The mission of CARSA is to build and mobilize a comprehensive, community-wide social movement to substantially reduce substance abuse from the greater Portland metropolitan area.

CARSA is comprised of representatives from law enforcement, schools, the justice system, local government, media, treatment and prevention, youth service organizations as well as community advocates.

971-244-4630 (p)
503-244-5506 (f)
www.carsacoalition.org

Oregon Partnership is the only statewide nonprofit focused on substance abuse prevention education and treatment referral. The 14-year-old organization is nationally recognized for partnering with communities, educators, law enforcement, treatment providers and families to prevent and reduce alcohol and other drug abuse.

OP focuses on substance abuse treatment referral and suicide prevention; public policy and advocacy; community training; and youth and parent education.

503-244-5211 (p)
503-244-5506 (f)
www.orpartnership.org
“I needed to be a mom for my kids. I had a lot to live for.”

That’s how Cindy Duran describes her motivation for entering treatment for methamphetamine addiction while in jail for offenses committed when she was on the drug. She’s blunt in her assessment of her future had she not received treatment and, at the same time, been able to spend time with her five children.

“It was humongous. Without that, I don’t know if I would still be here today.”

Not only is Cindy back on her feet – she’s employed and lives in Wilsonville with her children – but she’s also giving back. Her work as a parent advocate and housing coordinator with a North Portland nonprofit is focused on helping children whose parents are in the criminal justice system succeed.

Cindy’s story of addiction and healing is a powerful testament to the positive outcomes that result when those committed to change have access to treatment and recovery services that can not only help them improve their lives, but also increase the health and safety of our communities. However, the system of support services has major shortcomings.

The publication you hold in your hands offers a powerful snapshot of alcohol and drug use in Clackamas, Multnomah and Washington counties. The statistics and facts published in the following pages – including the increasing problem of underage drinking, the vast need for substance abuse treatment services, and the link between substance abuse and crime - can foster greater community understanding of these important issues and bring together citizens and policymakers to collaborate on solutions.

The Portland Profile is a joint publication of Oregon Partnership, a statewide nonprofit that provides alcohol and drug prevention education and treatment referral, and Community Action to Reduce Substance Abuse (CARSA), a Portland-area coalition of citizens, businesses, law enforcement and justice officials, educators, members of the faith community, and prevention, treatment and recovery professionals.

CARSA’s focus is to change public opinion and attitudes so that alcohol and drug abuse is unacceptable in our community. The coalition brings together people from various sectors – neighborhood by neighborhood, community by community – to develop solutions.

Alcohol and drug issues affect all of us, often in profound ways. And it will take all of us, working together, to improve our region’s livability through sustained efforts that center on prevention, education, treatment and recovery services, and law enforcement. As a society we have exciting successes to build on – the decline in cigarette smoking among youth and the reduction in seizures of methamphetamine labs, among them. And we are committed to working with the entire community, through the CARSA model of collaboration, to make our region even more livable.

When Cindy Duran was introduced to meth at a party, she had earned her high school diploma and landed a job with the state. She became addicted and used meth for the next 13 years. Today, her experience and those of the children and parents she helps through her work with the nonprofit organization have convinced her that treatment, parenting classes and other support services are critical to a healthy community. However, she’s a champion of greater support for such services, because not everyone has access to them.

“There are so many barriers to becoming a member of society again, and it’s so easy for people to give up. But it’s exciting when they get a job…It makes it worth it.”

Regards,

Tom Potter
Mayor
City of Portland

Ted Wheeler
Chair
Multnomah County
This is the second issue of the Portland Profile: Trends in Alcohol and Other Drug Abuse in the Tri-County Area. It provides a snapshot of several substance abuse issues, because as a society we must address these important issues holistically, not in isolation. When people start drinking alcohol at an early age, for example, far too many engage in other risky behaviors, including the use of marijuana, methamphetamine and other drugs. And drug use impacts more than just the person addicted.

Oregon and the tri-county area have recorded significant successes of late when it comes to substance abuse. Our state has passed laws - the nation’s strictest - limiting the availability of pseudoephedrine, the key ingredient in making methamphetamine. As a result, Oregon’s local toxic meth labs have all but disappeared.

