

## Themes from Prevention Committee Call for Goals

In an attempt to begin the conversation for the 2026-2030 Alcohol and Drug Policy Commission (ADPC) Comprehensive Plan, the ADPC Prevention Committee asked all regular participants to submit goals and measurable outcomes for primary prevention during that 5-year period. The following themes emerged from those submissions. It should be noted that the multiple goals under themed buckets are not necessarily distinct from one another – but represent slightly different framing when submitted. Staff did their best to consolidate those goals where it made sense, but if the framing was significantly different, left those goals separate.

### Short Term Process Objectives

Several of the submissions centered on some process and governance steps that could support strategic planning in the future and provide a foundation for the state to build and support effective primary prevention recommendations. These might not have specific measurable outcomes, but instead support all of the goals that were submitted in some way.

**Objective 1: Create a clear definition of Primary Prevention (in statute and rule).** Definitions will ensure resources are directed appropriately, ensure state and local partners have agreed upon parameters, and promote investment in upstream primary prevention vs other types of prevention.

**Objective 2: Perform a study or studies that analyze the following: primary prevention programming gaps, inventory of existing state and local programs, map of Evidence-Based Programs (EBP), and a Financial Analysis of state and federally funded programs.** These analyses will be cross-sector and provide a landscape of prevention programming across the state, how those programs are financed (and where funds are lacking), and how revenues from regulated substances might provide additional resources for those efforts.

**Objective 3: Ensure that the ADPC Comprehensive Plan is threaded, linked, and coordinated with other state strategic plans and local plans related to behavioral health.**

**Objective 4: Ensure coordination with the Oregon Youth Addiction Alliance (formerly ADPC-SOCAC Youth Collaborative created under House Bill 4002) through regular community and collaboration on primary prevention strategies.**

### Prevention Programming in K-12 Education

Several submissions included goals around K-12 Education prevention programming.

- 1. Ensure all K-12 education students and their families have access to evidence and community informed primary prevention, assessment (population surveys like Student Health Survey), and screening.**
  - Measurable progress: By 2030, 50 percent of school districts and 100 percent of education service districts offer an evidence-based prevention and screening program to schools.

- Measurable Progress: By 2030, X% of Oregon's school districts will offer evidence-based primary prevention programs for substance use, with at least X% integrating mental health screening as part of prevention.
- Measurable Progress: By 2030, 80% of K-12 schools will work to identify prevention needs based on results of Oregon Student Health Survey results and begin implementation of at least one upstream evidence-based prevention program.
- By 2030, 95% of Oregon school districts will offer the Oregon Student Health Survey to all students and encourage participation/consent among students and their families.

**2. Ensure all grade 6-12 education students receive evidence based or evidence informed comprehensive health education that meets ODE standards inclusive of substance use and misuse prevention curriculum.**

- Measurable Progress: By 2030, 50 percent of school districts and 100 percent of education service districts offer evidence based or evidence informed comprehensive health education curricula that meets ODE standards, inclusive of substance use and misuse prevention curriculum.

### Prevention Programming in Higher Education

**3. Create a sustainable state-wide college coalition to support selection, uptake, and ongoing implementation of evidence-based indicated prevention programs for substance misuse on college and university campuses.**

- Measurable Progress: By 2030, at least one college or university from each county in Oregon will be a member of the coalition.
- Measurable Progress: By 2030, the coalition will offer at least bi-annual trainings for campus personnel in the coalition on how to implement evidence-based indicated substance misuse prevention programs with fidelity.

**4. Increase availability and utility of state-funded overdose reversal kits on college and university campuses**

- Measurable Progress: By 2030, 100% of colleges and universities in Oregon will have a state-funded overdose reversal kit in all health-oriented centers on their campus (i.e., centers providing medical care, counseling centers, departmental training clinics [e.g., clinical psychology, counseling psychology]) and at least 50% of student dormitories will have a state-funded overdose reverse kit that can be accessible 24/7.
- Measurable Progress: By 2030, 100% of colleges and universities in Oregon will provide at least quarterly trainings to students on how to properly use an overdose reversal kit.

**5. Increased state-funding to colleges and universities to support hiring and retaining at least 1 substance misuse prevention specialist on each campus (with support for more specialists for larger campuses).**

- Measurable Progress: TBD

### Equity in Primary Prevention and Culturally and Population Specific Services

**6. Expand Culturally Responsive Prevention Programs**

- Measurable Progress: By 2030, develop and implement culturally responsive, evidence-based substance use prevention programs in X% of Oregon's counties, ensuring that at least X (50)% of programs are tailored to the specific needs of Black, Indigenous, and People of Color (BIPOC) communities.

