[DRAFT] Proposed Recommendations Received From Members of the HB3610 Task Force

(Updated 8/20/2024)

Recommendation A

[...] recommend a point of sale tax increase on beer, wine, and cider that will raise enough money for a meaningful investment in youth primary prevention for local public health (referencing public health statutory obligation for prevention of chronic diseases ORS 431.144) and tribes; treatment; and recovery.

Recommendation B

1. **Alcohol Pricing, Addiction and Taxation:** Potential impacts of increased taxes on beer, wine and cider.

Members of the Task Force quibbled about the cost of the negative impact of alcohol on Oregonians, but it's safe to say the cost is enormous and entirely the responsibility of the alcohol industry - manufacturers, shippers, and retailers.

The EcoNW survey put the economic impact of alcohol of excessive drinking at $4.8 billion per year, which might seem astonishing but did not include several large and presumably costly additional groups of those harmed (such as alcoholics or people outside of Oregon who consume alcohol made in Oregon and shipped to other states or countries) - so the cost could be considerably higher.

Here's an example of costs not calculated by EcoNW from yesterday's Oregonian headline -

> Defense claims Portland man on trial for murder, hate crime was too drunk to knowingly kill High Dive patron

That cost and responsibility is high in part because both tax and regulation is low. Both cost and responsibility can and should be diminished through the already existing tools of government.

I am somewhat sympathetic to Oregon small businesses and individuals manufacturing alcohol, but since they already pay no tax and have little regulation or oversight, they should not have further exemption from tax or regulation.

I am in favor of an increase in alcohol tax to match the costs of impact. I am in favor of continued independent study of the impact of all types of alcohol on Oregonians and Oregon businesses, using generally accepted research methods, to measure the impact and harm of alcohol and to adjust taxes up or down as time goes on.

2. **Addiction Treatment and Prevention Services:** Strategies for effective alcohol prevention and treatment, including current gaps and needs in local addiction treatment and recovery services.

3**. Distribution of Resources:** Allocation and utilization of resources for addiction services.

I am exclusively interested in additional taxes providing medical treatment for alcoholism, and also supportive services for people who are actively moving toward an abstinence-based recovery from alcoholism. Inpatient treatment is needed - both long-term and short-term.

Outpatient treatment is needed - without waitlists or other barriers. The workforce needs to be refreshed and revived, especially in the area of quality. It is not sufficient to certify all who pass a test. Alcohol and drug free housing is needed in all areas of the state.

Specialized treatment services are needed - for people with intellectual disorders, people who are underage, for people who don't speak English, for people who also need psychiatric care, for people who have been traumatized by homelessness or imprisonment, for people whose gender does not conform with the majority, for people with alcoholism and other drug addictions, for people with sex addictions or gambling addiction. Social programs for people under 21 are needed as are recovery high schools. Support programs for family members and loved ones are needed.

Finally job training and placement are needed. Many of these services and supports could be managed through already existing agencies - if those agencies were both paid to provide the services and supports and educated to understand their importance.

If there are preventative services which can be shown with evidence from comparable US states to reduce alcoholism, they should be considered.

All taxes from alcohol - past and future - should be directed to the treatment of alcoholism and supportive services as incentives to help Oregonians remain sober.

4. **Overall Funding:** Impact of alcohol pricing and potential taxation on consumption and addition rates.

I'll rephrase the question. Do I think increased taxes will reduce consumption or alcoholism?

The Task Force was told increased taxes will reduce consumption. But the evidence was not shown beyond numbers, and the "plasticity" effect is marginal with alcoholics. I suspect below a 25% or 30% increase in overall cost of alcohol the price of alcohol has little effect on alcoholic behavior. It certainly does not cause remission or diminish the disease in any way.

What increased taxes can do is provide a clear and well lighted path to recovery from alcoholism, elimination in use of alcohol by people under twenty-one years old, elimination of use of alcohol by people who are pregnant, and supporting private agency advocacy to increase regulation to reduce signage, limit advertising, reduce number of retail outlets, reduce density of retail outlets, reduce impact of retail outlets to surrounding neighborhoods, and other items proven successful at reducing overall impact of alcohol.

5. **Public Education and Prevention:** Best practices for public education and awareness programs, including community-based intervention and support systems.

I am unaware that what Oregon currently offers for "Public Education and Prevention" provides any noticeable impact in reducing alcoholism.

6. **Data Collection and Research:** Challenges and needs for improvements in data collection and research methodologies related to alcohol addiction.

The EcoNW methodology for surveying the impact of excessive alcohol use was not one generally accepted by other national and world alcohol researchers. I'd suggest those commissioning further alcohol impact research discuss more standard and accepted methods with experienced and established researchers.

Recommendation C

1. **Alcohol Pricing, Addiction and Taxation**. Key recommendation: Refrain from increasing taxes on beer, wine, and cider.

   I don't trust the state to utilize the taxes appropriately. Ballot Measure 110 directed taxes to be used for "Drug Treatment and Recovery". They then redirected these funds to paying for expansion (?) of DPSST and harms reductions services. They created a crisis, developed a plan to meet the needs of that crisis, then raided the funds.

2. **Addiction Treatment and Prevention Services**. Key recommendation: Redirect M110 dollars to increase the payments to existing treatment facilities.