Youth cigarette use continues to decline slightly. The decline has slowed because of state budget cuts to tobacco prevention education and related services, but the positive trend stands as a testament to the power of prevention.

Daunting challenges remain, however. Oregon is experiencing an influx of meth from super labs in Mexico and California. Across the state, meth-related deaths have been on the rise the last few years. Oregon teens are drinking alcohol at an alarmingly high rate, in some cases well above the national average.

In addition, Oregon Partnership’s Crisis Lines have experienced an increase in calls the past several years. That’s an indication that more and more people need free and confidential information about substance abuse and to be connected to professional treatment providers in order to heal from their addiction.

And although the number of people receiving publicly funded treatment has been on the increase, only about 60 percent of the Oregonians who need treatment receive it.

No single statistic provides an adequate measure of the impacts that alcohol and other drugs have on communities, families and individuals. Taken together, however, the indicators provided in the following pages – among the latest statistics available - offer an accurate picture of key aspects of some of the problems. Our goal is to provide a reference into the drugs used the most, who is using them and why, and emerging trends.

We also highlight successes in addressing substance abuse. To that end, the Profile is a powerful tool that can shape public policies that reduce the tremendous human, social and economic costs of alcohol and other drug abuse.
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<td>30</td>
</tr>
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Alcohol most abused drug by far among youth

Nearly one in every three eighth-graders, and almost half of 11th-graders, in the tri-county area and statewide have consumed alcohol in the past 30 days, making it the most used drug by youth. Rates of use have increased in the past several years, an alarming trend that carries potentially devastating health and safety consequences.

Young girls in Oregon drink at higher rates than young boys. In 2006, nearly 34 percent of eighth-grade girls reported drinking alcohol in the past month, compared with almost 30 percent of eighth-grade boys.

In 2005, the rate of Oregon eighth-graders reporting having consumed alcohol during the past 30 days was 76 percent higher than the national rate.

Adolescents who drink before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 21, research has found. Studies also show regular alcohol use by youth can lower overall brain function and learning ability.

Long-term studies now show a direct link between alcohol advertising and youth drinking. Young people who see and hear more alcohol ads are more likely to drink - and in many cases drink more heavily - than their peers.

Underage Drinking in the United States: A Status Report, 2005 – The Center on Alcohol Marketing and Youth at Georgetown University
“Alcohol is a major cause of physical, emotional and relationship problems in our youth. New research shows that alcohol can damage the brains of adolescents who drink regularly, making it harder for them to learn and remember. The good news is that family rules and consequences against youth alcohol use can help keep kids safe and healthy.”

- DR. ANDRIS ANTONISKIS, PRESIDENT OF THE OREGON MEDICAL ASSOCIATION -

DID YOU KNOW?

In 2006, about 13 percent of 8th-graders reported binge drinking during the prior 30 days, a 43 percent increase from 9.3 percent in 2001.

Source: Oregon Healthy Teens Survey
Youth marijuana use largely equals, surpasses cigarette use

Oregon eighth- and 11th-graders were as likely, or more likely, to use marijuana than smoke cigarettes in the past several years.

Marijuana is the most widely used illicit drug among youth, and today’s marijuana is much stronger than in the past. The younger children are when they begin to use marijuana, the more likely they are to become dependent on it or other illicit drugs later in life. In addition, studies show that regular marijuana use can have serious health consequences and affect a child’s success in school.

According to one study, marijuana use by teens with prior serious antisocial problems can quickly lead to dependence on the drug. That study also found that, for troubled teenagers using tobacco, alcohol and marijuana, progression from their first use of marijuana to regular use was about as rapid as their progression to regular tobacco use, and more rapid than their progression to regular alcohol use.

National Institute on Drug Abuse
Youth Marijuana Use: Past 30 Days

“Kids today deal with influences so much more powerful than my generation did — things like greater peer pressure and wanting to ‘fit in’ — and they know much more about drugs at an early age. That’s why it’s important to educate them so they have the right information to make the healthy decision to not use drugs.”

