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The State of Behavioral Health and Wellness in Virginia

2024 Prevention Needs Assessment Findings

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Submitted to:

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Executive Summary

The Office of Behavioral Health Wellness (OBHW), located within the Virginia Department of Behavioral Health and Developmental Services (DBHDS), contracted with OMNI Institute in July 2023 to complete a statewide needs assessment focused on various prevention and behavioral health-related topics, setting the foundation for the launch of a strategic planning process focused on identifying priorities for the prevention and behavioral health landscape in Virginia for 2025-2030.

Priority areas for the previous 2020-25 Substance Use Block Grant (SUBG) cycle were alcohol, tobacco, and suicide prevention with six accompanying strategies.

The 2020-25 Virginia Substance Use Block Grant Logic Model

	Problem	Targeted Risk Factors	Strategies	Impact
Alcohol	1 in 4 VA high school youth report drinking alcohol in the past 30 days (VYS, 2017)	Low perception of risk use Early onset of use	**Coalition Development** Bringing together community leaders and stakeholders for collective action **ACES Trainings** Understanding the impacts of adverse childhood experiences	Decrease in youth alcohol use Decrease in young adult binge drinking
Tobacco/Nicotine	1 in 6 VA adults report smoking cigarettes (BRFSS, 2017) 1 in 15 VA high school youth report smoking cigarettes currently, while 1 in 9 report currently using a vaping product. (VYS, 2017).	Low perception of risk use Early onset of use	**Coalition Development** Bringing together community leaders and stakeholders for collective action **Counter Tools** Developing responsible retailer practices **ACES Trainings** Undestanding the impacts of adverse childhood experiences	Decrease in youth tobacco/nicotine use Decrease in young adult tobacco/ nicotine use
Mental Health/Suicide	1 in 14 VA high school youth have attempted suicide in the past year (VYS, 2017) 9.9 out of 100,000 youth ages 15-19 died by suicide in VA in 2019 (America's Health Rankings, 2019) 13.8 out of 100,000 adults died by suicide in VA in 2019. (America's Health Rankings, 2019)	High rates of depression/ sadness High rates of suicidal thoughts	**Mental Health First Aid and Suicide Prevention Trainings** Recognizing and addressing signs of suicide **Coalition Development** Bringing together community leaders and stakeholders for collective action **ACES Trainings** Undestanding the impacts of adverse childhood experiences **Lock and Talk** Suicide prevention through lethal means safety	Decrease in youth suicide attempts Decrease in youth death by suicide Decrease in adult deaths by suicide

2024 Needs Assessment Process

Throughout the 2020-25 cycle, the prevention workforce experienced challenges resulting primarily from the need to address an ever-growing list of substances and issue areas. The additions of emerging statewide priorities, including over-the-counter medication misuse, cannabis, and problem gaming and gambling, placed significant strain on local prevention capacity, as the workforce was repeatedly called on to build content-area expertise around these new topic areas and add additional strategies to their current prevention programs, all the while continuing to address existing priorities. Reflecting these challenges, the 2023-24 needs assessment encompassed a broader goal for setting prevention and behavioral health program priorities for 2025-2030: to examine leading prevention frameworks and approaches of other states to identify opportunities for a more streamlined statewide prevention approach in Virginia.

The needs assessment is comprised of three core components:

LITERATURE REVIEW

A review of the current literature, highlighting leading prevention frameworks and models that consider the interconnectedness of behavioral health outcomes, examining how five different states designed their prevention systems to incorporate a focus on shared risk and protective factors, and exploring specific prevention strategies that could be implemented in Virginia to support the creation of thriving, resilient communities.

FOCUS GROUP FINDINGS

An overview of findings from primary data collection efforts (focus groups), which were conducted to gather perspectives from both the direct prevention workforce within Virginia's Community Services Boards and staff from OBHW, who oversee efforts at a state level.

DATA SNAPSHOTS

A summary of the most recently available secondary data on substance use, mental health, and problem gambling across Virginia.

The report further summarizes recommendations and potential next steps for OBHW to consider as it moves into strategic planning in the fall of 2024.

Literature Review

Risk and Protective Factors

Risk and protective factors are integral to understanding how individual and collective experiences determine behavioral health outcomes. Risk factors refer to a variety of biological, psychological, family, community, and/or cultural characteristics associated with a higher likelihood of negative outcomes. Protective factors, conversely, are those characteristics – on those same levels – that lower the likelihood of negative behavioral health outcomes in an individual's life.

Rather than addressing individual substances or issue areas in isolation, a shared risk and protective factor approach prioritizes the underlying factors contributing to both substance use and mental health challenges. This method allows for a more comprehensive assessment of risk, prioritization of key populations, and expansion of initiatives that strengthen protective factors.

Virginia's current strategic plan already integrates several priority strategies aligned with this approach, including ACEs Interface trainings, Mental Health First Aid, and Lock and Talk. Expanding these efforts with additional initiatives prioritizing shared risk and protective factors would create a more cohesive and streamlined strategy, reducing information overload for CSBs and reinforcing a whole-person approach to behavioral health. A stronger emphasis on protective factors can also help CSBs navigate the stigma that may hinder community participation in substance use prevention programs while enabling them to invest more resources in community-facing initiatives.

By shifting prevention efforts further upstream, this approach strengthens protective factors and reduces risk factors, decreasing the likelihood that individuals turn to substance use in response to adversity. To further enhance prevention and behavioral health efforts in Virginia from 2025 to 2030, OBHW may consider incorporating or expanding the following additional strategies:

Active Parenting and Parental Involvement

Evidence-based parenting programs have been implemented by numerous CSBs throughout the last five-year SUBG cycle but are not a component of the current statewide priorities. Expanding the availability of resources to support the implementation of parent education and family management programs may help build stronger, healthier, and more resilient families in Virginia and expand pathways through which resources can be directly provided to community members.

Healthy Coping Skills, Emotional Regulation and Resiliency

Virginia's current SUBG model includes suicide prevention strategies that provide information to participants on how to identify and support individuals in distress but does not include strategies that support individuals in building these skills to support their own well-being. These strategies have become an increasing focus of CSBs engaging in trauma-informed work in their communities, with CSBs distributing resource kits and hosting workshops focused on building skills to cope with stress and trauma.

Prosocial and Extracurricular Involvement

Despite the lack of inclusion of these types of strategies in current state priorities, many CSBs have utilized available funding to create programs that allow for meaningful connections among youth. Youth education and alternative strategies such as Sources of Strength and summer camps have been implemented by many CSBs over the last five years and offer an opportunity to engage in institutional learning and possible expansion.

Self-Esteem

While initiativesthat have a goal of supporting individuals in building self-esteem are not currently found within the state's strategic plan, some CSBs are utilizing a portion of their SUBG funds to implement such efforts. Programs such as youth leadership and mentor programs serve to develop self-esteem among youth participants, while some programs focused on supporting parents can help build self-esteem among parents.

Social Isolation and Social Supports

Explicitly centering the risks of social isolation and the power of connection and social support in improving behavioral health outcomes would establish rationale for expansion of the LUV campaign and for increasing the resources available to CSBs to implement strategies focused on building connection and social support in their communities.

Mentors

Youth-adult leadership and mentorship programs are strong pillars of many CSB prevention efforts and create opportunities for increasing youth engagement in coalition efforts.

The following table provides an overview of key shared risk and protective factors where established research is available that illustrates the relationship between these factors and multiple substance use and behavioral health outcomes. The lack of a relationship does not indicate that a risk or protective factor is not relevant for a given issue area, rather that research is either limited in strength or in clarity (i.e. recent research does not demonstrate consistent and clear impact).

	●	●	●	●	●	●	●	●	●
ACEs	✓	✓	✓	✓	✓	✓	✓	✓	✓
Active Parenting and Parental Involvement	✓	✓	✓	✓	✓				✓
Ease of Access		✓	✓	✓	✓		✓		
Healthy Coping Skills, Emotional Regulation, and Resilience	✓	✓	✓	✓	✓	✓		✓	
High Self-Esteem		✓			✓	✓		✓	
Parental Approval, Disapproval, and Use		✓	✓	✓			✓	✓	✓
Peer Approval, Disapproval, and Use		✓	✓	✓			✓		✓
Perceptions of Risk		✓	✓	✓		✓		✓	
Prosocial and Extra-Curricular Involvement	✓	✓			✓	✓			
Social Isolation	✓	✓	✓		✓	✓			
Social Supports	✓	✓	✓		✓	✓	✓	✓	
Trusted Adults, Peers, and Mentors	✓	✓	✓		✓			✓	✓

- ● General impact on substance use outcomes
- ● Alcohol
- ● Cannabis
- ● Gambling
- ● Mental Health & Suicide
- ● Opioids
- ● Stimulants
- ● Tobacco
- ● Vaping

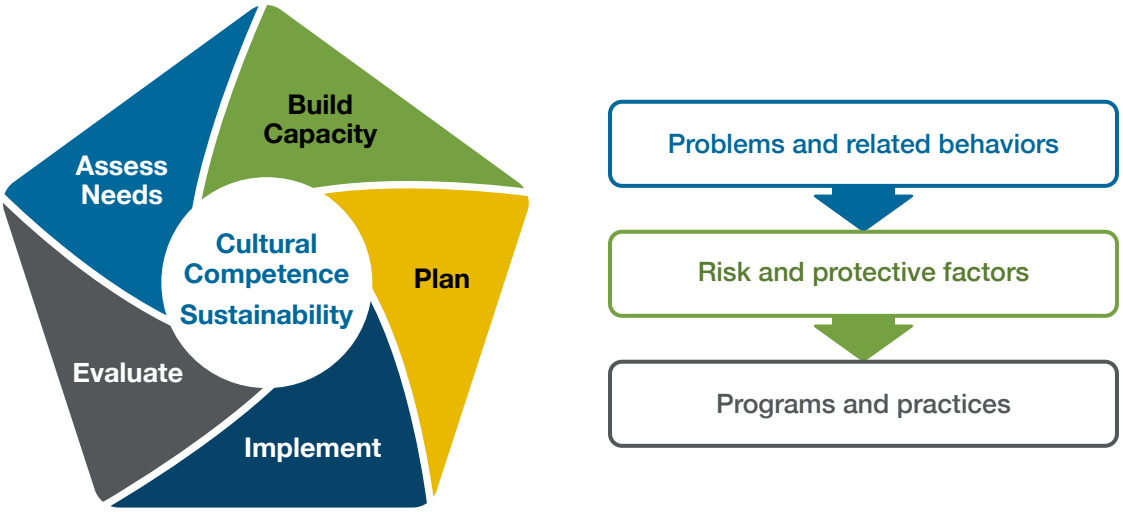
Detailed descriptions of each risk and protective factor and how each has been targeted in Virginia's prevention program to date can be found in the main report. An overview of relevant research can be found in Appendix A.

Frameworks and Models

A variety of frameworks and models exist that offer unique perspectives on how to think about the drivers of health outcomes and how best to approach the design of meaningful interventions. Currently, Virginia relies on two models to guide their prevention approach, including:

The Strategic Prevention Framework (SPF)

SPF's primary utility is in its conceptualization of a continuous cycle of activities that allow for the development of appropriate, effective, and well-planned interventions, while highlighting the need to engage in a continuous cycle of assessment, capacity building, planning, implementation, and evaluation.



CADCA's Seven Strategies for Community Change

CADCA highlights 7 strategies coalitions can adopt to create meaningful community-level change, with each method representing a key element for building and maintaining a healthy community. The model separates strategies into individual and environmental efforts, acknowledging the impact of individual- and environment-level factors in determining behavioral health outcomes, while highlighting the importance of information dissemination programs, skill-building programs, and programs that increase support networks as key strategies for creating individual-level change.

CADCA'S Seven Strategies for Community Changes

1	Providing information	INDIVIDUAL
2	Enhancing Skills	
3	Providing Support	
4	Enhancing Access/Reducing Barriers	ENVIRONMENTAL
5	Changing Consequences	
6	Physical Design	
7	Modifying/Changing Policies	

Additional Models and Frameworks

It is recommended that OBHW integrate additional prevention frameworks that center risk and protective factors to create greater alignment with the findings of this needs assessment and emerging trends in the field. Breaking down substance- and problem-specific siloes and prioritizing efforts that more broadly, but no less meaningfully, address behavioral health and wellness can create a stronger, more well-rounded approach to prevention. Several additional models that consider the interconnectedness of behavioral health outcomes while focusing on key risk and protective factors include:

The Socio-Ecological Model (SEM)

SEM illustrates the different ways people's circumstances, relationships, and environments affect their behaviors by organizing risk and protective factors into different levels, from the micro, individual level, up to the macro, society level. By breaking down risk and protective factors into their socio-ecological sections, agencies can better understand the role they play in shaping outcomes and how to create a broad yet targeted prevention program that address drivers of behavioral health outcomes from a variety of angles that are mutually reinforcing. The SEM is being operationalized as an organizational framework in multiple states that are taking a shared risk and protective factor approach to prevention and can support the selection of mutually re-enforcing priority areas and strategies at multiple levels of intervention.

Resiliency Theory

Geared toward youth, Resiliency Theory provides a conceptual framework for considering a strengths-based approach to understanding child and adolescent development and informing intervention design by focusing on identifying the strengths and assets of youth that can keep them away from problem behavior and external factors and resources that provide youth with opportunities to learn and practice skills, such as parental support, adult mentors, and youth programs. While less salient across state-prevention programs than the SEM, Resliency Theory offers a framework for prioritizing protective factors and centers several key shared risk and protective factors.

State Profiles

As a part of the literature review, state profiles were developed to better understand how and which states were already utilizing a risk and protective factor approach in their prevention systems. States were selected based on existing familiarity with their prevention frameworks, information shared by state prevention leaders at the National Prevention Network conference in 2023, and availability of strategic plans or similar information on state agency websites. The selection process also considered relevant indicator data related to prevalence rates, selecting states that are similarly positioned to Virginia. This creates an opportunity for improved monitoring and allows for a better understanding of the impact of a shared risk and protective factor approach, including how long it takes to see an impact from these types of interventions. Selected states include Arizona, Colorado, Ohio, Oregon, and Utah.

	Measure		Arizona	Colorado	Ohio	Oregon	Utah	Virginia
Alcohol	Use in the Past Month	2021-2022	**50.3%** [46.2, 54.3]	**59.4%** [56.2, 62.6]	**53.1%** [50.8, 55.4]	**58.2%** [54.5, 61.8]	**32.6%** [29.8, 35.6]	**54.9%** **[52.5, 57.3]**
		2018-2019	**53.2%** [50.0, 56.3]	**64.9%** [61.9, 67.8]	**55.5%** [53.5, 57.4]	**61.7%** [58.7, 64.5]	**32.5%** [29.7, 35.3]	**55.3%** [52.8, 57.7]
		2017-2018	**54.3%** [51.1, 57.4]	**66.6%** [63.6, 69.4]	**55.1%** [53.1, 57.1]	**61.5%** [58.6, 64.4]	**31.1%** [28.5, 33.9}	**55.1%** [52.6, 57.7]
	Binge Drinking in the Past Month	2021-2022	**24.1%** [21.1, 27.5]	**26.6%** [23.7, 29.6]	**26.4%** [24.5, 28.4]	**24.0%** [21.3, 27.0]	**15.3%** [13.3, 17.6]	**23.2%** [21.3, 25.2]
		2018-2019	**23.1%** [20.8, 25.6]	**31.2%** [28.6, 34.0]	**26.7%** [25.1, 28.4]	**26.0%** [23.6, 28.6]	**17.9%** [16.0, 20.1]	**24.6%** [22.6, 26.6]
		2017-2018	**24.9%** [22.4, 27.6]	**32.5%** [29.7, 35.4]	**26.9%** [25.3, 28.5]	**26.5%** [24.1, 29.1]	**16.6%** [14.7, 18.7]	**24.6%** [22.7, 26.6]
Tobacco	Tobacco Product Use in the Past Month	2021-2022	**20.1%** [17.5, 23.1]	**19.8%** [17.5, 22.3]	**27.7%** [25.7, 29.8]	**19.6%** [17.1, 22.3]	**14.1%** [12.2, 16.2]	**19.5%** [17.7, 21.5]
		2018-2019	**20.5%** [18.2, 23.0]	**22.3%** [20.1, 24.6]	**29.1%** [27.4, 30.9]	**22.2%** [19.9, 24.6]	**15.8%** [13.9, 18.0]	**23.3%** [21.5, 25.2]
		2017-2018	**22.8%** [20.4, 25.4]	**23.1%** [20.9, 25.4]	**28.8%** [27.1, 30.5]	**22.5%** [20.4, 24.8]	**16.6%** [14.6, 18.7]	**21.7%** [20.0, 23.5]
	Cigarette Use in the Past Month	2021-2022	**16.1%** [13.8, 18.8]	**14.3%** [12.2, 16.5]	**23.1%** [21.2, 25.1]	**15.5%** [13.3, 17.9]	**10.1%** [9.0, 12.4]	**14.9%** [13.4, 16.6]
		2018-2019	**17.1%** [15.0, 19.3]	**17.6%** [14.7, 19.8]	**22.9%** [21.4, 24.5]	**17.1%** [15.2, 19.2]	**12.8%** [11.1, 14.7]	**17.9%** [16.2, 19.6]
		2017-2018	**18.6%** [16.4, 20.9]	**18.5%** [16.4, 20.6]	**23.2%** [21.7, 24.8]	**17.7%** [15.8, 19.9]	**13.7%** [11.9, 15.7]	**16.8%** [15.2, 18.5]
Cannabis	Use in the Past Month	2021-2022	**20.0%** [17.0, 23.2]	**20.5%** [18.1, 23.2]	**15.6%** [14.1, 17.3]	**23.0%** [20.2, 26.1]	**10.3%** [8.6, 12.1]	**13.9%** [12.1, 15.5]
		2018-2019	**11.5%** [9.7, 13.6]	**18.2%** [16.0, 20.5]	**10.6%** [9.6, 11.7]	**19.4%** [17.2, 21.8]	**6.7%** [5.5, 8.1]	**8.1%** [7.0, 9.4]
		2017-2018	**11.4%** [9.6, 13.6]	**18.1%** [15.9, 20.6]	**8.6%** [7.7, 9.6]	**19.7%** [17.4, 22.1]	**6.3%** [5.2, 7.6]	**7.4%** [6.4, 8.6]

	Measure		Arizona	Colorado	Ohio	Oregon	Utah	Virginia
Opioids	Heroin Use in the Past Year	2021-2022	**0.3%** [0.1, 0.6]	**0.3%** [0.1, 0.6]	**0.4%** [0.2, 0.7]	**0.4%** [0.2, 0.8]	**0.4%** [0.2, 0.8]	**0.4%** [0.2, 0.7]
		2018-2019	**0.4%** [0.2, 0.8]	**0.4%** [0.2, 0.8]	**0.4%** [0.2, 0.7]	**0.5%** [0.3, 1.0]	**0.3%** [0.2, 0.6]	**0.3%** [0.2, 0.6]
		2017-2018	**0.3%** [0.1, 0.5]	**0.4%** [0.2, 0.7]	**0.5%** [0.3, 0.8]	**0.4%** [0.2, 0.8]	**0.3%** [0.2, 0.6]	**0.4%** [0.2, 0.7]
	Pain Reliever Misuse in the Past Year	2021-2022	**3.5%** [2.6, 4.6]	**3.3%** [2.5, 4.3]	**3.5%** [2.8, 4.3]	**4.0%** [3.1, 5.2]	**3.6%** [2.8, 4.6]	**2.8%** [2.2, 3.5]
		2018-2019	**3.9%** [3.2, 4.9]	**4.1%** [3.3, 5.1]	**4.1%** [3.5, 4.8]	**4.7%** [3.8, 5.9]	**3.9%** [3.2, 4.7]	**3.5%** [2.9, 4.2]
		2017-2018	**4.2%** [3.4, 5.1]	**4.8%** [3.9, 5.8]	**4.3%** [3.7, 5.0]	**4.6%** [3.8, 5.7]	**3.9%** [3.3, 4.7]	**3.6%** [3.0, 4.3]
Mental Health	Major Depressive Episode in the Past Year	2021-2022	**9.1%** [7.7, 10.6]	**10.2%** [8.8, 11.8]	**9.5%** [8.5, 10.6]	**11.1%** [9.5, 12.9]	**11.0%** [9.6, 12.5]	**7.9%** [7.1, 8.9]
		2018-2019	**7.8%** [6.7, 9.2]	**8.5%** [7.3, 9.8]	**8.8%** [8.0, 9.8]	**9.5%** [8.1, 11.1]	**9.8%** [8.6, 11.2]	**7.0%** [6.1, 8.0]
		2017-2018	**7.2%** [6.0, 8.6]	**8.6%** [7.3, 10.0]	**8.0%** [7.1, 9.0]	**8.9%** [7.6, 10.4]	**10.0%** [8.7, 11.4]	**6.3%** [5.3, 7.4]
	Serious Thoughts of Suicide in the Past Year	2021-2022	**5.2%** [4.3, 6.1]	**5.9%** [5.0, 7.0]	**5.2%** [4.6, 5.9]	**5.6%** [4.8, 6.6]	**7.1%** [6.2, 8.2]	**4.8%** [4.1, 5.5]
		2018-2019	**5.0%** [4.1, 6.1]	**5.5%** [4.6, 6.7]	**6.1%** [5.4, 6.9]	**5.7%** [4.7, 6.8]	**6.2%** [5.2, 7.4]	**4.2%** [3.5, 5.0]
		2017-2018	**4.4%** [3.6, 5.5]	**5.5%** [4.5, 6.7]	**5.2%** [4.5, 5.9]	**5.4%** [4.4, 6.5]	**6.5%** [5.4, 7.7]	**4.1%** [3.5, 5.0]

Trends for alcohol, tobacco, and opioids are moving in the desired direction – meaning lower use rates across all states – with a few exceptions for alcohol and opioids. Use rates for cannabis have increased among all states, including Virginia, since 2017. Mental health outcomes were more mixed. All states have seen an increase in the percent of the population reporting a major depressive episode. However, some states have made positive strides in reducing the level of suicidal ideation, albeit not Virginia. Given that several states began their shared risk and protective factor initiatives in 2020 or 2022, some of these trends were already developing before new structuring was in place.

Full state profiles, including information about each state's primary models and frameworks, priority strategies identified by states, and SAMHSA funding allocations, can be found in the main report.

Qualitative Data Collection

Thirty-two CSB prevention staff across twenty-one organizations participated in focus groups covering topics such as programming, funding, staffing, partnerships, and overall prevention models, as well as successes and challenges encountered in their ongoing prevention work. In addition, a focus group was held with staff within OBHW to gather perspectives of those coordinating efforts and supporting CSBs at the state level.

Findings from these efforts highlight a growing consensus among participating CSB and OBHW staff that a shift toward addressing shared risk and protective factors is necessary to create a more sustainable, holistic approach to prevention. Current strategies, which often silo prevention efforts by specific substances or issue areas, can limit capacity, contribute to burnout, and detract from a more integrated, community-driven response.

1 Shifting Toward a Shared Risk and Protective Factor Approach

CSB staff emphasized the importance of moving beyond issue-specific prevention efforts to a broader framework that addresses the underlying factors influencing both substance use and mental health concerns. This shift is driven by:

- ✓ The recognition that current prevention priorities are often reactive in nature, primarily focusing on high severity/lethality issues. This leads to inconsistent investment in long-term, comprehensive strategies.
- ✓ The need for a prevention model that aligns with established research demonstrating the interconnectedness of mental health and substance use.
- ✓ The opportunity to reallocate resources toward upstream prevention efforts that support broader community resilience and well-being.