   We heard testimony from treatment providers who said they won't always take in Medicade/Oregon Health Plan patients because the reimbursement funding they receive from the state is lower than private insurance. By paying an adequate rate we would be effectivly expanding the capacity of treatment for those in our communities who need it the most.

3. **Distribution of Resources**. Key recommendation: Restore the language of M110 with regards to the distribution of the funding toward increased capacity for treatment.

   I believe the state realized they would create an influx in addiction when we decriminalized narcotics. The plan was to take back marijuana tax money and build the infrastructure needed to meet this new demand. We then diminished these resources by actions taken and reference in #1 above.

   I believe an outcome of M110 is the state prison system has seen a decline in inmates. Are there savings here that could be used for treatment?

4. **Overall Funding**. Key recommendation: If the state increases taxes, distribute these taxes according to the liquor tax distribution formula and don't bypass local government.

   Local government is on the front lines of the state's policies on addiction and mental health. Our most significant problem today is homelessness which I feel is primarily caused by the states failure to address addiction and mental health. Measure 110 removed funding from City's and counties making it harder for us to address these problems.

5. **Public Education and Prevention**. Key Recommendation: Change the laws around marketing alcohol to make it less appealing to drink.

   This recommendation ties onto the comments made about the ease of access, availability, and glamorizing alcohol. I mentioned being in the convenience store and seeing what looks like colored Christmas tree balls of alcohol for sale that can be easily purchased, taken to the car and drank. Other similar comments were made about travel size FIREBALL bottles for sale. All of these products promote a quick and easy high.

6. **Data Collection and Research**. Key Recommendation: Make data available to communities about the level of addiction that exists in our towns.

   Up to date data regarding addiction is not available to communities. This data is critical for local leaders to determine how big of a problem we have. The explanation from OHA is HPAA laws prohibit the state from sharing information. Those are federal laws which are interpreted by other states differently. For example, in Oregon we cannot get data about overdoses or overdose deaths that is newer than one year or more. In other states this data can be found that is no older than 30 days.

7. **Potential Future Action**. Key Recommendation: OHA should develop a plan to take us from last to first in addressing addiction in our state.

   We have already sent the message that marijuana use is ok. I understand that desire to have addicts clean rather than in jail. The problem was in the implementation. We should have built out the system to address addiction before we made it so easy for people to get and use drugs. I know that for many people, incarceration would be better than how they are currently living because I hear it from the recovery community as they reflect back on their lives as addicts.

   Aspiring to be the best in the nation at addressing addiction should be the standard and would make it easier for me to support additional revenues to make that happen.

Recommendation D

(Submitted by 6 of the HB 3610 Taskforce members)

Key Recommendation:

Alcohol taxes are a proven ineffective tool to control problem consumption, including excessive or teen drinking. If SUD funding is a priority, the legislature should utilize more than the existing 3% of alcohol revenues to fund SUD programs. Budgets are supposed to reflect values and priorities. OHA is not a trusted partner in this space, a third-party must "untangle the bowl of spaghetti" and unaccounted for revenue and prove results before proposing simply more revenue or increasing taxes on already struggling Oregon businesses. Beer, wine and cider are a vital part of Oregon's economy and identity and need the support of Oregon lawmakers and our communities.

Context and References:

1. **Alcohol Pricing, Addiction, Taxation:** The Taskforce has received overwhelming data from the EcoNorthwest firm and the Senior Economist in the Legislative Revenue Office that alcohol demand is inelastic and taxes are ineffective as a tool to control alcohol consumption, especially excessive or teen drinking. Knowing alcohol taxes do not curb problem consumption, the state should increase the use of existing tax and mark-up revenue beyond the current 3% to fund proven and vetted SUD programs.

2. **Addiction Treatment and Prevention Services:** OHA does not know whether money spent on behavioral health has made a difference because, as OHA testified to the Taskforce, OHA does not track the money after it is spent or hold providers accountable. OHA does not collect the minimum data necessary to determine what gaps in services may exist. No data is collected regarding recovery asset utilization rates, outcomes resulting from recovery treatment, insurance barriers, existing prevention programs statewide, or public health benefits from recent increases in recovery funding. There is no attempt to measure success to make the case for additional or redirected resources from programs that are not producing desired outcomes.

Targeting beer, wine and cider will not solve Oregon's drug crisis. According to the OLCC and consistent with widespread industry data, alcohol sales are down across categories, and teen drinking is at historic lows.

The Legislature should inventory what school districts are already doing under the statutorily required substance use disorder prevention programs to understand what, if any, gaps exist in current prevention curriculum. To incentivize service providers, CCOs metrics, which are currently only tied to new patient diagnoses, could expand to include relapses so they're set up for success each time.

3. **Distribution of Resources:** Alcohol taxes are the state's third largest source of revenue. Less than 3% is earmarked for mental health and addiction. Reallocation of existing funds or earmarking any new OLCC revenue to proven and vetted SUD programs would be a logical step forward.

Oregon can improve distribution of resources and coordination. If we had a more effective central hub at the state level as recommended by experts, Oregon could take advantage of more federal matching funds. Our siloed approach limits funding and coordination opportunities. OHA could work to make funds less siloed and be more holistic in how they spend resources on public health, recognizing the reality of co-occurrences.

