

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



Background

House Bill 3321 (2025) directed the Oregon Alcohol and Drug Policy Commission (ADPC) to account for youth-focused primary substance use prevention in Oregon: what programs exist, what the state spends, who does the work, and what should change. The ADPC and the Oregon Health Authority (OHA) selected Third Horizon to carry out the analysis. Primary prevention means the practices, programs, and policies designed to prevent, delay, and reduce youth substance use before a substance use disorder develops. It is not treatment, harm reduction, or recovery support. The assessment covers the 2023–25 biennium with a forward look at 2025–27, and draws on four statewide surveys (65 school districts, 109 provider organizations, 101 members of the prevention workforce, and nine colleges and universities), 21 interviews, a school focus group, and more than 500 agency documents and contracts.

The central finding

Less than 3 percent of Oregon's substance use spending reaches community-based primary prevention. Third Horizon verified \$31.2 million in funding as primary prevention. Of that \$31.2 million, \$18.2 million stays inside state government, four-fifths of it the Oregon Liquor and Cannabis Commission's estimated staff time for alcohol retail regulation, which is genuine prevention work but does not fund services in communities. The remaining \$13.0 million reaches communities. Measured against everything Oregon spends on substance use services of any kind, less than 3 percent supports community-based primary prevention.

This matters because prevention is the highest-return investment in the continuum. Primary prevention returns as much as \$63 for every dollar spent, against \$4 to \$7 for treatment. Oregon carries a heavier burden than most states: 20.8 percent of residents aged 12 and older met criteria for a substance use disorder in 2023–24, against 16.9 percent nationally. Youth use has fallen across every substance measured since 2022, but adolescent overdose deaths more than tripled after 2019, faster than in any other state, and about a third of 8th graders and nearly half of 11th graders still see little or no risk in regular cannabis use.

What the funding looks like

Oregon has no dedicated, recurring fund for primary prevention. The money arrives as many small streams, each with its own rules, cycle, and reporting, and is blended before it reaches a service, rather than braided in a way that can be traced, meaning that certain funding sources could not be traced to ground during the analysis. The one dedicated source is the 20 percent primary prevention set-aside in the federal Substance Use Prevention, Treatment, and Recovery Services block grant, about \$4.3 million a year. Oregon meets that floor exactly; nine other states go above it, Rhode Island at nearly 40 percent. The \$13.7 million opioid settlement commitment to prevention is the largest dedicated infusion on record, and under current allocations it must be spent by mid-2027 with no renewal committed. Tobacco prevention grants to local public health authorities totaled \$19.7 million in a single award year, roughly twice what the entire county alcohol and drug prevention system receives in a biennium, but state law restricts those funds to tobacco. Though tobacco prevention and control work was not included in this report given this limitation, the delta reflects a gap in investment in non-tobacco related financing. Communities are filling the gap themselves: of \$33.8 million that responding organizations reported, \$15.9 million, or 47 percent, came from local, federal, health plan, and philanthropic sources that no state financial report captures.

What the system looks like on the ground

The assessment documented 265 primary prevention programs. Only 41 use a recognized or branded curriculum; the rest is locally defined work, including 37 innovative or grassroots practices that communities built themselves. Every county has at least one program, but no region has a complete system: Clackamas County alone documents more programs than all nine frontier counties combined. Delivery is overwhelmingly universal. Counties coded 85 percent of their reported activities as universal, 12 percent as selected, and 3 percent as indicated, which means the young people at highest risk have the least access to services matched to that risk. Schools have carried a prevention planning mandate since 1989, yet only 19 of 65 responding districts have a completed plan, and the Department of Education's identifiable prevention budget for the biennium is one coordinator position and a one-time campaign. The workforce is small and thinly spread: 48 people hold an active Certified Prevention Specialist credential statewide, 14 counties have none, and five specialists cover all of Eastern

Oregon. Finally, the data needed to target investment is not there. Only 12 percent of students answered the 30-day alcohol question on the 2025 Student Health Survey, against 99.5 percent for the survey’s first question, so county-level comparisons cannot be made reliably.

Findings and recommendations at a glance

What the assessment found	What the report recommends
Less than 3 percent of Oregon's substance use spending reaches community-based primary prevention, and there is no dedicated, recurring source for it.	Set a goal of raising community-based primary prevention to at least 20 percent of substance use funding over time, without reducing treatment, recovery, or harm reduction. Create a dedicated prevention fund from distilled spirits proceeds, commit a fixed share of flexible funds to prevention, and use more of the federal block grant than the 20 percent minimum.
Oregon has no single definition of primary prevention in use across the system, and providers apply the term inconsistently.	Codify the HB 3321 definition in statute, together with the six CSAP prevention strategies and the universal, selected, and indicated framework, and require funded agencies, schools, and organizations to use it. HB 3321 sunsets on January 2, 2027.
Prevention reaches every county, but no region has a complete system. Programs, staff, and money are siloed and inconsistently organized.	Consolidate prevention coordination into a single regional primary prevention system in each region, aligned to the ADPC, with unified staffing, workplans, contracts, and reporting.
Prevention is overwhelmingly universal. Youth already showing higher risk have the least access to services matched to that risk.	Expand selected and indicated prevention statewide, give public awareness campaigns a youth focus, and stand up a well-financed central resource for training, technical assistance, and data.
Schools carry a prevention mandate that dates to 1989 with almost no money behind it, and most districts pay for it out of general funds.	Direct funding to school districts for prevention planning, delivery, and reporting, including use of Medicaid to Schools.
The specialized prevention workforce is thin, and made up of professionals with a diverse variety of credentials, including but not limited to the Certified Prevention Specialist (CPS).	Continue growing the Certified Prevention Specialist workforce and build a core competency framework that maps the other credentials already delivering prevention to a common standard.
Prevention dollars cannot be traced from source to service, and youth substance use data access is not reliable enough for local planning.	Give the ADPC both advance and after-the-fact review of substance use spending plans, adopt a traceable braiding method for contracts and reporting, and fix youth substance use data infrastructure to make usable data more accessible.

Conclusion

Oregon’s primary prevention field is committed and inventive, and it is working without a definition, a dedicated funding base, a regional structure, a sized workforce, or usable local data. The recommendations above are designed to be taken together: a codified definition makes funding traceable, traceable funding makes a regional structure accountable, and a regional structure gives the workforce somewhere to grow. Acting on them would let Oregon reduce the burden of substance use while supporting young people toward healthy lives.

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

Source: Third Horizon analysis for the Oregon Alcohol and Drug Policy Commission under HB 3321 (2025). Figures reflect the 2023–25 biennium unless noted. Program and workforce counts are minimums drawn from voluntary surveys and agency records.