

# Putting Prevention Front and Center: Progress, Challenges, and Opportunities

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U.S. Department of Health and Human Services

# Prevention Front and Center

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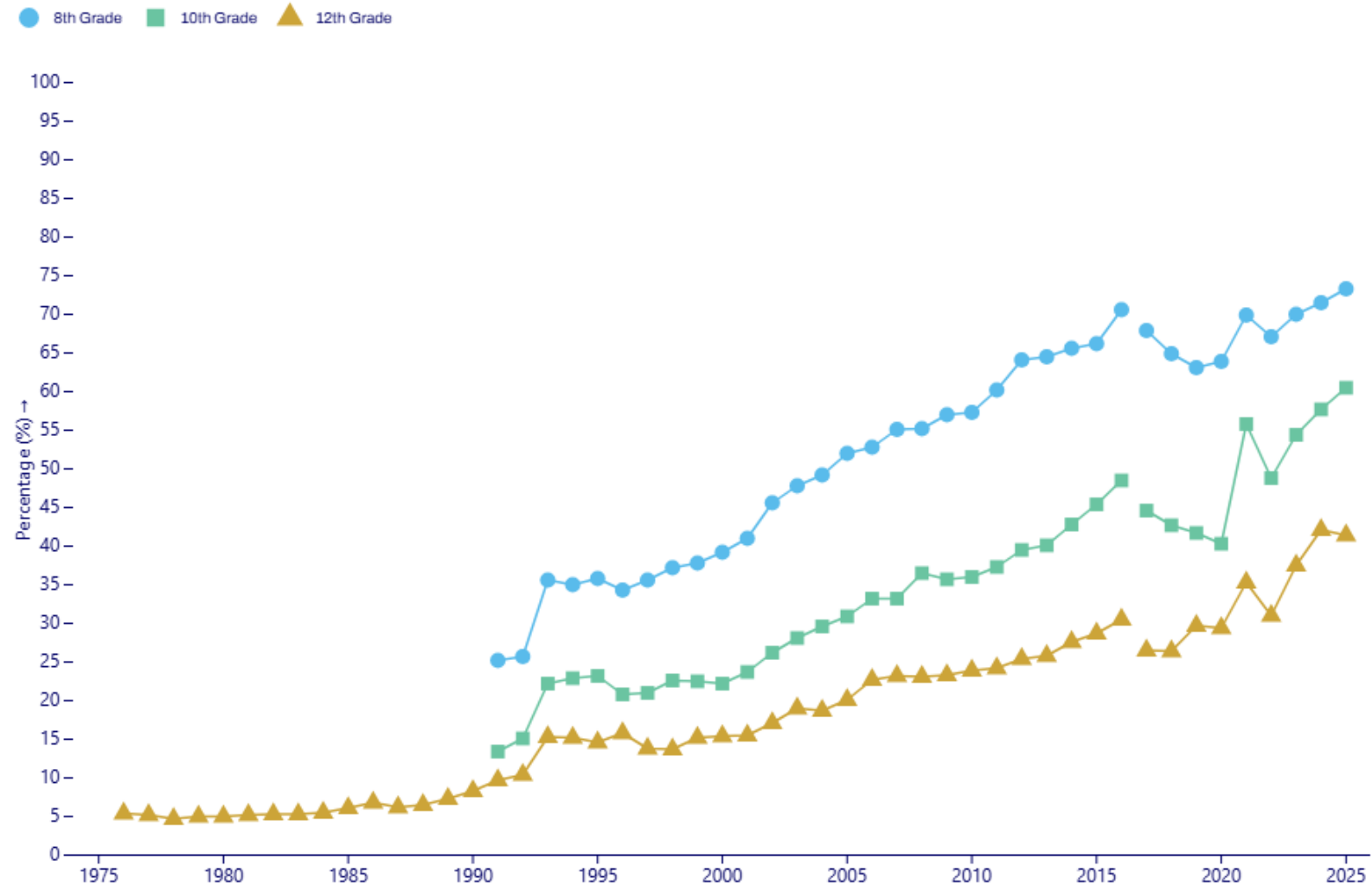
# Progress

Challenges

Opportunities

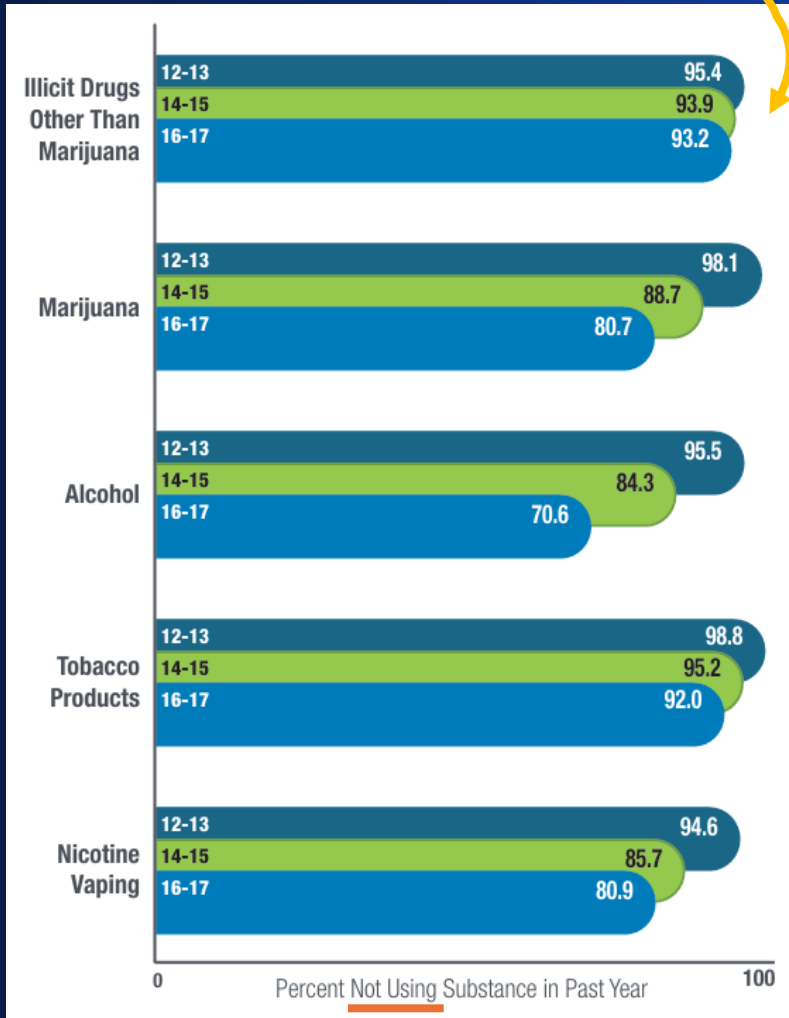
# Adolescents Increasingly **NOT** Using Substances

ABSTAINERS: Trends in Lifetime Prevalence of Use in 8th, 10th, and 12th Grade



# Non-Use in the Past Year Among 12-17 Year Olds, NSDUH

## Non-Use Remains Norm For Youth



93%

had someone to talk to about problems (most often parents)

83%

parents let them know they were proud of something they had done

75%

teacher let them know they were doing a good job with school-work

69%

saw or heard prevention messages in school

## NSDUH Data Show Most Adolescents in the United States Are Not Using Substances

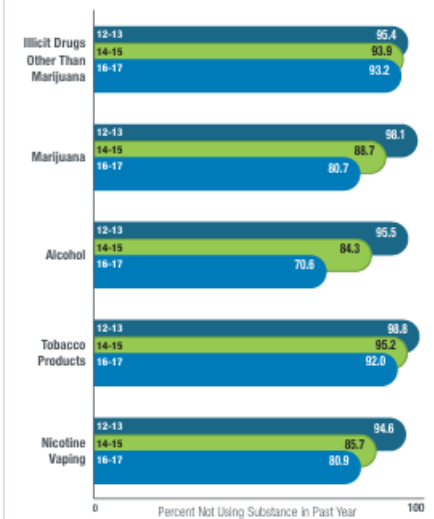
Data highlight a crucial period for implementing substance use prevention strategies

There is a common perception that adolescents in the United States are using substances. Data from the 2023 NSDUH, however, show that the vast majority of adolescents aged 12 to 17 in the United States did not use substances in the past year. In 2023, 73% of adolescents aged 12 to 17 did not use illicit drugs, marijuana, or tobacco products; drink alcohol; or vape nicotine in the past year. Among adolescents aged 12 or 13, 88% did not use any of these substances.

Although few adolescents overall are using substances, NSDUH data show that as adolescents age, the percentage of adolescents who have used substances in the past year increases. For example, 98% of 12- to 13-year-olds did not use marijuana in the past year. However, this percentage drops to 89% among 14- to 15-year-olds and 81% among 16- to 17-year-olds. Similar differences are seen for alcohol and nicotine vaping in the past year.

NSDUH data highlight that although the majority of adolescents are not using substances, prevention efforts are still needed. As adolescents age, the percentage who use substances increases, illustrating the importance of implementing prevention strategies early and throughout adolescence. Continued prevention programming, education, and public messaging focused on adolescents can delay or prevent substance use and avoid the negative impacts of substance use that have been widely documented.<sup>1</sup>

Past Year Substance Nonuse: Among Adolescents Aged 12 to 17; by Age Group, 2023



### Definitions

**Illicit drugs other than marijuana** includes the use of cocaine, heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription drugs (pain relievers, tranquilizers, stimulants, or sedatives). **Misuse of prescription drugs** means use in any way not directed by a doctor, such as use without a prescription of one's own, or use in greater amounts, more often, or longer than told to take a drug. Estimates for illicit drug use and misuse of prescription drugs do not include illegally made fentanyl.

**Tobacco product use** includes the use of cigarettes, smokeless tobacco, cigars, or pipe tobacco. It does not include the use of e-cigarettes or another vaping device to vape nicotine.

**Nicotine vaping** includes the use of e-cigarettes or another vaping device to vape nicotine.

### Reference

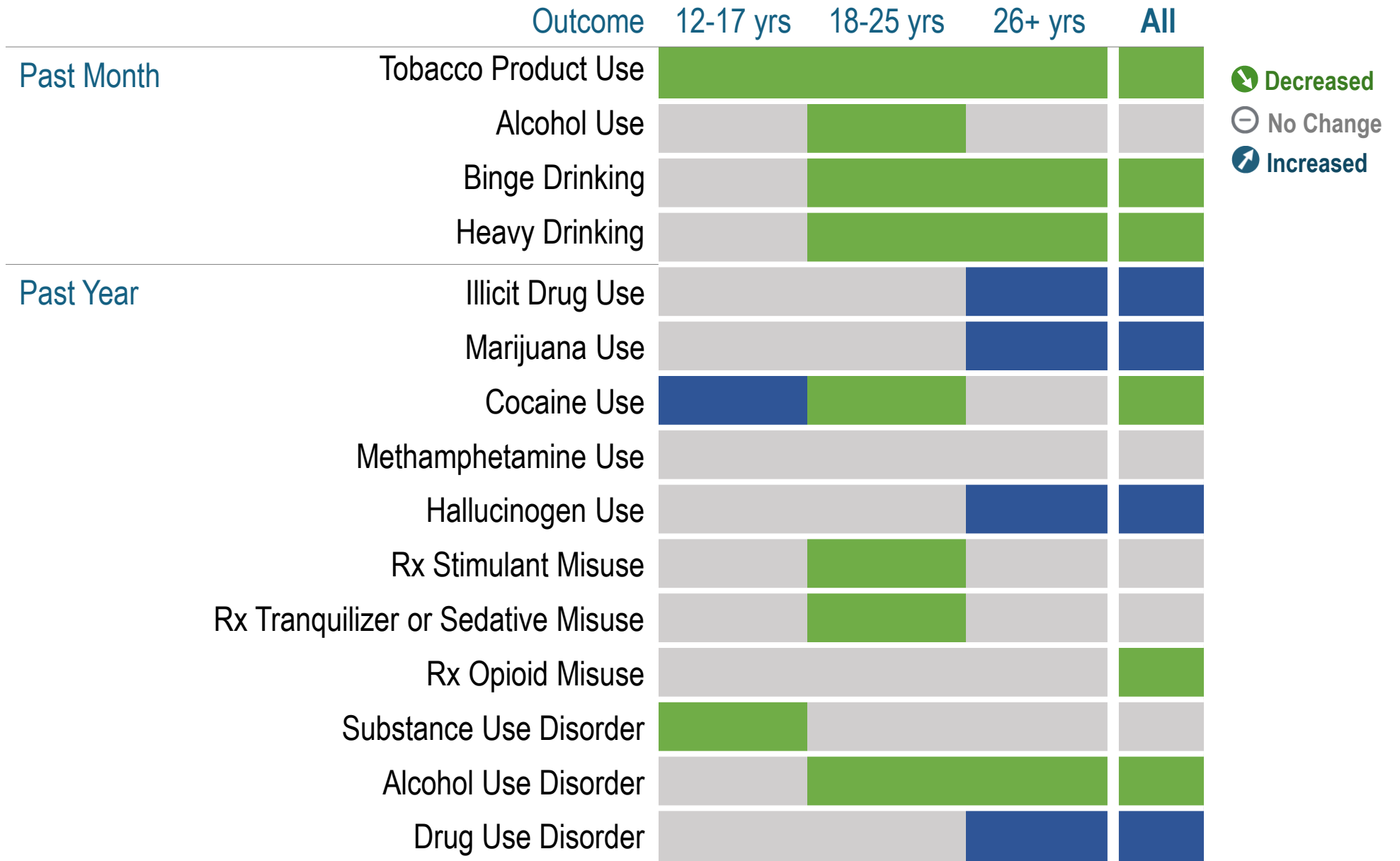
1. The Guide to Community Preventive Services (2024). Substance use: Core interventions involving coalition partnerships to prevent substance use among youth. <https://www.communitypreventiveservices.org/substance-use-core-interventions-involving-coalition-partnerships-to-prevent-substance-use-among-youth.html>