4. **Overall Funding:** Oregon's funding of SUD services is some of, if not, the highest in the nation per capita with little known about what we're buying and whether it's working or not . SUD funding has increased 100% since 2021, over $1 billion and we have little to show for it. OHA has more than they have spent, and these programs take time to show if they work or if funds should be redirected to other uses. Before spending more, we should evaluate if this new funding is working and if not, funds should be redirected to programs with proven results.

OHA presented what they spent in 2021-2023 but not what was budgeted by the legislature or other new revenue streams. And more was budgeted for 2023-2025 that wasn't presented during the Taskforce. A study in 2017 found Oregon spends more on drug addiction recovery and prevention than 75% of other states (ranked 14th in spending), yet we're one of the worst in outcomes (ranked 7th in needing but not receiving treatment for alcohol use disorder). And that was before we added $1 billion more in spending.

> Willamette Week "There's so much money because there's a crisis." "There's a real opportunity for people to take advantage."
>
> Congressman Earl Blumenauer, "The consensus of all these experts we brought together is that money is not the problem," he says. "The question is how we mobilize and utilize the resources we've got."

5. **Public Education & Prevention:** The Legislature should investigate substance use disorder curriculum for school education programs (something already mandated) to see if it's working. Teen drinking at historic all-time lows would suggest that mandate has seen some success. The state should inventory existing curriculum and assess success rates, and seek federal matches to optimize prevention programs and seek efficiencies.
OLCC alcohol licensee training programs should be examined for best practices. Additionally, the OLCC should use existing alcohol tax and mark-up revenue to ensure they are adequately enforcing Oregon's numerous alcohol control laws.

6. **Data Collection & Research:** A trusted third party should implement data collection for the state, including establishing a real-time database of SUD beds statewide, a tracking tool for OHA spending and provider outcomes, and a study on what's working in other states and why Oregon is spending more per

capita for little results. With 7.4% of OHA's SUD budget unaccounted for according to OHA's Taskforce testimony, we also need a third party audit of OHA and SUD programs and funding.

Recommendation E

Keep positive prevention efforts going. Raise taxes. This is needed for more Youth Services, for treatment and prevention. Money for county and tribal prevention gaps.
Culturally specific prevention for tribes and rural areas because we don't seem to get anything out in our little areas and like somebody else said it, most of the money goes to Portland and Eugene.

Recommendation F

ADPC Recommendations for Task Force
on Alcohol Pricing and Addiction Services

1. **Alcohol Pricing, Addiction and Taxation**: Potential impacts of increased taxes on beer, wine and cider.

The ADPC 2020-25 strategic plan supports increased beer and wine taxes as well as reallocating marijuana and alcohol revenues to increase access to prevention, treatment and recovery services. It also includes a strategy to increase the price of alcohol and dedicate at least 10% of the revenue to alcohol and drug education programs. Any increase in taxes must take into account disproportionate impacts to specific populations with specific strategies for the revenue to address those impacts.

2. **Addiction Treatment and Prevention Services**: Strategies for effective alcohol prevention and treatment, including current gaps and needs in local addiction treatment and recovery services.

Oregon has done an excellent job expanding access to health care insurance. Now it is time to ensure access to substance use disorder treatment and services through that coverage. It is anticipated that the next ADPC strategic plan will focus on improving current coverage to ensure statewide access to necessary substance use services that are covered by Medicaid and other forms of insurance. Any new revenue streams generated from alcohol or other taxes should be dedicated to the portions of the continuum of care that are not sustainably funded or covered by Medicaid or other insurance – most notably, prevention and recovery services. That is not to say that one-time funding is not needed for treatment start-up costs or workforce incentives, but rather that a new ongoing funding stream should be dedicated to essential parts of the continuum of care that otherwise will not exist without ongoing funding.

Current system gaps are demonstrated through the OHSU gaps analysis, the Oregon inventory of services for co-occurring substance use and mental health disorders, the Public Consulting Group OHA Behavioral Health Residential + Facility Study, and the Oregon Health Authority (OHA) Substance Use Disorder Financial Analysis. It should be noted that none of these studies adequately analyze the need for youth substance use intervention and treatment services. Moreover, there is almost a complete lack of analysis of services where youth currently encounter state systems outside of OHA-funded services, namely in schools, juvenile justice, OYA, and through the child welfare system.

In line with the ADPC's statutory mandate to develop the comprehensive plan for Oregon's substance use disorder services system, as well as specific directives of HB 4002 (2024), the ADPC is currently working toward a revised state strategy to address substance use disorder for 2026-2030, including a Youth SUD Strategic Plan. The below recommendations are offered with the caveat that the Task Force recommendation request comes prior to the ADPC's comprehensive strategic planning which will have a component dedicated to youth substance use prevention, treatment, and recovery. Given that, these recommendations represent investments in existing gaps known to the Commission and assessment costs but will continue to evolve during the development of the strategic plan and must be centered in the experience of the youth, families and individuals experiencing these services.

