

Oregon's Youth Primary Substance Use Prevention System

Executive summary of the assessment required by House Bill 3321 (2025) · Prepared for the Oregon Alcohol and Drug Policy Commission



<3%

of Oregon's substance use spending reaches community-based primary prevention

According to the most recent ADPC Financial Report, Oregon spends about **\$1.5 billion** a year on substance use services across eleven state agencies. **\$39.1 million — 2.6 percent — goes to community based primary prevention**, while treatment takes 73 percent. A contract-level review of every prevention-related investment reached the same place: relative to youth-focused primary prevention, this analysis verified **\$31.2 million** in funding as primary prevention, and only **\$13.0 million** of that pays for services in communities. Though prevention is the highest-return part of the continuum — up to **\$63 back for every \$1** — it receives a low level of investment.

WHERE OREGON'S SUBSTANCE USE DOLLARS GO

Treatment, recovery, harm reduction and all other substance use services — 97.4%

▲ Primary prevention: 2.6% (\$39.1M of \$1.5B) — the gold sliver at the far left.

AND OF THE \$31.2M VERIFIED AS PRIMARY PREVENTION

\$18.2M stays inside state government

\$13.0M reaches communities

Four-fifths of the state-side share is Oregon Liquor and Cannabis Commission staff time for alcohol retail regulation — real prevention work, but not services in communities.

47%

of what community prevention organizations run on comes from local, federal and philanthropic sources no state financial report captures

41 of 265

documented prevention programs use a recognized curriculum; the rest is locally built work, with most of these based on proven strategies and generally understood as effective

3%

of county prevention activity is aimed at youth already showing early warning signs; 85% is universal

48

people hold an active Certified Prevention Specialist credential statewide; 14 counties have none

What the assessment found

- 💰 **No dedicated money.** Prevention has no recurring state fund. It runs on many small streams that are blended before they reach a service. The one dedicated source is the federal SUPTRS block grant's 20% set-aside, about \$4.3M a year, which Oregon meets exactly while nine other states go higher. The \$13.7M opioid settlement infusion is one-time and spends down by mid-2027.
- 📍 **Present everywhere, sufficient nowhere.** All 36 counties have at least one program, but no region has a complete system. Clackamas County alone documents more programs than all nine frontier counties combined.
- 🎯 **The youth at highest risk get the least.** Delivery is overwhelmingly universal. Services designed for young people already showing risk are rare, and the ones that exist are largely paid for locally rather than by the state.
- 🏫 **Schools carry a mandate without money.** Districts have been required to hold a prevention plan since 1989. Only 19 of 65 responding districts have completed one, and most pay for the work out of local district or general funds.
- 👤 **The workforce is thin and fragile.** Prevention is rarely anyone's whole job, credentialed staff cluster in the Willamette Valley and Portland metro area, and five specialists cover all of Eastern Oregon. Professionals with a variety of credentials — including but not limited to the Prevention Specialist certification — deliver primary prevention services.
- 💰 **Dollars and data both go dark.** No state system can match a dollar sent to a dollar received. Further, youth data from the Student Health Survey is difficult to access and not presented in a way easily usable by community partners.

🌐 The Full Report is available online at the ADPC Web Site:
<https://www.oregon.gov/adpc/pages/index.aspx>

What Oregon should do

- 📋 **Adopt one definition.** Write the HB 3321 definition of primary prevention into permanent law, with the six federal prevention strategies and the universal, selected and indicated levels, and require every funded agency, school and organization to use it. HB 3321 sunsets on January 2, 2027.
- 🏛️ **Fix the fiscal base.** Set a goal of moving community-based primary prevention from under 3 percent to at least 20 percent over time, without cutting treatment, recovery or harm reduction. Create a dedicated prevention fund from distilled spirits proceeds, commit a fixed share of flexible funds to prevention, spend above the federal SUPTRS 20 percent minimum, build a prevention funding formula that uses youth data, and fund school districts to meet the prevention mandate they already carry.
- 👤 **Build one regional system.** Put all primary prevention coordination in each region under a single organization, with unified staffing, workplans, contracts and reporting. Expand services for higher-risk youth, give public awareness a youth focus, and stand up a well-financed central resource for training, technical assistance and data.
- 🎓 **Grow and define the workforce.** Keep investing in the Certified Prevention Specialist credential, and build a core competency framework that maps the other credentials already delivering prevention to a common standard, with clear development paths.
- 📋 **Make the money visible.** Give the ADPC both advance and after-the-fact review of state and federal substance use spending plans, require contracts and reporting that trace each funding source from the budget through to the service, and address access, visibility and usability of youth substance use data so local partners can better utilize it.