### Data Source



# Bottom Line Up Front

## 2021 - 2024 Trends



# Substantial Decline in Overdose Deaths

Annual Drug Overdose Deaths in the U.S., 1999-2024

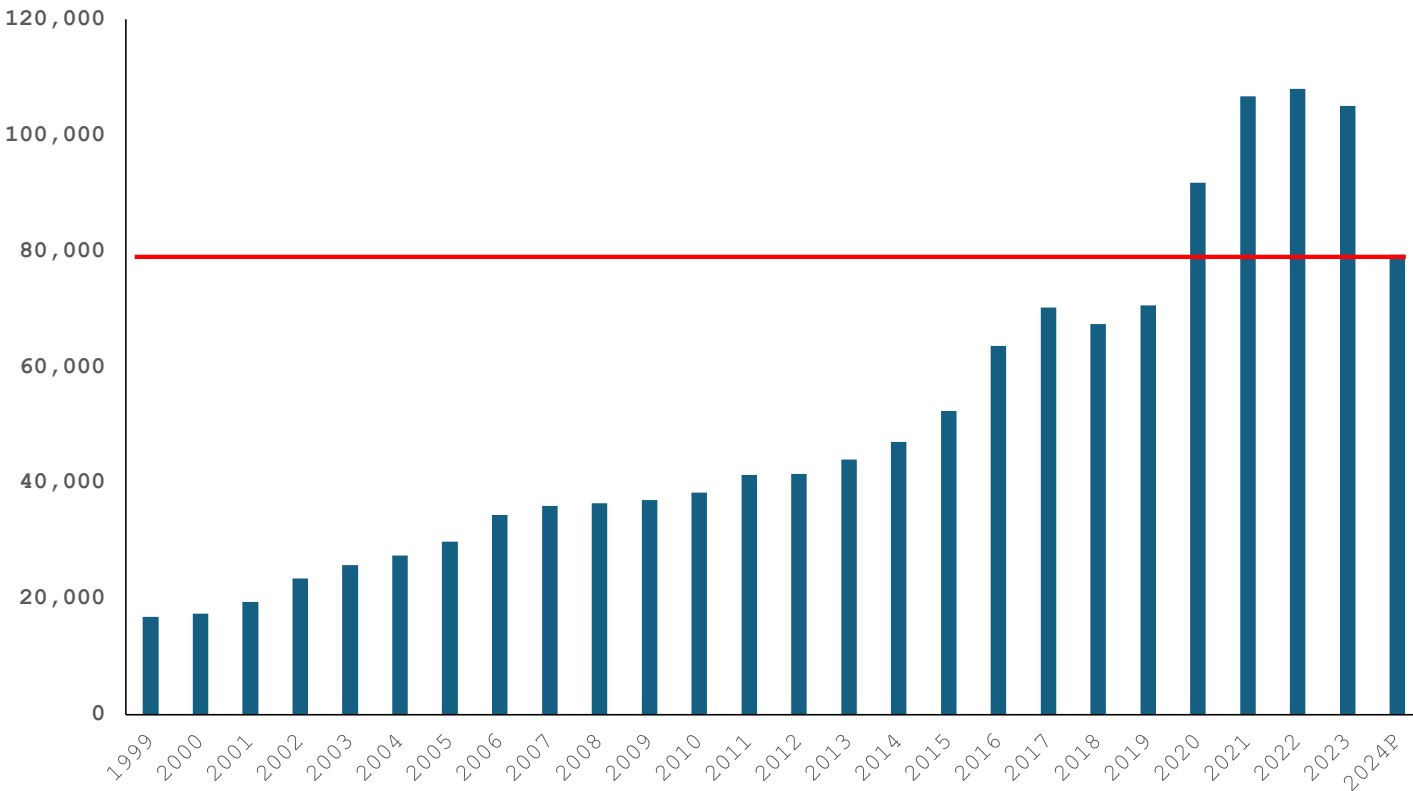


Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States

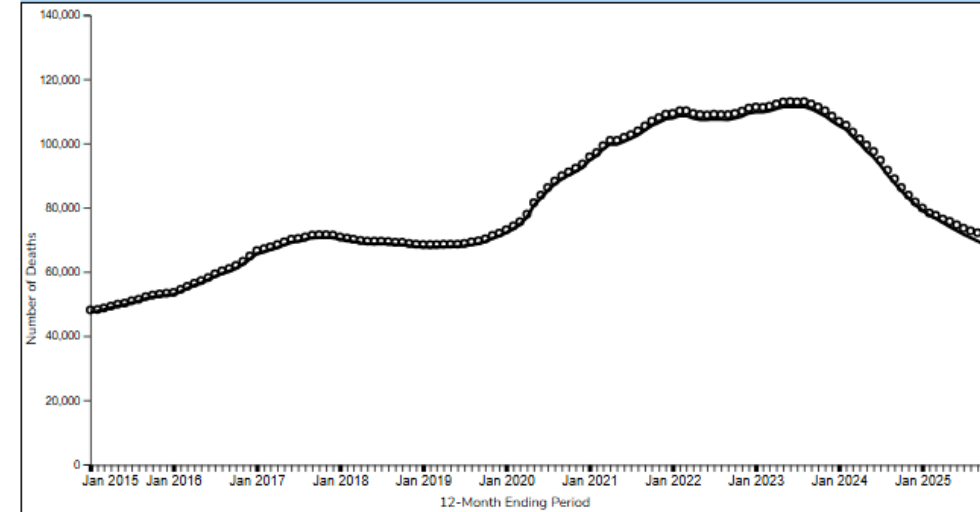
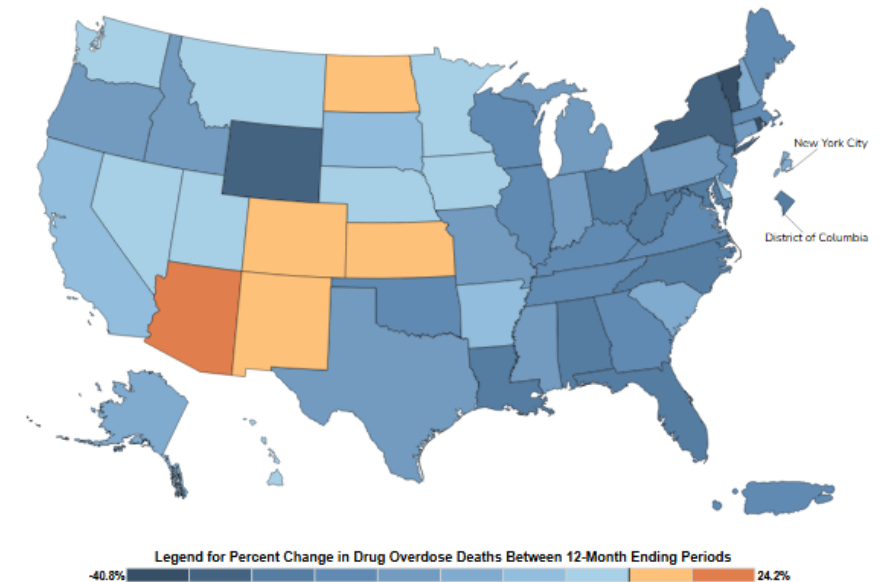


Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: October 2024 to October 2025



17.1% Predicted Decline in U.S. from 12-Months Ending October 2024 to October 2025

# Prevention Front and Center

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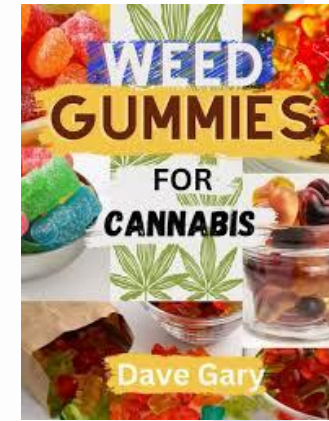
Progress

# Challenges

Opportunities

# Challenges

- Proliferation of products – alcohol, nicotine, cannabis
- Potent and toxic drug supply
- Polysubstance use and patterns of use changing
- Overlap of mental health and substance use



Over half of teens\* are exposed to ads promoting alcohol while they are:



Streaming videos



At the movies



Watching TV



Browsing the internet



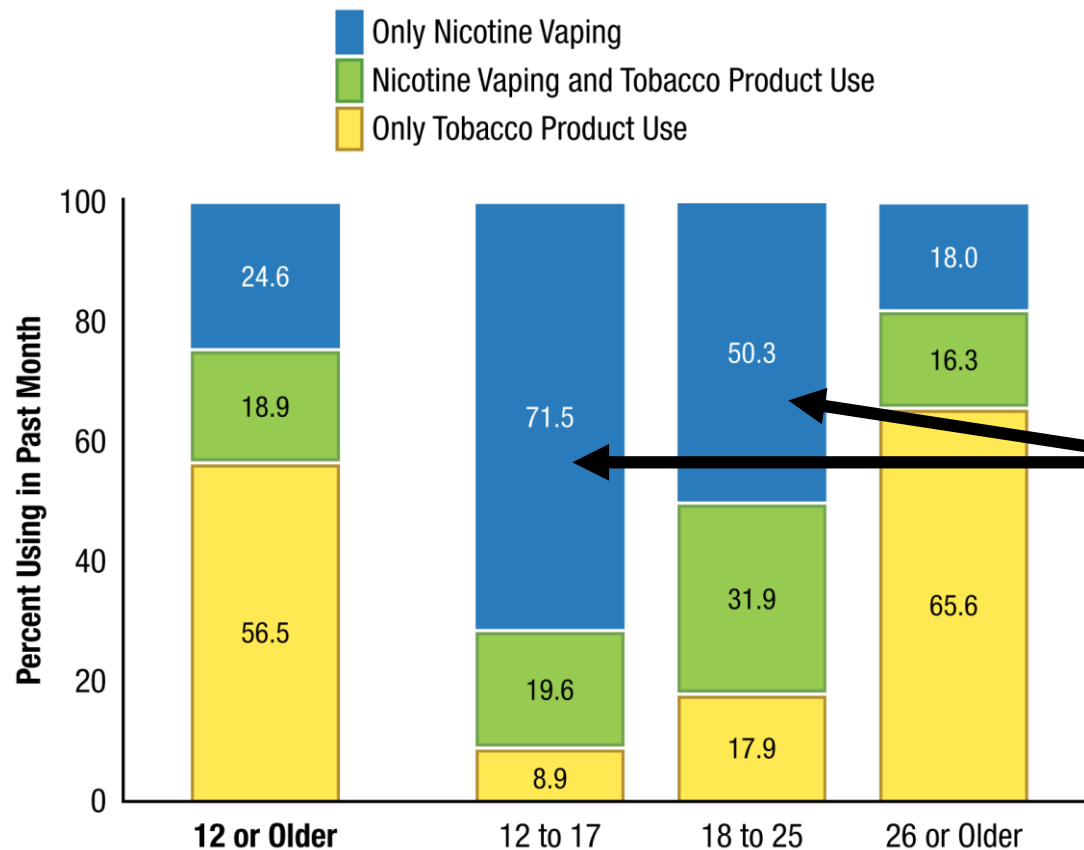
\*U.S. youth aged 12-17 self-reporting sometimes or often seeing/hearing alcohol ads.