ADPC Recommendation 2a: Primary Prevention and Youth Intervention Should be Supported by any new revenues generated from alcohol

1. **Create a sustainable revenue stream to support primary prevention efforts statewide.** This could be informed by the recent prevention funding awarded by the Opioid Settlement Prevention, Treatment and Recovery Board. In May of 2024, the Opioid Settlement Prevention, Treatment and Recovery Board supported a $13.7 million investment in primary prevention workforce capacity and evidence-based primary/universal prevention. While this investment is

historic and will provide needed immediate support, those funds are one time and are expected to be expended within a year (end of Fiscal Year 2025). The funds were allocated as follows:

a. Funding to Counties for Preventionist Capacity ($9.5 million). These funds will support the prevention workforce to implement evidence-based, proven strategies aligned with SAMHSA's Center for Substance Abuse Prevention (CSAP) Guidance and the Centers for Disease Control and Prevention's (CDC). Funds support primary preventionists, including salary and wages for new/existing preventionists; training and education for workforce; contracting; workforce assessment and planning; staffing/convening of local alcohol and drug planning committees and coalitions; blended strategies in implementing evidence informed Risk and Protective factors-focused programs; and services/supplies needed by a preventionist to fulfil their role with respect to evidence-based strategies.
b. Culturally-Linguistically specific CBOs ($3,756,000). These funds will support directly culturally and linguistically specific CBOs to conduct alcohol or overdose primary prevention activities to address disproportionate harms among populations of color and others experiencing health inequities. These grants would further support workforce development, workforce diversity, and the combination of evidence-based, cultural, and community-based practice.
c. Funding to Support a Credentialed Workforce ($450,000). These funds equate to additional training and certification opportunities for 100 new Certified Prevention Specialists over a biennium, using existing infrastructure through the Oregon Coalition for Prevention Professionals and Oregon Council for Behavioral Health.

2. **Support school-based prevention and intervention work:** The National Survey of Drug Use and Health shows that youth 12-17 are most likely to seek support at school or from a primary care doctor. Schools are uniquely positioned to support students and their families with prevention education and early intervention. In Oregon, there are individual school-based programs through School-Based Health Centers and county-school partnership programs (Teen Intervene in Washington County and Upshift in Deschutes County) that employ Screening, Brief Intervention, Referral to Treatment (SBIRT). However, there is not a statewide, cross-agency strategy for youth substance use screening, intervention and referral programs. Over the next year, ADPC will consider existing Oregon programs and other state models to develop the Youth Substance Use Disorder Strategic Plan, in collaboration with the System of Care Advisory Council and its Youth Council. ADPC is discussing preliminary recommendations with stakeholders that may be informative to the Task Force:

   Nationally, there are models that include school districts and education service districts that integrate the Student Assistance Program Framework and SAMHSA's "Talk, They Hear You" Campaign to create a comprehensive prevention and intervention program for students and their families. In Washington State, the Capital Area Education Service District (ESD 113) has created a licensed behavioral health program using this framework. The ADPC proposes two options to support proliferation of these programs.

   a. **Direct the ADPC -- in collaboration with OHA, ODE, county corrections, and OYA -- to inventory and assess feasibility of scaling up school and juvenile justice-based**

substance use screening, intervention and referral programs. Oregon has existing programs through School-Based Health Centers, counties, education service districts, CBOs (working in or alongside schools) and school districts, but there is no single inventory or environmental scan of capacity for all of the evidence-based and community informed screening and intervention practices throughout the state. In addition, there are county based programs like the Deschutes County Juvenile Justice outpatient adolescent SUD program that uses evidence-based individual and family SUD therapy. The scope of this study would incorporate what currently exists, what capacity exists to implement promising strategies, and assessment of referral pathways/in-house delivery of outpatient services beyond brief intervention.

b. **Support school districts and education service districts to pilot implementation of parental, caregiver, and peer resources for prevention education and early intervention on alcohol use.** Provide 10 schools districts and/or education service districts grants to pilot and sustain comprehensive prevention and intervention programs using tools such as Student Assistance Program Framework and SAMHSA's "Talk, They Hear You" Campaign. These programs could be done in conjunction with school-based health centers, counties, and/or CBOs operating in partnership with schools.

There are not precise cost estimates for these options, but each is likely in the range of $2 million for each project.

ADPC Recommendation 2b: Recovery Services and Supports Should be Supported by any new revenues generated from alcohol

1. **Support Recovery High Schools.** HB 2767 (2023) establishes a limited number of approved Recovery High Schools in Oregon. These schools provide students with a specialized high school education experience tailored to meet the needs of students with substance use and co-occurring behavioral health needs. The law requires the operation of recovery schools to include academic standards, substance use recovery services, graduation program evaluation, and recovery school accreditation guidance. Recovery Schools receive a base level of state education funding of $600,000 annually to achieve the education and service objectives above; however, the ADPC understands that annual operating costs are closer to $730,000 annually. There will be nine approved Recovery Schools by 2027. Any new funding should be considered to re-examine the current funding model, support health and treatment/recovery related operating costs in existing schools, and for expansion of the model. Additional funding would also be required to expand beyond the current plan for nine schools.