2 Challenges in CSB Capacity and Workforce Development

CSBs reported facing significant capacity constraints that hinder their ability to effectively implement prevention strategies. Key challenges include:

- ✓ The burden of meeting training facilitation quotas, even when participation is low, diverting time and resources from other prevention activities.
- ✓ Expanding job responsibilities beyond traditional prevention work, such as media campaign coordination and graphic design, which dilute staff capacity.
- ✓ A need for more staff, more competitive pay, and consistent training and onboarding to strengthen workforce retention and effectiveness.

3 Enhancing Prevention Efforts Through Capacity Building and Policy Engagement

To support the transition to a shared risk and protective factor approach, CSB staff identified several capacity-building needs:

- ✓ Opportunities for prevention staff to engage in advocacy and policy efforts, ensuring that prevention priorities are directly reflected in legislative decisions.
- ✓ Improved coordination across state agencies to streamline efforts, share information, and reduce duplicative work.

By adopting a more holistic prevention approach that centers shared risk and protective factors, CSBs can re-focus prevention efforts more upstream, strengthening protective factors and reducing risk factors so that substance use is not where individuals turn when facing adversity.

Data Snapshots

Virginia has seen declines in substance use rates across most issues and substance categories, particularly among youth, with reductions in alcohol use, tobacco and vapor product use, opioid misuse, and other illicit substance use (e.g., heroin, cocaine, methamphetamines, hallucinogens).

While these declines are encouraging, some concerning trends persist, including rising rates of binge drinking among young adults, disparities in substance use among marginalized groups, increases in gambling participation, and continued mental health challenges.

To effectively implement a shared risk and protective factor approach, it is essential to expand data collection efforts related to these factors. Currently, most available data focus on mental health symptoms such as depression, anxiety, and poor health, along with substance use prevalence rates, rather than the underlying factors impacting these outcomes. Data on youth coping skills, emotional regulation, resilience, and self-esteem across different age groups is especially limited. To support evaluation efforts, this shift in approach should be accompanied by a commitment to gathering data on these factors.

For a full breakdown of substance use trends and data snapshots by category, see the main report.

Summary

Based on the findings of this needs assessment, it is recommended that OBHW integrate a shared risk and protective factor approach to Virginia's prevention framework for 2025-2030 to better align with emerging trends. This shift would create a more cohesive strategy, reducing information overload for CSBs and supporting a whole-person approach to behavioral health. Rather than focusing on individual substances or issue areas, this approach prioritizes the underlying factors contributing to both substance use and mental health challenges, assessing risk factors, prioritizing key populations, and expanding protective factor focused initiatives.

A greater focus on protective factors would allow CSBs to more easily navigate the stigma that may prevent community engagement in substance use-focused programs and also allow them to invest more of their capacity in community-facing work. Substance-specific messaging can still be incorporated into these approaches, but by making them a part of – rather than the primary focus of – efforts, prevention programs can become more approachable to a larger audience, including communities that have been marginalized and who may be navigating additional stigma or barriers related to substance use and mental health.

By adopting a shared risk and protective factor approach, Virginia can create a more effective, evidence-based prevention strategy that strengthens protective factors, reduces risk factors, and ensures long-term behavioral health improvements across communities.

Introduction

The Office of Behavioral Health Wellness (OBHW) within the Virginia Department of Behavioral Health and Developmental Services (DBHDS) contracted with OMNI Institute in July 2023 to complete a statewide needs assessment focused on various prevention and behavioral health-related topics. The previous statewide prevention-focused needs assessment was conducted in 2018, followed by a strategic planning process in 2019 that led to the identification of three statewide priority areas and subsequent priority strategies that all 40 Community Service Boards (CSBs) were required to implement in the 2020-2025 Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS-BG or SUBG) cycle. The priority areas for the 2020-25 SUBG cycle identified through this process were alcohol, tobacco, and suicide prevention with six accompanying strategies.

The 2020-25 Virginia Substance Use Block Grant Logic Model

	Problem	Targeted Risk Factors	Strategies	Impact
Alcohol	1 in 4 VA high school youth report drinking alcohol in the past 30 days (VYS, 2017)	Low perception of risk use Early onset of use	**Coalition Development** Bringing together community leaders and stakeholders for collective action **ACES Trainings** Understanding the impacts of adverse childhood experiences	Decrease in youth alcohol use Decrease in young adult binge drinking
Tobacco/Nicotine	1 in 6 VA adults report smoking cigarettes (BRFSS, 2017) 1 in 15 VA high school youth report smoking cigarettes currently, while 1 in 9 report currently using a vaping product. (VYS, 2017).	Low perception of risk use Early onset of use	**Coalition Development** Bringing together community leaders and stakeholders for collective action **Counter Tools** Developing responsible retailer practices **ACES Trainings** Undestanding the impacts of adverse childhood experiences	Decrease in youth tobacco/nicotine use Decrease in young adult tobacco/ nicotine use
Mental Health/Suicide	1 in 14 VA high school youth have attempted suicide in the past year (VYS, 2017) 9.9 out of 100,000 youth ages 15-19 died by suicide in VA in 2019 (America's Health Rankings, 2019) 13.8 out of 100,000 adults died by suicide in VA in 2019. (America's Health Rankings, 2019)	High rates of depression/ sadness High rates of suicidal thoughts	**Mental Health First Aid and Suicide Prevention Trainings** Recognizing and addressing signs of suicide **Coalition Development** Bringing together community leaders and stakeholders for collective action **ACES Trainings** Undestanding the impacts of adverse childhood experiences **Lock and Talk** Suicide prevention through lethal means safety	Decrease in youth suicide attempts Decrease in youth death by suicide Decrease in adult deaths by suicide

Throughout the 2020-25 SUBG cycle, the prevention workforce experienced challenges resulting primarily from the need to address an ever-growing list of substances and issue areas. The 2020-25 SUBG cycle saw the additions of emerging statewide priorities, including over-the-counter medication misuse, cannabis, and problem gaming and gambling, placing significant strain on local prevention capacity, as the workforce was continuously called on to build new capacity and learning around these new topic areas and add new strategies to their current prevention programs, all the while continuing to address existing priorities. As such, the 2023-24 needs assessment encompasses a broader goal: to examine leading prevention frameworks and the prevention approaches of other states to identify clear opportunities for an improved statewide prevention approach in Virginia.

Research consistently demonstrates the interconnectedness of behavioral health outcomes – including links between substance use, mental health concerns, and problem gaming and gambling. This interconnectedness has been especially evident in recent years as efforts to increase awareness around the impact of adverse childhood experiences (ACEs) have expanded across the state. As ACE Interface trainings and trauma-informed care initiatives have proliferated over the past several years, prevention staff, coalitions, and communities in Virginia are more educated on the impact of childhood trauma, which is clearly and consistently linked with increased substance use, poorer mental health outcomes, and higher rates of suicide throughout the lifespan. Further, the prevention workforce has built capacity and become more fluent in the language of trauma, root causes, the social determinants of health, and resiliency. Building on these collective learnings, the needs assessment process to prepare for the 2025-30 SUBG cycle placed special attention on shared risk and protective factors, including ACEs, as a potential unifying theme for more cohesively and efficiently addressing multifaceted prevention work.

As such, OMNI completed the following components of work to get a broad, clear view of not only the current state of behavioral health and prevention in Virginia, but also to explore the literature, relevant frameworks, and the approaches of other states to guide Virginia's prevention work in the future. The needs assessment entailed the following components of work:

LITERATURE REVIEW

- Prevention Frameworks and Approaches
- State Profiles and Data Reviews
- Strategy Implementation Best Practices

PRIMARY QUALITATIVE DATA COLLECTION

- Focus groups with prevention staff at Community Service Boards throughout Virginia
- A focus group with staff at the Virginia Office of Behavioral Health Wellness

SECONDARY DATA ANALYSIS

- Summary of the current state of specific substances and behavioral health topics, including risk and protective factor data
- Summary of key data gaps needed to successfully measure outcomes in a risk and protective factor driven prevention model

This 2023-24 Needs Assessment Report will be used as a foundation for the launch of a strategic planning process focused on identifying priorities for the prevention and behavioral health landscape in Virginia for 2025-2030.

The report is structured to follow the needs assessment components outlined above. First, we will walk through our review of the prevention literature, highlighting leading prevention frameworks and models that consider the interconnectedness of behavioral health outcomes. Next, we detail our examination of how five different states designed their prevention systems to incorporate a focus on shared risk and protective factors. Then, we explore some specific prevention strategies that could be implemented in Virginia to support the creation of thriving, resilient communities.

We then turn to the findings of our primary data collection efforts (focus groups), which were conducted to gather perspectives from both the direct prevention workforce at Virginia's Community Services Boards and staff from Virginia's Office of Behavioral Health Wellness, who oversee efforts at a state level. Focus groups offer perspectives on the current state of prevention in Virginia and opportunities for the future.

Finally, we present data snapshots that highlight the most recently available data on substance use, mental health, and problem gambling across Virginia. Examining the data will help to illuminate the current state of substance use and behavioral health in Virginia, as well as provide an update to the data from the 2018 prevention needs assessment. We will be able to assess whether current priorities are supported by this updated data, and we can further consider whether specific subpopulations should be the target of prevention efforts in the next SUBG cycle. Overall, the snapshots will provide a better understanding from which to frame future goals and the vision for the next five-year strategic plan. The report will end with recommendations and potential next steps for OBHW to consider as it moves into strategic planning in the fall of 2024.

Literature Review

Background

Research linking substance use, mental health, and problem gambling has been widely established and indicates the presence of shared predictors increasing the likelihood of individuals experiencing poor behavioral health outcomes. During the 2020-2025 SUBG cycle, prevention providers began implementing strategies to increase awareness of adverse childhood experiences (ACEs), which include a range of traumatic events throughout childhood/adolescence that have been linked with a higher likelihood of substance use and poor mental health outcomes throughout the lifespan. Through their ACEs efforts, Virginia providers have demonstrated that focused efforts on root causes of negative behavioral health outcomes can be a meaningful approach to addressing a wide range of issue areas simultaneously. This approach to center shared drivers of behavioral health outcomes – rather than focusing on individual outcomes and singular drivers thereof – has been increasingly adopted by key prevention agencies.

In September 2022, the National Institute of Health's (NIH) National Institute on Drug Abuse (NIDA) published its strategic plan identifying priorities in the field of prevention work between now and 2026.[1] NIDA recognizes that the commitment needed to execute and carry out this work effectively comes from carefully observing and understanding the following principles and factors:

1. Identifying and developing evidence-based approaches to reduce the stigmatization of substance use disorders (SUD).
2. Understanding the nuances in SUD that occur based on biological sex/sexual orientation/gender identity.
3. Developing evidence-based approaches to reduce health disparities and promote health equity.
4. Understanding that SUDs often occur in conjunction with other mental illnesses and health conditions.
5. Developing initiatives that center those with lived experiences.

NIDA's strategic plan focuses on broader approaches to impact those at the highest risk and who experience the greatest impacts from substance use. To tackle the complex and interwoven nature of substance use, mental health, and physical health outcomes, the plan highlights the need for efforts universal enough to effect change in more than one area. This focus on identifying antecedents of substance use often centers on shared risk and protective factors.

In September 2023, the Substance Abuse and Mental Health Services Administration (SAMHSA) followed in NIDA's footsteps with the release of their 2023-26 Strategic Plan, which includes a key focus on the need to address shared risk and protective factors to address behavioral health outcomes.[2] SAMHSA's plan identifies four primary goals:

- ✓ Preventing substance use and overdose
- ✓ Enhancing access to suicide prevention and mental health services
- ✓ Promoting resilience and emotional health for children, youth, and families
- ✓ Integrating behavioral and physical health care
- ✓ Strengthening the behavioral health workforce

Throughout SAMHSA's strategic plan, a focus on the drivers of behavioral health outcomes is evident, including a "strategic focus on increasing protective factors across the lifespan in order to mitigate risks to individual- and population-level well-being and resilience." Taking a broader approach to primary prevention and focusing on an earlier point of intervention, SAMHSA notes, has the capacity to decrease the need for treatment and recovery services. This includes "strengthening social determinants of health, supporting healthy social and emotional development, reducing and addressing childhood and other trauma, supporting parents and strengthening families, expanding evidence-based programs in schools, and improving the safety and livability of community environments." In addition, SAMHSA notes the importance of expanding mental health literacy through delivery of outreach activities, trainings, and provision of technical assistance to increase community understanding of mental health, including symptoms and how to support individuals experiencing mental distress, as well as increasing programming targeted towards children, youth, families, and young adults.

This review will highlight how a focus on risk and protective factors can better shape our understanding of and approach to the areas of substance use, problem gaming and gambling, and suicide prevention, effectively breaking down the silos found within a substance-specific approach to prevention to create a more cohesive model. An approach to prevention that recognizes the efficiencies of shared risk and protective factor approach has the potential to create a cohesive and clear prevention narrative, streamline programs, and maximize efficiencies and use of prevention funds, while simultaneously reducing the strain on the prevention workforce. We will explore current and emerging prevention frameworks that incorporate a shared risk and protective factor lens, elaborate on key risk and protective factors that underlie a multitude of behavioral health issues, and identify evidence-based and evidence-informed strategies that can be leveraged to create impact across a variety of prevention areas. Findings will culminate in an exploration of various state prevention models that center a shared risk and protective factor approach. This exploration also serves to identify potential leaders and allies in this area of prevention and understand how these states are incorporating this lens into their state prevention approaches. State profiles include the specific prevention frameworks underlying each state's approach, key strategies/initiatives being implemented and provide a comparison of funding allocations and key indicators between each state and Virginia.

Shared Risk and Protective Factor Overview

Risk and protective factors are integral to understanding how individual and collective experiences determine behavioral health outcomes. Risk factors refer to a variety of biological, psychological, family, community, and/or cultural characteristics associated with a higher likelihood of negative outcomes. Protective factors, conversely, are those characteristics– on those same levels – that *lower* the likelihood of negative behavioral health outcomes in an individual's life. Protective factors may also be referenced as positive countering events. Some of these factors are fixed, meaning they don't change over time, and some of them are considered variable, such as adverse childhood experiences (ACEs).[3] Risk and protective factors have a cumulative effect on individual development and integrating these as the primary focus of prevention programs, rather than specific substances or problem areas, allows programs to simultaneously and efficiently impact multiple prevention areas and substances.

The following table provides an overview of key risk and protective factors and identifies where established research is available illustrating the relationship between these factors and substance use and behavioral health outcomes. An overview of relevant research can be found in Appendix A.

	●	●	●	●	●	●	●	●	●
ACEs	✓	✓	✓	✓	✓	✓	✓	✓	✓
Active Parenting and Parental Involvement	✓	✓	✓	✓	✓				✓
Ease of Access		✓	✓	✓	✓		✓		
Healthy Coping Skills, Emotional Regulation, and Resilience	✓	✓	✓	✓	✓	✓		✓	
High Self-Esteem		✓			✓	✓		✓	
Parental Approval, Disapproval, and Use		✓	✓	✓			✓	✓	✓
Peer Approval, Disapproval, and Use		✓	✓	✓			✓		✓
Perceptions of Risk		✓	✓	✓		✓		✓	
Prosocial and Extra-Curricular Involvement	✓	✓			✓	✓			
Social Isolation	✓	✓	✓		✓	✓			
Social Supports	✓	✓	✓		✓	✓	✓	✓	
Trusted Adults, Peers, and Mentors	✓	✓	✓		✓			✓	✓

- ● General impact on substance use outcomes
- ● Alcohol
- ● Cannabis
- ● Gambling
- ● Mental Health & Suicide
- ● Opioids
- ● Stimulants
- ● Tobacco
- ● Vaping

ACEs

A large body of evidence establishes the relationship between increased exposure to adverse childhood experiences (ACEs) and higher likelihood of engaging in substance use.[4] Specific research demonstrates the impact of ACEs on alcohol[5,6,7,] cannabis[8], opioid[9,10], stimulant[11], tobacco[8,12,13,] and vape use.[8,12] ACEs were similarly linked with increased gambling[14] and poor mental health outcomes.[15,16] ACEs exposure was the most widely shared risk factor identified, with links to every behavioral health area or substance examined. ACEs have been a focus of Virginia's prevention program since 2016, with all Virginia CSBs expected to conduct ACEs trainings as part of their annual performance contracts for SUBG. 8 CSBs also receive additional "Self-Healing Communities" funds, which build upon existing ACE-related efforts to develop trauma-informed care networks in their communities. Virginia's prevention workforce is well positioned to continue to build upon these efforts as part of a shared risk and protective factor approach.

Active Parenting and Parental Involvement

Active parenting and parental involvement, including youth and adolescent perceptions of high parental engagement was tied to overall reductions in youth substance use [17,18], with clear indications for reduction of alcohol[19], cannabis[19], and vape use[20], as well as decreased mental distress and suicidal ideation.[21] Evidence-based parenting programs, such as Active Parenting, Nurturing Parenting Programs, and Strengthening Families, have been implemented by numerous CSBs throughout the last five-year SUBG cycle but are not a component of the current statewide priorities. Expanding the availability of resources to support the implementation of parent education and family management programs may help build stronger, healthier, and more resilient families in Virginia and expand pathways through which resources can be directly provided to community members.

Ease of Access

Ease of access – from retailers, at home, or from social sources – was established as a risk factor with specific evidence linking accessibility of alcohol[5,22], cannabis[23,24], stimulants[115], and gambling opportunities with increased likelihood of use[25]. Increased access to lethal means, including medications and firearms, was associated with an increase in suicide rates.[26,27] Easy access to tobacco, as well as lethal means access, are currently being addressed in the state prevention model via the merchant education strategies of CounterTools and Lock & Talk. As efforts to address cannabis and problem gambling have increased, CSBs have also begun implementing merchant education with cannabis retailers and gambling operators. Targeted risk and protective factors within the current state model are broader in their conceptualization, focusing on early onset of use and poor mental health rather than directly naming the drivers thereof, including ease of access. Increased specificity in the risk and protective factors being targeted can help prevention providers create a clearer connection between interventions and outcomes.

Healthy Coping Skills, Emotional Regulation, and Resiliency

Building healthy coping skills, the ability to self-regulate emotions, and other resiliency factors were correlated with lower likelihood of substance use,[28,29,30,31,32] with specific linkages to decreased alcohol[33,34], cannabis[33], opioid[35], and nicotine use.[33] Healthy coping skills, emotional regulation, and resiliency were also linked to lower mental distress, suicidal ideation[36] and disordered gambling.[117,118.] Virginia's current SUBG model includes suicide prevention strategies, such as Mental Health First Aid, that provide information to participants on how to identify and support individuals in distress, but does not include strategies that support individuals in building these skills to support their own well-being. These strategies have become an increasing focus of CSBs engaging in trauma-informed work in their communities, with CSBs distributing resource kits and hosting workshops focused on building skills to cope with stress and trauma. Virginia's Activate Your Wellness Media campaign also serves to build these skills across eight dimensions of wellness, providing a key opportunity for expansion.

Parental Approval, Lack of Disapproval, and Use

Research establishing the risks of parental approval, lack of parental disapproval, and/or parental use were interwoven, but established that parental approval, lack of disapproval, and/or parental use increased the likelihood of alcohol[37,38], cannabis[23,38,39,40], stimulants[115], tobacco[38,41], and vape use[41], as well as increased likelihood of youth participation in gambling activities[119]. Despite a lack of focus on parental approval, lack of disapproval, and use in the current state prevention model, many CSBs implement family management, parenting programs, and media campaigns that include a focus on this area, such as the "We Don't Support Underage Use" media campaign. Incorporating a focus on these factors in the state prevention model would allow CSBs to build out these programs and increase parental engagement in conversations about youth substance use.

Peer Approval, Disapproval, and Use

Similar to parental attitudes, evidence related to peer approval and use were similarly interwoven and were shown to increase the likelihood of alcohol[37,42], cannabis[23,38,40,43], stimulants[115], and vape use[44], as well as gambling.[25] Peer disapproval was found to decrease the likelihood of alcohol, cannabis, and vape use among youth.[114]

While peer perceptions are not currently targeted in the state prevention model, many CSBs implement youth alternative and education programs such as after-school programs, youth clubs, mentor programs, and leadership programs. These programs support youth in engaging in substance-free environments with their peers, encourage youth to be leaders in their communities, and encourage youth to engage in healthy decision-making. Some CSBs engage in social norms messaging campaigns, which can serve to directly address misconceptions about peer use that may encourage substance use behaviors, though these can be challenging to implement and evaluate due to the need for specific data that is not commonly collected. However, measures related to peer alcohol use norms were incorporated into the new iteration of the Virginia Young Adult Survey, first implemented statewide in 2022, which provides a key opportunity to address alcohol use norms among young adults 18 to 25 moving forward.

Perceptions of Risk

Low perceptions of the risk of harm associated with substance use is currently a targeted risk factor in Virginia's strategic plan related to the priority areas of Alcohol and Tobacco use. A review of evidence found low perceptions of risk to be associated with increased alcohol[45], cannabis[45,46], opioid[47], and tobacco[45,48] use as well as increased gambling participation.[25] Information dissemination efforts such as media messaging and community presentations, including messaging aimed at increasing risk perceptions around substance use, are commonly implemented by CSBs.

Prosocial and Extracurricular Involvement

Participation in prosocial or extracurricular activities, such as after-school programs, clubs, youth leadership programs, and recreational activities, was found to have an overall association with lower youth substance use[17,49], with specific evidence linked to reduced youth alcohol[5] and opioid use[50], as well as lower risk of suicide and mental distress.[51] Despite the lack of inclusion of these types of strategies in current state priorities, many CSBs have utilized available funding to create programs that allow for meaningful connections among youth. Youth education and alternative strategies such as Sources of Strength and summer camps have been implemented by many CSBs over the last five years and offer an opportunity to engage in institutional learning and possible expansion.

Self-Esteem

Higher levels of self-esteem were correlated with decreased alcohol[52], opioid[53], and tobacco use[54], as well as decreased mental distress[122,123] and suicidal ideation.[55,56] While initiatives that have a goal of supporting individuals in building self-esteem are not currently found within the state's strategic plan, some CSBs are utilizing the 20% of their SUBG funds earmarked for community-driven strategies to implement such efforts. Programs such as youth leadership and mentor programs serve to develop self-esteem among youth participants, while some programs focused on supporting parents can help build self-esteem among parents. Activate Your Wellness campaign efforts may also indirectly serve to build self-esteem among those engaging with its messaging – including resources and messaging specifically targeted at helping them develop a stronger and more positive sense.

Social Isolation and Social Support

Social isolation was generally identified as a risk factor for increased substance use and poor mental health outcomes,[57,58] with research establishing a direct relationship between isolation and increased alcohol[5,57,59] cannabis[43,59] and opioid use[60,61], as well as an increased risk of mental distress and suicidality.[62,63] Increased social support was identified as the most widely shared protective factor examined. Increases in social support were correlated with a reduced risk of overall substance use[64], with specific evidence indicating decreases in alcohol[65,66], cannabis[66], opioid61[61,67], stimulant[66], and tobacco[57,66] use, as well as a decrease in mental distress and suicidal ideation.[63]

Virginia does not currently include social isolation as a targeted risk factor, though a narrative around social isolation is integrated in the state's ACEs work and is the central pillar of the statewide Lift Up Virginia (LUV) campaign. At the community level, many CSBs are implementing strategies focused on these areas as part of their community-driven strategies, for which 20% of their SUBG funds are earmarked – most notably alternative events and youth development programs (e.g. after-school programs, youth leadership programs, etc.). Explicitly centering the risks of social isolation and the power of connection and social support in improving behavioral health outcomes would establish rationale for expansion of the LUV campaign and for increasing the resources available to CSBs to implement strategies focused on building connection and social support in their communities.