# Past Month Nicotine Vaping

Among People Aged 12 or Older; 2024

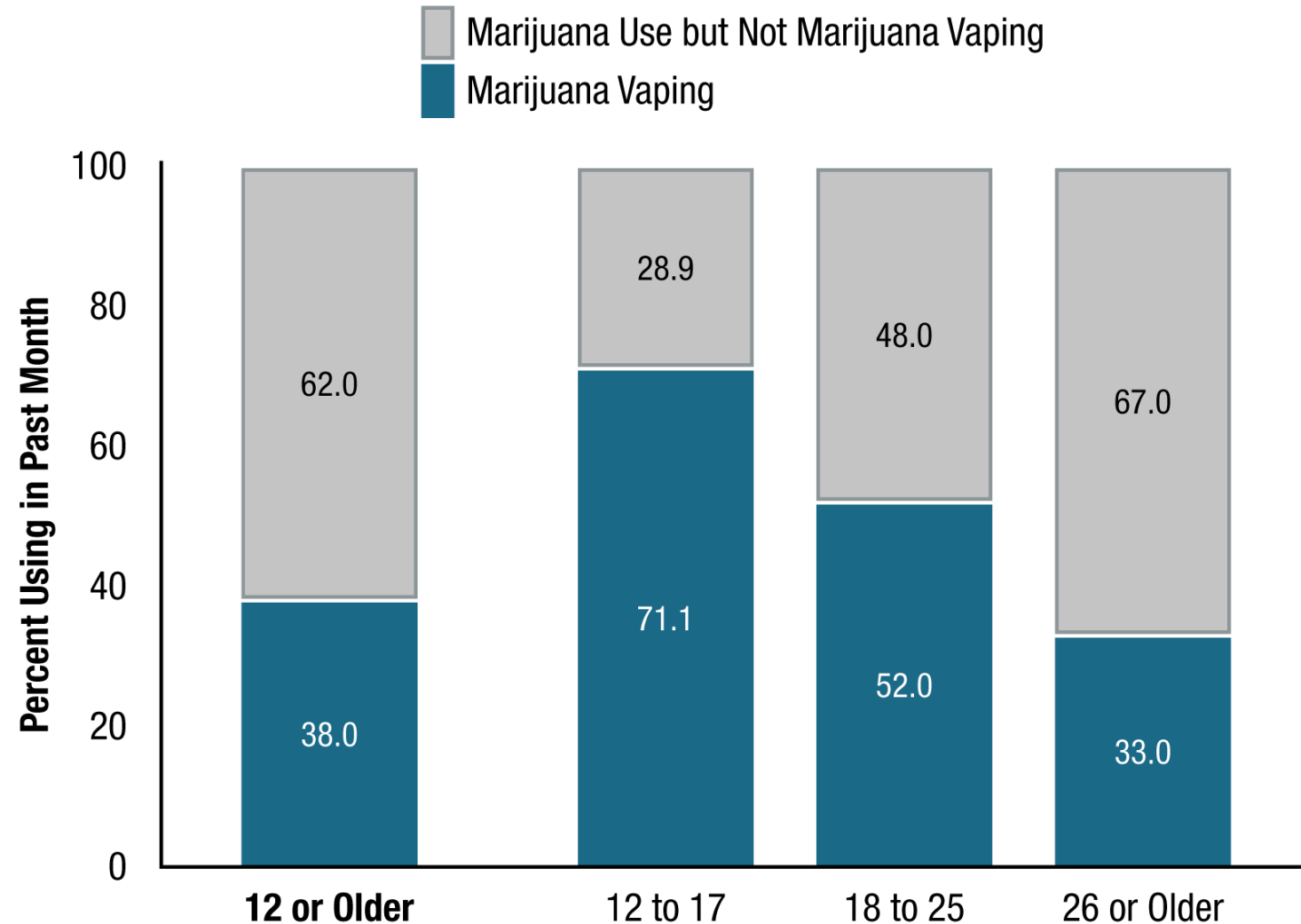
## Percentage | By Age Group & Product Type



Nicotine vaping is more concentrated among youth and young adults

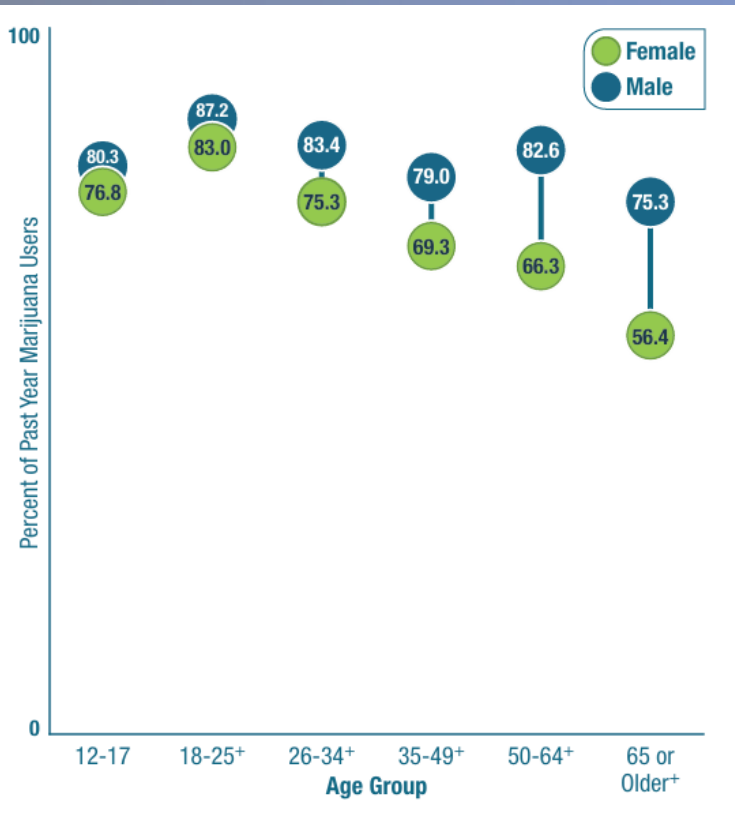
# Type of Past Month Marijuana Use

Among Past Month Marijuana Users Aged 12 or Older; 2024

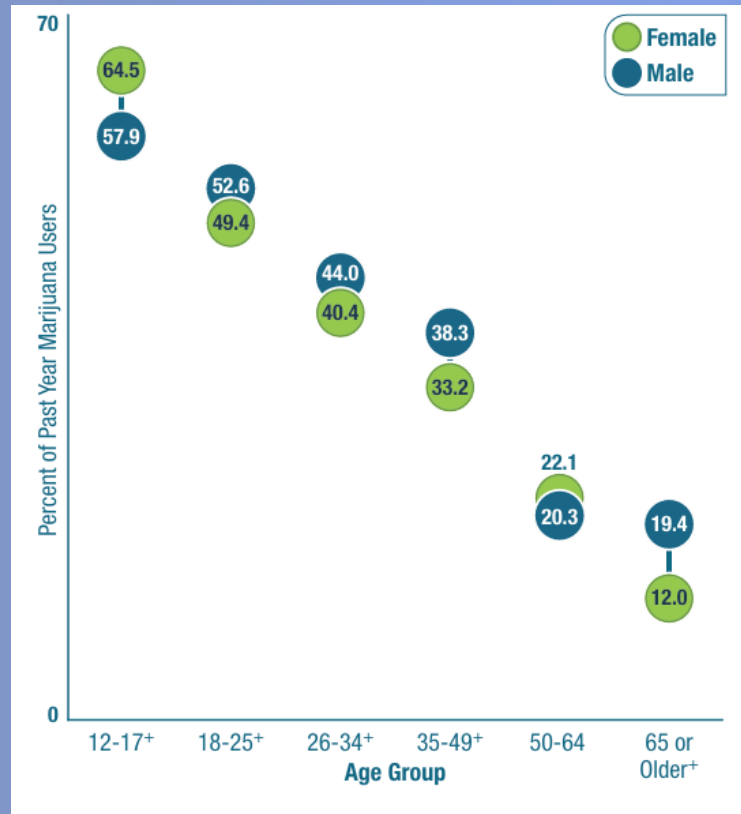


# Specific Modes of Marijuana Use By Age Group and Sex, 2022-2023

## Percentage | Smoke



## Percentage | Vape



# NSDUH Data Brief



National Survey on Drug Use and Health

Vol. 2, No. 1 | May 2025

## Differences in Past Year Modes of Marijuana Use among People Aged 12 or Older

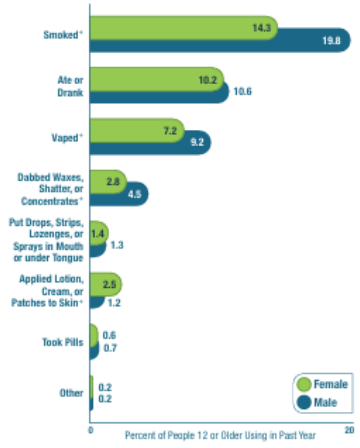
This data brief presents findings from the 2022 and 2023 National Surveys on Drug Use and Health (NSDUHs) on the ways in which people aged 12 or older used marijuana in the past year, also called modes of marijuana use. NSDUH includes questions to assess the different modes of marijuana use, such as smoking, eating or drinking, and vaping. The purpose of this brief is to examine whether modes of marijuana use differ by age group and sex differences related to engaging in more than one mode of marijuana use, such as people who used marijuana in three or more different ways.

In 2022-2023, nearly 1 in 5 females aged 12 or older (19.8%, or 28.5 million people) and nearly 1 in 4 males aged 12 or older (24.1%, or 33.3 million people) used marijuana in the past year. Also, more than 1 in 3 young adults aged 18 to 25 (37.4%, or 12.9 million people) and more than 1 in 3 adults aged 26 to 34 (35.4%, or 14.3 million people) used marijuana in the past year. By the end of 2023, more than half of the U.S. population lived in states that had legalized marijuana use at the state level for adults aged 21 or older.<sup>1</sup>

Although smoking remains the most common mode of use,<sup>2</sup> other modes of marijuana use such as vaping, eating or drinking, and dabbing have increased in popularity.<sup>3</sup> Compared with smoking, other modes of marijuana use often have higher levels of THC (delta-9-tetrahydrocannabinol).<sup>3</sup> Additionally, the modes in which people use marijuana differ in terms of how rapidly THC enters the body, the amount of THC that is delivered to the body, and the presence of other toxins and irritants.<sup>3</sup> Therefore, monitoring marijuana use patterns across different demographics can help inform policy recommendations and tailor age-specific educational resources and prevention strategies.

### Modes of Past Year Marijuana Use among People Aged 12 or Older; by Sex, Annual Average, 2022-2023

Among females and males aged 12 or older, the most common mode of marijuana use in the past year was smoking (14.3% for females and 19.8% for males), followed by eating or drinking (10.2% for females and 10.6% for males), then followed by vaping (7.2% for females and 9.2% for males).



\* The difference between the estimate for females and the estimate for males is statistically significant at the 95 level. Source: SAMHSA, Center for Behavioral Health Statistics and Quality, 2022 and 2023.