2. **Support Recovery Hubs and Recovery Services Statewide.** An emerging state strategy for states to build infrastructure for recovery services not usually covered through Medicaid is through statewide plans for regional Recovery Hubs. A Recovery Hub is responsive to local recovery

needs, recognizing that recovery in one region of the state may require different services than recovery in another area. By engaging the recovery community on current needs, advocating for and serving recovery stakeholders, and providing technical assistance, Recovery hubs facilitate a full range of recovery support services within a region, allowing individuals seeking recovery to access resources like Recovery Community Centers, peer drop-in centers and recovery housing where available. A Recovery Hub can also provide a bridge to other recovery services like Oregon's expanding Recovery High Schools. While cost estimates for a statewide model do not yet exist, we know that Pennsylvania launched this model with only $4 million in grant funding to support 6 hubs.

Recovery Community Centers are a recognized resource in the recovery continuum that is lacking in Oregon. Using recent funding allocations from the Opioid Settlement Prevention, Treatment and Recovery Board for guidance, the Board recently allocated $11.75 million to expand access to Recovery Community Centers to five counties without services. Once that investment is complete, another 23 counties still remain with no access to this form of recovery services. If each county without services were to establish an RCC, an additional $57.5 would be needed for minimum statewide access. This figure is a low estimate, as most counties would be best served by multiple RCCs. It should be noted that the OHSU Gaps Analysis estimated the need for 145 total Recovery Community Centers in Oregon. Once the projects proposed to the Opioid Settlement Board are active, Oregon's total number of RCCs will be around 25.

3. **Distribution of Resources:** Allocation and utilization of resources for addiction services.

The ADPC 2020-25 strategic plan considers increased beer and wine taxes as well as reallocating marijuana and alcohol revenues to increase access to prevention, treatment and recovery services. The Task Force heard testimony from counties regarding the positive effect that Measure 110 had on local substance use disorder services after cannabis funds were allocated to substance use disorder services. The Task Force should consider allocation of resources to specifically serve populations disproportionately impacted by substance use disorder.

It should also be noted that the Alcohol and Drug Policy Commission plays a unique role in Oregon in developing the state comprehensive plan for substance use disorder services and ensuring the efficiency and effectiveness of those services across state agencies. The ADPC conducts this work with only 4 permanent staff. The ADPC does not allocate or even advise on the allocation of alcohol revenue. The ADPC could play a role in aligning the distribution of resources with strategies to improve efficiency and effectiveness of substance use disorder services.

4. **Overall Funding:** Impact of alcohol pricing and potential taxation on consumption and addiction rates.

5. **Public Education and Prevention:** Best practices for public education and awareness programs, including community-based intervention and support systems.

The current ADPC strategic plan includes public education campaigns, statewide education, and training as necessary strategies to create greater public awareness, destigmatize substance use disorder and increase access to prevention, treatment and recovery services. There is not a specific strategy or funding to support this effort.

6. **Data Collection and Research**: Challenges and needs for improvements in data collection and research methodologies related to alcohol addiction.

There are many challenges and needs for improvement in data collection and ongoing research in order to drive data-informed decision making in Oregon. The ADPC is currently hiring additional staff, albeit for a limited duration position, to lead the development of data strategies across the ADPC participating state agencies. It is also anticipated that the 2026-30 strategic plan for the state will result in an action dashboard to track local and state level metrics for the state. The following recommendations are offered with the caveat that the ADPC will be prioritizing strategies during the development of the next strategic plan with agency and stakeholder input. Current known gaps include the following:

- Gaps in prevalence data that includes severity of disorder and treatment gaps data that does not identify the level of treatment needed. The current prevalence data could be supplemented with more robust data gathered by the state.
- We often want to know about population data – like how many people in Oregon have substance use disorder, are in recovery, or how many have resolved a drug or alcohol issue. Each of these categories can be filled by individuals who never touch the BH system or receive medical care regarding SUD. This means surveys, focus groups, and community engagement must be enhanced and supported, as they are the only way of obtaining information from these individuals.
- Current state data related to the availability of residential treatment, withdrawal management, hospital, outpatient provider openings, drop-in and urgent care is incomplete and not available in realtime. Numerous efforts could be brought together, incentivized and fully funded.
- Compatible Electronic Medical Record systems do not exist amongst all SUD providers. Funding incentives and support of system compatibility is needed.
- Oregon has not defined metrics and/or research methodologies to measure stigma and pathways to recovery.
- A data system that brings together local data, cross-system data (criminal justice and healthcare data for instance) and statewide metrics does not exist.
- The ADPC is proposing a dashboard to track implementation of the next strategic plan on an ongoing basis, alongside Substance-use related indicators. It is anticipated that additional resources will be required for the design and testing of the dashboard. North Carolina's dashboard is one example. In North Carolina, the NC Department of Health and Human Services worked with community partners to develop an Opioid and Substance Use Action Plan (OSUAP), now in its third iteration. The NC OSUAP data dashboard brings together data

on 15 public health indicators and 16 local actions across 8 strategies. The Action tab allows the user to track county by county progress on implementing the priority strategies identified in NC's Opioid and Substance Use Action Plan Data Dashboard. NC also created a menu of local actions for local governments to implement as best practice. Additional state examples include the Michigan Overdose Data to Action Dashboard which tracks metrics related to access to treatment, including annual # of publicly funded SUD treatment episodes; median time to treatment; buprenorphine dispensing rates by county; and county by county substance use vulnerability index. Hawaii connects substance use, mental health, co-occurring and crisis dashboards through a behavioral health dashboard. Oregon requires a unique solution. The existence of the ADPC, as an overarching, cross-agency strategy and oversight body, is uniquely suited to utilize a dashboard to measure the state's progress related to substance use disorder.