- CRYSTAL OGLE, VOLUNTEER WITH OREGON PARTNERSHIP’S PARENTS TEACHING PREVENTION PROGRAM, WHICH EDUCATES SCHOOLCHILDREN ABOUT THE HARMs OF ALCOHOL, TOBACCO AND OTHER DRUGS -

DID YOU KNOW?

In 2006, one in 10 Oregon 11th-graders said they smoked marijuana three or more times in the past 30 days.

Source: Oregon Healthy Teens Survey
Cigarette use declines slightly among children

Tobacco use by Oregon’s 8th- and 11th-graders continues to decrease slightly. However, the steep declines that occurred when the Tobacco Prevention and Education Program (TPEP) school programs were implemented between 1998 and 2003 have now slowed. This is a result of severe state budget cuts during 2003 in which TPEP lost funding for media, local and school-based prevention programs, and cessation services.

Reducing youth tobacco use requires widespread efforts to counteract tobacco promotion by the industry. Comprehensive school programs are one successful component of prevention efforts. A total prevention plan includes tobacco taxes; anti-tobacco media campaigns that reduce use and prevent youth from starting; and comprehensive school programs encompassing tobacco-free school policy, research-based tobacco prevention curriculum, ongoing prevention and education for district employees, and community engagement.

In 2006, nearly 32 percent of Oregon’s 11th-graders said someone living in their house smoked cigarettes. Among 8th-graders, the number jumps to more than 37 percent.

In 2006, a majority of both 8th- and 11th-graders said they saw a magazine advertisement promoting cigarettes in the past month.

Oregon Healthy Teens Survey
Youth Cigarette Use: Past 30 Days

**DID YOU KNOW?**

Cigarettes kill more Americans than alcohol, car accidents, suicide, AIDS, homicide and illegal drugs combined.

Source: American Cancer Society

Nearly all first use of tobacco occurs before high school graduation. If adolescents don’t start smoking by age 18, odds are they never will. For those who do try cigarettes, new research shows teens can get hooked on nicotine more quickly than adults by extremely low levels of tobacco.

- AMERICAN CANCER SOCIETY -
40 percent of young adult Oregonians binge drink

About four in 10 Oregonians aged 18 to 25 binged on alcohol in the past month, which is the age group reporting the heaviest use. The binge drinking rate among youth and young adults is troubling because of the many serious consequences. Recent studies have found heavy exposure to alcohol may interfere with brain development, which continues well beyond childhood.

Oregon marijuana use outpaces nation’s

Marijuana use in Oregon has surpassed that of the nation in every age category in the past several years. People 18 to 25 report the greatest past-month use, with more than one in five reporting that they smoked marijuana.

Marijuana is much more potent than in the past. Recent research found that levels of THC – marijuana’s psychoactive ingredient — have reached their highest levels since scientific analysis of the drug began in the late 1970s. Higher potency marijuana may be behind increases in teen marijuana treatment admissions and marijuana-related emergency room episodes.

During adolescence and into young adulthood, the brain continues to develop and may be vulnerable to marijuana’s deleterious effects. Science has shown that marijuana can produce adverse physical, mental, emotional, and behavioral changes, and—contrary to popular belief—it can be addictive.

National Institute on Drug Abuse
Binge Drinking: Past 30 Days
Statewide & National

Marijuana Use: Past 30 Days
Statewide & National

Binge alcohol use is defined as drinking five or more drinks on the same occasion.

Source: National Survey on Drug Use and Health.

Use of other illicit drugs by 18-25 year olds in Oregon climbs

Use of other illicit drugs such as methamphetamine, heroin, cocaine and prescription drugs for nonmedical purposes by Oregonians aged 18 to 25 has been on the increase in recent years, outpacing the national rate. In 2004-05, slightly more than one in every 10 people in that age group used these other illicit drugs in the past month. Use by youth and people older than 26 is less and closely mirrors national trends.

Use of drugs in this category, which excludes marijuana, has a tremendous impact on individuals, families and public resources such as social services and the criminal justice system.