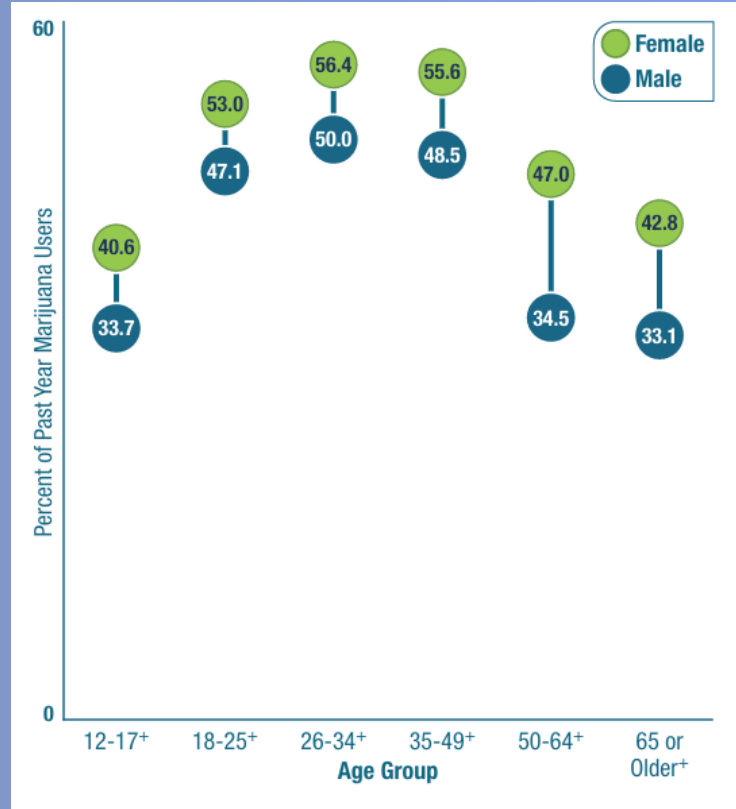
# Specific Modes of Marijuana Use

## By Age Group and Sex, 2022-2023 (cont'd)

Percentage | **Dabs, Shatters, Concentrates**



Percentage | **Ate/Drank**



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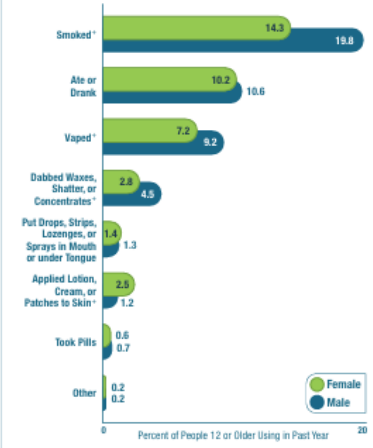
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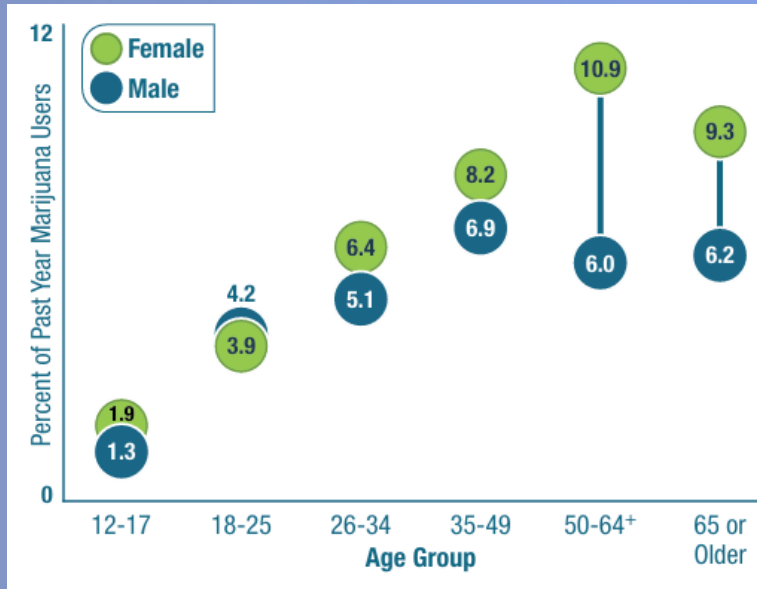
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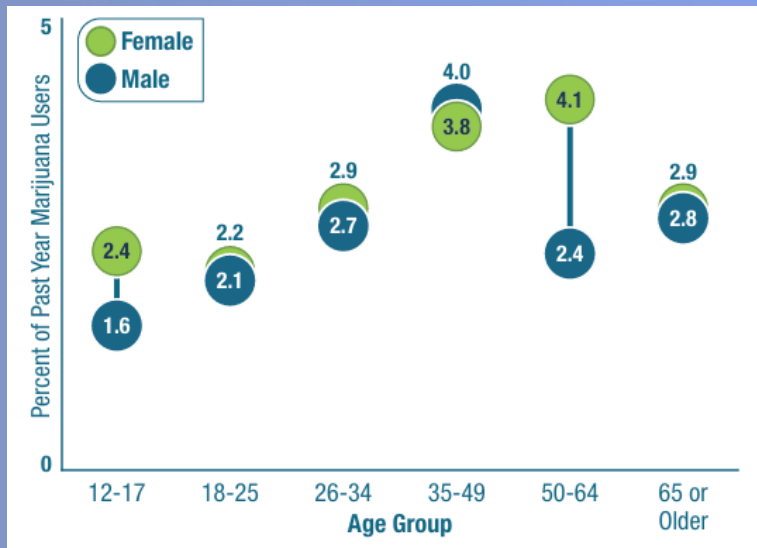
# Specific Modes of Marijuana Use

## By Age Group and Sex, 2022-2023 (cont'd)

Percentage | Took Pills



Percentage | Drops, Strips, Lozenges, Sprays in Mouth/Under Tongue



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Vol. 2, No. 1 | May 2025

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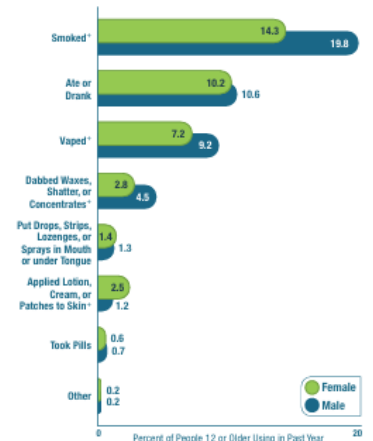
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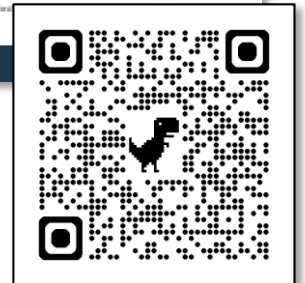
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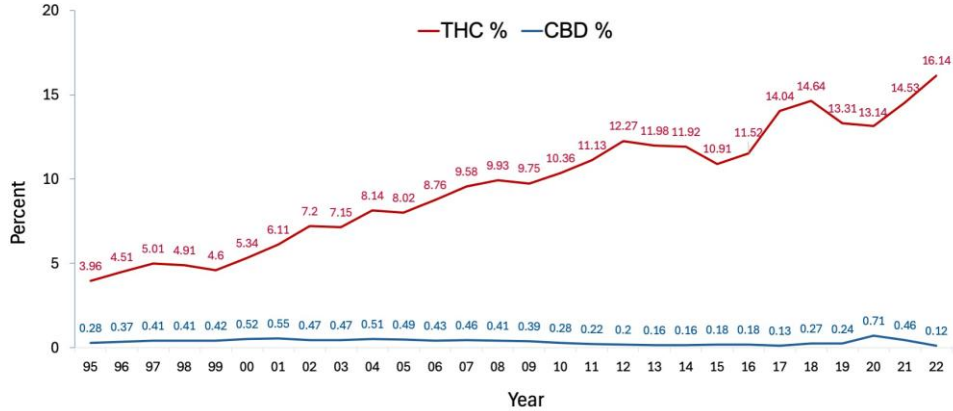


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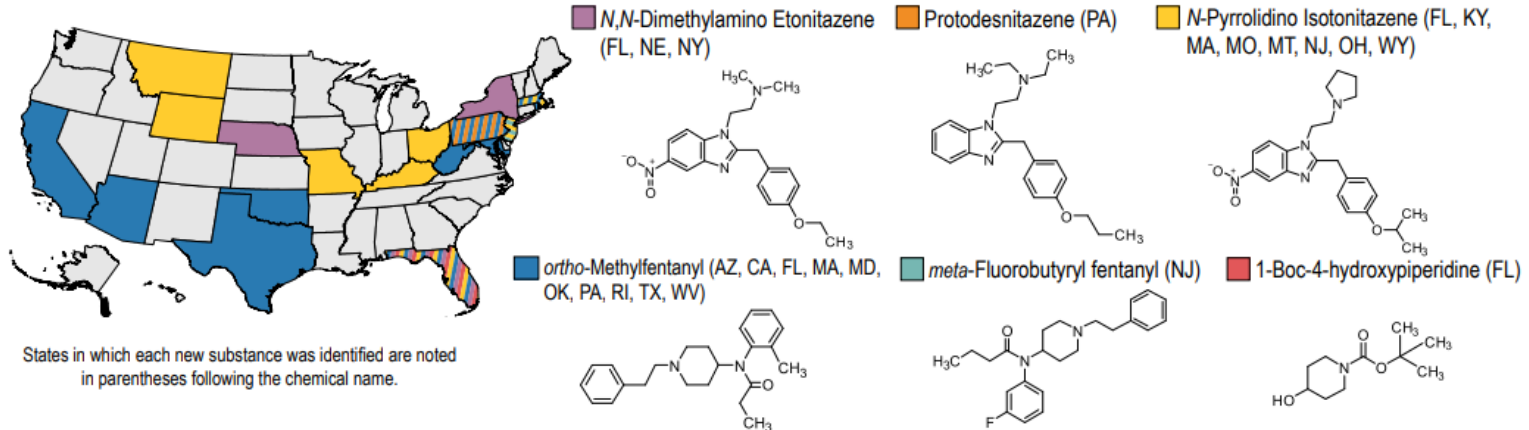
# Potency and Toxicity of Drug Supply

Percentage of THC and CBD in Cannabis Samples Seized by the DEA, 1995-2022



SOURCE: U Miss, Potency Monitoring Project

Newly Reported Substances: The following is a selection of substances reported to NFLIS-Drug for the first time between January 1, 2025, and March 31, 2025.



Snapshot of Drug Reports Received by NFLIS-Drug

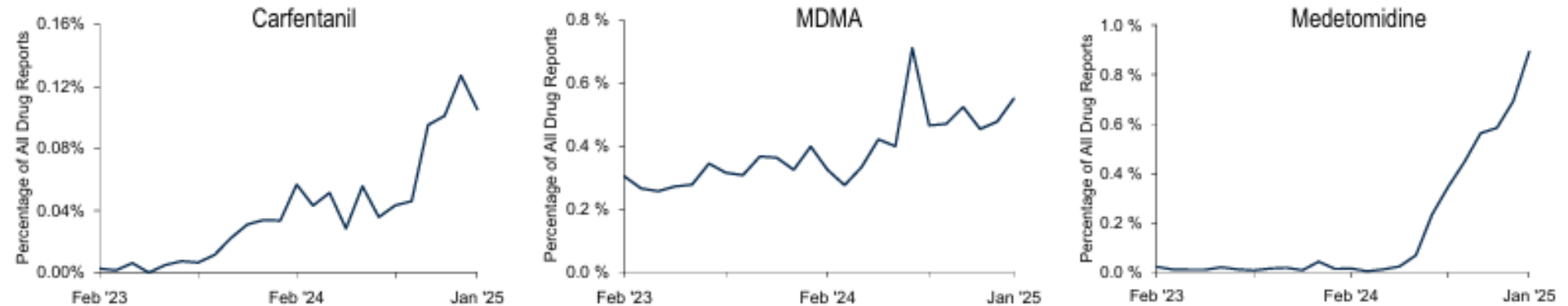
These tables present the top drugs in each category that drug laboratories received, analyzed, and reported to NFLIS-Drug between January 1, 2025, and March 31, 2025. (Percentages are of all reports in the same period.)