Recommendation G

OHA Recommendations to the Task Force
on Alcohol Pricing and Addiction Services (HB 3610)

Overview

This document outlines evidence-based, proven strategies and recommendations across Oregon's Substance Use Disorder (SUD) Continuum of Care (primary prevention, harm reduction, treatment, and recovery). These also reflect OHA's comprehensive, statewide approach to achieving maximum population health impacts through state and community interventions; mass-reach health communications; linkages to and provision of treatment, health care, and recovery supports; data and evaluation; and administration and management.

A summary of OHA's recommendations is provided first, followed by detailed recommendations with rationales.

Summary of recommendations

1. Alcohol Pricing, Addiction and Taxation

Recommendation: Increase beer, wine and cider taxes and index them to inflation. Allocate new revenues to effective prevention, treatment and recovery programs.

2. Addiction Treatment and Prevention Services

Recommendation: Make investments to equitably address prevention and treatment gaps as identified in the 2024 SUD Fiscal Analysis, including strengthening local and county prevention programs; establishing additional sobering centers; funding recovery supports and peer services for individuals not enrolled in a treatment episode (not covered by OHP); adding additional peer and parent mentors to support children, youth, and families impacted by substance use; and directly funding culturally and linguistically specific CBOs, Federally Recognized Tribes, and Oregon's Regional Health Equity Coalitions (RHECs).

3. Distribution of Resources

Recommendation: Ensure foundational local/county prevention program infrastructure and expand culturally specific services and supports provided in rural and rural remote communities.

4. Overall Funding

Recommendation: Generate new sustainable funding sources for state, Tribal and local government programs across the SUD continuum of care; dedicate funding for a comprehensive substance use prevention program that assures foundational statewide coverage and addresses SUD-related health inequities.

5. Public Education and Prevention

Recommendation: Develop and implement regular paid media campaigns that are sufficiently funded for statewide mass-reach (e.g. Rethink the Drink, 988, Smokefree Oregon, Safe & Strong, Heal Safely, etc.); fund and support local/county-level effective prevention programs and strategies, including culturally specific community-based organizations, Regional Health Equity Coalitions (RHECs), federally recognized Tribes, and tribal serving organizations; increase youth engagement and leadership in OHA-PHD and other stage agencies' Youth Advisory Committees and School Based Programs and Youth-Led Projects to ensure culturally responsive and youth directed prevention efforts.

6. Data Collection and Research

Recommendation: Dedicate resources towards a robust, coordinated, and sustainable behavioral health surveillance system that addresses specific data needs for population-level prevention, harm reduction, treatment, and recovery.

7. Potential Future Action

Recommendation: Aligned with CPSTF recommendations, support evidence-based actions to reduce excessive alcohol use and related harms at the community level; consider other pricing and tax strategies to further reduce excessive alcohol use and fund prevention, treatment and recovery efforts; and explore other evidence-based prevention interventions shown to be effective in reducing alcohol related harm or increasing knowledge about harms such as 0.05% blood alcohol content (BAC) per se laws.

Detailed recommendations with rationales

1. Alcohol Pricing, Addiction and Taxation: Potential impacts of increased taxes on beer, wine and cider on consumption and addiction rates; including benefits and drawbacks of imposing malt beverage and wine taxes, as well as additional funding options.

Recommendation:

• Increase beer, wine and cider taxes and index them to inflation. Allocate new revenues to effective prevention, treatment and recovery programs.

Rationale:

• The Community Preventive Services Task Force (CPSTF) recommends increasing the unit price of alcohol by raising taxes to reduce excessive alcohol use and related harms. This recommendation is based on a systematic review of 73 studies that show strong effectiveness of this policy in reducing excessive alcohol use and related harms at the population level.

• Excessive alcohol use causes harm that extends beyond consumers of alcohol. An increased cost of consumption would be more reflective of the tremendous cost that alcohol imposes on Oregonians through increased demand for services resulting from consequences of excessive alcohol use.

• Oregon has among the highest morbidity and mortality related to excessive alcohol use in the nation. In 2022, Oregon was 7th highest out of 50 states and D.C. for alcohol-induced deaths. (Source: Kaiser Family Foundation)

• Oregon's beer and wine excise taxes are currently among the lowest in the country.

- Oregon's beer tax is ranked 45th out of 50 states and D.C. and has not been raised since 1977.
- Oregon's wine tax is ranked 31st of the 50 states and D.C. and has not been raised since 1983. (Source: Tax Foundation's State Tax Comparisons, 2024)
- However, most states have sales taxes that apply to alcohol in addition to alcohol excise taxes. When sales taxes are included, Oregon ranks 51st (last) for beer taxes and 50th (second to last) for wine taxes. (Source: 2024 Oregon Public Finance Basic Facts)
- Oregon's excise taxes on beer, wine and cider have not been increased in more than 40 years, and their value has been extensively reduced due to inflation.
    - If Oregon's beer tax had kept up with inflation, it would now be $13.46 per barrel/$0.41 per gallon compared to the current $2.60 per barrel/$0.08 per gallon.
    - If Oregon's wine tax had kept up with inflation, it would now be $2.12 per gallon compared to the current $0.67 cents per gallon.