Trusted Adults, Peers, and Mentors

Healthy relationships with a trusted adult, peer, or mentor were associated with overall decreased substance use.[68,69] Specific evidence illustrates the effectiveness of healthy peer and adult mentor presence in decreasing the likelihood of alcohol[38], cannabis[38], tobacco[38], and vape use.[70] The presence of trusted adults, peers, and mentors is also associated with improved mental health outcomes.[120,121]Youth-adult leadership and mentorship programs are strong pillars of many CSB prevention efforts and create opportunities for increasing youth engagement in coalition efforts.

Strategies that promote protective factors may allow CSBs to more easily navigate stigma. Some individuals may be unlikely to attend a substance use prevention event because they don't feel it applies to them or are uncomfortable attending due to social stigma around substance use. These individuals may be more willing to attend a wellness-focused event that indirectly incorporates substance use prevention messaging.

Frameworks and Models

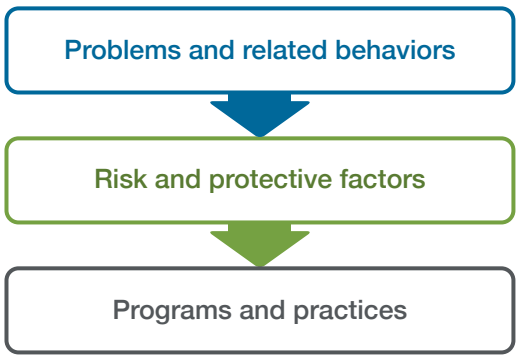
A variety of frameworks and models exist that offer unique perspectives on how to think about the drivers of health outcomes and how best to approach the design of meaningful interventions. This section will discuss several theories and models that may help to guide prevention planning and that prioritize risk and protective factors in their approach rather than focusing on specific substances or behaviors.

Models Currently Used in Virginia

The Strategic Prevention Framework[71]

SAMHSA's Strategic Prevention Framework (SPF) has long been central to Virginia's prevention approach. The framework's primary utility is in its conceptualization of a continuous cycle of activities that allow for the development of appropriate, effective, and well-planned out interventions. The SPF highlights the need to engage in a continuous cycle of assessment, capacity building, planning, implementation, and evaluation.

While the SPF includes a focus on risk and protective factors, it centers on problems and related behaviors as the initial step to assessment. Once the problems or behaviors are identified, it prompts its users to identify risk and protective factors before identifying programs and practices. The centering of problem areas within this process can make it challenging to fully map out shared risk and protective factors and to understand linkages between various behavioral health outcomes when the steps are approached on a problem-by-problem basis. By re-envisioning the risk and protective factor identification process within this model to be centered on identifying factors associated with one or more identified problems, the SPF model can be well suited to the development of a shared risk and protective factor focused approach to prevention.



DBHDS

CADCA's Seven Strategies for Community Change[72]

CADCA equips coalitions with the tools, knowledge, and support they need to create positive change in their communities. CADCA highlights Seven Strategies for Community Change coalitions can adopt to create meaningful community-level change, with each method representing a key element for building and maintaining a healthy community. The model separates strategies into individual and environmental efforts, acknowledging the impact of individual- and environment-level factors in determining behavioral health outcomes. CADCA identifies the importance of information dissemination programs, skill-building programs, and programs that increase support networks as key strategies for creating individual-level change. Improving systems through enhanced access to services and care, alongside policy modifications and changes, are identified as key strategies for creating environmental change. Along with coalitions across Virginia, CADCA's framework has been adopted by member coalitions across much of the U.S. including in Connecticut[73], Missouri[74], New Jersey[75], New York[76], Ohio[77], and Wisconsin.[78]

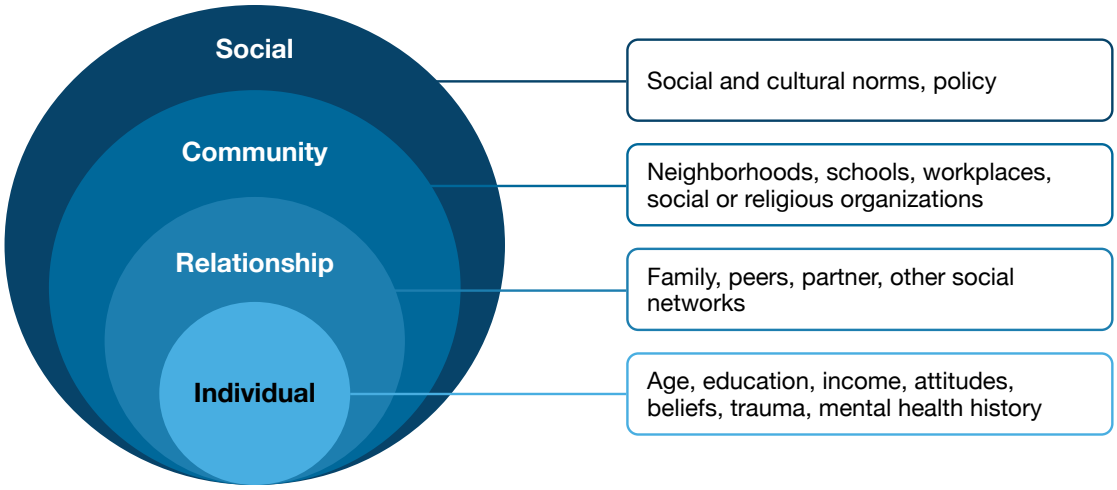
CADCA'S Seven Strategies for Community Changes

1	Providing information	INDIVIDUAL
2	Enhancing Skills	
3	Providing Support	
4	Enhancing Access/Reducing Barriers	ENVIRONMENTAL
5	Changing Consequences	
6	Physical Design	
7	Modifying/Changing Policies	

Additional Models and Frameworks for Consideration

The Socio-Ecological Model[79]

The Socio-Ecological Model (SEM) helps us understand the different ways people's circumstances, relationships, and environments affect their behaviors. The SEM organizes risk and protective factors into different levels, from the micro, individual level, up to the macro, society level. While the levels of the SEM can change slightly from source to source, they follow the basic format of individual, interpersonal relationships, community, and society. By breaking down risk and protective factors into their socio-ecological sections, agencies can better understand the role they play in shaping outcomes and how to create a broad yet targeted prevention program that address drivers of behavioral health outcomes from a variety of angles that are mutually reinforcing. Use of the SEM in developing prevention programs is supported by national and global agencies including the CDC[79], Prevention Technology Transfer Center Network[80], and UNICEF[81]. The SEM is currently used in the conceptualization of prevention programs in several states, including Arizona[82], Colorado[83], Minnesota[84], and Ohio.[85]



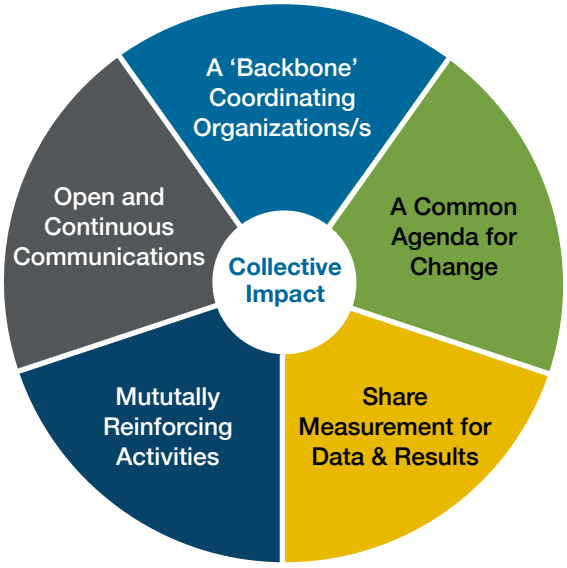
Use of the Socio-Ecological Model would support Virginia in ensuring a well-rounded set of risk and protective factors to prioritize, thus ensuring a coordinated and cohesive approach to prevention that acknowledges the multiple levels of influence that drive behavioral health outcomes.

The Collective Impact (CI) Approach[86]

The Collective Impact (CI) approach suggests that complex issues, such as substance use, cannot be solved by one sector alone, emphasizing cross-sector collaboration as the key pathway to driving change. The CI approach promotes the idea of a single "backbone" organization that leads the efforts and facilitates work from supporting organizations as vested partners.

In the CI approach, vested partners work together to identify a common agenda for change. Through implementation of mutually reinforcing activities, continuous communication, and the identification of shared measurement tools, these organizations can strategically target different aspects of the issue being addressed and maximize impact by capitalizing on each entity's strengths.[87] Use of the Collective Impact approach to creating cross-sector solutions has been supported by the U.S. Drug Enforcement Agency's Campus Drug Prevention Program.[88] It is integrated in the conceptualization of prevention frameworks in several states, including Arizona[89], Colorado, Ohio[90], and Oregon[91], as well as in the city of Chicago.[92]

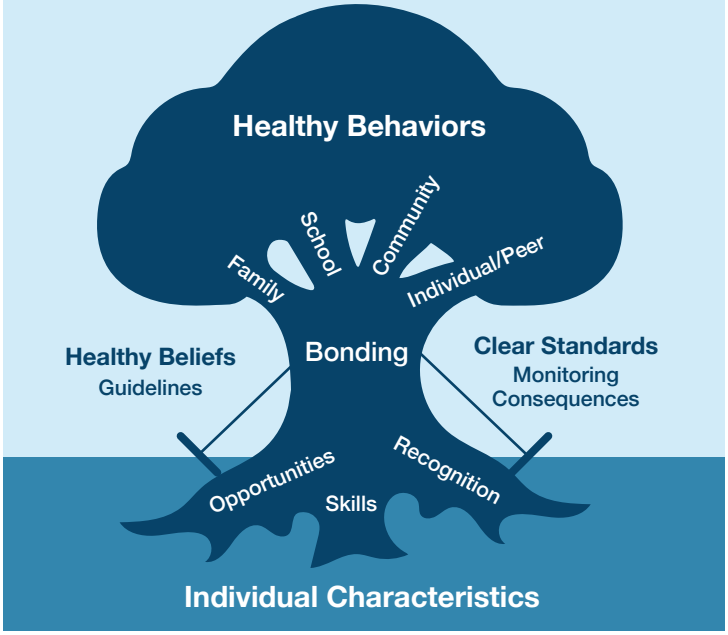
Use of the Collective Impact approach would allow Virginia's prevention programs to create stronger partnerships with key agencies and organizations across the Commonwealth by establishing common goals, identifying mutually reinforcing activities, establishing shared measurement systems, and creating platforms for continuous communication.



Social Development Strategy[93]

The Social Development Strategy (SDS) is a youth-focused model that concentrates on protective factors that help youth build the skills needed to face the risks and challenges that can lead to problem behaviors such as substance use. A recent study describes SDS as "a model for organizing prevention into a practical strategy that promotes positive youth development while reducing risk."[94] Like the socio-ecological model, the SDS looks at the many interconnected factors that impact youth, including communities, families, schools, and peers, and rests on theories that hypothesize that 1) prosocial bonding promotes prosocial behavior, 2) behavior is learned in groups through rewards and punishment, and 3) the paths for prosocial and anti-social behaviors and dispositions are separate but parallel. The SDS focuses on developing opportunities for learning, skill building, recognition, bonding, and the establishment of clear standards for youth behavior. The Social Developmental Strategy has been recognized by the Prevention Technology Transfer Center Network[95] and is a foundational component of the Center for Communities that Care.[96] The SDS is currently being utilized by Ohio's Department of Mental Health and Addiction Services in their statewide substance use and suicide prevention framework[85] as well as by agencies and coalitions in Utah.[97,98] Communities that Care, which is based upon the SDS, is incorporated in the state prevention approaches in both Colorado[83] and Utah.[99]

Use of the Social Development Strategy would create opportunities for Virginia to develop a stronger narrative and approach to youth- and families-focused prevention work. Integration of population-specific frameworks and models promotes an understanding that the needs and experiences of individual groups are unique and cannot be met by a one-size-fits all solution. Given similarities between the models, the SDS could easily be used in conjunction with the Socio-Ecological Model.

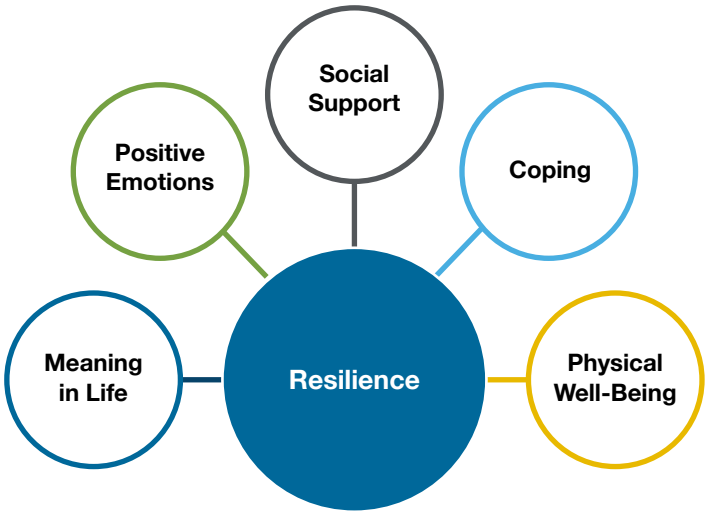


Resiliency Theory[100]

Resiliency Theory, another theory geared toward youth, focuses on identifying the strengths and assets of youth that can keep them away from problem behavior. Resiliency is a protective factor that youth can develop and build on throughout their lives. Resiliency Theory provides a conceptual framework for considering a strengths-based approach to understanding child and adolescent development and informing intervention design.

Resiliency Theory focuses attention on protective contextual, social, and individual variables that interfere or disrupt developmental trajectories from risk to problem behaviors, mental distress, and poor health outcomes. Resiliency theory is modeled on the theory of assets and resources as key promotive factors, which "operate in opposition to risk factors and help youth overcome negative effects of risk exposure." Positive factors that reside within individuals such as self-efficacy and self-esteem are defined as assets. Factors external to individuals are considered resources and include parental support, adult mentors, and youth programs that provide youth with opportunities to learn and practice skills. Ohio's Department of Mental Health and Addiction Services currently utilizes this approach in the conceptualization of their statewide substance use and suicide prevention framework.[85]

Use of Resiliency Theory could create opportunities to emphasize protective factors and youth-targeted prevention efforts that take a strengths-based approach. Incorporating population-specific models and frameworks ensures efforts reflect the understanding that many drivers of behavioral health outcomes are unique to certain demographic groups.



Developmental Assets Framework[101]

The Developmental Assets Framework "identifies 40 research-based, positive experiences and qualities that influence young people's development, helping them become caring, responsible, and productive adults." The assets are divided into external assets (focused on relationships) and internal assets (focused on social-emotional strengths in youth). Building external assets would mean focusing on increasing social supports, empowering youth, establishing clear rules and consequences for youth behaviors, encouraging youth to make healthy choices, and creating opportunities for youth to engage in prosocial and after school programs to ensure they have opportunities that promote constructive use of time. Building internal assets would mean focusing on encouraging youth to believe in themselves, engage in opportunities for learning, build strong personal value systems that promote healthy life choices, learn strong social skills and healthy coping skills, and develop high self-esteem and a positive sense of self. A robust body of research supporting the impact that these assets have on youth well-being has been established.[102]

Use of the Socio-Ecological Model would allow Virginia's prevention leadership to ensure they are selecting a well-rounded set of risk and protective factors to prioritize, thus ensuring a coordinated and cohesive approach to prevention that acknowledges the multiple levels of influence that drive behavioral health outcomes.

The Icelandic Prevention Model

The Icelandic Prevention Model emphasizes creating environments that promote healthy lifestyles through "the collaboration of numerous parties, e.g. parents, teachers, community centers, sports clubs, and more.[103] The Icelandic Model uses a "toolkit approach" to health promotion, which assumes that communities vary greatly in strengths, opportunities, and resources.[104] The focus of the Icelandic Model is to strengthen protective factors and mitigate risk factors at the local community level within each of the domains of parents and family, the peer group, the school environment, and leisure time outside of school. The toolkit provides five guiding principles, including 1) applying a primary prevention approach, 2) engaging communities and schools, 3) engaging vested partners to engage in data-driven decision making, 4) integrating research, policy, practice, and the community in its implementation, and 5) ensuring the scope of solutions is aligned with the nature of the problem. The toolkit further outlines ten core steps for development, continuous monitoring, and improvement of efforts. Studies show that this theory-based approach has reduced substance use in Iceland over the past 20 years.[104] The model has expanded worldwide into over 30 countries, with resources and guidance now coordinated under the organization "Planet Youth." The Icelandic Prevention Model was recently adopted by the Public Health Agency of Canada[105] and the Washington State Tribal Prevention System.[106]

The Icelandic Prevention Model provides useful, actionable resources and guidance that can help inform Virginia's prevention approach. The model is well-suited to meeting the needs of diverse communities in acknowledging that approaches must be tailored to meet the capacity and resources of individual communities. Fully implementing the model with fidelity would require investment across agencies for it to be successful.

State Profiles

As a part of our literature review, we developed state profiles to better understand how and which states were already utilizing a risk and protective factor approach in their prevention systems. States were selected based on existing familiarity with other state approaches, information shared by state prevention leaders at the National Prevention Network conference in 2023, and availability of strategic plans or similar information on state agency websites. These profiles map out individual state approaches, risk and protective factors, funding allocations, and key strategies being prioritized at the state level.

These profiles are designed to help Virginia understand how other states are 'telling the story' of their prevention work and how they are centering risk and protective factors in their approach to addressing substance use and mental health in their communities. They may also provide opportunities for information sharing and relationship building across states with similar approaches.

Identifying a cohort of similarly positioned states in terms of prevalence rates can also create opportunities for improved monitoring and allow for a better understanding of the impact of a shared risk and protective factor approach, including how long it takes to see an impact from these types of interventions. To monitor such trends in the data, we selected relevant indicator data to compare across the identified states. In general, trends for alcohol, tobacco, and opioids are moving in the desired direction – meaning lower use rates across all states – with a few exceptions for alcohol and opioids. Use rates for cannabis have increased among all states, including Virginia, since 2017. Mental health outcomes were more mixed. All states have seen an increase in the percent of the population reporting a major depressive episode. However, some states have made positive strides in reducing the level of suicidal ideation, albeit not Virginia. Given that several states began their shared risk and protective factor initiatives in 2020 or 2022, some of these trends were already in progress before new structuring was in place.

Data below are from SAMHSA's National Survey on Drug Use and Health (NSDUH), displaying data for all adults, age 18 and older. Due to methodological differences while collecting data in 2020 during the COVID-19 pandemic, data for 2019-2020 were not released by SAMHSA.

Note: *Green indicates states where Virginia's outcomes or rates are more favorable, while gray indicates states where outcomes are more favorable than those in Virginia. Yellow indicates similar outcomes. Differences between Virginia and other states are only noted in the most recent year of data available to denote the most current comparisons available.*

	Measure		Arizona	Colorado	Ohio	Oregon	Utah	Virginia
Alcohol	Use in the Past Month	2021-2022	**50.3%** [46.2, 54.3]	**59.4%** [56.2, 62.6]	**53.1%** [50.8, 55.4]	**58.2%** [54.5, 61.8]	**32.6%** [29.8, 35.6]	**54.9%** **[52.5, 57.3]**
		2018-2019	**53.2%** [50.0, 56.3]	**64.9%** [61.9, 67.8]	**55.5%** [53.5, 57.4]	**61.7%** [58.7, 64.5]	**32.5%** [29.7, 35.3]	**55.3%** [52.8, 57.7]
		2017-2018	**54.3%** [51.1, 57.4]	**66.6%** [63.6, 69.4]	**55.1%** [53.1, 57.1]	**61.5%** [58.6, 64.4]	**31.1%** [28.5, 33.9}	**55.1%** [52.6, 57.7]
	Binge Drinking in the Past Month	2021-2022	**24.1%** [21.1, 27.5]	**26.6%** [23.7, 29.6]	**26.4%** [24.5, 28.4]	**24.0%** [21.3, 27.0]	**15.3%** [13.3, 17.6]	**23.2%** [21.3, 25.2]
		2018-2019	**23.1%** [20.8, 25.6]	**31.2%** [28.6, 34.0]	**26.7%** [25.1, 28.4]	**26.0%** [23.6, 28.6]	**17.9%** [16.0, 20.1]	**24.6%** [22.6, 26.6]
		2017-2018	**24.9%** [22.4, 27.6]	**32.5%** [29.7, 35.4]	**26.9%** [25.3, 28.5]	**26.5%** [24.1, 29.1]	**16.6%** [14.7, 18.7]	**24.6%** [22.7, 26.6]

	Measure		Arizona	Colorado	Ohio	Oregon	Utah	Virginia
Tobacco	Tobacco Product Use in the Past Month	2021-2022	**20.1%** [17.5, 23.1]	**19.8%** [17.5, 22.3]	**27.7%** [25.7, 29.8]	**19.6%** [17.1, 22.3]	**14.1%** [12.2, 16.2]	**19.5%** [17.7, 21.5]
		2018-2019	**20.5%** [18.2, 23.0]	**22.3%** [20.1, 24.6]	**29.1%** [27.4, 30.9]	**22.2%** [19.9, 24.6]	**15.8%** [13.9, 18.0]	**23.3%** [21.5, 25.2]
		2017-2018	**22.8%** [20.4, 25.4]	**23.1%** [20.9, 25.4]	**28.8%** [27.1, 30.5]	**22.5%** [20.4, 24.8]	**16.6%** [14.6, 18.7]	**21.7%** [20.0, 23.5]
	Cigarette Use in the Past Month	2021-2022	**16.1%** [13.8, 18.8]	**14.3%** [12.2, 16.5]	**23.1%** [21.2, 25.1]	**15.5%** [13.3, 17.9]	**10.1%** [9.0, 12.4]	**14.9%** [13.4, 16.6]
		2018-2019	**17.1%** [15.0, 19.3]	**17.6%** [14.7, 19.8]	**22.9%** [21.4, 24.5]	**17.1%** [15.2, 19.2]	**12.8%** [11.1, 14.7]	**17.9%** [16.2, 19.6]
		2017-2018	**18.6%** [16.4, 20.9]	**18.5%** [16.4, 20.6]	**23.2%** [21.7, 24.8]	**17.7%** [15.8, 19.9]	**13.7%** [11.9, 15.7]	**16.8%** [15.2, 18.5]
Cannabis	Use in the Past Month	2021-2022	**20.0%** [17.0, 23.2]	**20.5%** [18.1, 23.2]	**15.6%** [14.1, 17.3]	**23.0%** [20.2, 26.1]	**10.3%** [8.6, 12.1]	**13.9%** [12.1, 15.5]
		2018-2019	**11.5%** [9.7, 13.6]	**18.2%** [16.0, 20.5]	**10.6%** [9.6, 11.7]	**19.4%** [17.2, 21.8]	**6.7%** [5.5, 8.1]	**8.1%** [7.0, 9.4]
		2017-2018	**11.4%** [9.6, 13.6]	**18.1%** [15.9, 20.6]	**8.6%** [7.7, 9.6]	**19.7%** [17.4, 22.1]	**6.3%** [5.2, 7.6]	**7.4%** [6.4, 8.6]
Opioids	Heroin Use in the Past Year	2021-2022	**0.3%** [0.1, 0.6]	**0.3%** [0.1, 0.6]	**0.4%** [0.2, 0.7]	**0.4%** [0.2, 0.8]	**0.4%** [0.2, 0.8]	**0.4%** [0.2, 0.7]
		2018-2019	**0.4%** [0.2, 0.8]	**0.4%** [0.2, 0.8]	**0.4%** [0.2, 0.7]	**0.5%** [0.3, 1.0]	**0.3%** [0.2, 0.6]	**0.3%** [0.2, 0.6]
		2017-2018	**0.3%** [0.1, 0.5]	**0.4%** [0.2, 0.7]	**0.5%** [0.3, 0.8]	**0.4%** [0.2, 0.8]	**0.3%** [0.2, 0.6]	**0.4%** [0.2, 0.7]
	Pain Reliever Misuse in the Past Year	2021-2022	**3.5%** [2.6, 4.6]	**3.3%** [2.5, 4.3]	**3.5%** [2.8, 4.3]	**4.0%** [3.1, 5.2]	**3.6%** [2.8, 4.6]	**2.8%** [2.2, 3.5]
		2018-2019	**3.9%** [3.2, 4.9]	**4.1%** [3.3, 5.1]	**4.1%** [3.5, 4.8]	**4.7%** [3.8, 5.9]	**3.9%** [3.2, 4.7]	**3.5%** [2.9, 4.2]
		2017-2018	**4.2%** [3.4, 5.1]	**4.8%** [3.9, 5.8]	**4.3%** [3.7, 5.0]	**4.6%** [3.8, 5.7]	**3.9%** [3.3, 4.7]	**3.6%** [3.0, 4.3]