Nitazenes	71 (0.14%)	Benzodiazepines	809 (1.61%)	Fentanyl and Fentanyl-Related Compounds <sup>1</sup>	6,249 (12.45%)	Other CNS Depressants	1,900 (3.78%)
Protonitazene	45 (0.09%)	Alprazolam	425 (0.85%)	Fentanyl	5,713 (11.38%)	Heroin	1,230 (2.45%)
Metonitazene	7 (0.01%)	Bromazolam	157 (0.31%)	Fluorofentanyl <sup>2</sup>	388 (0.77%)	Oxycodone	473 (0.94%)
N-Pyrrolidino Etonitazene	5 (0.01%)	Clonazepam	142 (0.28%)	Methylfentanyl <sup>2</sup>	49 (0.10%)	Ketamine	197 (0.39%)
N-Pyrrolidino Protonitazene	3 (0.01%)	Diazepam	28 (0.06%)	Carfentanil	48 (0.10%)		
Other	11 (0.02%)	Lorazepam	22 (0.04%)	Acetylfentanyl	38 (0.08%)		

<sup>1</sup>Precursors not included  
<sup>2</sup>All isomers included



Notable Trends, by Date Submitted to Laboratory



# Polysubstance Use – Norm Not Exception

## Youth 12 to 17

**1 in 8** PY users of marijuana reported daily or near daily use

Youth using marijuana in PY reported other PY substance use

- 69.5% PY alcohol
- 69.1% PY nicotine
- 22.9% PY Other Illicit Drug

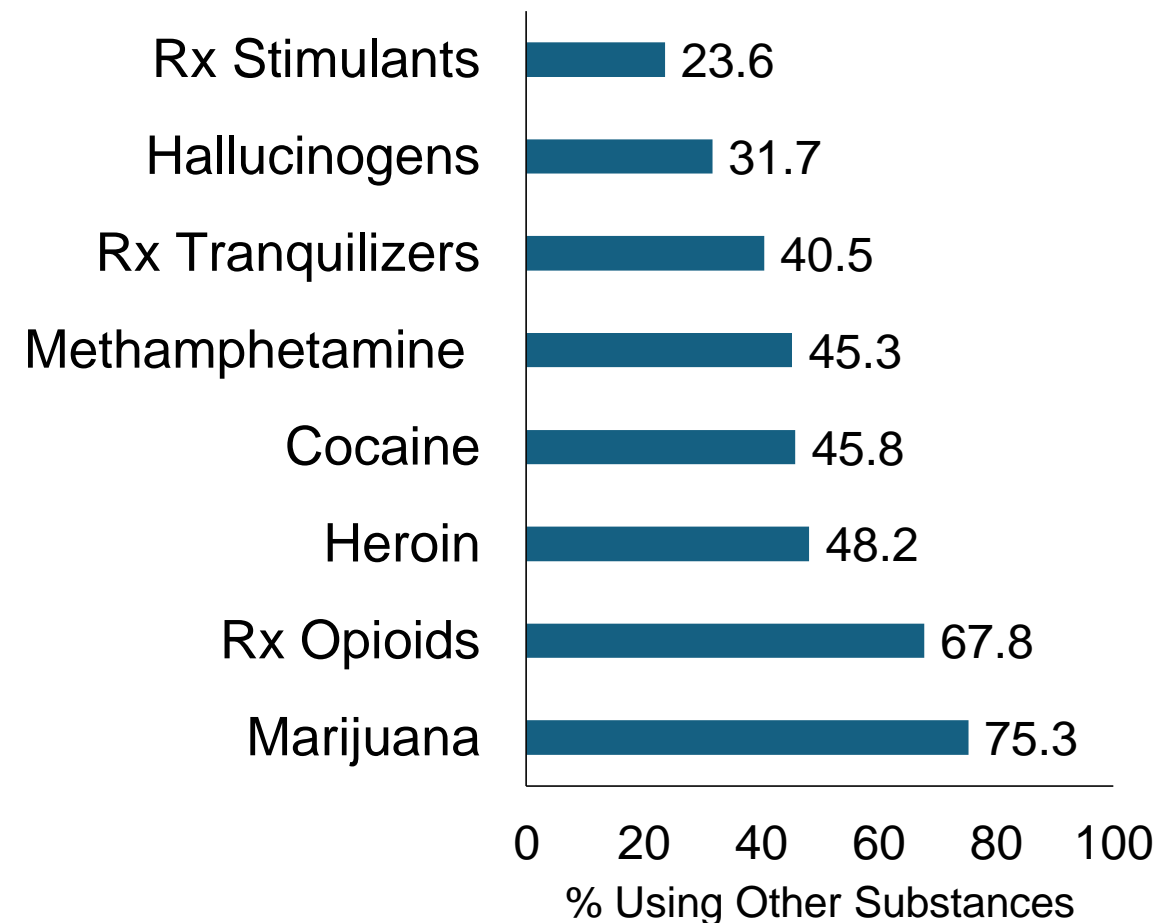
## Young Adults 18 to 25

**1 in 4** PY users of marijuana reported daily or near daily use

Young adults using marijuana in PY reported other PY substance use

- 91.1% PY alcohol
- 67.9% PY nicotine
- 28.0% PY Other Illicit Drug

## People Using Illicit Fentanyl Also Use Other Substances



# Polysubstance Use – ED Data

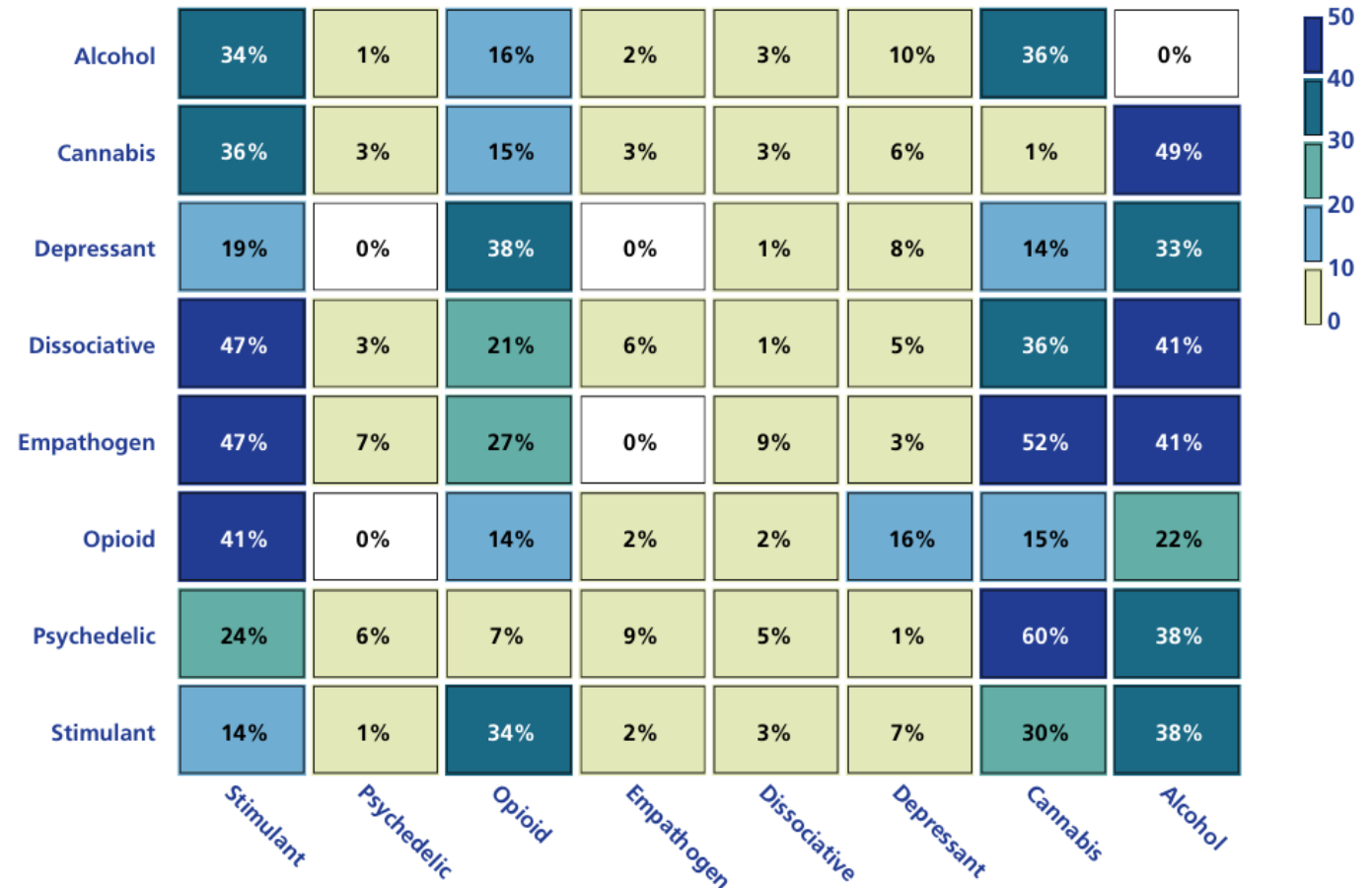
1.8 million polysubstance use ED visits in 2024

30% involved 3+ substances

Common combinations:

- opioids + alcohol
- cannabis + alcohol
- opioids + depressants
- stimulants + opioids

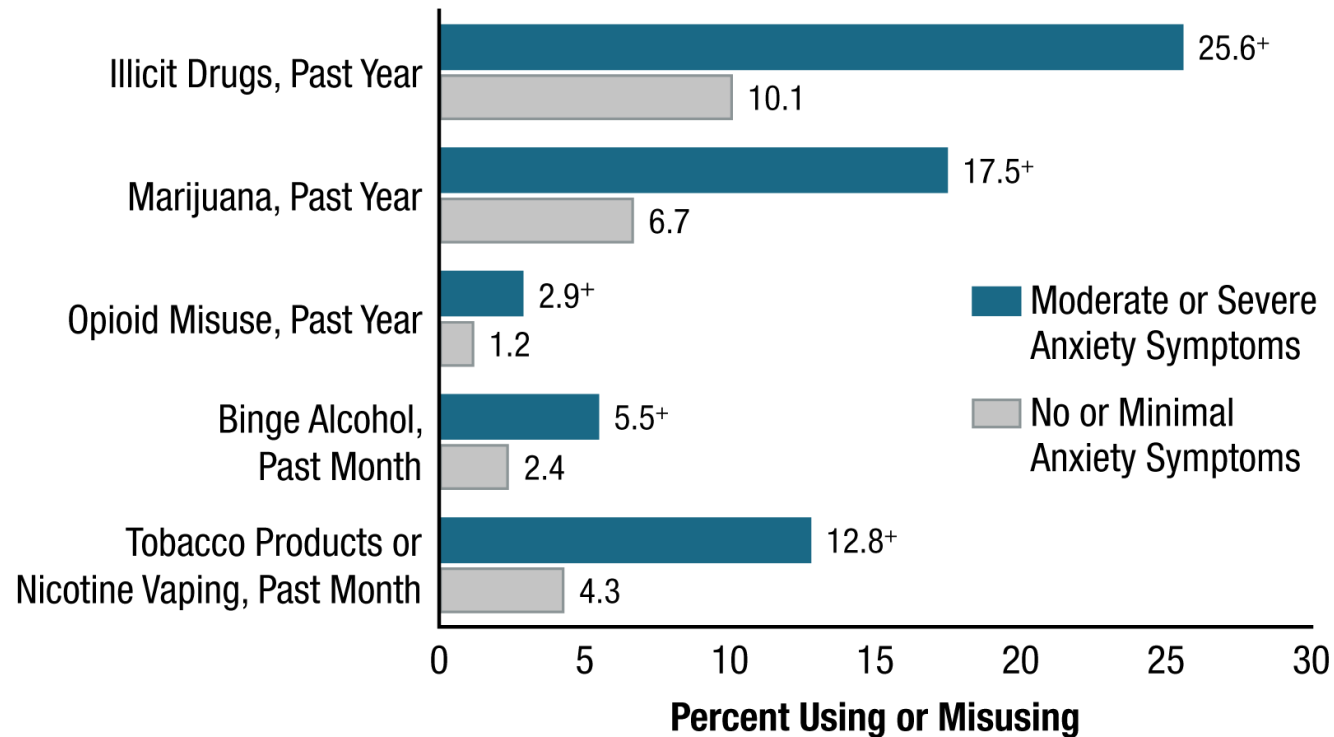
Figure 4: Heatmap Highlighting Polysubstance Co-Occurrence Percentage by Drug Group, United States, 2024



Note: Percentage calculated by row.

