results:

- All schools have a 2-year action plan to reduce substance use, improve family engagement and increase student engagement and belonging.
- All health teachers are using effective prevention education programs.
- Twelve out of 14 schools have a peer-led suicide prevention program that also impacts substance use, mental health and violence.

"Schools cannot figure out what to do, they know there are increasing concerns of student mental health and substance use, but they need help to implement effective prevention programs—that's the job of public health," said Deschutes County's Aimee Snyder, who supervises the program's five public health specialists.

Endorsed by: AFSCME, AOC, AOCMHP, AllCare CCO, Or. Health Equity Alliance, OPHA, Clackamas, Deschutes, Lane, Washington, Multnomah, Marion, We Can Do Better

LifeSkills Training, Linn County

Linn County has been teaching the LifeSkills Training program in its seven, mostly rural school districts for over two decades. The program is one of the most studied substance abuse prevention programs in the country and has shown large reductions in tobacco, alcohol, marijuana and other drug use, with effects lasting up to 12 years.

County Alcohol and Drug Prevention Specialist Shannon Snair has been teaching the LifeSkills program in 4th and 6th grade classes for 17 years. "Some of the topics we cover are communication, self-esteem, decision-making, and assertiveness. We aim to give students the necessary skills to resist peer pressure associated with smoking, drinking, or using other substances," said Snair.

Endorsed by national, private and state agencies, the program has also shown reductions in physical and verbal aggression and delinquency. Cost analyses show the return on investment ranges from \$16 to \$50 for every \$1 spent.

LifeSkills costs Linn County about \$315,000 a year, most of which pays the salaries for the program's certified prevention specialists. The county uses four different federal and state funding sources to cover program costs.