	Measure		Arizona	Colorado	Ohio	Oregon	Utah	Virginia
Mental Health	Major Depressive Episode in the Past Year	2021-2022	**9.1%** [7.7, 10.6]	**10.2%** [8.8, 11.8]	**9.5%** [8.5, 10.6]	**11.1%** [9.5, 12.9]	**11.0%** [9.6, 12.5]	**7.9%** [7.1, 8.9]
		2018-2019	**7.8%** [6.7, 9.2]	**8.5%** [7.3, 9.8]	**8.8%** [8.0, 9.8]	**9.5%** [8.1, 11.1]	**9.8%** [8.6, 11.2]	**7.0%** [6.1, 8.0]
		2017-2018	**7.2%** [6.0, 8.6]	**8.6%** [7.3, 10.0]	**8.0%** [7.1, 9.0]	**8.9%** [7.6, 10.4]	**10.0%** [8.7, 11.4]	**6.3%** [5.3, 7.4]
	Serious Thoughts of Suicide in the Past Year	2021-2022	**5.2%** [4.3, 6.1]	**5.9%** [5.0, 7.0]	**5.2%** [4.6, 5.9]	**5.6%** [4.8, 6.6]	**7.1%** [6.2, 8.2]	**4.8%** [4.1, 5.5]
		2018-2019	**5.0%** [4.1, 6.1]	**5.5%** [4.6, 6.7]	**6.1%** [5.4, 6.9]	**5.7%** [4.7, 6.8]	**6.2%** [5.2, 7.4]	**4.2%** [3.5, 5.0]
		2017-2018	**4.4%** [3.6, 5.5]	**5.5%** [4.5, 6.7]	**5.2%** [4.5, 5.9]	**5.4%** [4.4, 6.5]	**6.5%** [5.4, 7.7]	**4.1%** [3.5, 5.0]

To understand how a risk and protective factor approach is applied at a community level, state profiles also highlight priority strategies identified by states. Throughout the state profiles, strategies are organized using the Center for Substance Abuse and Prevention's (CSAP)'s six prevention strategy classifications (commonly referred to as CSAP strategies):[107]

INFORMATION DISSEMINATION

Information dissemination strategies provide awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, misuse, and addiction, and their effects on individuals, families, and communities. They also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

EDUCATION

Education strategies involve two-way communication and are distinguished from information dissemination strategies by the fact that interaction between the educator/facilitator and the participants is the basis of their activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis, and systemic judgment abilities.

ALTERNATIVE ACTIVITIES

Alternative activities strategies encourage the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would, therefore, minimize or remove the need to use these substances.

PROBLEM IDENTIFICATION AND REFERRAL

Problem identification and referral strategies aim to identify those individuals who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs and to assess if their behavior can be reversed through education. It should be noted, however, that these strategies do not include any activity designed to determine if a person is in need of treatment.

COMMUNITY-BASED PROCESS

Community-based process strategies aim to enhance the ability of the community to more effectively provide prevention services for substance use disorders and suicide. Activities in these strategies include organizing, planning, and enhancing the efficiency and effectiveness of service implementation, interagency collaboration, coalition building, and networking.

ENVIRONMENTAL

Environmental strategies establish or change written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the use of alcohol, tobacco, and other drugs in the general population. These strategies are divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to service and action-oriented initiatives.

Arizona

Prevention Framework

In December 2020, Arizona Health Care Cost Containment System (AHCCCS) published its Strategic Plan in which its vision, values, and purpose are described as person-centered, community-based, demonstrating cultural competence, and are compassionate and equity-focused in nature.[108] Arizona uses the Socio-Ecological Model to understand the risk and protective factors they wish to address. This prevention model is focused on addressing community-level and youth-specific factors.

Community-focused risk and protective factors:

- Social isolation
- Family connection
- Mental health
- Healthy relationships

Youth-specific risk and protective factors:

- Academic engagement
- Conflict resolution
- Self-esteem
- Communication
- Peer pressure

SAMHSA Funding Allocations[109]

Non-Discretionary Funding	Arizona Population[110]: 7.2 million	Virginia Population: 8.6 million
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)	$23,915,312	$23,786,958
Community Mental Health Services Block Grant (MHBG)	$23,109,821	$24,405,709
Projects for Assistance in Transition from Homelessness (PATH)	$0	$0
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	$695,410	$755,026
Total	**$47,720,643**	**$48,947,693**

Discretionary Funding

	Arizona	Virginia
Mental Health	$499,523	$125,000
Substance Use Prevention	$0	$0
Substance Use Treatment	$0	$0
Total	**$499,523**	**$125,000**

Overall Funding

	Arizona	Virginia
Mental Health	$24,304,754	$25,285,735
Substance Use	$23,915,412	$23,786,958
Total Funds	**$48,220,166**	**$48,072,693**

Strategies and Implementation

Arizona distributes SUBG funds to select grantees through regular RFPs. The next funding application is anticipated to be available in 2026. Part of Arizona's SUBG funding is allocated to their "Trauma-Informed Substance Abuse Prevention Program (TISAPP)", which aims to prevent substance use by supporting and expanding the use of trauma-informed care principles. TISAPP grantees represent a mix of community organizations, nonprofits, behavioral health service providers, school districts, and county government offices.

Key Strategies by CSAP Classification

Environmental
- Policies restricting sales and marketing of vapor products to youth

Prevention Education
- Family programs on trauma-informed care
- School-based prevention education programs

Information Dissemination
- Utilizing social media to reach parents and youth
- Media campaigns on risk factors and consequences
- Media campaigns to increase awareness of telehealth

Alternatives
- Culturally relevant well-being-focused community activities
- Family recreational programs

Identification of Programs and Referral to Services
- Programs to increase knowledge of referral options and processes

Community-Based Process
- Coalition development
- Trauma-informed community networks

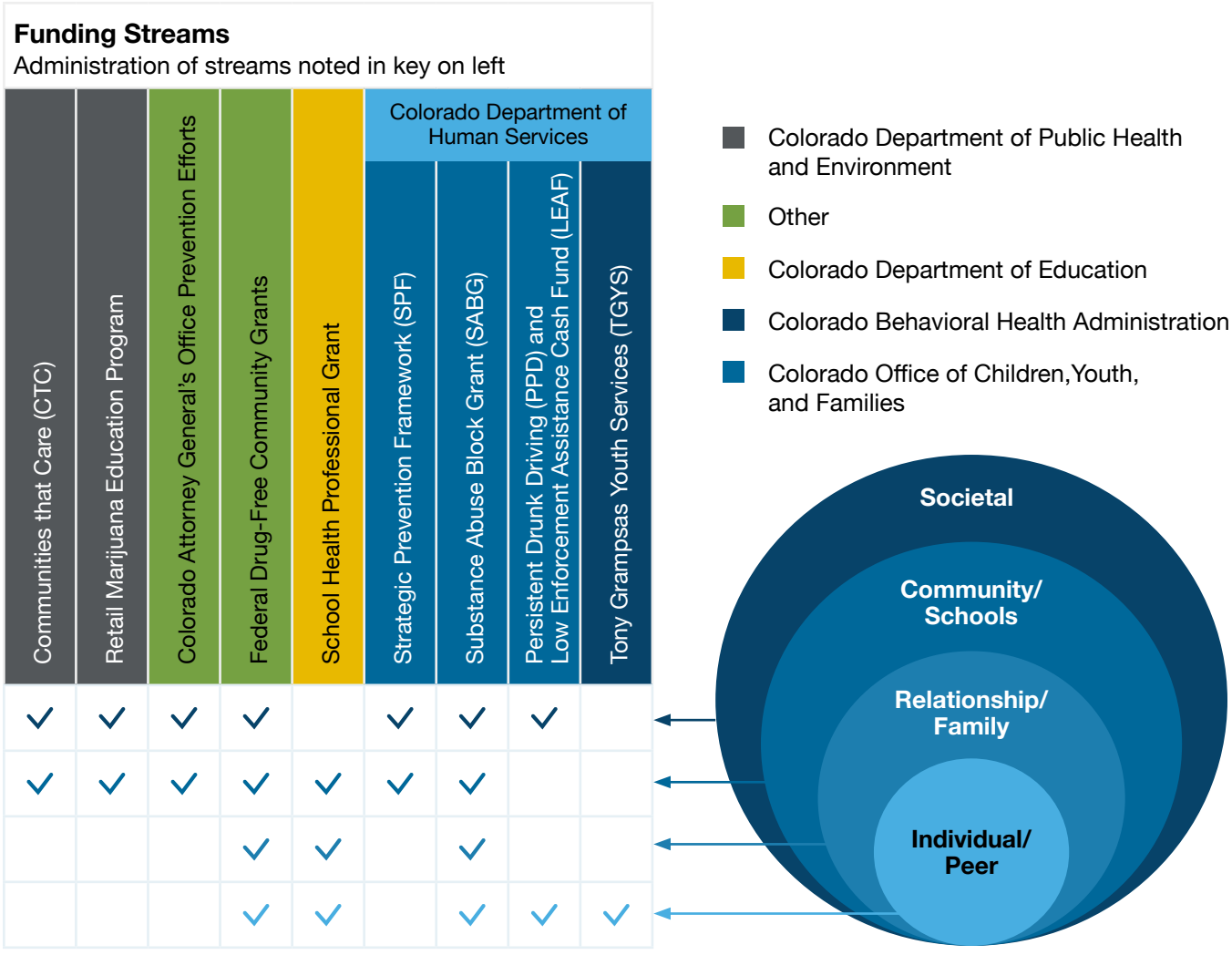
Colorado

Prevention Framework

The Colorado Health Institute published its Statewide Strategic Plan in 2019, funded by the Colorado Behavioral Health Administration (BHA). The strategic plan takes a shared risk and protective approach to preventing substance use.[111] Colorado uses the Socio-Ecological Model (SEM) to structure its programs and is focused on upstream factors — conditions that affect health outside of individual characteristics and the health care system. These are also known as social determinants of health. SUBG funds are leveraged to address all areas of the SEM, with an emphasis on the following protective factors in focus:

- Building youth resilience
- Strengthening families, communities, and schools
- Changing environments, policies, and social norms

Colorado's strategic plan aims to strengthen the prevention system in place in Colorado by coordinating funders and the efforts they support. It outlines distinct, coordinated roles for prevention funders to play to best support and strengthen the system and actively identifies where various state agencies and funding streams are focused within the SEM (illustrated below).



In addition to utilization of the SEM, Colorado actively utilizes the Communities that Care model to build community capacity and engagement.

SAMHSA Funding Allocations[109]

Non-Discretionary Funding	Colorado Population: 5.8 million	Virginia Population: 8.6 million
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)	$19,113,973	$23,786,958
Community Mental Health Services Block Grant (MHBG)	$18,627,388	$24,405,709
Projects for Assistance in Transition from Homelessness (PATH)	$0	$0
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	$492,538	$755,026
Total	**$37,232,899**	**$48,947,693**

Discretionary Funding	Colorado	Virginia
Mental Health	$499,523	$125,000
Substance Use Prevention	$0	$0
Substance Use Treatment	$0	$0
Total	**$499,523**	**$125,000**

Overall Funding	Colorado	Virginia
Mental Health	$24,304,754	$25,285,735
Substance Use	$23,915,412	$23,786,958
Total Funds	**$48,220,166**	**$48,072,693**

Strategies and Implementation

Colorado's SUBG funds are awarded to select grantees through regular RFPs, which include a mix of government entities (e.g. counties, cities, schools, school districts, universities, health and human services departments, etc.), tribal entities, nonprofits, community-based organizations, coalitions, and faith-based organizations. Grantee programs are organized under three categories:

- Under-Resourced High-Needs Programs
- Priority Population Programs
- Evidence-Based Programs and Policies

Key Strategies by CSAP Classification

Environmental
- Regulatory policies and laws restricting underage sales and limiting retailer density

Prevention Education
- LifeSkills Trainings
- Strengthening Families
- Mentorship programs

Information Dissemination
- Information dissemination for youth and families

Alternatives
- Youth prosocial programs

Identification of Programs and Referral to Services
- School-based mentoring programs for at-risk youth

Community-Based Process
- Suicide prevention trainings

Ohio

Prevention Framework

The goal of Ohio's Prevention Strategic Plan for 2021 – 2024 is to increase the knowledge, skills, and abilities of community coalition leaders to implement systemic changes that can mitigate a broad variety of risk factors and develop protective factors capable of impacting mental, emotional, and behavioral disorders including substance use, suicide, and problem gambling. Ohio's prevention work is guided by several frameworks and theories that center risk and protective factors:

- Social Developmental Strategy
- Resiliency Theory
- MEB Health Promotion and Prevention
- Socio-Ecological Model
- The Collective Impact (CI) Approach
- Prevention Institute's Tool for Health and Resilience in Vulnerable Environments (THRIVE), complemented by the Adverse Community Experiences and Resilience Framework (ACE|R)
- The Youth Empowerment Conceptual Framework (YECF)

Funding Allocations[109]

Non-Discretionary Funding	Ohio Population: 11.8 million	Virginia Population: 8.6 million
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)	$33,045,089	$23,786,958
Community Mental Health Services Block Grant (MHBG)	$30,285,423	$24,405,709
Projects for Assistance in Transition from Homelessness (PATH)	$0	$0
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	$1,111,335	$755,026
Total	**$64,441,847**	**$48,947,693**

Discretionary Funding	Ohio	Virginia
Mental Health	$2,400,000	$125,000
Substance Use Prevention	$50,000	$0
Substance Use Treatment	$360,987	$0
Total	**$2,810,987**	**$125,000**

Overall Funding	Ohio	Virginia
Mental Health	$33,796,758	$25,285,735
Substance Use	$33,456,076	$23,786,958
Total Funds	**$67,252,834**	**$48,072,693**

Strategies and Implementation

Ohio manages 50 County Behavioral Health Boards, across which its 88 counties are distributed. In addition, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) issues RFPs and contracts with vendors and agencies for providing services. OhioMHAS funds 32 programs/services.

Key Strategies by CSAP Classification

Environmental
- Unknown

Prevention Education
- Ohio Children of Incarcerated Parents Initiative
- Youth-adult mentorship programs

Information Dissemination
- Media campaigns
- Community presentations

Alternatives
- Before and after school programs
- Youth leadership programs

Identification of Programs and Referral to Services
- Problem ID and referral programs in K-12 and postsecondary schools

Community-Based Process
- Mental Health First Aid
- Crisis Intervention Training
- Coalition development
- Technical assistance programs for community groups and workplaces

Oregon

Prevention Framework

In Ohio, primary prevention and population-based substance use prevention initiatives are coordinated through the Oregon Health Authority-Public Health Division (OHA-PHD). OHA-PHD endorses the Oregon Alcohol and Drug Policy Commission's (OADPC) 2020-2025 Strategic Plan. While the plan does not note a specific framework in use, it was developed with an understanding of "substance misuse as a complex issue requiring comprehensive solutions coordinated across multiple sectors." The plan sought to identify "primary contributors to ATOD-related problems before jumping to strategies and activities." Strategies were identified that have the strongest documented effect on outcomes for priority populations and substances.[112] The OADPC's Strategic Plan outlines the following key prevention priorities:

- Increasing access to family- and school-based intervention programs
- Decreasing the availability and excessive marketing of harmful products
- Reducing retail and social access to psychoactive substances for those who are underage
- Increasing perceptions of harm
- Decreasing over-serving of alcohol in restaurants and bars and general sales of alcohol to individuals who are impaired
- Increasing the use of health-promoting laws and policies
- Strengthening the use of effective early intervention and harm reduction strategies, including Kindergarten to postsecondary student assistance programs and EAP
- Increasing access to alternative pain and stress management therapies
- Strengthening and expanding the prevention workforce

SAMHSA Funding Allocations[109]

Non-Discretionary Funding	Oregon Population: 4.2 million	Virginia Population: 8.6 million
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)	$13,094,334	$23,786,958
Community Mental Health Services Block Grant (MHBG)	$15,232,494	$24,405,709
Projects for Assistance in Transition from Homelessness (PATH)	$0	$0
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	$473,700	$755,026
Total	**$28,800,528**	**$48,947,693**

Discretionary Funding	Oregon	Virginia
Mental Health	$800,000	$125,000
Substance Use Prevention	$0	$0
Substance Use Treatment	$0	$0
Total:	**$800,000**	**$125,000**

Overall Funding	Oregon	Virginia
Mental Health	$16,506,194	$25,285,735
Substance Use	$13,094,334	$23,786,958
Total Funds	**$29,600,528**	**$48,072,693**

Strategies and Implementation

One of Oregon's objectives is to increase the ability of all system members to use evidence-based practices, policies, programs, and services. Part of this work is targeting one or more substance use risk and protective factors. Services in Oregon are delivered through Tribal programs, community mental health programs, local public health departments, individual health care provider agreements, coordinated care organizations (CCOs), and other partners.

Key Strategies by CSAP Classification

Environmental

- Alcohol, Tobacco, and Cannabis retailer compliance checks
- Retailer merchant education
- Regulatory policies and laws restricting underage sales and limiting retailer density
- Increased tobacco sales tax, coupon limits, and minimum prices and dedication of tax revenue for prevention and control programs
- Supporting implementation of vape- and smoke-free campus policies

Prevention Education

- School- and community-based family support programs

Information Dissemination

- Implementation of media and public health education campaigns to educate parents, caregivers, and family members about substance use risks on youth, older adults, and vulnerable populations
- Alcohol-free community and other events

Alternatives

- Prosocial programs for youth

Identification of Programs and Referral to Services

- Problem ID and referral programs in K-12 and postsecondary schools

Community-Based Process

- Safe Serve Trainings

Utah

Prevention Framework

The Office of Substance Use and Mental Health (OSUMH), under the Utah Department of Health and Human Services, consults and coordinates with federal, state, and local partners regarding programs and services. The office also contracts for substance use and mental health programs funded with state and federal funds. A state-level Utah Substance Abuse Advisory Council also works on coordinating prevention programs. The Utah Department of Health is using a shared risk and protective factor approach to improve collaboration across sectors, both at the state and local levels. Through partnerships with the local health departments, communities have been trained on primary prevention principles and social determinants, including identifying and addressing root causes that affect communities. Utah actively engages the Communities that Care model to build community capacity. Risk and protective factors targeted by Utah include:

- Anti-social behavior
- Access and utilization of health care
- Commitment to school
- Coping skills
- Emotional regulation
- Enhanced physical environments that improve safe and healthy living
- Family conflict
- Family management
- Individual, family, and community connectedness
- Parental knowledge of parenting skills
- Risk perceptions
- Prosocial engagement
- Self-esteem
- Social skills
- Socioeconomic conditions
- Social norms that promote safety and health
- Underage alcohol use

In 2020, Utah reported significant evidence that prevention investments have resulted in a steady decrease in youth use rates in nearly all substance use categories in the state.[113]

Funding Allocations[109]

Non-Discretionary Funding	Utah Population: 3.8 million	Virginia Population: 8.6 million
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)	$12,755,925	$23,786,958
Community Mental Health Services Block Grant (MHBG)	$10,959,193	$24,405,709
Projects for Assistance in Transition from Homelessness (PATH)	$0	$0
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	$473,700	$755,026
Total	**$24,188,818**	**$48,947,693**

Discretionary Funding	Utah	Virginia
Mental Health	$218,324	$125,000
Substance Use Prevention	$0	$0
Substance Use Treatment	$0	$0
Total:	**$218,324**	**$125,000**

Overall Funding	Utah	Virginia
Mental Health	$11,651,217	$25,285,735
Substance Use	$12,755,925	$23,786,958
Total Funds	**$24,407,142**	**$48,072,693**

Strategies and Implementation

Providers in Utah implement a wide range of strategies. A full inventory of prevention strategies implemented in Utah, last updated in 2020, is available here.

Key Strategies by CSAP Classification

Environmental
- Retailer merchant education
- Regulatory policies and laws restricting underage sales and limiting retailer density
- Lethal means safety

Education
- Life Skills Training
- Parents Empowered
- Safe Dates
- Grandfamilies

Information Dissemination
- Media campaigns (Know Your Script and Gray Matters)

Alternatives
- After school programs

Identification of Programs and Referral to Services
- Anger management programming

Community-Based Process
- Suicide prevention programs
- Coalition development

Qualitative Data Collection

Gathering perspectives of prevention staff is important to ensuring that assessment efforts are not only data-driven, but also community-connected. Prevention staff provide a vital voice for those they serve within their catchment areas and provide insights into capacity issues, challenges with implementation, community needs and readiness, and agency support needs. OMNI and OBHW plan to incorporate prevention staff perspectives throughout the upcoming strategic planning process to ensure that outcomes are tailored to the needs and strengths of the prevention workforce and their communities.

To ensure that the voices of local prevention staff were incorporated into this needs assessment, the OMNI team led a series of focus groups with CSB staff. These focus groups surfaced prevention needs at the community and workforce levels, identified misalignment between state and local needs, explored potential priorities not reflected in the broader research conducted, and identified challenges or limitations experienced in implementing the current state strategic plan. Thirty-two CSB prevention staff across twenty-one organizations participated in one of five virtual focus groups, with nine CSB staff also attending a follow-up in-person focus group. Focus group questions included topics such as programming, funding, staffing, partnerships, and overall prevention models. CSB staff were also asked to share successes and challenges encountered in their ongoing prevention work and to reflect on how they can leverage their successes to continue to positively impact their communities moving forward. In addition to focus groups with CSB staff, a focus group was held with staff within OBHW to gather perspectives of those coordinating efforts and supporting CSBs at the state-level.