# Higher Rates of Substance Use among Youth with Anxiety Symptoms

Nearly **1 in 5 Youth** Aged 12-17 had Moderate to Severe Symptoms of Anxiety



Moderate/Severe vs No/Minimal Symptoms  
Adjusted Odds Ratios

Binge Drink, PM	2.1
Vaping Nicotine, PM	3.3
Any Illicit Drug, PY	3.2
Marijuana, PY	2.9
Cocaine, PY	2.4
Illicit Opioids, PY	2.4
Rx Opioids, PY	2.2
Rx Stimulants, PY	4.5

Adjusted for sex, race, ethnicity, family income, county type, and census region

+ Difference between this estimate and the estimate for adolescents with no or minimal anxiety symptoms is statistically significant at the .05 level.

Note: Generalized anxiety disorder (GAD) symptom severity is based on the GAD-7 scale. GAD-7 scores indicate the following: 0 to 4 = no or minimal symptoms of GAD, 5 to 9 = mild symptoms, 10 to 14 = moderate symptoms, 15 to 21 = severe symptoms. The Moderate or Severe category includes respondents with a GAD-7 score of 10 or greater.

# Prevention Front and Center

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Progress

Challenges

Opportunities

# Prevention Front and Center

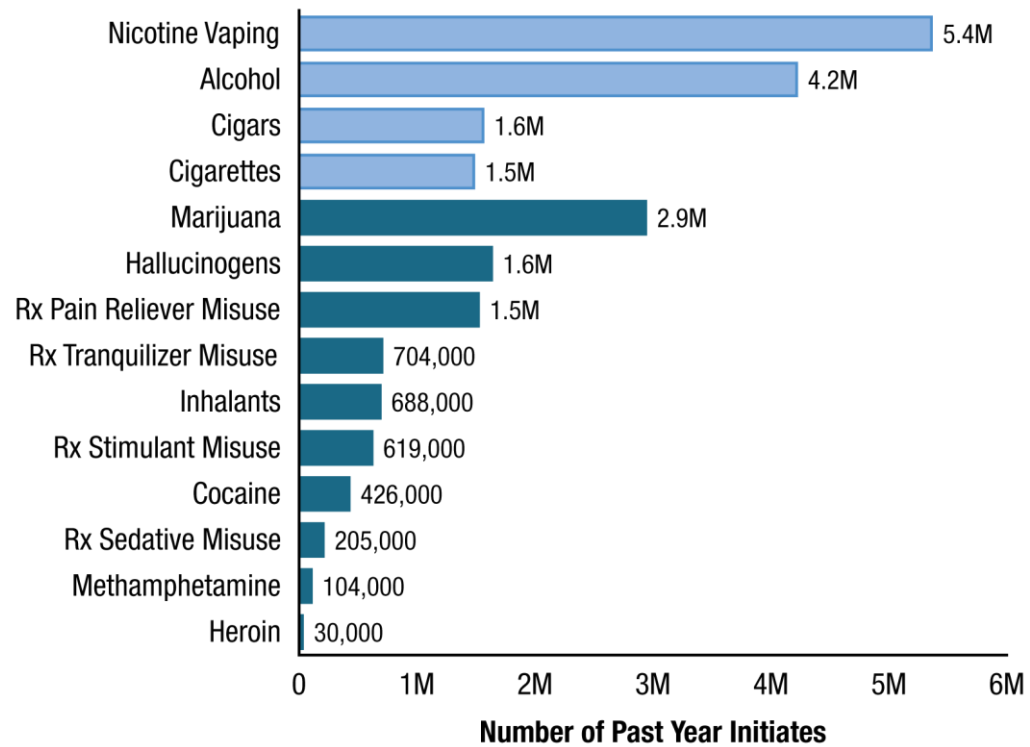
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- Prevention essential for a healthy, safe, and thriving society
- Foundational to achieving the Administration's MAHA goals.
- Critical we work together to:
  - Prevent substance use in the first place
  - Prevent the progression of substance use and addiction
  - Prevent and reduce the health consequences associated with these conditions
- Our work must be:
  - Data driven
  - Grounded in prevention science
  - Community relevant

# Past Year Initiates of Substances

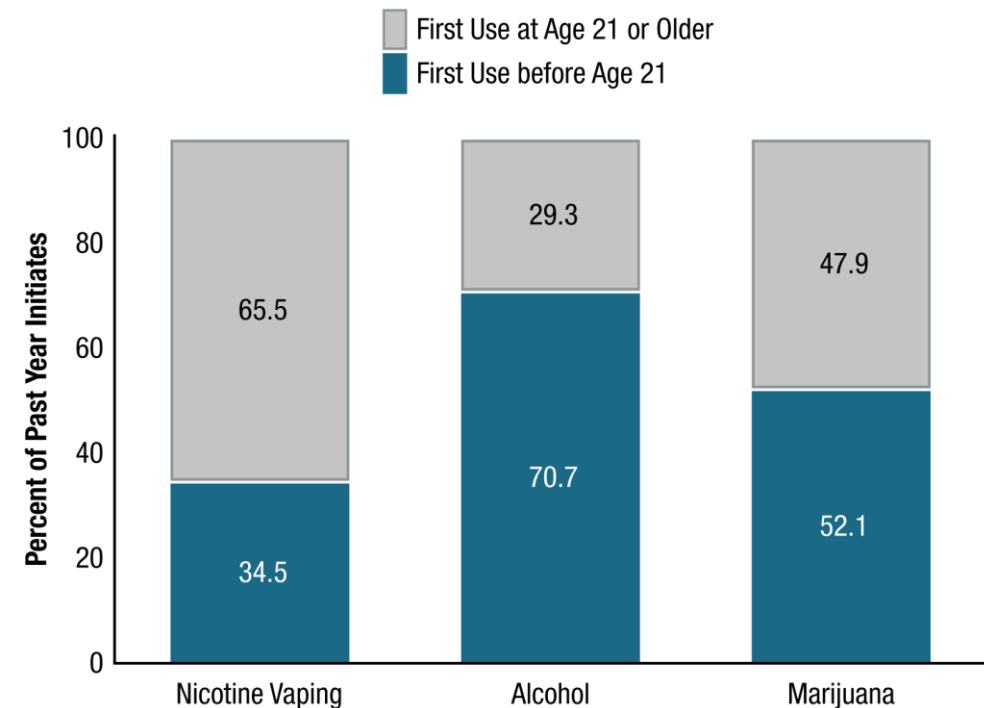
Among People Aged 12 or Older; 2024

## Numbers | By Substance

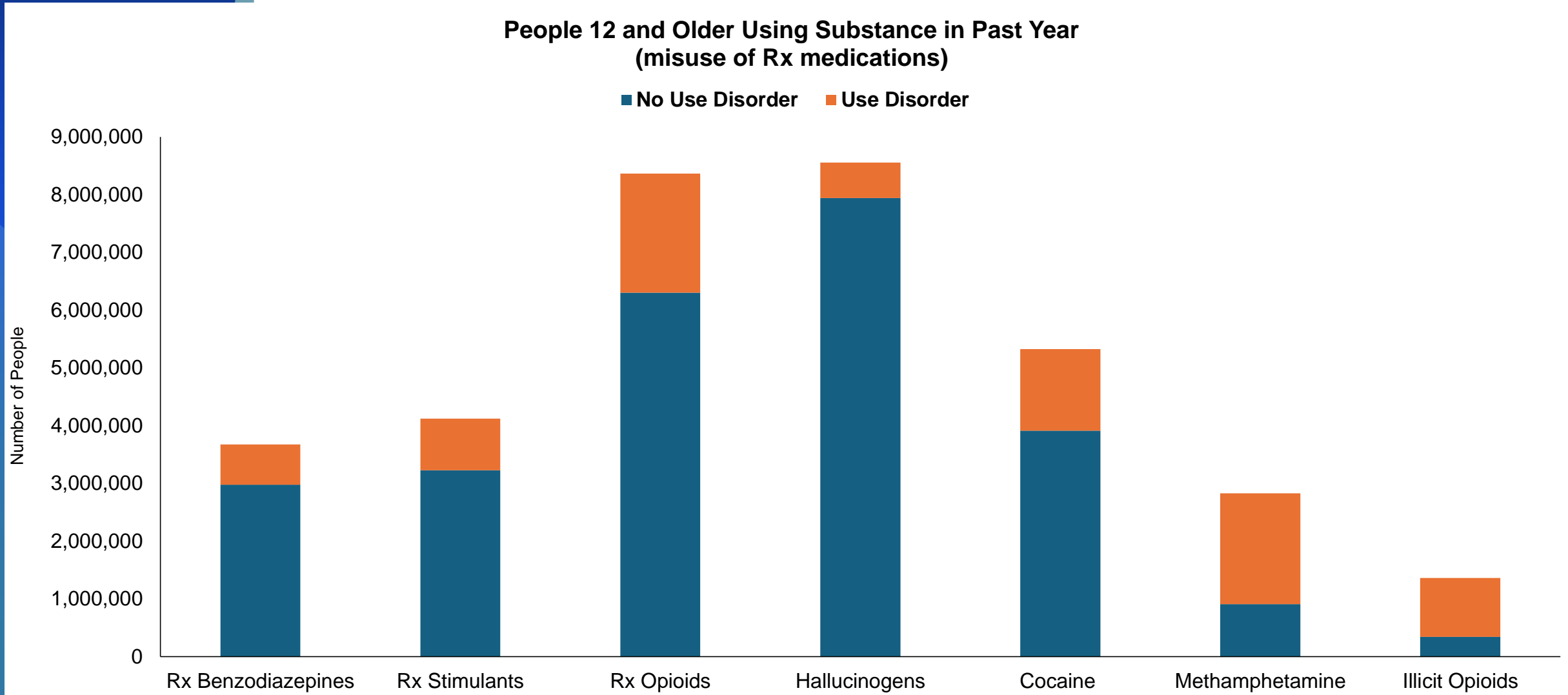


Rx = prescription.

## Percentage | By Substance & Age



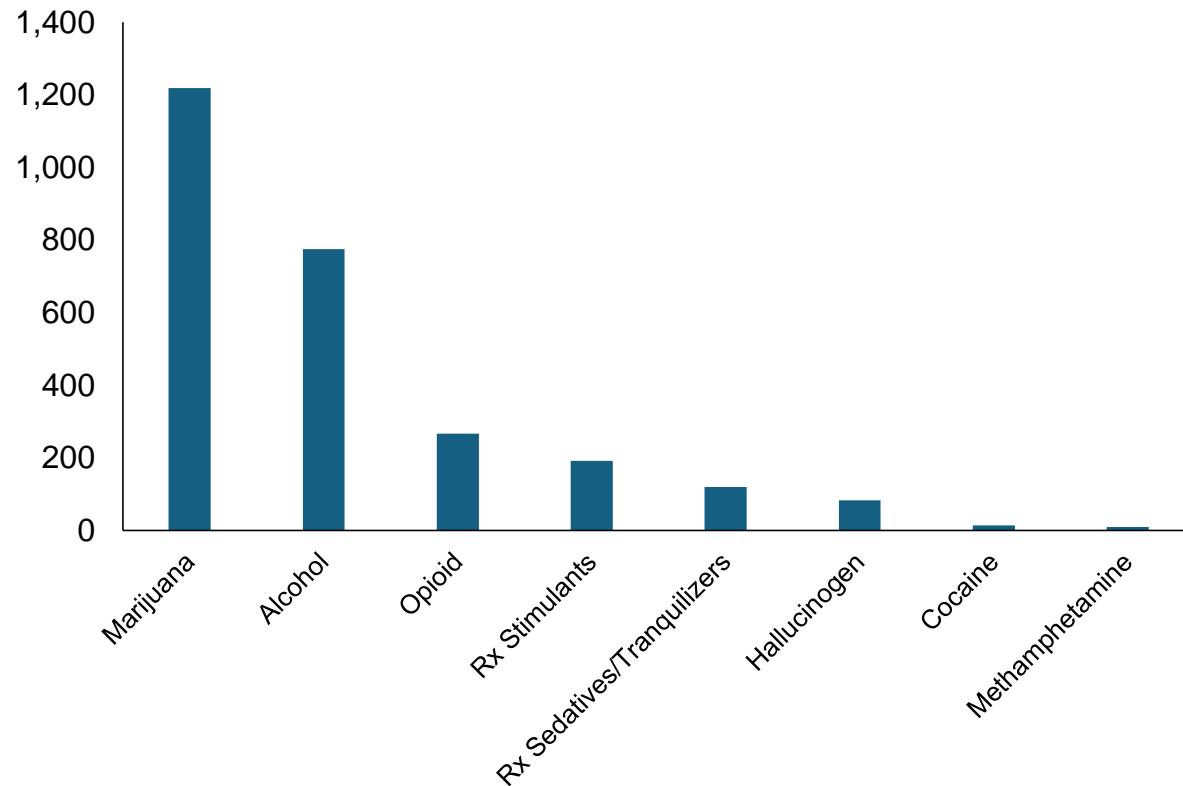
# Most People Who Use Substances Do Not Have a Substance Use Disorder