**7. Integrate primary prevention into youth foster care settings, with the objective of reducing disparities in substance use documented among youth who have been involved in foster care.**

- Measurable Progress: Partner with higher education institutions and technical support centers (e.g., the Prevention Technology Transfer Center, PTTC) to implement relevant, existing evidence-supported prevention programming adapted for this population, such as Connecting

## Workforce

**8. Expand the Prevention Workforce of Certified Prevention Specialists.**

- Supporting Objective: Identify additional sustainable funding stream(s) that prioritizes upstream and/or primary prevention strategies for all LPHAs
- Supporting Objective: Ensure all prevention professionals have access to low cost, high quality professional development opportunities
- Measurable Progress: Using the Substance Use Gaps Analysis as Current State, increase baseline by 25 percent. Monitor progress by tracking the deployment of certified individuals in primary prevention settings.
- Measurable Progress: By 2030, establish a certification program for prevention specialists, ensuring that X# of additional professionals are trained in evidence-based prevention methods.
- Measurable Progress: By 2030, increased financial base for a certified work force that can be connected to schools, DHS and Home Visiting services
- Measurable Progress: By 2030, at least 50 new preventionist jobs will become available, with sustainable funding, across the state of Oregon supporting community- and school-based prevention efforts, with a particular emphasis on reaching historically disadvantaged and under-resourced communities.

**9. Establish prevention best practice training and technical assistance provision, including program evaluation, implementation science, and shared risk and protective factor expertise provided to prevention professionals from OHA contracted-provider or NWPTTC or similar.**

- Measurable Progress: By 2030, 50% of LPHAs and/or CCOs with prevention professionals will utilize TTA from prevention best practice organization.
- Measurable Progress: By 2030, 10% of LPHAs and/or CCOs with prevention professionals will implement program evaluation and/or shared risk and protective factors strategies.
- By 2030, establish a sustainably resourced NGO that will serve as the primary provider for all technical assistance, training, networking, and SME related to primary SUD prevention that engages at least 75% of the prevention workforce. *Will probably need to do some sort of assessment to identify the full workforce and TTA needs.*

**10. Increase the presence of prevention specialists and prevention scientists in Oregon’s public health and behavioral health institutions.**

- Measurable Progress: Through 2030, annual increase in the number of training externships offered to graduate students in prevention science and behavioral health Bachelors, MEd, MS, and PhD programs in Oregon. Externships can be offered by public health institutions or by allied organizations and monitored by the ADPC.
- Measurable Progress: By 2030, at least 75% of the SUD continuum of care workforce in Oregon will have a common understanding of primary prevention and can name the 6 CSAP strategies and Strategic Prevention Framework (SPF) components.

### The “Hub”

**11. Establish a statewide primary prevention hub.** Several submitters provided the outline for a similar concept, statewide, third-party primary prevention resource and technical assistance hub. There was overlap in the functionality of Goal #9 (to support technical assistance to workforce and primary prevention programs), but would also include coordination across state agencies in prevention efforts, support localities in advocating for and applying for additional resources, model local public policies, provide statewide leadership in best practice and evidence-based practice, support youth and community engagement related to primary prevention, and provide support for evaluation and quality improvement.

- Measurable Progress: allocation of funding and development of an MOU with a university to establish a Center for Prevention.

### Public Campaigns and Education

**12. Launch a Public Awareness Campaign:** Implement a sustained public awareness campaign to educate the public, stakeholders, and service providers about the importance of delaying substance use.

- Measurable Progress: TBD.

**13. Expand Rethink the Drink campaigns to other substances.** Potentially support youth-specific campaign like "Most of us Don't"

- Measurable Progress: TBD.

**14. Maintain Revisit, Revamp and Make Actionable/Measured Progress for ADPC 2020-2025 objectives:**

- 2.d. Increase perception of harm of ATOD use/misuse across the lifespan
- Measurable Progress: By 2030, 80% of Oregon youth will report “moderate risk” or “great risk” of harming themselves from substance use, including alcohol, cannabis, tobacco/nicotine, and illicit drugs, as indicated by the Oregon Student Health Survey.