Community Alignment with State Priorities

CSB staff participants shared their perspectives on the current statewide prevention framework and its alignment with the experiences and priorities at the CSB and community levels.

In the current statewide strategic plan, priority strategies are generally focused on impacting a specific substance or issue area. CSB staff surfaced that this creates capacity issues, as staff time is spread across a vast number of strategies to ensure each issue is being addressed. The wide range of prevention work and priorities, it was noted, also contributed to information overload among community members as they struggle to understand what the key issues are that they should be focusing on.

Staff also shared frustrations with state-level requirements dictating the level of resources allocated towards specific strategies or issues that keeps them from being able to meet the needs of the populations they are serving. Because the needs vary across communities, the lack of flexibility around what to prioritize felt like a point of disconnect.

> *Honestly, a lot of times it feels more like a firefighting method. Like what's the highest priority today? Let's tackle that.*
>
> CSB PREVENTION STAFF

Allowing for some flexibility in the use of funds or increasing the amount of funds that can be utilized for implementation of community-driven strategies can help CSBs to better meet the unique needs and demands of their communities. Consider an a la carte menu offering of priority areas/strategies, rather than a fixed course menu.

Mental health and suicide were identified as the most important problem areas at both the state and community levels. However, CSB staff shared dissatisfaction with the amount of funding received to do work in this area, noting that the funding amount has not changed in some time despite increasing need and demand for mental health and suicide related programming from communities. The demand for these types of programs has exceeded their capacity to provide them.

Reassessing the amount of funding going towards mental health and suicide prevention initiatives, including regional suicide prevention initiative funding to ensure CSBs, can better meet the demands from their communities and partners.

CSB staff noted that their community members prioritize prevention areas based on the severity/lethality of the issue and can feel reactive in nature. Staff specifically referenced ongoing opioid work as appearing higher priority to community members when compared to state priorities, due to a greater risk of lethality associated with opioids. These sentiments were shared by OBHW staff, who also recognized the reactive nature of prevention efforts and agreed that this approach to prevention is not sustainable long-term and contributes to burn-out. CSBs shared a desire to see the prevention field shift to take on a more holistic view of prevention and an increased focus on primary prevention efforts that addresses the overarching factors that drive behavioral outcomes.

Key Takeaways

- ✓ CSB staff participants agreed that all priority areas are important, but feel more focus should be given to suicide prevention, including providing adequate funding.
- ✓ Current demarcation of prevention work by individual substance or issue area negatively impacts CSB capacity and contributes to burnout.
- ✓ The ways in which priority areas are determined, especially by communities, is seen as reactive and focusing primarily on high severity/lethality issues and leading to disinvestment or disengagement in other prevention areas.
- ✓ CSB staff participants see the value in a more holistic and less substance- or outcome-driven approach to prevention.

Prevention Approach

CSB staff participants were also asked about their familiarity with prominent prevention models that may support a more cohesive prevention approach in Virginia. CSBs were familiar with SAMHSA's Strategic Prevention Framework (SPF) and most used it in their work, some noting that, given capacity strains, it is all they typically have time to utilize. While more tenured staff members (those who have been in the field for over a decade) were familiar with community and protective factor driven prevention work, namely stemming from their familiarity working within the Communities That Care model, most CSB staff were not aware of other prevention frameworks or models that could be used to guide their efforts. The prevention approach, tenured staff reflect, seems to be coming full circle and returning to similar models as what they worked in early in their careers.

> *I'm only even vaguely familiar with other prevention models because I have a degree in public health, so I know there are other models out there. SPF is all we have time for.*
>
> CSB PREVENTION STAFF

Seasoned prevention staff offer a unique perspective on the strengths and weaknesses within current and past prevention models. Creating opportunities for these staff members to provide input during planning efforts can also serve to increase buy-in from staff who may feel that the wheel is being re-invented.

Key Takeaways

- ✓ CSB staff participants are mostly familiar with Strategic Prevention Framework but feel it may not be sustainable or enough.
- ✓ Seasoned prevention staff see a shift to a risk and protective factor driven model as coming full circle and returning to approaches they saw early in their careers.

Risk & Protective Factors Driving Behavioral Health Outcomes

CSB staff participants were asked about their communities' strengths and what protective factors they saw as being especially impactful in promoting behavioral health and wellbeing, as well as what risk factors were driving negative behavioral health outcomes in communities.

CSB staff highlighted family dynamics as a major contributing factor impacting youth substance use. Staff shared that when families in their communities engage in substance use, it creates a ripple effect and leads youth to feel that their parents are accepting of use and that there is low risk associated with use. Further, they shared that family use facilitates easy access to substances in homes. Several CSB staff participants noted that parental and family involvement in parenting education and family management programs has historically predicted greater long-term engagement in their CSB's programming. As families and youth graduated out of said programs, they saw families placing greater value on efforts promoting behavioral health and wellbeing and continued to stay involved with CSB staff and activities.

Participation in parenting and family management programs can increase long-term community engagement with CSB programming. Increased investment in these programs has the potential to build community readiness and investment in prevention.

Social isolation and overall lack of social support were identified by CSB staff as prime drivers impacting behavioral health outcomes - especially among youth. CSB staff participants noted that many youth lack trusted adults and mentors. Having trusted adults, peers, and mentors available and engaged with youth in the community, along with opportunities for prosocial and extra-curricular programming, were seen as an important protective factor. These programs provide access to supportive resources and are needed to combat ever increasing rates of social isolation among youth.

Prosocial and extra-curricular programming can serve to address multiple risk and protective factors simultaneously by addressing social isolation and lack of social supports while building connection with trusted adults and mentors and supporting the development of healthy coping skills and self-esteem.

Social stigma continues to undermine prevention efforts and engagement. CSB staff working in rural or low-income areas shared that mental health and substance use are still topics that are not talked about openly in their communities. This is further compounded by cultural norms in some communities that discourage open discussion of these topics. CSB staff participants called for increased partnerships with trusted sources in their communities to share prevention messaging and increase engagement in programming. CSB prevention programs, they shared, do not always have the capacity or shared lived experiences needed to connect with marginalized communities. These partnerships can support them in building these connections.

Increased investment in partnership and coalition development that prioritizes those working with communities who have been marginalized and those with lived experience can help CSBs build stronger connections with individuals most in need for the services they are providing.

> *Primary prevention is not valued in our communities. There's such a disconnect… I can't do a gambling coalition because no one thinks it's a problem.*
>
> CSB PREVENTION STAFF

Retailer compliance with regulations restricting underage sales was also seen as a challenge as CSBs work to reduce access to substances, especially for those who are underage. CSB staff participants shared frustrations with lack of enforcement of regulations. During CounterTools and other merchant education visits, they are often left waiting for law enforcement or other entities to address concerns with retailers since they are not able to enforce regulations themselves. They shared that who is responsible for enforcement is not always clear to begin with, making it difficult for CSBs to know who to engage when issues arise. Retail access to gambling and cannabis products was commonly observed among CSBs, with skill games and synthetic cannabis products (including Delta 8), readily available and poorly regulated.

Improved state-level coordination and clear identification of regulatory bodies, as well as clear procedures for reporting issues, can help reinforce prevention efforts to address easy access and reduce underage sales of alcohol, cannabis, tobacco, and gambling products.

Unsurprisingly, CSB staff participants identified several social determinants of health that are affecting behavioral health outcomes. The rising cost of living in their communities is creating significant financial strains and community members are too focused on making ends meet to be able to participate in events or programs. Even when folks are looking to participate, many find it hard to attend due to lack of transportation or childcare. Partnerships that allow CSBs to host events at schools or in other community centers that are more accessible to community members help bridge that gap, though competition for time and resources can make these partnerships challenging.

Key Takeaways & Protective Factors

- ✓ Active Parenting and Parental Involvement
- ✓ Parental Approval, Disapproval, and Use
- ✓ Trusted Adults, Peers, and Mentors
- ✓ Social Supports
- ✓ Easy Access
- ✓ Stigma
- ✓ Social Supports
- ✓ Lack of Transportation
- ✓ Lack of Income
- ✓ Lack of Childcare

> *People …[will] take a brochure home...but they don't have two hours to come sit in a parenting program. They don't have two hours to come sit at any kind of program. They all have kids where we live, childcare is low, transportation is horrible… especially for us and any other smaller rural community."*
>
> CSB PREVENTION STAFF

Priority Populations

To identify areas of focus and advance health equity across Virginia, CSB prevention staff provided insights on their connections to vulnerable populations and what communities they see as currently being underserved. CSB staff pride themselves on being community centered and noted that their connection to the community is the primary facilitator for engaging in meaningful prevention work. Many prevention staff have been doing this work for years and have come to know their community members and their needs well, especially those serving smaller or more rural catchment areas.

Youth and families were identified as priority populations across all participating prevention program staff. There is both need for and interest in engaging more in school- and family-based settings, though some participants shared challenges with establishing partnerships with educational institutions due to parental resistance and competing priorities for classroom time. Being able to identify and address mental, behavioral, or substance use concerns at a younger age and supporting healthy, supportive family dynamics, they noted, has a lot of impact in improving behavioral health outcomes across the lifespan. Being able to connect directly with youth allows CSBs to provide them with the resources they need to forge healthy paths to adulthood. CSBs also shared successes building increased connection with young adult populations as a result of Young Adult Survey collection efforts in recent years, and the need to better serve this population.

Prioritizing programs that focus on early childhood through young adulthood can have lasting impact on long-term behavioral health outcomes by creating healthy paths to adulthood and addressing risk and protective factors during key developmental stages.

Older adults, LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning individuals) and BIPOC (Black, Indigenous, and People of Color) individuals, and faith-based and refugee communities were also identified as target populations, with prevention efforts focusing on reducing social stigma, promoting healthy coping skills, and building resiliency and connection. Though some CSB staff noted interest in being more involved with these populations, they also recognized that community partners often have stronger, more trusted relationships with those populations that can both facilitate stronger interventions and help fill any gaps that their own CSB cannot address.

Key Priority Populations

- ✓ Families
- ✓ Youth and Children
- ✓ Young Adults
- ✓ Older Adults
- ✓ LGBTQ+
- ✓ BIPOC
- ✓ Faith-based communities
- ✓ Refugee communities

Community Partnerships & Coalitions

Throughout conversations with CSB prevention staff participants, community partnerships and coalitions were highlighted as critical facilitators in their ability to carry out prevention work. Partners often serve populations or focus areas that are beyond the CSB's expertise in a way that reinforces CSB efforts, fills in gaps, or provides wraparound services, altogether paving the way for a more holistic wellness approach. CSBs and communities recognize the importance of having invested partners involved but find it difficult to engage with other organizations and coalitions due to constrained staff and community member time and funding at the CSB and community organization level. CSB staff participants indicated that both their staff and community members are feeling overburdened. Combined with the lack of dedicated resources, this can quickly cause partnerships to crumble.

Coalitions play a vital role in providing a direct connection between CSBs, partner organizations, and community members, and contribute to building community capacity and engagement in prevention efforts. Although coalitions are successful and valued, CSB staff participants noted that there must be a dedicated staff person to coordinate efforts to ensure their success. Several CSB staff shared that their CSBs utilized ARPA funding to hire a coalition coordinator over the past couple of years. Coalition coordinators focus on building coalition engagement and increasing partnerships. Without these coordinators, they shared, maintaining their coalition's function – let alone building coalition capacity – are challenging. ARPA funds are set to expire at the end of 2024 - CSBs who have leveraged these funds to hire for coalition-focused roles fear that terminating these positions due to lack of funding will cause them to lose the momentum that these roles have allowed them to build across their coalitions.

Increased funding to support CSBs in hiring coalition coordinators boosts coalition engagement and functioning. High functioning coalitions can help mitigate capacity constraints at the CSB level by increasing the availability of resources to support their efforts.

Schools and community-based organizations, including youth and community resource centers, also serve as crucial partners supporting community prevention efforts. Some CSBs shared success in creating strong partnerships with retailers who are not only following regulations but are actively supporting prevention work and identifying the important role they serve in helping reduce youth access substances. Overall, CSB staff see the need to continue to foster relationships with partner agencies at both the community and state level, but often lack the time they need to be able to foster these relationships. CSB staff participants feel like their communities are being oversaturated with information from CSBs and their partners, who, it was noted, are often doing similar work. CSBs shared a desire for less duplication of efforts across agencies, including between DBHDS and other state-level agencies such as VDH or DOE. CSB staff shared feeling like they are often in competition with other state agencies, such as the Virginia Department of Health (VDH), finding that efforts are duplicated and inconsistently implemented. This creates confusion among community members about where programs are coming from or who to turn to for resources. They believe that having the support of OBHW to make and encourage these connections will help improve overall communications, community outcomes, and improved utilization of resources. OBHW staff shared similar views, identifying a lack of collaboration in the Commonwealth as a whole –across state- and community-level agencies, as well as between CSBs. This gap, they noted, creates a disconnected and disorganized prevention approach.

Developing stronger state-level partnerships and collaboration can increase the availability of resources dedicated to prevention work across Virginia and allow for prevention efforts across agencies to be better coordinated and mutually reinforcing.

Key Takeaways

- ✓ Dedicated coalition coordinators can greatly improve coalition engagement and effectiveness.
- ✓ There is duplication of efforts happening across state- and community-level agencies that contributes to an uncoordinated prevention approach.

CSB Capacity Challenges

CSB staff were asked to elaborate on the capacity-related challenges they have encountered due to the current prevention model on the workforce and surface additional supports that may be needed. As prevention work has continued to expand throughout the years into additional problem areas, efforts have become less targeted and efficient, they shared. Prevention staff are expected to be experts across all prevention areas, which can be overwhelming – especially for new staff. Some described the current prevention model as having a cradle-to-grave approach, focused on reaching as many people as possible and at all points of the lifespan. This approach, they noted, does not allow them the time they need to develop meaningful connections with community members that have a lasting impact. CSB staff participants mentioned that the statewide push to focus on environmental strategies and implement media campaigns pulls them away from being able to engage directly with their communities face-to-face. As a result, some CSB staff participants have pivoted to explore and rely more on other funding sources outside of OBHW that allow them to focus on community-level connection and approach prevention efforts more holistically.

> *I don't like that we address them as separate issues. I don't think they are separate issues. I would rather change our culture to where we have intentional, focused, and connected conversations and that people felt belonging.*
>
> CSB PREVENTION STAFF

> *I think it's hard for us to do everything we're doing… I mean for one person to worry about Mental Health First Aid, ACEs, QPR, REVIVE!, YAS survey, Lock and Talk - it's a lot of stuff that we do. And it's sometimes hard with the funding that we have to balance all of that… I have a lot of my county-funded staff running around trying to meet the performance measures for the state versus actually doing the programs in the community that we have for youth, the afterschool and the things that we know are very impactful. You know, it's a weird balance for us trying to do everything we're trying that we have to do, plus doing the meaningful programs and having programs for youth and all the things that we want to do that we know works."*
>
> CSB PREVENTION STAFF

The wide range and scope of strategies CSBs are implementing also creates a burden around data entry. CSBs are often expected to enter multiple entries in PBPS for the same event – a result of implementing multiple strategies simultaneously and limitations within the data system that prevent them from being able to track these types of efforts.

Data system improvements to allow CSBs to enter fewer activities for events where they are implementing more than one strategy can help reduce data entry burden.

> *We can say that [separating substances] made data entry more complicated because a lot of the same substances have similar strategies. You know, if we're doing a community event, we're not going to just talk about tobacco, we're not going to just talk about alcohol or opioids, we're going to talk about everything because you have a captive audience, you have people there that want to talk, we're going to talk about everything.*
>
> CSB PREVENTION STAFF

Keeping up to date on data entry while managing ongoing community efforts is especially difficult for CSBs navigating turnover among staff. Staff turnover continues to impact much of the CSB prevention workforce capacity. Lack of staffing requires many staff members to frequently work evenings and weekends in order to be present at community events, limiting their time and ability to relax and prepare for their work. Across the board, CSB staff shared frustrations about the ever-expanding scope of their roles, with many having to take on the role of being media and graphic design expert for campaigns, along with other things that they are not formally trained in. Many staff shared stories of themselves and their colleagues working second jobs to make ends meet. Staff at several CSBs have transitioned to other higher-paying and more specialized positions within their CSBs or at other agencies, such as VDH, sometimes taking on near identical roles elsewhere for much greater salaries. Low pay, along with lack of incentives for increased education or certifications, has led to a shift in how the prevention field is perceived by the work force. Rather than being seen as a career track, one seasoned CSB staff noted, prevention roles are now seen as simply a job. Prevention programs struggle to recover when departing staff are specialized in a certain topic or trained as a facilitator for a curriculum. When new staff come in, participants shared, they are often overwhelmed and isolated, especially those working in smaller CSB prevention programs. CSB and OBHW staff alike identified the need for increased training and mentorship opportunities for CSB prevention staff to create a stronger, more connected prevention workforce.

Providing training opportunities and creating formal mentorship opportunities for new and existing staff may help CSB prevention staff can help prevention staff feel more supported by DBHDS and create a stronger, more connected prevention workforce.

Increased investment in the prevention workforce through salary improvement and incentives, or recognition of individuals attaining higher prevention-relevant education and/or certifications, can strengthen the prevention career track and decrease staff turnover.

While CSB staff participants recognize the importance of providing training opportunities to community members, they felt that some curricula are not well-suited to meeting the needs of community members. The eight hours required to complete Mental Health First Aid, for instance, is not always feasible for attendees and leads to low turnout. Further contributing to a lack of turnout is a feeling that training content for some curricula are not up to date or available at the level of depth needed. The saturation of ACEs training content is high at this point and was provided as a specific example by CSB staff participants. Community members and CSB staff alike, they shared, are looking for resources and trainings that allow them to build on the existing trainings and take that next step in building their prevention skillset.

New or expanded training curricula are needed to better meet the needs of community members. Consider skills-based trainings that equip participants with the resources they need to manage their mental health, including those that promote care seeking behaviors or allow them to build healthy coping skills, regulate their emotions and/or cope with stress.

Meanwhile, the capacity that these trainings require from CSBs is high. Logistics such as participant recruitment and material preparation require a significant investment of time – that investment is frustrating for CSBs when few community members show up on the day of the training. This does not always feel worth it or like a good use of resources for CSBs but is necessary for them to meet requirements about the number of trainings they facilitate. Shifting to focus on collaborative efforts across multiple CSBs, allowing them to pool resources to conduct these trainings, has helped address this issue, some participants shared.

Key Takeaways

- ✓ Some community level trainings do not meet the needs of community members due to length or content level/depth, leading to low turnout.
- ✓ Trainings require a lot of CSB capacity investment and the need to meet minimum requirements for the number of trainings being facilitated – regardless of low turnout – pulls resources away from other efforts.
- ✓ There is high saturation of some trainings. CSBs and communities are looking for options that let them continue to build their skills.
- ✓ CSBs feel that the currently prioritized strategies take them away from directly engaging with their communities.
- ✓ Separating problem areas creates an overburden of data entry for CSBs when implementing strategies addressing multiple priority areas
- ✓ CSB prevention staff scope of work continues to expand into topics that are not prevention related, such as graphic design.
- ✓ CSB prevention staff are not compensated enough for their work and expertise they bring.
- ✓ High turnover is reducing the capacity of the prevention workforce.

Capacity Building Needs

CSB staff participants see shifts around media campaign management, policy improvements, and increased resources for staffing and training as essential to building the capacity of the prevention workforce. With many CSBs sharing the difficulties of managing media campaign work, which they saw as time intensive and outside of their expertise and training, a need for a shift in how media campaigns are managed and coordinated was identified. Some CSB staff participants that work within local governments have a dedicated person that works on this outside of the prevention team who manages media campaign efforts. However, many smaller CSBs do not have this option, and their staff are the ones that manage the logistics and implementation of media campaigns. CSB staff participants mentioned that they believe campaigns that are part of the required priority areas should all be consistent and tracked together, requiring implementation and coordination at a region or state level. For general statewide campaigns, such as Activate Your Wellness, CSB staff participants noted that the state should track all these implementations and run the campaign entirely. This would then be done by one dedicated person with expertise in media campaigns, shifting what can sometimes be complex work away from CSBs. They felt that when CSBs are implementing similar campaigns simultaneously, lack of cohesiveness in design and approach creates a sense of competition and can lead to poor data quality because of overlap in campaign reach/impressions. Shifting implementation and tracking of campaigns, while still providing adaptable materials to CSBs, would allow them to reinforce messaging while feeling less pressure and responsibility over the larger campaign.

Rethinking how media campaigns are managed and implemented at the state and CSB levels could allow CSBs to invest greater time and resources into community-centered prevention efforts.

CSBs also expressed a desire for increased communication and a larger voice around policy work that impacts their prevention efforts, especially related to new problem areas such as cannabis and problem gambling. CSB staff participants see firsthand that some regulations, such as retailer compliance, are not being enforced and would like to share this information and be part of creating state-level change to address these issues. CSB staff participants also shared an interest in increased communication and education about the policies that are being brought to legislation and their impacts. The rapidly changing policy landscape around problem gambling and cannabis work has been especially challenging. It can be difficult for CSBs to track these changes and know how to move forward with messaging to their community, as they want to ensure information they provide is accurate.

Improved communications about policy developments would allow CSBs to provide timely, accurate information to their communities about the issues they need to know about.

Engaging CSBs in policy work could help advance prevention-related policy efforts. CSBs offer a unique voice and perspective about the needs of communities across Virginia.

A need for increased resources supporting the prevention workforce was also identified. Some CSBs have one or two staff for their entire catchment area and are still expected to do the same amount of outreach and effort as other CSBs that are fully staffed. While catchment areas may be smaller in terms of population, they often serve larger geographic areas that take more time to provide services to, due to travel. Even those with full staffing find it difficult to keep up with all the work as it continues to grow. In addition to increased staffing, they believe that having increased pay can help them retain staff, so that staff do not feel the need to work additional jobs to make ends meet and generally promote a healthier work-life balance. Some staff participants mentioned frustrations about the lack of incentivization and value placed on increased education and qualifications. As staff pursue said opportunities, they shared, they often end up leaving prevention teams to pursue increased salaries. Professionalization of the prevention career track to offers salary and title changes as staff develop increased qualifications would allow for greater retention.

Another way to increase capacity and retain staff that was identified by participants was improved onboarding and training that foster investment and connection among prevention staff from day one. Both CSB staff participants and OBHW staff suggested the benefits of mentorship programs or learning cohorts for new staff in encouraging collaboration and connection between CSBs. This would also allow CSBs to know more about the work that other CSBs are doing and share best practices. It was noted that the onboarding and training should focus on risk and protective factors to equip staff with the fundamental understanding they need to approach prevention work across priority areas.

While partnerships are crucial to supporting prevention efforts, CSB staff identified challenges in evaluating multi-system efforts. Having shared metrics and a system that allows them to track outcomes across programs, they shared, would be helpful in creating a collective prevention movement and a clear narrative about why prevention matters and how partners are together working to serve their communities. CSBs notes that community partners conduct Mental Health First Aid and similar trainings also implemented by CSB prevention staff and knowing how each program is going - and being able to identify individual strengths across programs - would facilitate better collaboration.

Identifying opportunities for streamlined data collection and data sharing across agencies doing prevention related work in Virginia can allow for improved evaluation of overall efforts, identify areas for collaboration, and create a stronger prevention narrative.