Use of prescription drugs for nonmedical purposes is an emerging issue in Oregon. According to the National Survey on Drug Use and Health:

- One in every four Oregon adults will abuse prescription drugs in their lifetime.
- The rate of nonmedical use of pain relievers in Oregon is greater than that of the nation.
- Oregon ranks among the top 10 states in several categories, including annual prescription drug abuse for all ages (228,000 persons per year); past-year prescription drug abuse by youth 12 to 17 (34,000); past-year abuse of prescription pain relievers (177,000); and past-year abuse of prescription stimulants (55,000).
Other Illicit Drug Use: Past 30 Days
Statewide & National

DID YOU KNOW?

From 2004 to 2005, emergency room visits related to the nonmedical use of pharmaceuticals, including prescription and over-the-counter drugs, increased from 495,732 to 598,542, a 21 percent jump.


“Cocaine and heroin still pose a major threat to our communities. With overdose deaths, and law enforcement in Oregon making major seizures of both drugs, it is apparent that abuse of cocaine and heroin continues.”

- ROSIE SIZER, CHIEF OF POLICE, PORTLAND POLICE BUREAU -
**Meth Lab Busts and Drug-Related Deaths**

**State restrictions, laws reduce meth lab busts dramatically**

Marking a significant public health and safety success, the number of methamphetamine labs seized in Oregon has dropped significantly since state restrictions and laws took affect limiting the availability of key meth ingredient pseudoephedrine.

Lab busts in Oregon dropped to an average of less than two a month between July 2006 and April 2007. In fact, no meth labs were seized in April 2007. That compares with an average of nearly 40 seized labs per month statewide prior to late 2004. Officials attribute the dramatic decrease to rules requiring pseudoephedrine products be placed behind pharmacy counters and, later, to legislation mandating a doctor’s prescription for them.

**Meth-related deaths climb statewide; heroin largest factor in illicit drug deaths in tri-county**

Meth-related deaths across Oregon increased from 50 in 2001 to 90 in 2006, surpassing heroin-related deaths for the first time since the state began keeping such records in the late 1980s. In the tri-county area, heroin-related deaths accounted for the largest number of illicit drug-related deaths in the last several years, though the annual rate has declined. Cocaine ranked as the second-deadliest drug since 2001 in the three-county region.

The number of meth labs in the state has dropped significantly in the last four years. However, a significant amount of meth that varies in purity is still being smuggled into Oregon, primarily from “superlabs” (those that produce at least 10 pounds of meth at a time) in Mexico and California.
Impact of Pseudoephedrine Restrictions in Oregon
Meth Lab Busts Per Month

Before Restrictions

Behind the Counter

Behind the Counter With Log Required

Prescription Required

Drug-Related Deaths

Heroin
Cocaine
Meth

TRI-COUNTY
OREGON

Source: Oregon State Police

Source: Medical Examiner Division, Oregon State Police
Calls to Crisis Lines show importance of suicide intervention

Oregon Partnership’s Crisis Lines continue to receive hundreds of calls a week from youth and adults seeking help and professional treatment. The issues range from alcohol and drug addiction to depression, domestic abuse and suicide.

From July 2006 through June 2007, OP Crisis Lines staff and volunteers responded to 20,531 calls. Of that total, one third of the calls came into OP’s suicide prevention line.

There is a consensus that the number of calls will only increase as a result of expanded awareness of the lines, continued abuse of alcohol and other drugs, the reduction in Oregon Health Plan services, and the paucity of county-funded treatment services.

OP’s LifeLine is the only suicide help line in Oregon certified by the National LifeLine Network and serves as a suicide intervention model. Called ASIST, this model is both nationally and internationally recognized for preventing suicide.

Our staff and volunteers are trained in crisis counseling, suicide prevention, and motivation counseling. Each caller asking for assistance is offered a return call by a crisis line staff member to insure that the crisis has de-escalated.

Leslie Storm - OP Crisis Lines Director
Crisis Lines Call Data
July 1, 2006 - June 30, 2007

DID YOU KNOW?
Oregon Partnership operates four Crisis Lines, 24 hours a day, seven days a week:

- HelpLine: 1-800-923-HELP
- LifeLine: 1-800-273-TALK
- YouthLine: 1-877-553-TEEN
- Linea de Ayuda: 1-877-515-7848

“...the empathy and compassion that you gave to me on the phone today was amazing. I was at a point in my life where I felt completely helpless and hopeless and did not want to live my life anymore. You helped me recognize my crisis and allowed me to see reasons for living. You called me back to see how I was later in the evening and that meant so much to me. I hope that others can get the opportunity to talk to someone as helpful and special as you.”