# Past Year Substance Use Disorder by Substance among Youth and Young Adults

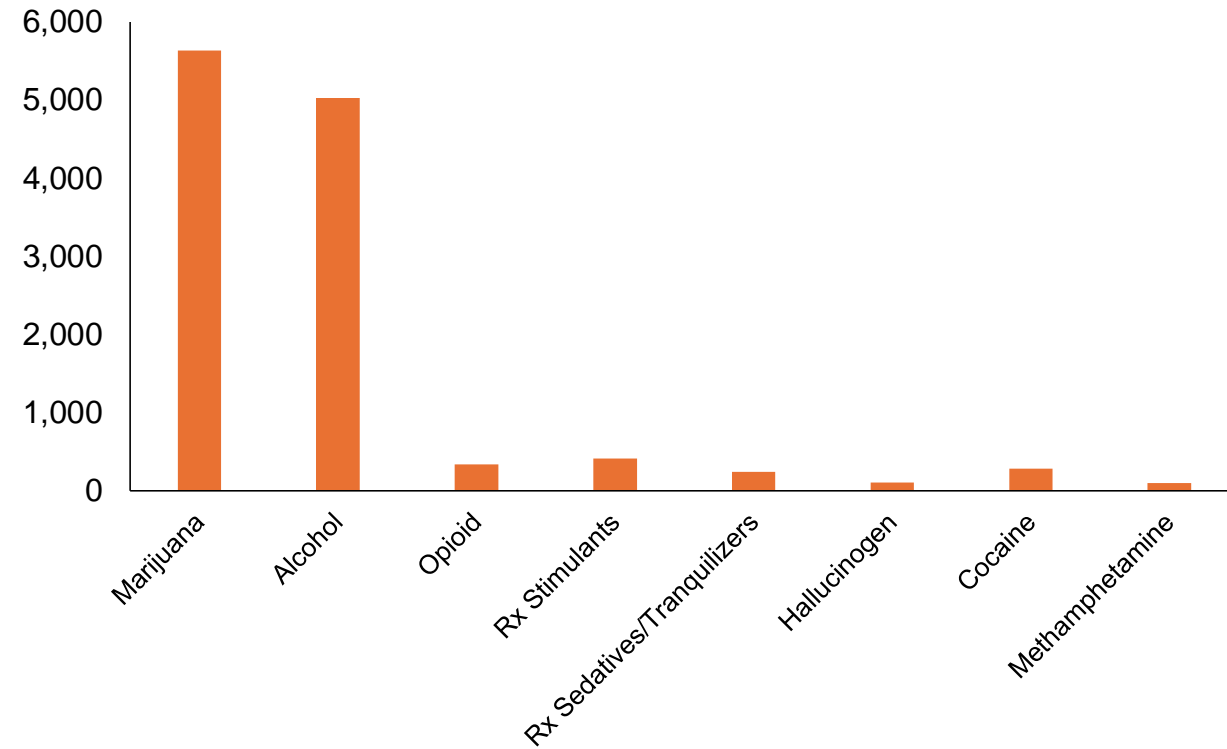
**12-17**

(numbers in thousands)



**18-25**

(number in thousands)



# Risk of Developing Use Disorder Greater Among Youth

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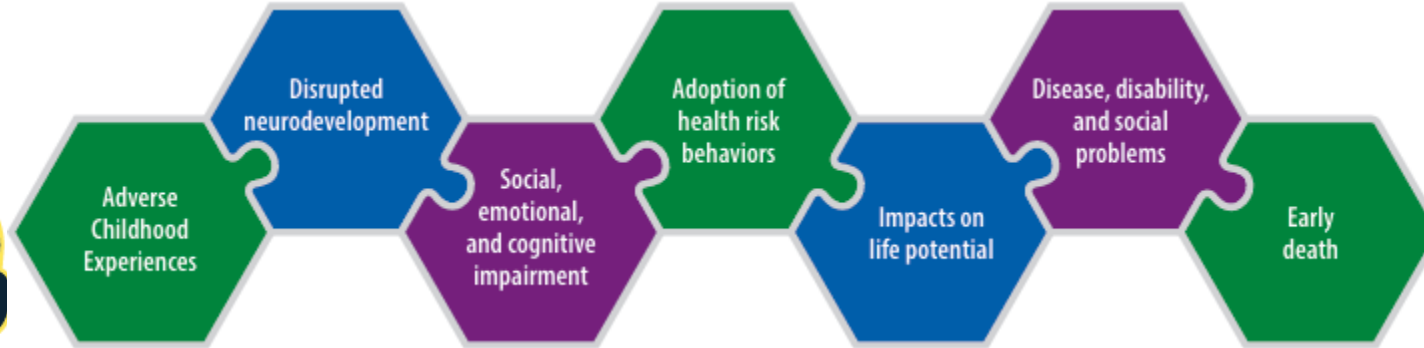
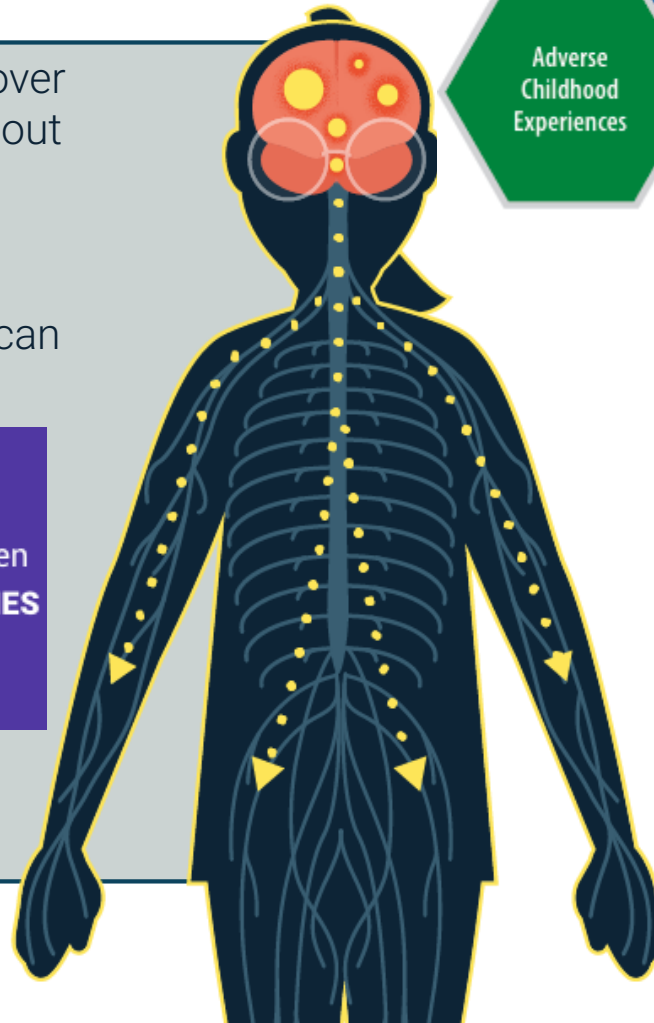
- Among youth, lifetime prevalence of cannabis use was 15.3%
- Adjusted 12-month prevalence of cannabis use disorder among youth with lifetime cannabis use was 10.9% in first year after starting cannabis use, 15.3% in second year, 17.7% in third year and 20.6% in fourth year and beyond
- Among emerging adults, lifetime prevalence of cannabis use was 52.4%
- Adjusted 12-month prevalence of cannabis use disorder among emerging adults with lifetime use was 5.6% in first year after starting cannabis use, 7.7% in second year, 9.1% in third year, and 10.5% in fourth year and beyond,
- Within each time-frame since first cannabis use, adjusted 12-month prevalence of cannabis use disorder was higher among youth lifetime users than their emerging adult counterparts.

# Adverse Childhood Experiences (ACEs)

The effects of ACEs can add up over time and affect a person throughout their life.

Children who repeatedly and chronically experience adversity can suffer from **TOXIC STRESS**.

Toxic stress happens when the brain endures repeated stress or danger, then releases **FIGHT-OR-FLIGHT HORMONES** like cortisol.



## Toxic Stress Has Impacts On:

- Responses to stress
- Reward circuits
- Emotion processing
- Coping strategies
- Executive function
- Decision making
- Cognition
- Organ function

# What are ACEs

## Types of ACEs



### ABUSE

- Emotional
- Physical
- Sexual



### NEGLECT

- Emotional
- Physical



### HOUSEHOLD CHALLENGES\*

- Substance misuse
- Mental illness
- Suicidal thoughts and behavior
- Divorce or separation
- Incarceration
- Intimate partner violence or domestic violence

## Other Adversity



- Bullying
- Teen dating violence
- Peer to peer violence
- Violence in community or school
- Housing instability
- Death of a parent

**64%**

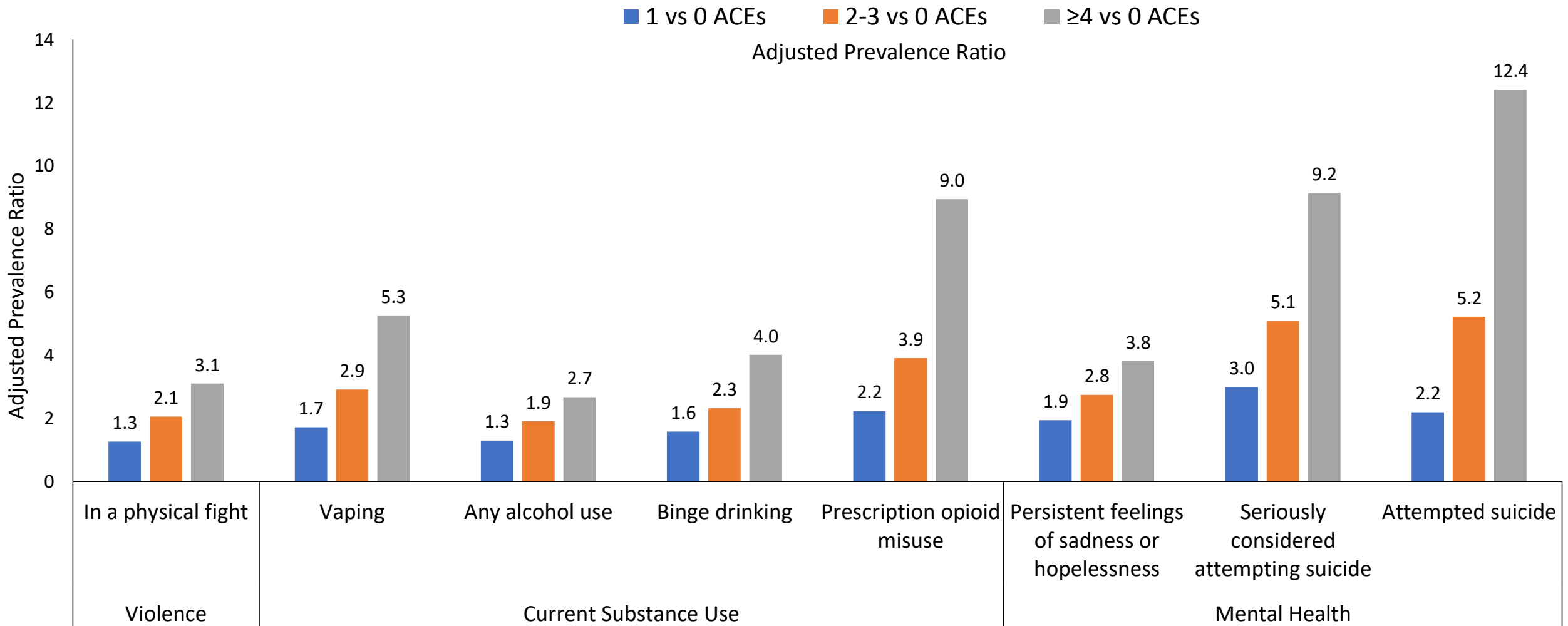
adults report experiencing  
**at least 1 ACE**



**1 in 6** adults report  
experiencing **4+ ACEs**

\* The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.