### Research

**15. Ensure universal evidence-based prevention programs offered in Oregon public institutions are responsive to the most relevant upstream risk and protective factors in the local context.**

- Measurable Progress: By 2027, secure research funding to partner with Oregon community coalitions and use mixed methods (e.g., survey data, focus groups) to develop an updated survey of risk and protective factors that will be administered at regular intervals.

## Regulatory Goals for Substances Legal and Regulated for Adults

### **16. Maintain Revisit, Revamp and Make Actionable/Measured Progress for ADPC 2020-2025**

#### **objectives (see some of the other goals below):**

- 2.a. Decrease retail and social access to alcohol, tobacco, and marijuana to underaged persons
- 2.b. Decrease over service of alcohol in restaurants and bars and retail sales of alcohol to alcohol-impaired adults ages 21+
- 2.c. Decrease family and community norms permissive of ATOD use/misuse across the lifespan

**17. Maintain and strengthen Oregon’s control model for the distribution of distilled spirits.** OLCC oversees the controlled distribution of distilled spirits via a limited number of outlets (the liquor stores) and sets statewide prices that are conducive to preventing excessive drinking. Since 2021, this includes the establishment of a minimum price by alcohol content and container size for distilled spirits. Of note, more than 90% of the alcohol revenue that is raised originates from the sale of distilled spirits and these revenues fund essential programs at the state level and in cities and counties across Oregon. Going forward, we will ensure that pricing for distilled spirits and the attribution of liquor store contracts remain aligned with the protection of public health and the optimization of revenue for public services.

- Measurable Progress: TBD

**18. Improve efforts to prevent use of alcohol and cannabis by people under 21.** OLCC verifies that alcohol, marijuana, and intoxicating hemp products are not sold to people under the age of 21 via the Minor Decoy Operations, a part of our inspection services. This program has been recently expanded to also include third-party platforms that deliver alcohol. Going forward, we will review and refine the application of the Minor Decoy Operations (MDO) and site inspection programs, procedures, enforcement response, and impact measures.

- Supporting Objective: Expand MDO program to include all alcohol and cannabis retail and delivery businesses. Improve MDO randomized selection to obtain a sample size of, at minimum, 10% of each business type; etc. (Currently, they put a specific license type in a list and randomly select a specific %. The amount of MDOs occurring is not sufficient to pinpoint types of business that are failing MDOs, but rather that a certain percent of a variety of business types under a specific license type are failing which is not useful to effectively identify and address what may be a systemic issue.)
- Measurable Progress: By 2030, of all MDOs conducted with alcohol and cannabis businesses, 90% will successfully refuse sales to minors.

**19. Update and improve OLCC education services for licensees and permittees with a focus on public health.** OLCC’s education services include mandatory training for alcohol servers and marijuana industry workers as well as regulatory guidance for alcohol sellers and all licensees. We will be reviewing and updating these education services, seeking input from partners and community representatives, to ensure they optimally emphasize public health, prevent harmful consumption, and support access to recovery services.

- Supporting Objective: Provide an OHA reviewed/approved training to restaurant and bar servers, retail establishment alcohol clerks, alcohol and cannabis delivery persons, and cannabis store workers (get language from OLCC to include regular, effective, and expanded training for all sales and delivery persons) on how prevent sales to underage persons.
- Supporting Objective: Improve certification and re-certification standards to include robust and OHA-reviewed criteria for training. Training should be required every two years, be approved by OHA, and be part of an hour, at minimum, certification training. Increase recertification cadence to once every two years to include worker training.
- Measurable Progress: By 2030, 100% of alcohol servers and clerks and marijuana workers with an OLCC permit will robust training every two years that includes refusal skills and expectations to prevent sales to underage persons.

**20. Maintain a high level of coordination among state agencies on matters related to harmful substance uses and support a high level of engagement with public health and recovery community partners in OLCC rules-making processes.** Effective coordination is essential to strengthen leadership, maximize resources, and advance political will. OLCC is an active partner of both ADPC and OHA's Rethink the Drink Campaign and we ensure that our rulemaking processes involve the participation of community health advocates and ongoing consultation with partner agencies. This ensures that policies enacted by OLCC remain aligned with health and safety imperatives.

- Measurable Progress: TBD

**21. Ensure that alcohol and tobacco retail compliance checks also include vaping products and Nicotine.**

#### Miscellaneous

**22. Mandate that CCO provide a base per member per month payment for primary prevention.**

- Measurable Progress: TBD