- FROM A CALLER TO THE SUICIDE HELPLINE -
Number of Oregonians receiving treatment rises, but percentage served declines

In 2004-05 Oregon served just 60 percent of all of those in need of publicly funded substance abuse treatment. Oregon is treating only one third of youth in need of treatment. The percentage of adults who are being treated is at its lowest since 2000-01, at only 66 percent.

Ironically, the number of people receiving substance abuse treatment continues to increase gradually. However, thousands of Oregonians needing treatment for substance abuse are still not receiving it because of a severe reduction in state funding, more people without health insurance and a rising population.

Of the total number of people in treatment statewide in 2005-2006, some 50 percent resided in the tri-county area. The primary drug of abuse was alcohol. Of the 75,433 people statewide in treatment, 37,621 were being treated for alcohol abuse. Methamphetamine and amphetamine treatment totaled 15,391 statewide, followed by marijuana (10,677) and heroin (7,131).

According to several conservative estimates, every $1 invested in addiction treatment programs yields a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.

**Substance Abuse Treatment Clients Served**

**Tri-County Area and Statewide**

**NUMBER SERVED**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Tri-County</th>
<th>Oregon</th>
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<td>2000-2001</td>
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<td>2001-2002</td>
<td>24,483</td>
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<tr>
<td>2004-2005</td>
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</tr>
<tr>
<td>2005-2006</td>
<td>31,992</td>
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**SOURCE:** OREGON DEPARTMENT OF HUMAN SERVICES

**PERCENT SERVED**

<table>
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<tr>
<th>Fiscal Year</th>
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<th>Over 18</th>
<th>Combined</th>
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<td>69</td>
<td>63</td>
</tr>
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<td>36</td>
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<td>2003/2004</td>
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</tr>
<tr>
<td>2004/2005</td>
<td>33</td>
<td>66</td>
<td>60</td>
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</table>

**SOURCE:** OREGON OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES
Cocaine, other drug arrests settle after major leap

Arrests for drug-related offenses in the tri-county area are up substantially, compared to 2003 levels. Arrests in 2005 totaled 8,378, compared to 5,693 from two years before.

Cocaine is the drug that showed the largest increase with a total of 2,148 arrests in 2005. That’s compared to 547 cocaine arrests in 2003. Cocaine arrests were also up statewide, with 3,016 arrests reported in 2005, compared to 1,038 in 2003.

Heroin, cocaine and other dangerous drug arrests in the tri-county area fell between 2004 and 2005, while marijuana arrests registered a slight increase. The downward trend involving heroin is also apparent statewide, with heroin arrests totaling 1,029 in 2005, compared to 1,799 in 2004.

Law enforcement officials attribute the rise in drug-related arrests to a variety of factors:

- Law enforcement agencies establishing more drug task forces and a stronger focus on drug crimes.
- Greater public awareness to turn in drug dealers.
- More people using drugs.
- Arrests for other crimes that are plea bargained to lesser crimes (ie, simple possession).

The overriding factor can be traced to a growing awareness by the Portland area community that drug use is dangerous and cannot be tolerated.

Drug Enforcement Administration
Drug-Related Arrests
Tri-County Area and Statewide

Number of Drug-Related Arrests
By Year and Drug

Number of Drug-Related Deaths

Tri-County

Oregon
Tri-county traffic fatalities involving alcohol reaches highest total since 2001

While drinking and driving has become one of society’s most publicized taboos and is increasingly seen as socially unacceptable, the statistics show that it’s still happening far too often.

Tri-county fatalities involving alcohol totaled 47 in 2005, the highest total in over four years. Ten people lost their lives in auto accidents when other intoxicants were involved. Statewide, 162 people were killed in traffic accidents when alcohol was involved, which is down from 187 in 2004.

In the tri-counties, there were 3.7 traffic fatalities involving alcohol and other intoxicants per 100,000 people in 2005. That’s the highest figure since 2001. Statewide, there were 5.4 traffic fatalities involving alcohol and other intoxicants per 100,000 people that same year.