# ACEs Often Common Denominator



Among High School Students - 75% had  $\geq 1$  ACEs and nearly 20% had  $\geq 4$  ACEs

# Prevention Science Is Our Roadmap

## Risk Factors – Social-Ecological Model

### Individual Level

- Genetic factors
- Initiating substance use early
- Low risk perception of use
- Peers who use substances
- Perception of substance use among peers is high
- Early emotional distress or aggressiveness
- Mental health challenges
- ACEs

### Family/Relationship Level

- Substance use in the family and home
- Parental mental health challenges
- Family conflict, abuse, or neglect, other ACEs
- Parents who favorably view or approve of substance use
- Lack of family connectedness

### School and Community Level

- Lack of community connectedness and supports
- Community norms favorable toward alcohol and drugs
- Violence in schools or community
- Availability of, access to, and costs of drugs and alcohol
- Lack of access to health and behavioral health services

### Societal Level

- Lack of economic and educational opportunities
- Disinvestment
- Social norms
- High rates of transition or instability
- Laws and policy environment

### **BUILDING INDIVIDUAL AND COMMUNITY RESILIENCE**

**Focuses on promoting positive situational, social, and individual characteristics**

**1) Healthy development of social & emotional competencies; 2) Presence of positive relationships; 3) Safe and protective environments**

# Individual Level Prevention Strategies

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## Risk Factors

- Genetic factors
- Initiating substance use early
- Low risk perception of use
- Peers who use substances
- Perception that use of substances among peers is high
- Early emotional distress or aggressiveness
- Mental health challenges
- ACEs

## Prevention Strategies

- Life-skills development
- Problem solving skills
- Conflict resolution
- Strengthening resiliency
- Empowerment opportunities
- Exposing youth to positive adult role models
- Raising awareness about risks associated with substance use and overdose
- Treatment for health and behavioral health conditions

# Family/Relationship Level Prevention Strategies

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## Risk Factors

- Substance use in family or home
- Parental mental health challenges
- Family conflict, abuse, or neglect, or other ACEs
- Parents who favorably view or approve of substance use
- Lack of family connectedness

## Prevention Strategies

- Healthy relationship skills programs
- Creating opportunities for positive social involvement with family
- Positive parenting skills programs
- Strengthening parent-child relationship and communication
- Addressing household challenges that contribute to stress and other risk factors
- Treatment for parental/caregiver substance use, mental health challenges

# School/Community Level Prevention Strategies

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## Risk Factors

- Lack of school and community connectedness and supports
- Community norms favorable towards substances and substance use
- Violence in schools or community
- Availability of, access to, and costs of drugs and alcohol
- Lack of access to health and behavioral health services

## Prevention Strategies

- Creating opportunities for positive social involvement with school and community
- Positive and supportive school environments and policies
- Student assistance programs
- Raising awareness at the community level about substance use and impacts on communities
- Drug checking and awareness about illicit drug supply
- Promoting help-seeking
- Combatting stigma
- Built environment
- Access to health and behavioral healthcare
- Access to overdose reversal interventions

# Society Level Prevention Strategies

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## Risk Factors

- Lack of economic and educational opportunities
- Disinvestment
- Societal norms
- High rates of transition or instability
- Laws and policy environment

## Prevention Strategies

- Strengthening economic supports for individuals and families
- Improving access to education, including early childcare to ensure a strong start for kids and families
- Housing and food security policies and programs
- Environmental strategies related to access and availability of substances
- Societal norms around substance use and health promoting behaviors

# Robust Research Makes Our Case

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Green et al. Predictors of substance use initiation by early adolescence. Am J Psychiatry, 2024

- Among 420 different biological, social, demographic, and environmental variables, the **strongest predictors of substance use initiation were sociodemographic, cultural, and environmental characteristics.**

Assari et al. The link between residential stability and youth substance use: role of stressful life events and behavioral problems. J Med Surg Public Health, 2024.

- **Residential stability was inversely associated with risk for substance use and behavioral problems** among the study's children, suggesting that **residential stability may be a cornerstone of children's healthy development.**

Altekruse et al. Socioeconomic risk factors for fatal opioid overdoses in the United States: findings from the Mortality Disparities in American Communities Study (MDAC). PloS One, 2020.

- **Risk of dying from an opioid-involved overdose was higher** among **unemployed** compared with employed individuals (HR=2.46), those with **only a high school education** compared with adults with graduate degrees (HR=2.48), **those who rented their homes** compared with those who owned homes with mortgages (HR=1.36), **people without health insurance** (HR=1.30), **people who were incarcerated** (HR=2.70), and **people living in poverty** compared with those living in households at least five times above the poverty line (HR=1.36).

# Prevention Is On Right Track



## The impact of physical activity on substance use experimentation and initiation among adolescents: Results from the ABCD Study® cohort

- More engagement in total and light physical activity reduced the odds of substance use initiation, suggesting that physical activity may provide protection against adolescent substance use.

## Risk Perception and Susceptibility to Peer Influence Predict Substance Use in Early Adolescence: Findings From the ABCD Study

- Higher initial risk perception was associated with lower odds of future substance use. Greater susceptibility to peer influence in the positive direction (i.e., being more swayed by peers to say that a scenario was *more risky* than the participant had originally decided) was associated with lower odds of future substance use as well. These findings highlight the potential importance of leveraging positive peer influence as a means for affecting substance use outcomes.

## Cyberbullying, mental health, and substance use experimentation among early adolescents: a prospective cohort study

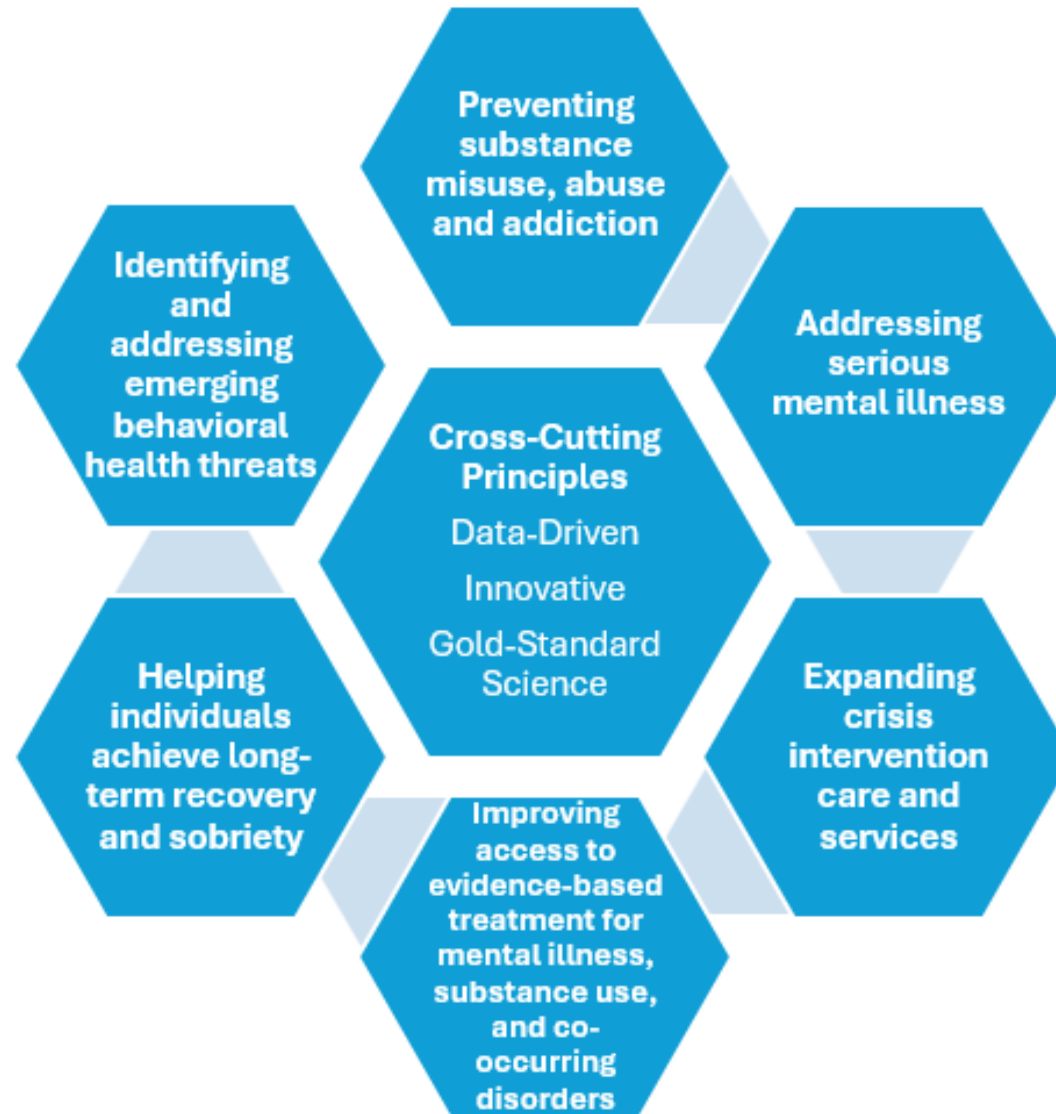
- Cyberbullying victimization was prospectively associated with higher depressive, somatic, and attention problems, as well as suicidal behaviors, and higher odds of alcohol, nicotine, and cannabis experimentation one year later.

## State cannabis and alcohol policy environments: Associations with college students' use of cannabis, alcohol and both substances – PubMed

- Under less restrictive state cannabis and alcohol policies college students were more apt to use cannabis and alcohol frequently and concurrently.

# SAMHSA's Strategic Priorities

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# Key Prevention Funding Opportunities

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Strategic Prevention Framework – Partnerships for Success States

Strategic Prevention Framework – Partnerships for Success Communities and Tribes

Sober Truth on Preventing Underage Drinking Act Grants (STOP Act)

Tribal Behavioral Health Substance Use Prevention

Overdose Prevention Programs

- First Responders (FR-CARA)
- Preventing Drug Overdose: Community Prevention and Response

# Past Year Initiates of Substances

## Integrating Prevention as an Essential Component of Health

- [“Use of Alternative Payment Models for Substance Use Prevention in the United State: Development of a Conceptual Framework”](#)
- [“Integrating SUD Prevention with Physical Health: Progress in States” Webinar and Report](#)
- [For Communities \(Plain language\) Alternative Funding in Health Care: Preventing Substance Misuse. Fact Sheet and Video](#)

**cfri** Center for Financing  
Reform and Innovation



**Integrating Substance Use  
Disorder Prevention with Physical  
Health Care: Progress in States**

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Prevention Campaigns



Community Grants Open Now!



[www.samhsa.gov/substance-use/prevention/campaigns-events](http://www.samhsa.gov/substance-use/prevention/campaigns-events)

# Joint Call to Action

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Communicate  
Prevention's Real-  
World Impact



Lean Into  
Partnerships



Innovate In Funding  
and Financing



Cultivate New  
Prevention  
Champions



Stay Grounded in  
Why We Do This  
Work

# Thank You!

SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, achieve well-being, and thrive.



## Grant Opportunities

[samhsa.gov  
grants.gov](https://www.samhsa.gov/grants.gov)



## 988 Lifeline Toolkit

[samhsa.gov/988toolkit](https://www.samhsa.gov/988toolkit)