Key Takeaways

- ✓ CSBs are not trained to coordinate media campaigns, which take considerable resources to implement. These efforts take away from their ability to be present with their community members.
- ✓ CSBs would like to be more involved at the advocacy and policy level, whether it is learning about legislation or actively advocating for prevention-related topics that directly impact their work
- ✓ CSB staff participants identified the following workforce development needs:
  - Increased staffing and pay to better retain staff
  - Consistent training and onboarding to prevention work across Virginia
  - Incentives and recognition for prevention staff who are building skills and increasing their prevention-related qualifications.
- ✓ Shared information and coordination are necessary to prevent duplicative efforts across state agencies and improve evaluation of overall efforts.

Data Snapshots

Focus Area: Alcohol

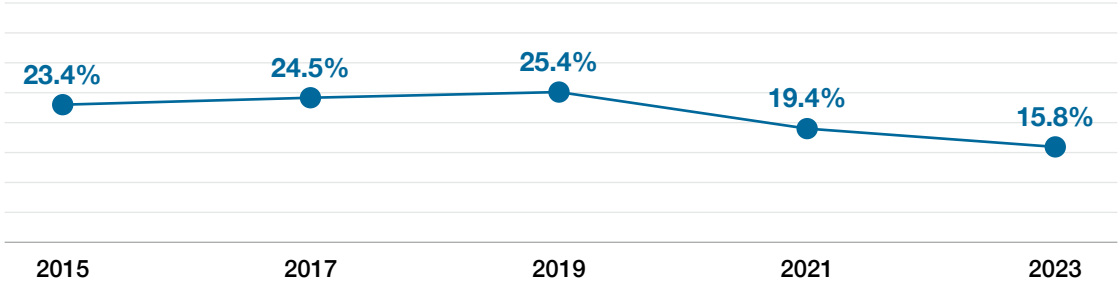
In Virginia, alcohol continues to be the most frequently used substance across all ages. Over half (54.2%) of Virginia adults have consumed at least one drink of alcohol in the past month (n=4,936, [52.8, 55.7]).(BRFSS, 2022) This has remained relatively consistent for the past 30 years, with data showing past 30-day use rates for alcohol fluctuating from a high of 56.0% (n=3,132, [54.1, 57.8]) in 2011 to a low of 51.3% (n=4,775, [50.0, 52.7]) in 2019. (BRFSS, 1995 – 2022)

Use Across the Lifespan

YOUTH

Rates of past 30-day alcohol use among high school youth have decreased to 15.8% (n=1,905, [12.9, 19.3]) in 2023 after rising for several years.(YVS, 2023) Lifetime alcohol use data is not collected at the high school level.

Percent of High School Youth Who Reported Consuming Alcohol in the Past 30 Days



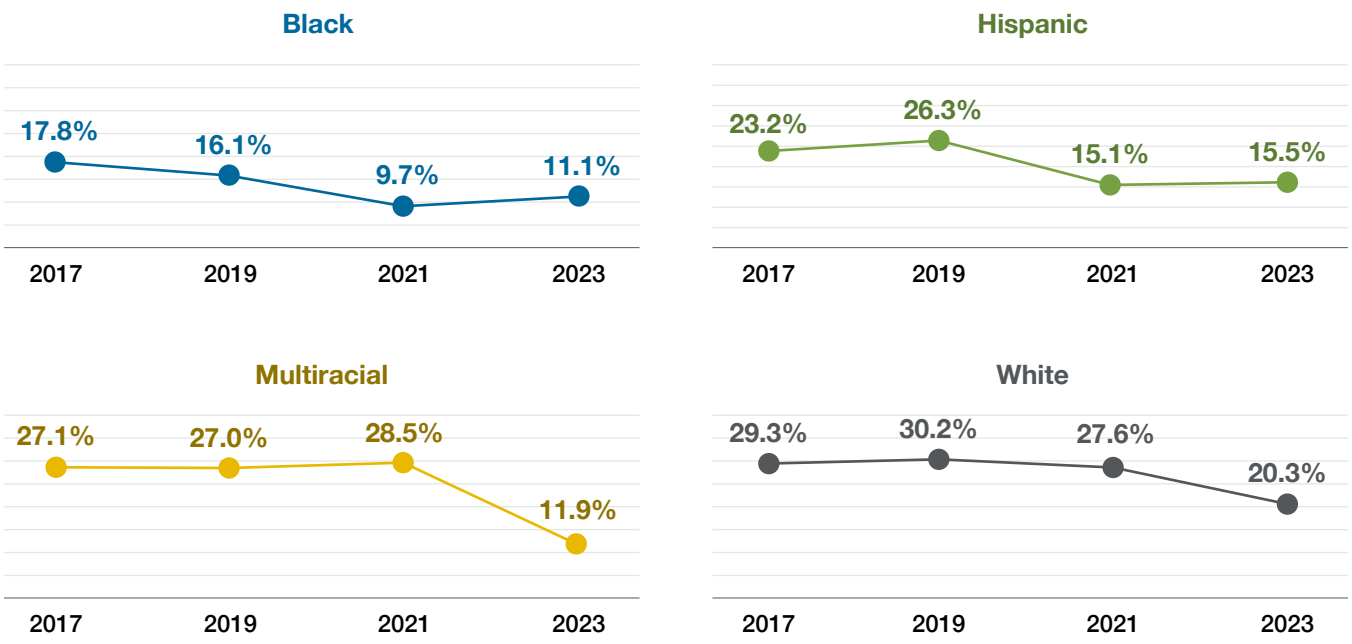
Despite decreasing rates of alcohol use among youth overall, discrepancies exist among specific groups of youth. High school youth identifying as gay, lesbian or bisexual reported a past 30-day alcohol use rate of 25.5% (n=257, [18.4, 34.1]), much higher than their heterosexual/straight peers (14.4%) (n=1,380, [11.7, 17.6]).(YVS, 2023) Female students consistently report higher past 30-day alcohol use than males. 18.1% (n=969, [14.3, 22.7]) of female high school students reported drinking alcohol at least once in the past 30 days compared to 13.7% (n=932, [11.0, 16.9]) of male students. This is the reverse of trends seen among adults, where use rates are higher for males.

30-day alcohol use rates among White high school aged youth (20.3%, n=640, [16.5, 24.8]) were the highest when considering race and ethnicity, despite having fallen from 27.6% (n=985, [23.2, 32.4]) in 2021. Hispanic/Latine/x (15.5%, n=512, [9.8, 23.6]) youth had the second highest rate of past 30-day alcohol use, after a slight increase from 15.1% (n=711, [10.6, 21.1]) in 2021.(YVS, 2023)

Rates have fallen faster for youth identifying as Black, Hispanic or Multiracial than the overall youth population. Rates of past 30-day alcohol use among black youth were 17.8% (n=573, [14.0, 22.3]) and 16.1% (n=720, [12.0, 21.3]) in 2017 and 2019, respectively, before falling to 11.1% (n=392, [8.7, 14.0]) in 2023. Youth identifying as Hispanic reported a past 30-day use rate of 15.5% (n=512, [9.8, 23.6]) in 2023 – a decrease from 26.3% in 2019 (n=835, [21.9, 31.2]).(VYS, 2023)

High school youth identifying as Multiracial saw a sharp decrease in alcohol use between 2021 and 2023. The rate of multiracial high school youth reporting past 30-day alcohol use fell from 28.5% in 2021 (n=214, [17.7, 42.5]) to 11.9% in 2023 (n=193, [6.9, 19.8]).(VYS, 2023) This is the lowest past 30-day alcohol use rate reported by Multiracial youth in the Virginia Youth Survey to date.

Percent of High School Youth Who Reported Consuming Alcohol in the Past 30 Days, by Race/Ethnicity



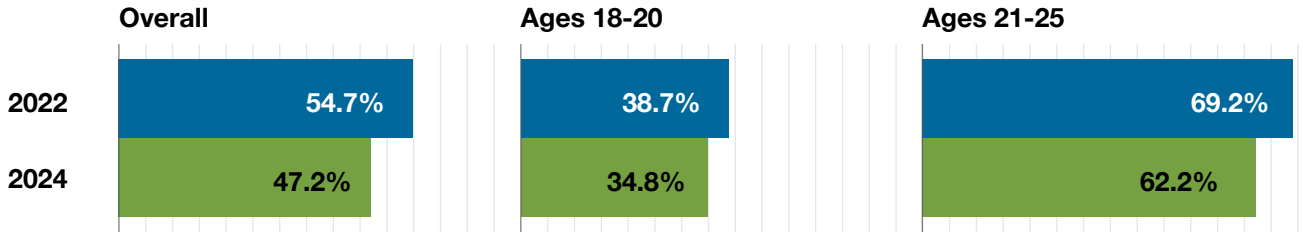
YOUNG ADULTS

In 2024, 74.2% (n=4,376, [73.1, 75.3]) of young adults aged 18-25 reported having consumed alcohol at least once in their lives.(YAS, 2024) This was a decrease from 78.3% (n=4,114, [77.2, 79.4]) in 2022. Young adults who are Black, Indigenous, and People of Color (BIPOC) reported lower levels of lifetime alcohol use (69.0%, n=1,814, [67.3, 70.8]) than their White/Non-Hispanic peers (79.0%, n=2,391, [77.6, 80.5]).(YAS, 2024)

Percent of Young Adults Ages 18-25 Who Reported Having Ever Consumed Alcohol

Rates of past 30-day alcohol use among young adults aged 18-25 have decreased from 54.7% (n=5,234, [53.4, 56.1]) in 2022 to 47.2% (n=5,870, [45.9, 48.5]) in 2024.[YAS, 2024] Young adults legally allowed to consume alcohol reported higher rates of past 30-day use than those under age 21 – 62.2% (n=2,663, [60.4, 64.1]) vs. 34.8% (n=3,207, [33.1, 36.4]) in 2024. Looking across the lifespan, those ages 21-25 reported the highest past 30-day use rate. When considering lifetime use, 63.7% (n=4,350, [62.3, 65.2]) of young adults who reported having ever consumed alcohol reported drinking at least once in the past 30 days.

Percent of Young Adults Who Reported Consuming Alcohol in the Past 30 Days, by Age Group and Sexual Orientation



BIPOC respondents reported past 30-day alcohol use at a much lower rate (40.4%, n=1,060, [38.6, 42.2]) than their non-BIPOC peers (53.3%, n=1,609, [51.5, 55.1]).[YAS, 2024]

Differences were present when looking at the sexual orientation of young adults, although the disparities were not as pronounced as for youth. 47.5% of young adult respondents identifying as heterosexual/straight had used alcohol within the past 30 days (n=1,854, [45.9, 49.1]), compared to 50.3% of LGBQ+ young adult respondents (n=681, [47.7, 53.0]).[YAS, 2024]

ADULTS

55.0% [52.3, 57.6] of adults age 26 or older in Virginia reported alcohol within the past 30 days.[NSDUH, 2022] This is slightly higher than the median national rate of 52.5% [51.7, 53.2].[NSDUH, 2022]

Past 30-day alcohol use was higher among males than among females. 57.7% (n=2,350, [55.5, 59.9]) of males 18 or older reporting using alcohol compared to 50.9% (n=2,586, [48.9, 52.9]) of females. Data for trans and gender-diverse adults were not available.[BRFSS, 2022]

Differences between racial groups are also present for past 30-day alcohol use, though variance in sample sizes creates difficulty in understanding the true range in outcomes across race and ethnicity.

In Virginia, past 30-day use was reported by:

57.1% of White adults (n=3,851, [55.5, 58.7])

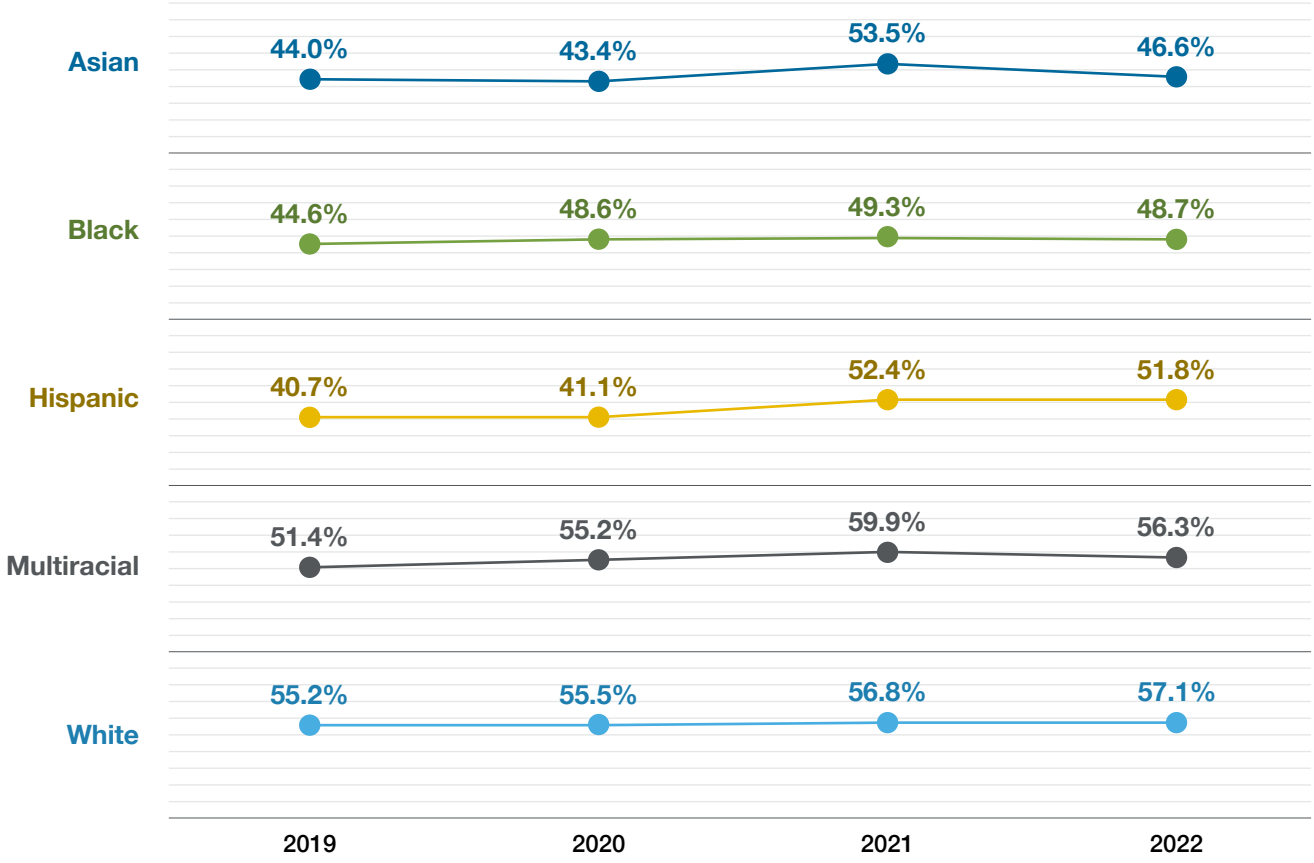
56.3% of multiracial, non-Hispanic adults (n=91, [47.0, 65.5])

51.8% of Hispanic adults (n=243, [46.0, 57.7])

48.7% of Black, non-Hispanic adults (n=607, [45.0, 52.3])

46.6% of Asian, non-Hispanic adults (n=106, [38.7, 54.6]).[BRFSS, 2022]

Percent of Adults Ages 18+ Who Reported Consuming Alcohol in the Past 30 Days, by Race/Ethnicity

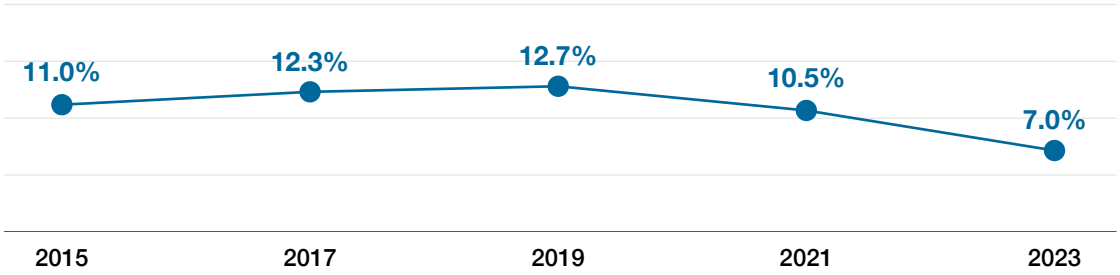


Binge Drinking Across the Lifespan

YOUTH

Overall, binge drinking behaviors in youth appear to be trending downward, in the desired direction. 7.0% (n=1,925, [5.2, 9.2]) of youth reported engaging in binge drinking behaviors within the past 30 days in 2023, a decrease from 10.5% (n=3,012, [7.8, 14.0]) in 2021.[(VYS, 2023)]

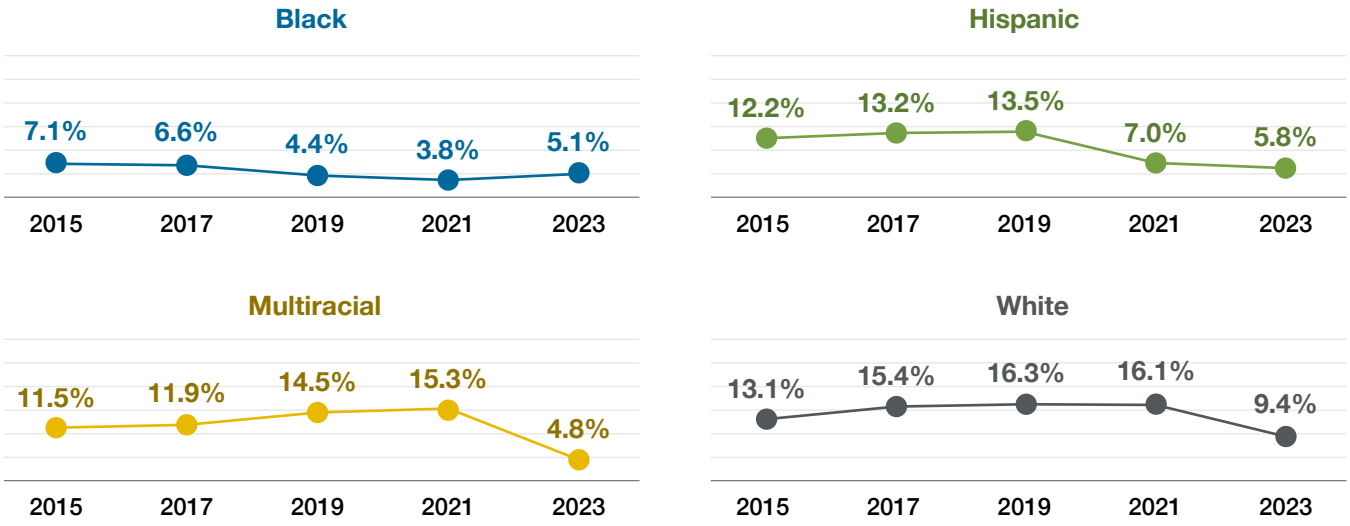
Percent of High School Youth Who Reported Binge Drinking in the Past 30 Days



Following past 30-day use rate trends, disparities among past 30-day binge drinking rates are also present when looking at race and ethnicity. White high school youth continue to have the highest reported a past 30-day binge drinking rates compared to their peers (9.4%, n=645, [6.9, 12.7]).[(VYS, 2023)] This was a drastic decrease from 2021, when White youth reported a past 30-day binge drinking rate of 16.1% (n=990, [13.2, 19.5]). However, it remains higher than their Black (5.1%, n=394, [3.6, 7.3]) or Hispanic peers (5.8%, n=520, [2.6, 12.2]).[(VYS, 2023)]

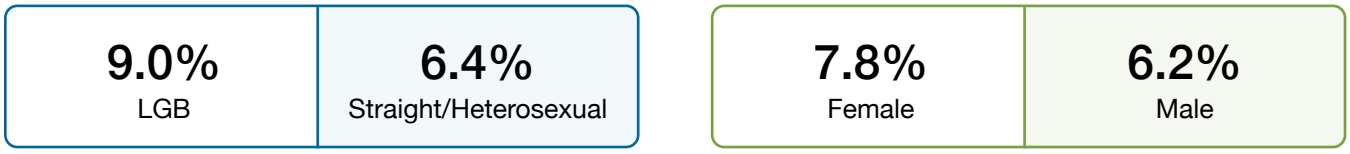
Mirroring the decrease in past 30-day alcohol use, youth identifying as Multiracial saw the largest decrease from 2021 to 2023 – going from 15.3% (n=216, [9.4, 24.0]) to 4.8% (n=197, [2.2, 10.5]).(VYS, 2023) The only increase in past 30-day binge drinking behaviors was seen in students identifying as Black, increasing from 3.8% (n=883, [2.3, 6.1]) in 2021 to 5.1% in 2023.(VYS, 2023)

Percent of High School Youth Who Reported Binge Drinking in the Past 30 Days, By Race/Ethnicity



High school youth identifying as Gay, Lesbian or Bisexual reported a past 30-day binge drinking rate of 9.0% in 2023 (n=259, [5.7, 13.8]), which is a decrease from 2021 (15.5%, n=497, [10.0, 23.3]). However, this remains higher than their Heterosexual/straight peers (6.4% (n=1,394, [4.7, 8.8]).(VYS, 2023) Data on youth sexual identity was not collected prior to 2021. Following overall past 30-day use rate trends, female students reported higher binge drinking rates (7.8%, n=978, [5.9, 10.3]) in the past 30 days than male students (6.2, n=943, [4.2, 9.1]).