Alcohol-related motor vehicle crashes kill someone every 31 minutes and nonfatally injure someone every two minutes; these alcohol-related crashes in the United States cost about $51 billion a year.

Centers for Disease Control and Prevention
Number of Auto Crash Fatalities Involving Alcohol and/or Other Intoxicants

<table>
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<tr>
<th>Year</th>
<th>Alcohol</th>
<th>Other Intoxicants</th>
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<td>11</td>
<td>39</td>
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</tr>
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<td>2004</td>
<td>5</td>
<td>41</td>
</tr>
<tr>
<td>2005</td>
<td>10</td>
<td>47</td>
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SOURCE: OREGON DEPARTMENT OF TRANSPORTATION

TRI-COUNTY

Auto Crash Fatalities per 100,000 Involving Alcohol and/or Other Intoxicants

Statewide and Tri-County

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000</th>
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<tr>
<td>2002</td>
<td>3.4</td>
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<tr>
<td>2003</td>
<td>2.9</td>
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<tr>
<td>2004</td>
<td>3.0</td>
</tr>
<tr>
<td>2005</td>
<td>3.7</td>
</tr>
</tbody>
</table>

SOURCE: US DEPARTMENT OF TRANSPORTATION
Substance abuse takes a tremendous toll on families, community livability, and the working environment and business bottom line. But there are numerous ways to address the issue at home, in your neighborhood and on the job.

Parents and caregivers

Educate yourself and others

- Learn what your child’s school is doing to prevent alcohol and other drug use.
- Good parents can become even better parents. Team up to form a network with other parents of children who attend school, play sports or spend time together. These networks help parents educate themselves about substance use and other problem behavior among adolescents; support one another through the challenges of modern parenting; and set common guidelines for their children’s behavior.

Parents alone are the single-greatest influence in their children’s lives. However, the entire community needs to be engaged in raising safe and healthy kids.

Talk with your kids about alcohol and other drugs

- Talk early, and often, with your child about the dangers of alcohol, tobacco and other drugs.
- Listen to your child and try to understand his or her concerns. Paraphrase what he or she says to you and ask for input about family decisions.
- Praise your child and reward good behavior consistently and immediately. Catch them being good!
- Establish clear rules and consequences for inappropriate or problem behavior.
- Set a good example. What we do influences our children.
- Promote healthy, creative activities such as arts and sports, and encourage your child to tell you about their hopes and dreams.
- Get involved with school activities as much as you can.
- Establish “together time,” a regular weekly routine for doing something special with your child.
Community and business leaders

Build a community coalition *

- Define the substance abuse problem and its impact on your community.

- Identify key participants, including representatives of each community sector, diverse cultural and ethnic groups, people with influence, those most impacted by the problem, businesses, and service organizations.

- Promote and convene an evening meeting in a reputable neighborhood facility and offer child care.

- Share perspectives. A facilitator can help everyone be heard and keep the meeting moving forward.

- Discuss the reality of substance abuse in your community and develop a specific statement, with clear goals, about how you would like the issue to look.

- Create a vision for your community. Craft a positive, inspirational vision statement that describes the goal and illustrates the big picture.

- Determine next steps. Ensure those involved know what needs to be done and establish a timetable for accomplishing the next steps.

* Source: Community Anti-Drug Coalitions of America

Businesses

- Establish education and employee wellness programs as well as drug-free workplace policies and procedures.

- Invite representatives from your local anti-drug coalition to your workplace to help educate employees.

- Include in internal e-mails and newsletters information and resources about alcohol and other drug abuse prevention, treatment and recovery programs.

- Display anti-drug posters in your break room or lunchroom that feature a good balance between positive, inspirational images and negative consequences of drug use.

To find out more about youth and parenting education and resources, or making your neighborhood, community or workplace drug free, please contact Oregon Partnership at 503-244-5211, or info@orpartnership.org
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Youth Marijuana Use


Youth Cigarette Use


Adulit Binge Drinking and Marijuana Use


Adult Illicit Drug Use


Meth Lab Busts and Drug-related Deaths

Substance Abuse Treatment

Alcohol- and Intoxicant-Related Traffic Fatalities
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