• Even if price increases were not to decrease consumption at the population level, new revenues can still be invested in effective, evidence-based programs and services that will decrease excessive alcohol use and mitigate alcohol-related harms, including addiction.

2. Addiction Treatment and Prevention Services: Strategies for effective alcohol prevention and treatment, including current gaps and needs in local addiction treatment and recovery services.

Recommendation:

• Make investments to address prevention and treatment gaps as identified in the 2024 SUD Fiscal

Analysis:

- Fund additional sobering centers to support deflection and crisis response; these are not covered by OHP
- Add an alcohol subject matter expert (SME) for OHA. This person would be lead for increasing access to alcohol specific services such as medication for alcohol use disorder (MAUD), liaising with local public health alcohol misuse prevention services, and for developing and implementing alcohol related policy.
- Treatment services are generally supported by OHP, but recovery supports and peer services for individuals not enrolled in a treatment episode are not; increased alcohol tax revenue could help pay for these services. OHA and providers can focus on engagement with people who may not yet be able or willing to engage in treatment, system navigation assistance to ensure individuals can access the services and supports that will benefit them, and continued engagement with people in early recovery who are no longer enrolled in treatment.
- Add additional peer and parent mentors to support children, youth, and families impacted by substance misuse.

• Scale up current OHA-funded substance use prevention programs to ensure a minimal, equitable distribution of prevention coordinators and related programming across the state and each of the Nine Federally Recognized Tribes.

• Directly fund culturally and linguistically specific Community Based Organizations (CBOs), Federally Recognized Tribes, and Oregon's Regional Health Equity Coalitions (RHECs).

Rationale:

• The 2024 SUD-Financial-Analysis-Report highlights major gaps in Oregon's prevention system, with most counties unable to fund a minimum 1.0 FTE Alcohol and Other Drug Prevention Coordinator (most are part time) and some counties without any funding for overdose prevention and response efforts.

• Funding local community primary prevention programs and workforce assures foundational statewide capacity to implement evidence-based, proven strategies outlined by the CPSTF, such as local needs assessment, outreach, health education, youth–adult programming, public awareness campaigns, coalition building, overdose response planning, policy development, and school–community partnerships.

• Funding culturally specific CBOs and RHECs builds system capacity to respond to disproportionate impacts of substance use related harms in communities of color and other impacted communities.

3. Distribution of Resources: Allocation and utilization of resources for addiction services.

Recommendation:

• Prioritize funding for culturally specific services and for services and supports provided in rural and rural remote communities.

Rationale:

• Culturally specific services and services for individuals in rural areas are the most difficult to access and limited. Prioritizing funding here will support Oregonians the most in need.

4. Overall Funding: Assessment of current funding levels for state and local government, and the impact of alcohol pricing and potential taxation on funding.

Recommendation:

• Generate new sustainable funding sources for state and local government programs across the SUD continuum of care.

• Dedicate funding for a comprehensive substance use prevention program that assures foundational statewide coverage and addresses SUD-related health inequities.

Rationale:

• The 2024 SUD-Financial-Analysis-Report summarizes Oregon's current funding and programming landscape and related gaps.

• The State of Oregon allocated approximately $1 billion to substance use programming and services during the 2021–2023 biennium. Funding for primary prevention of tobacco, alcohol, and other drugs (including overdose) is a small fraction of that at $58 million.

• Increased and continuing funding for primary prevention can leverage the one-time, $13.7 million funding allocation for primary prevention recently approved by the Oregon Opioid Settlement Prevention Treatment and Recovery (OSTPR) Board.

• Sustainable funding assures adequate infrastructure to develop, implement, and evaluate effective, proven substance use prevention strategies lor the long term.

5. Public Education and Prevention: Best practices for public education and awareness programs, including community-based intervention and support systems.

Recommendation:

• Develop and implement regular paid media campaigns on substance use that are sustainably funded for statewide mass-reach (e.g. Rethink the Drink, 988, Smokefree Oregon, Safe & Strong, Heal Safely, etc.)

• Fund and support local/county level effective prevention programs and strategies, including culturally specific community-based organizations, Regional Health Equity Coalitions (RHECs), Federally Recognized Tribes, and Tribal serving organizations (also supports Recommendation #4).

• Increase youth engagement and leadership in OHA-PHD and other stage agencies' Youth Advisory Committees and School Based and Youth-Led Projects to ensure culturally responsive and youth directed prevention efforts.

Rationale:

• Mass-reach health communication interventions can prevent initiation, reduce use, and shape social norms about substance use.

• According to best practice, traditional mass media, particularly television ads, are the best way to encourage and sustain behavior change.

• Evidence shows that longer, well-resourced campaigns demonstrate greater effectiveness in reducing risk behaviors.

• Engaging with community partners in prevention efforts can ensure that interventions are adaptable, sustainable, and meet the needs of differing communities.