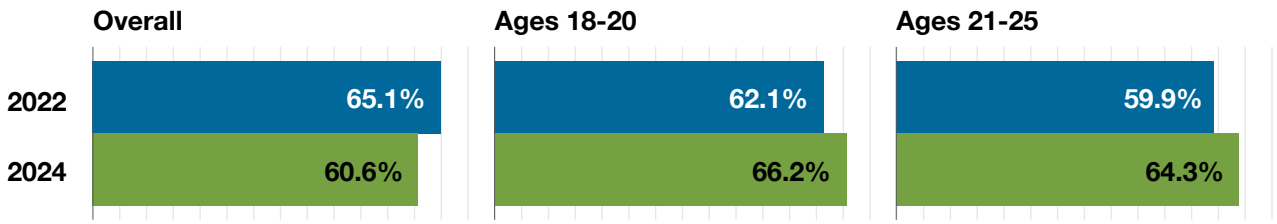
Percent of High School Youth Who Reported Binge Drinking in the Past 30 Days, by Sexual Orientation, Sex



YOUNG ADULTS

While any past 30-day alcohol use is decreasing among young adults, binge drinking is increasing. The rate of past 30-day binge drinking among young adults ages 18-25 who have had alcohol in the past 30-days has seen a large increase from 60.6% (n=2,865) in 2022 to 65.1% (n=2,754, [63.3, 66.8]) in 2024.(YAS, 2024)

Percent of Young Adults Who Reported Binge Drinking in the Past 30 Days, by Age

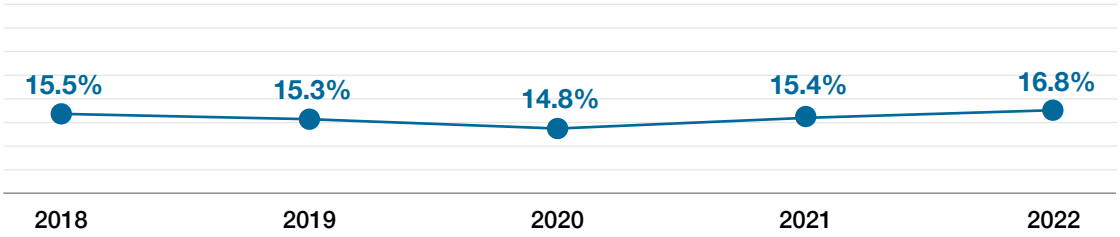


While LGBQ+ young adults reported higher overall past 30-day alcohol use than their straight/heterosexual peers, they were less likely to report having binge drank during that time. 66.6% (n=1,851, [64.4, 68.7]) of straight/heterosexual young adults who drank alcohol in the past 30 days reported binge drinking at least once compared to 60.4% (n=679, [56.7, 64.1]) of their LGBQ+ peers.(YAS, 2024)

ADULTS

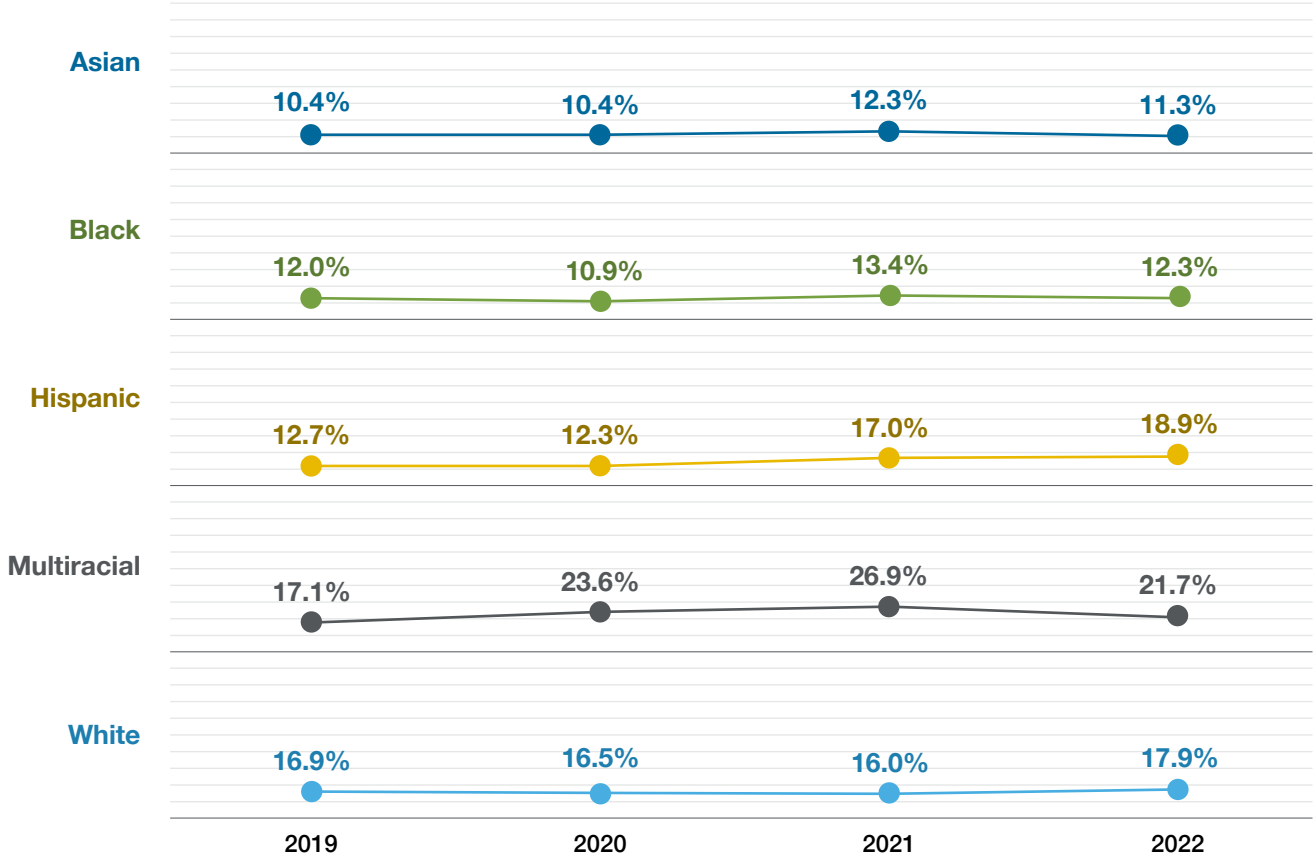
Similar to trends among young adults, binge drinking among adults in Virginia is also on the rise in recent years.(BRFSS, 2022) 16.8% (n=1,219, [15.6, 17.9]) of adults have had at least four alcoholic drinks on one occasion in the past 30 days.(BRFSS, 2022)

Percent of Adults Ages 18+ Who Reported Binge Drinking in the Past 30 Days



When looking at differences in binge drinking behaviors across racial groups, multiracial adults consistently engaged in binge drinking behaviors at higher rates than other racial groups. Hispanic adults reported a substantial increase in binge drinking behaviors between 2020 (12.3%, n=64, [8.8, 15.8]) and 2022 (18.9%, n=87, [14.6, 23.2]).(BRFSS, 2022)

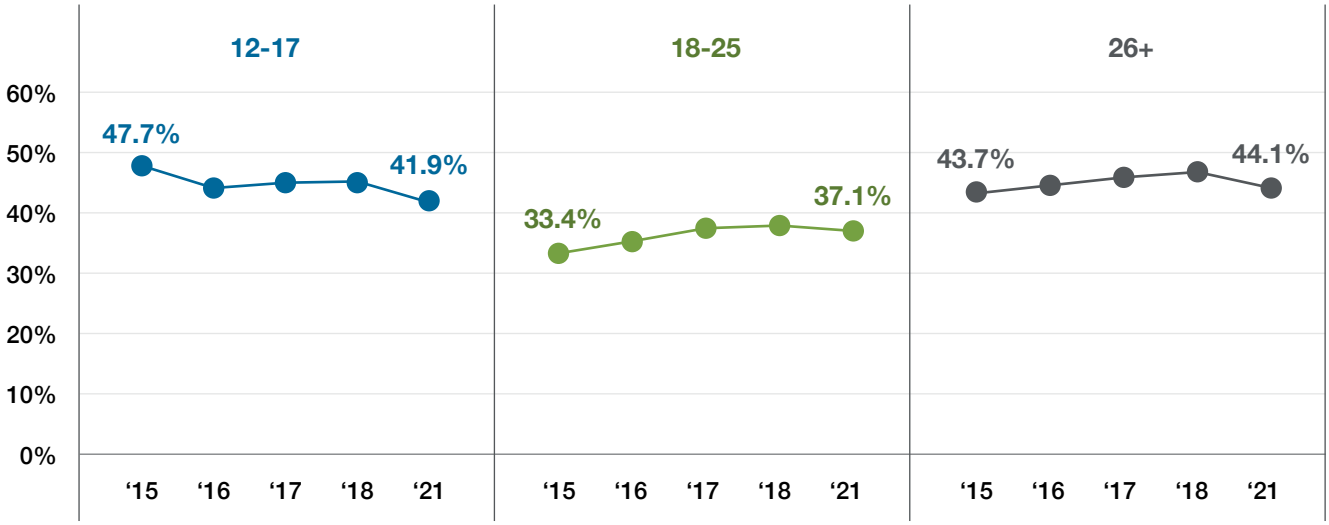
Percent of Adults Ages 18+ Who Reported Binge Drinking in the Past 30 Days, by Race/Ethnicity



Perceptions of Risk

Across the lifespan, perceptions of risk associated with binge drinking once or twice a week continue to increase.[(NSDUH, 2021)] Young adults ages 18-25 consistently perceive the lowest risk associated with binge drinking when compared with other age groups.

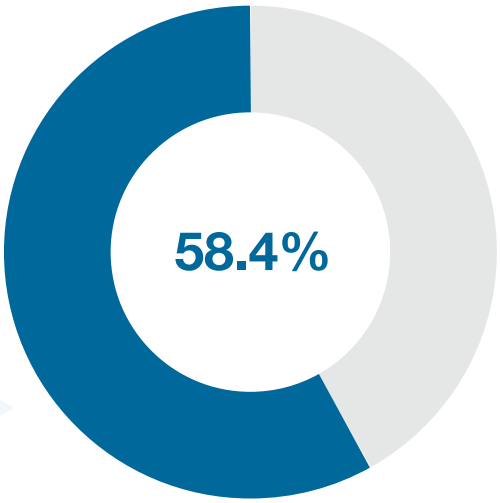
Percent of Respondents Who Perceive Great Risk with Binge Drinking Once or Twice a Week, By Age Group



Among young adults in 2024, one-third (33.5%, n=5,906, [32.3, 34.7]) believe there is 'great risk' when binge drinking.[(YAS, 2024)] The perceptions of risk held by young adults can impact their behaviors, not only increasing the likelihood of engaging in heavy or excessive alcohol use but also increasing the likelihood of drinking and driving. Perceived risk of driving after having one alcohol beverage was low, while rates of driving after having one or more drink was high. 35.7% (n=5,911, [34.5, 36.9]) of young adults believe there is a 'great risk' associated with drinking one alcoholic beverage – 25.5% (n=2,750, [23.9, 27.1]) of young adults who reported past 30-day alcohol use drove after drinking one drink of alcohol at least once during that time period.[(YAS, 2024)] Although 78.0% (n=5,897, [77.0, 79.1]) of young adults believe there is a 'great risk' associated with driving after drinking four or more alcoholic beverages, 11.0% (n=2,749, [9.8, 12.1]) of young adults who reported past 30-day alcohol use drove after binge drinking at least once in the past month.[(YAS, 2024)]

Ease of Access

The majority (58.4%, n=3,168, [55.2, 61.5]) of young adult respondents ages 18-20 years old find it 'very easy' or 'sort of easy to access alcohol, despite being underage. Only 1 in 5 underage young adults (21.5%, n=3,168, [19.4, 23.6]) reported that it was 'sort of hard' or 'very hard' to access alcohol, while 1 in 4 (19.1%, n=3,168, [18.7, 21.5]) were 'unsure' how accessible alcohol is.[(YAS, 2024)]



Percent of young adults ages 18-20 who reported that it is "very easy" or "sort of easy" to get alcohol, despite being underage (2024)

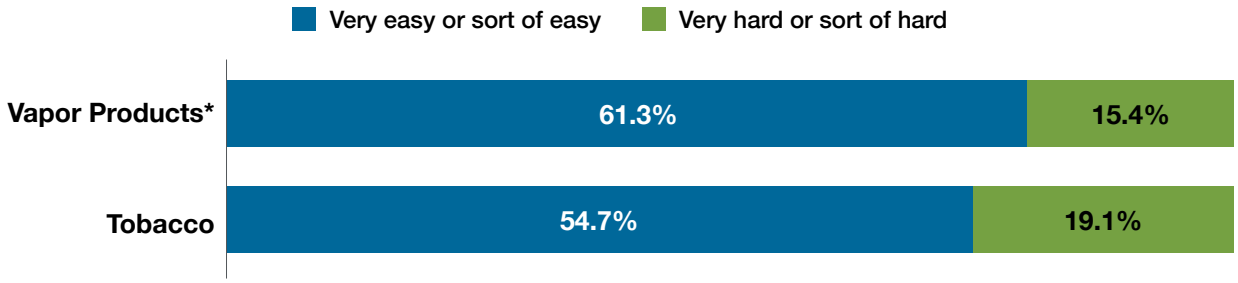
Focus Area: Tobacco and Vapor Products

In 2019, the national legal age of purchasing tobacco products, including nicotine, vapor, or alternative tobacco products, increased from 18 to 21.[(DBHDS)] This was done to decrease retail access to tobacco products for youth and placed the age of purchase in line with that of alcohol and cannabis.

Access to Tobacco and Vapor Products

In 2024, most young adult respondents ages 18-25 reported that it was either very easy or sort of easy for people under the age of 21 to access tobacco and vapor products.[(YAS, 2024)] Results were similar when broken up by respondents ages 18-20 and 21-25. 5.7% (n=130, [2.4, 12.9]) of high school youth in 2023 who used an electronic vapor product in the past 30 days reported that they got their electronic vapor products by buying them in a store. This is an increase from 3.4% (n=388, [1.8, 6.3]) in 2021, indicating that, indicating potential shortcomings in the effort to restrict sales to minors.[(VYS, 2023)]

Young Adults' Perceived Ease of Accessing Tobacco or Vapor Products While Underage, 2024

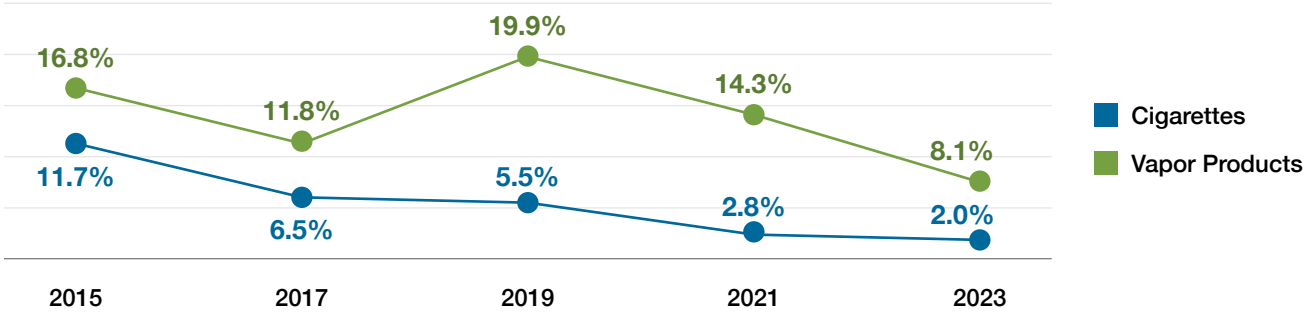


Use Across the Lifespan

YOUTH

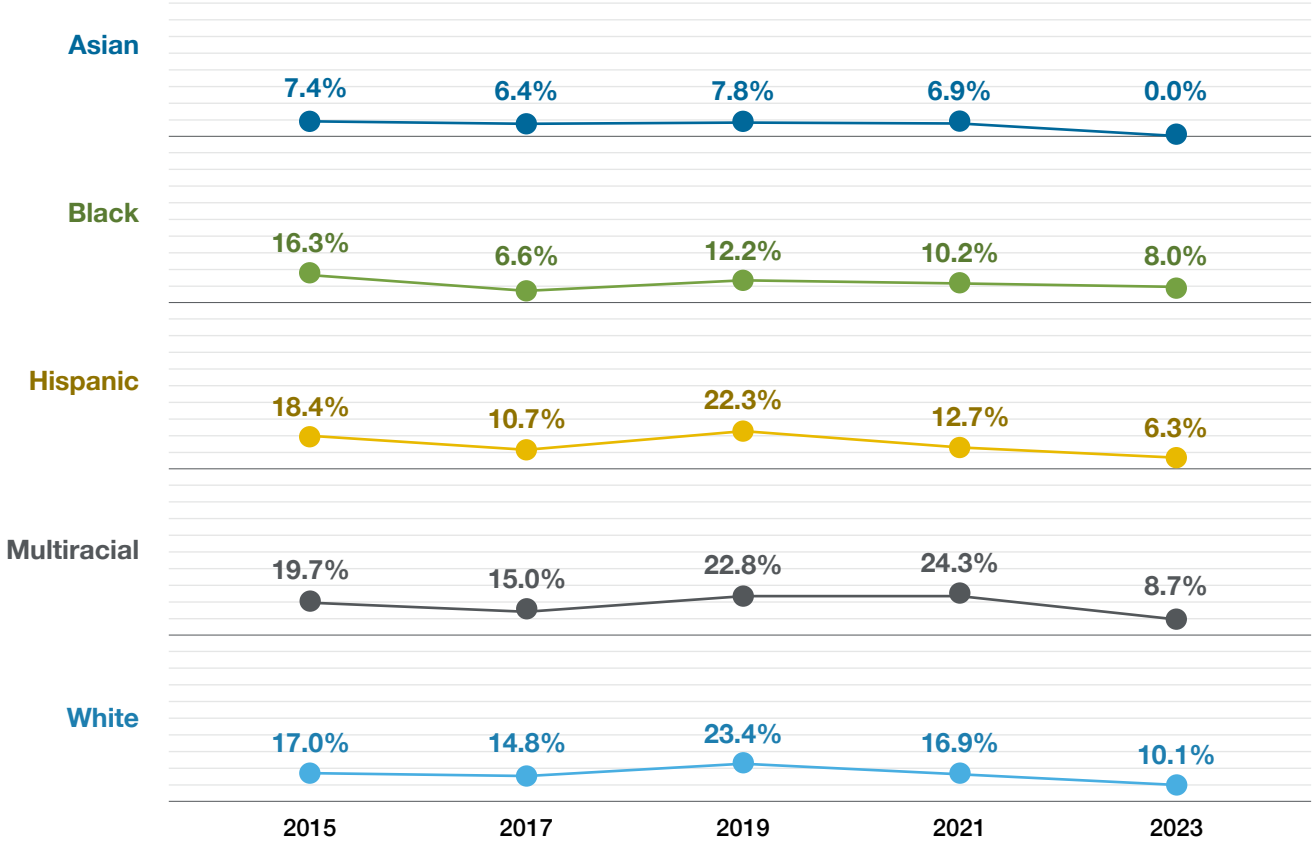
Since 2015, high school youth are reporting less cigarette use with the past 30-days. Since peaking in 2019, use of electronic vapor products in the past 30 days, which has consistently been higher than cigarette use, continues to decline.[(VYS, 2023)] The question on electronic vapor product usage was altered slightly between 2021 and 2023, with additional questions on vapor products asked in 2023 that were not asked previously.

Percent of High School Youth Who Reported Using Cigarettes or Vapor Products in the Past 30 Days



When looking deeper into youth use of electronic vaport products, some differences across racial and ethnic groups emerge, though usage rates across vary widely for many groups across the years. Youth identifying as being multiracial reported higher rates compared to their peers.[VYS, 2023]

Percent of High School Youth Reporting Past 30 Day Vapor Product Use, By Race/Ethnicity



Electronic vapor product use rates vary based on sexual identity.[VYS, 2023] 2023 survey data found that rates of past-30 day electronic vapor use rate among youth identifying as Gay, Lesbian or Bisexual (17.2%, n=243, [10.9, 26.0]) was more than twice the rate of their Heterosexual/Straight peers (6.4%, n=1,339, [4.5, 9.0]).[VYS, 2023]

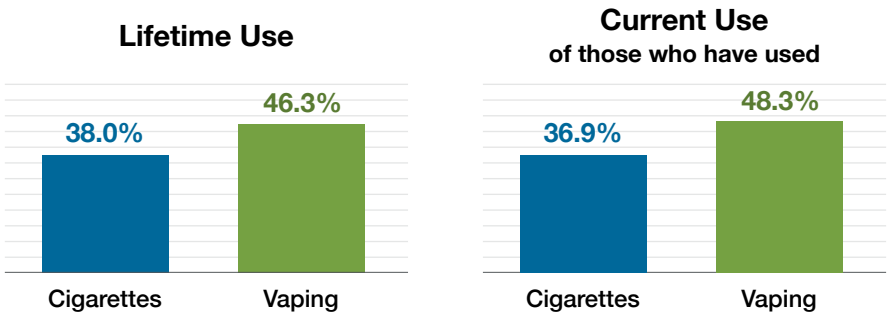
Percent of High School Youth Reporting Past 30 Day Vapor Product Use, By Sexual Orientation

17.2%	10.4%	6.4%
Gay, Lesbian, or Bisexualy	Other/Questioning	Heterosexual/Straight

YOUNG ADULTS

The percent of young adults ages 18-25 years old who reported having ever used tobacco or vapor products decreased between 2022 and 2024, falling from 43.7% to 38.0% for tobacco, and 51.4% to 46.3% for vaping. [YAS, 2024] Mirroring youth, folks are more likely to have used electronic vaping products in their lifetime compared to cigarettes.

Across all young adult respondents, 13.9% (n=5,870, [13.0, 14.8]) reported having used tobacco products in the past 30-days - down from 16.7% (n=5,230, [15.7, 17.7]) in 2022.(YAS, 2024) Similarly, rates of past 30-day vape use decreased from 15.9% (n=5,180, [24.7, 27.1]) in 2022 to 22.2% (n=5,816, [21.1, 23.2]) in 2024. Among those who reported ever having used tobacco products, 36.9% (n=2,215, [34.9, 38.9]) reported having used them in the past 30 days. Those who reported having ever vaped were much more likely to report past-30 day use than lifetime tobacco users. 48.3% (n=2,668, [46.4, 50.2]) of young adults who reported having ever vaped reported having vaped at least once in the past 30 days.



Young adults identifying as LGBQ+ reported higher lifetime use rates of vapor products in both 2022 (59.0%, n=1,386, [56.4, 61.6]) and 2024 (52.7%, n=1,348, [50.0, 55.3]) compared to their Straight/heterosexual peers (2022: 49.1%, n=3,322, [47.4, 50.8]; 2024: 45.8%, n=3,893, [44.3, 47.4]).(YAS, 2024)

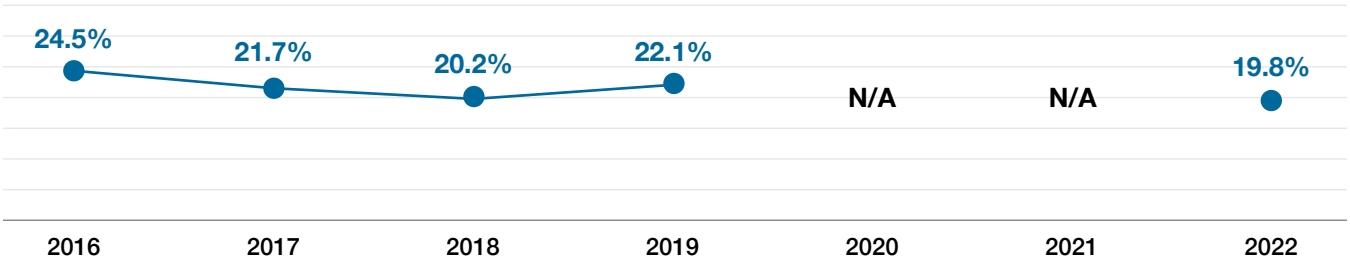
Between 2022 and 2024, the rate for vapor product use declined more rapidly among BIPOC respondents than among non-BIPOC young adults.(YAS, 2024) This may suggest that focused prevention efforts on this population may be having the desired outcomes.

		BIPOC	Non-BIPOC
Lifetime Use	2022	49.3%	52.8%
	2024	43.2%	49.5%
Past 30-Day Use (among lifetime users)	2022	52.6%	49.2%
	2024	46.6%	49.0%

ADULTS

Current cigarette use for adults ages 27 and older has been trending downward for several years, falling from 17.7% [15.8, 19.4] in 2016-17 to 15.6% [13.9, 17.4] in 2021.(NDUH, 2022) Meanwhile, the use of e-cigarettes has risen from 4.7% (n=318, [4.2, 5.7) in 2017 to 7.7% (n=449, [6.8, 8.5]) in 2022.(BRFSS, 2017-2022) Use of e-cigarettes is more common among young adults, while use of cigarettes is more common among older adults.