• Both CDC and SAMSHA define youth engagement and youth leadership development as effective, evidence-based substance use prevention strategies

6. Data Collection and Research: Challenges and needs for improvements in data collection and research methodologies related to alcohol addiction.

Recommendation:

• Dedicate resources towards a robust, coordinated, and sustainable behavioral health surveillance system that addresses specific data needs for population-level prevention, harm reduction, treatment, and recovery.

Rationale:

• Oregon has limited infrastructure for planning, collecting, analyzing, and reporting on alcohol related data even though alcohol is a leading contributor to preventable substance use-related harms in Oregon.

• State-level population estimates from national data sources cannot provide local area estimates or information by detailed demographics. This includes prevalence estimates of substance use disorders and access and utilization of treatment and recovery services.

• Reporting and use of treatment and recovery data and information is severely limited by privacy laws.

• Alternative methods to collect timely substance-related data among priority youth and adult populations (e.g., African Americans, Latinos, American Indian/Alaska Natives, and sexual minority

populations) and strengthen data equity/sovereignty infrastructure, including community-led participatory research and strategic planning, are needed to fill critical infrastructure gaps.

• A more comprehensive data system can inform public education campaigns, inform prevention and intervention initiatives, especially for young people, and improve service delivery.

- Continue to make youth-led improvements in Oregon Student Health Survey via funding for the Oregon Youth Data Council.

7. Potential Future Action: Any other action you believe the legislature should take in the future to address these issues.

Recommendation:

• In line with CPSTF recommendations, support actions to reduce excessive alcohol use and related harms at the community level, including:

- Regulation of alcohol outlet density
- Increase electronic screening and brief interventions to reduce excessive alcohol use, including via OHP
- Enhance enforcement of laws prohibiting sales to minors
- Maintain government control of retail liquor sales, limits on days/hours of sale, and dram shop liability laws

• Consider other pricing and tax strategies to further reduce excessive alcohol use and fund prevention, treatment and recovery efforts.

• Explore other evidence-based prevention interventions shown to be effective in reducing alcohol related harm or increasing knowledge about harms such as:

- 0.05% blood alcohol content (BAC) per se laws supported by public safety and transportation authorities
- Opportunities for consumer education about alcohol and cancer risk at point-of-sale warning signs.

Rationale:

• The CPSTF recommendations are based on a systematic review of 73 studies that show strong effectiveness of these interventions reducing excessive alcohol use and related harms at the population level. Excessive alcohol use causes harm that extends beyond consumers of alcohol.

• A volumetric tax is simplest and has been shown to reduce population-level consumption. An ad valorem tax is more progressive and would target higher value-added products. An ethanol-based tax would shift consumers towards lower-ethanol products. Combining these taxes with minimum unit pricing would directly target low-priced, high-volume products.

• Laws limiting the blood alcohol concentration (BAC) of drivers are one key intervention to reduce alcohol-impaired driving and the resulting crashes, injuries, and fatalities. Based on a large body of supporting evidence, a report by the National Academies of Sciences, Engineering, and Medicine

recommends that states lower the BAC limit set by state law from 0.08% to 0.05% to reduce deaths from alcohol-impaired driving

• While point of sale signage or warnings are not included in the CPSTF recommendations, health and consumer groups recommend increasing consumer knowledge around alcohol and cancer risk. Researchers estimate that cancers associated with alcohol consumption affect nearly 90,000 Americans each year, and that alcohol consumption represents the third largest modifiable risk factor contributing to cancer cases in women (behind smoking and obesity) and the fourth largest in men (behind smoking, obesity, and UV radiation). As an example, Alaska recently passed a new law requiring warning signs for alcohol cancer risks at point of sale signage in their "Alcoholic Beverages and Cancer Act."

Recommendation H

My recommendation is to implement a beer, wine, and cider tax dedicated to funding youth specific recovery services in Oregon. It was heartbreaking and unconscionable to learn about the utter lack of youth primary prevention services and treatment services in Oregon. Below are my specific recommendations for how to implement this endeavor:

1. **Point of Sale Tax:** Implement a point-of-sale tax on beer, wine, and cider.
2. **Progressive Tax Rate:** Implement a progressive tax rate that accounts for inflation.
3. **Allocate Funds to Youth Specific SUD Services:** Legislate that a majority of the revenue generated from the alcohol tax is earmarked exclusively for youth primary prevention services (including culturally specific services and utilizing culturing specific curriculum), youth substance use treatment services, and recovery high schools.
4. **Pilot Programs and Research:** The additional portion of the revenue should be utilized to fund youth-specific pilot projects and research initiatives that evaluate the effectiveness of different prevention strategies, ensuring that the most effective methods are being utilized.
5. **Allocate Funds Based on Population:** Distribute the revenue generated from the alcohol tax to the ADPC who will then distribute it to all Oregon counties (proportionally based on their population). This ensures that areas with higher populations receive more funding to address their specific needs, while also supporting the needs of rural communities.

Recommendation I

1. Support recommendations on distributions of current revenue to be utilized effectively and efficiently across programs, by state and local governments for prevention and/or service delivery.
2. Through the various presentations we have been provided, there continues to be a clear need for services. However, a few presentations have demonstrated the potential for current budget opportunities to support existing needs and potential new needs.