Percent of Adults Ages 26+ Who Reported Using Any Type of Tobacco Product in the Past 30 Days(NSDUH)



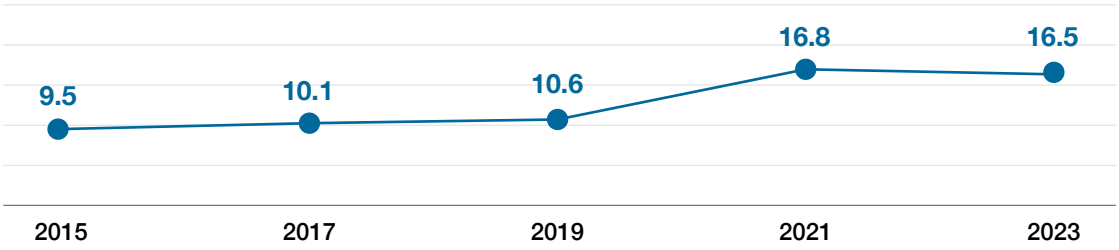
Perceptions of risk

Data on individual perceptions of risk of harm for tobacco and/or vapor product usage is not collected for youth, and adult data focuses on daily heavy cigarette usage. However, information shared from young adults ages 18-25 may help shed some light on the awareness of harms related to tobacco use of any kind.

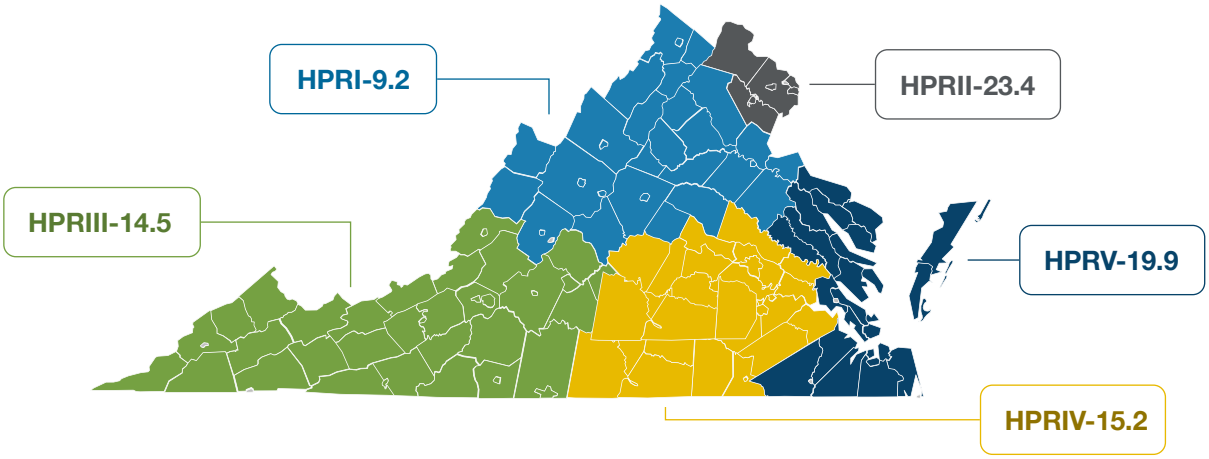
Approximately 1 in 4 (24.6%, n=5,888, [22.9, 26.3]) young adults believe that using vape products poses no risk or slight risk to individuals. Similarly, 24.9% (n=5,898, [23.2, 26.6]) of young adults who believe tobacco use has no risk or slight risk associate with usage.[(YAS, 2024)]

SYNAR

SYNAR rates show the percentage of violations for selling tobacco products to minors. Compliance rates for retailers must be less than 20 - meaning that less than 20% of all sales are made to underage youth.[(SAMHSA, 2024)] From 2018 to 2022, the statewide SYNAR rate has increased from 10.6 to 16.5.[(SYNAR, 2022)]



In 2022, the VA Health Planning Region (HPR) II had the highest rate of SYNAR violations at 23.4 and HPR I had the lowest SYNAR violation rate at 9.2.[(SYNAR, 2022)]



Focus Area: Opioids

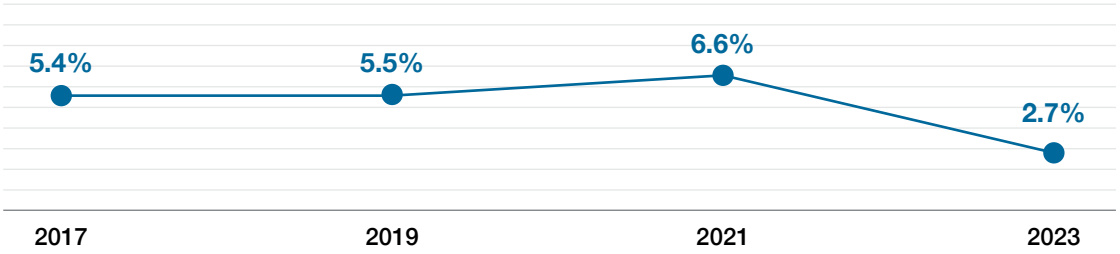
Opioids are a class of drugs that includes prescription pain relievers, heroin, and synthetic opioids, such as fentanyl. Nationally, over 75% of drug overdose deaths involved an opioid.(CDC, 2022) In Virginia 79% of drug overdose deaths involved opioids, such as fentanyl, fentanyl analogs, and tramadol.(VDH, 2022) Compared to all drugs, opioids account for about half of all emergency department visits.(VDH, 2022)

Use Across the Lifespan

YOUTH

High school youth reporting past 30-day misuse of prescription medications decreased significantly from 6.6% in 2021 (n=3,020, [5.0-8.5]) to 2.7% in 2023 (n=1,914, [1.7, 4.1]).(VYS, 2023) The question asked of students was revised slightly, adding in specific examples of prescription medications, which may have impacted the results.

Percent of High School Youth Who Reported Misusing Prescription Medications in the Past 30 Days

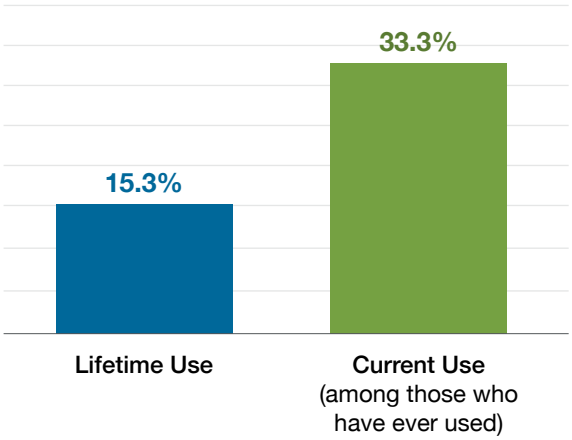


Prescription drug misuse rates show differences among racial/ethnic populations, with consistently higher misuse rates reported for Black, Hispanic/Latine/x, and multiracial youth.(VYS, 2023)

	2017	2019	2021	2023
Black	6.6%	6.9%	8.9%	1.6%
Hispanic/Latino	7.3%	6.8%	6.5%	3.4%
White	4.7%	4.8%	4.7%	3.1%
Multiracial	6.1%	6.5%	10.3%	1.5%

YOUNG ADULTS

15.3% (n=5,894, [14.3, 16.2]) of 18 to 25-year-olds reported misusing prescription medications in their lifetime, with 33.0% (n=892, [29.0, 36.0]) of those respondents reporting use in the past 30 days.(YAS, 2024) Despite a decrease in lifetime prescription drug misuse from 2022, where 20.7% (n=5,245, [19.6, 21.9]) of young adults had ever misused prescription medications, past 30 day use among lifetime users increased. In 2022, 31% (n=1,075, [28.2, 33.7]) of those who reported having ever misused prescription drugs had misused them in the past 30 days.(YAS, 2022) Across all young adult respondents, 5.0% (n=5,877, [4.4, 5.6]) reported past 30-day prescription medication misuse.(YAS, 2024)

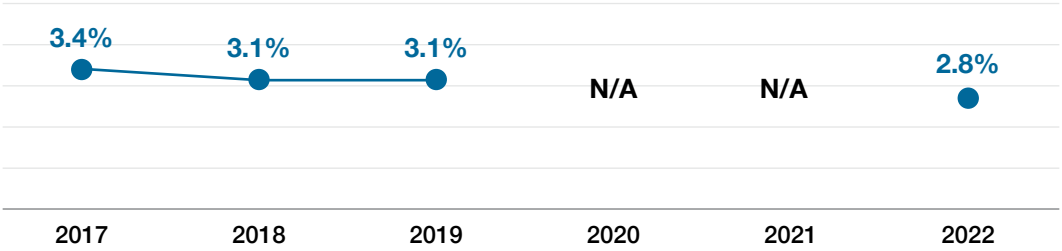


Young adults who identified as LGBQ+ reported higher lifetime rates of prescription medication misuse than straight/heterosexual respondents. Among those who identified as LGBQ+, 19.2% (n=1,353, [17, 21.2]) reported having misused prescription medication in their lifetime compared to 14.1% (n=3,914, [13, 15.2]) of their straight/heterosexual peers.(YAS, 2024)

ADULTS

2021-22 estimates report 2.8% [2.2, 3.6] of adults ages 26 or older had misused pain relievers in the past year, which is lower than the national median of 3.2% [3.0, 3.5].(NSDUH, 2022) Rates of pain reliever misuse has been steadily declining in both Virginia and the US, down from 3.7% [3.0, 4.5] in Virginia and 4.0% [3.8, 4.2] nationally in 2015-16.(NSDUH, 2015-2022)

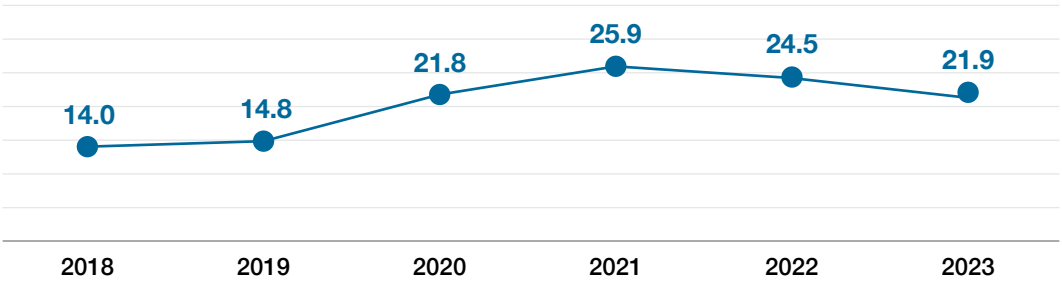
Percent of Adults Ages 26+ Who Reported Misusing Pain Relievers in the Past 12 Months



Overdose and Mortality Rate

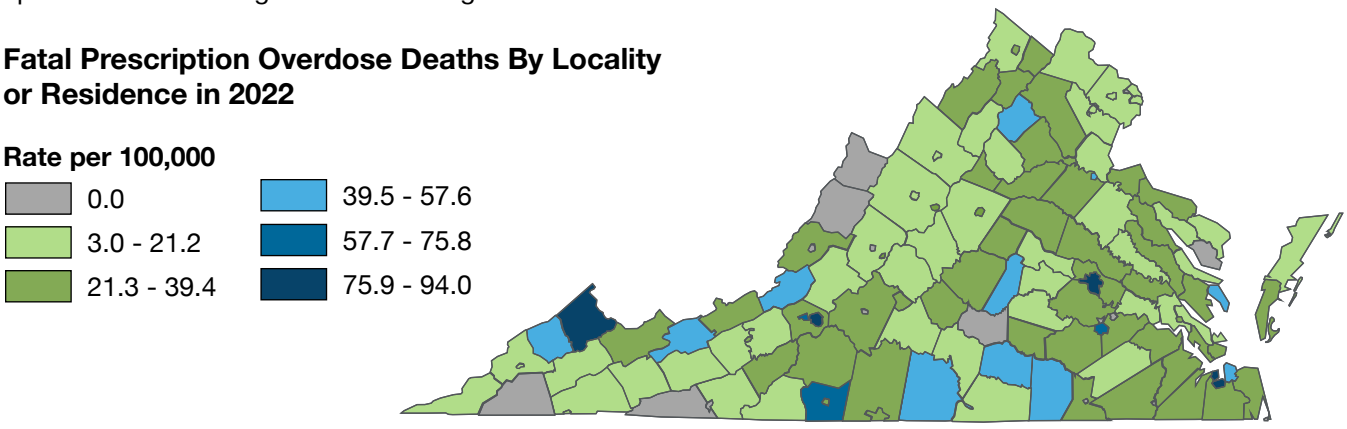
After a steady upward trajectory, Virginia's fatal opioid overdose rate per 100,000 people peaked in 2021 and has since been in a decline. Still, rates remain higher than those prior to 2021.(VDH, 2023)

Opioid Overdose Rate Per 100,000 People



While the northern part of the state has the most fatalities caused by opioids by count, various hotspots can be identified throughout the state when considering population density, indicating that the impacts of the opioid epidemic are not a regional issue in Virginia.(OCME, 2022)

Fatal Prescription Overdose Deaths By Locality or Residence in 2022

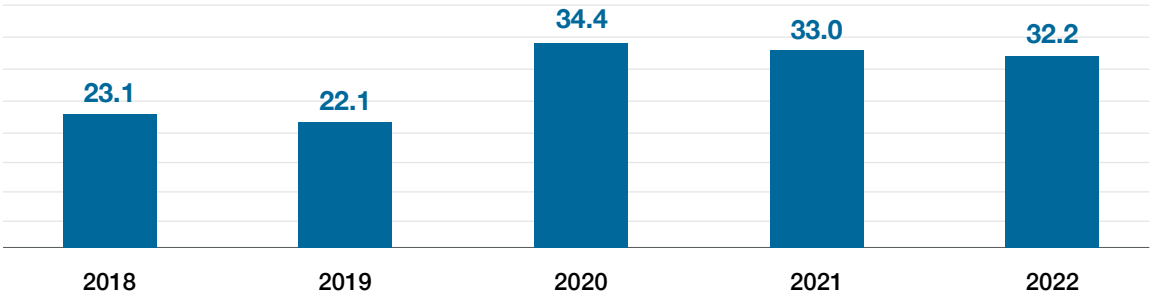


While white individuals comprise the majority (60.4%) of opioid overdose deaths, black men are disproportionately dying by overdose. Among black men, there were 64.3 deaths per 100,000 people – much higher than the rate of white men (34.8 per 100,000). Individuals ages 35-44 saw the highest all-opioid overdose death rates among both females and males, with 73.8 deaths per 100,000 males and 27.2 deaths per 100,000 females.(OCME, 2022) Disparities in overdose death rates across sex and race may indicate the need to focus on these particular sub-populations.

Emergency Department Visits – All Opioid Types

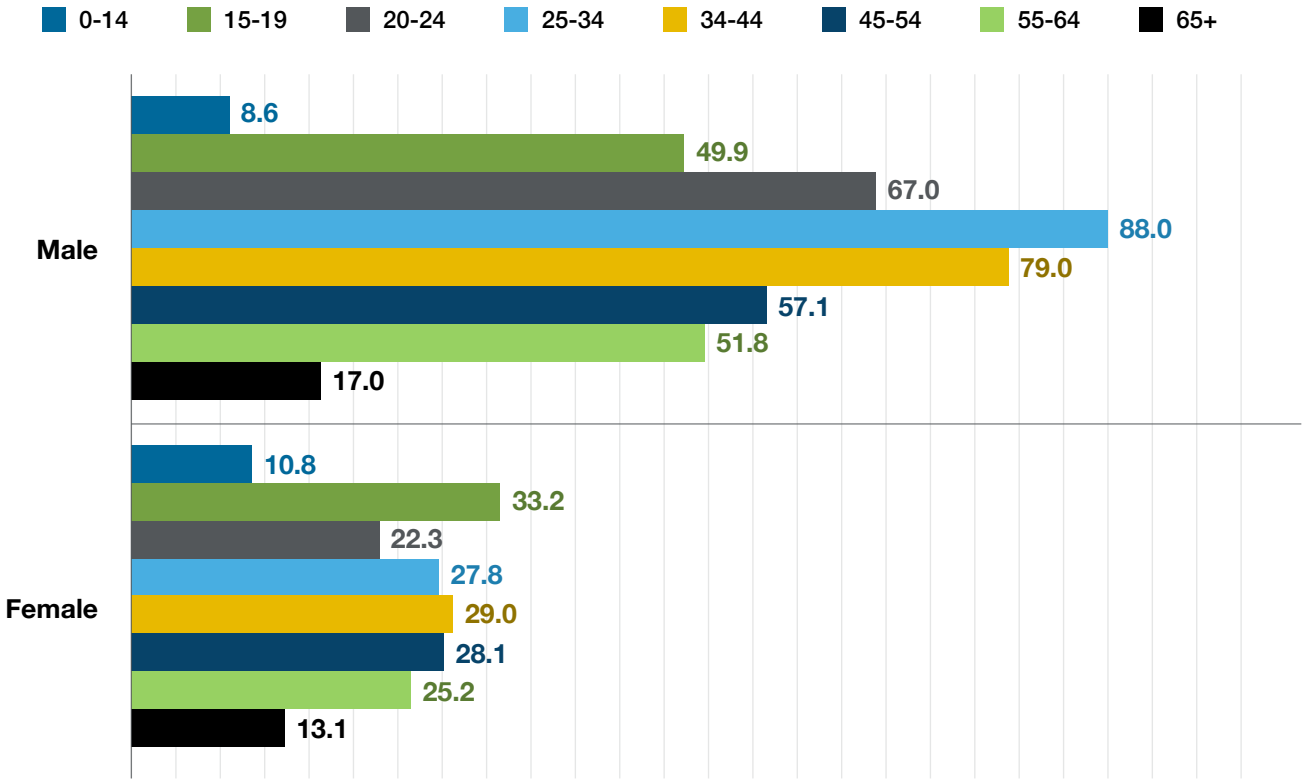
Virginia saw a significant spike in the number of Opioid-related Emergency Department visits from 2018 to 2020. Since 2020, the rate of opioid overdose-related ED visits in Virginia has decreased by a rate of 2.2 per 10,000 people, though it remains significantly higher than pre-2020 rates.(VDH, 2018-2022)

Opioid Overdose Related Emergency Department Visits Per 10,000 Visits



25 to 34-year-olds have consistently had the highest rates of opioid-related emergency department visits. (VDH, 2018-2022) This suggests that prevention activities may benefit from focusing on youth and young adults

Opioid Overdose Related Emergency Department Visits Rate Per 10,000 Visits in 2022, By Sex & Age Group



Focus Area: Fentanyl

Fentanyl is a synthetic opioid that has become increasingly common over the past several years. Pharmaceutical fentanyl is approved by the Food and Drug Administration for pain relief, but it can have lethal consequences if misused. In addition to legally manufactured fentanyl, there is also illegally manufactured fentanyl which is available in different forms including liquid and powder.(CDC, 2024) Since 2018, fentanyl has caused the most deaths compared to all other opioids.(OCME, 2021)

Use Across the Lifespan

YOUTH

High school youth were asked directly about fentanyl for the first time in 2023. Less than one-percent (0.9%, n=1,915, [0.4,1.7]) reported having ever used fentanyl at least once during their lives.(VYS, 2023) Youth also reported past 30-day use of fentanyl at 0.4% (n=1,909, [0.1, 1.1]).(VYS, 2023)

The Virginia Youth Survey also asked about where respondents were accessing fentanyl. Responses were too low to be reported when asked if youth accessed their fentanyl from a friend or non-family member.

Percent of High School Youth Who Reported Misusing Fentanyl

0.9%
Youth Lifetime Use

0.4%
Youth Current Use

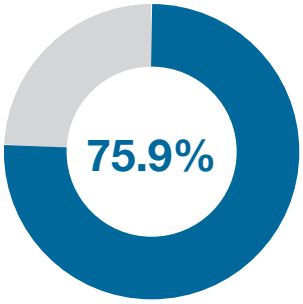
YOUNG ADULTS

Young adults aged 18-25 were asked directly about fentanyl for the first time in the 2024 Young Adult Survey. 83.0% (n=4,798, [80.5, 85.6]) of young adult respondents were very aware or somewhat aware of fentanyl.(YAS, 2024) More young adults were aware of the risks associated with fentanyl use (91.3%, n=4,358, [88.6, 93.9]). Over a third of young adults (34.2%, n=1,637, [32.9, 35.6]) reported that they were not familiar at all with how and why fentanyl is legally prescribed.(YAS, 2024)

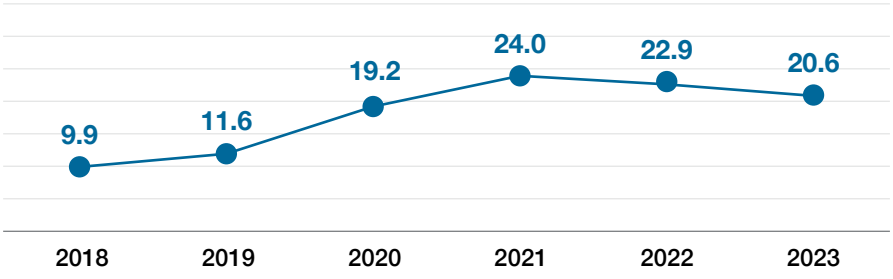
Overdoses and Mortality

2020 was a tipping point in Virginia when the number of Fentanyl deaths doubled compared to previous years. In 2021, fentanyl was involved in 75.9% of all drug overdose deaths in Virginia.(OCME, 2022) The fatal fentanyl overdose rate per 100K people in Virginia has increased from 9.9 in 2018 to a high of 24.0 in 2021 before decreasing to a rate of 20.6 in 2023.(VDH, 2023)

Percent of Overdose Deaths Involving Fentanyl in 2021



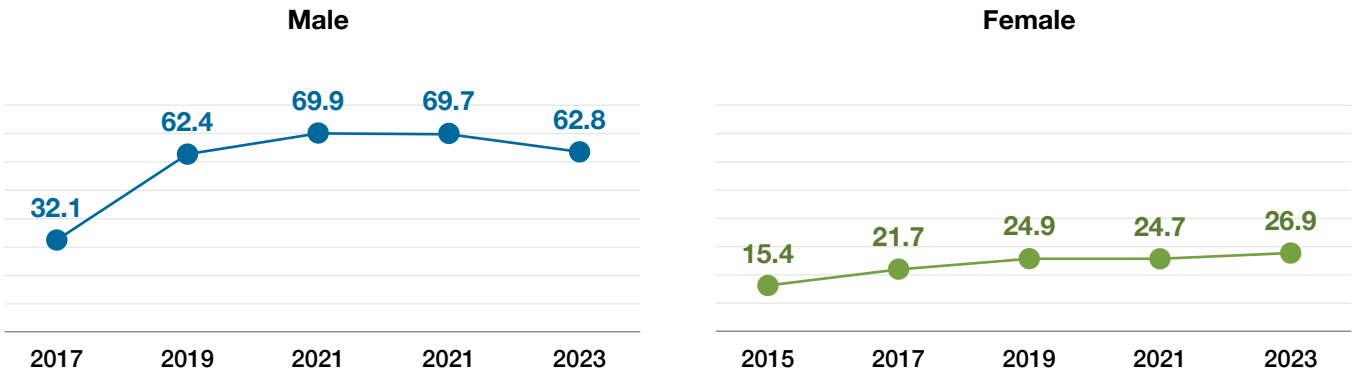
Fentanyl & Other Synthetic Opioid Overdose Deaths Per 100,000 People



DBHDS

Often, illicitly produced fentanyl is mixed in with heroin or sold disguised as heroin, leading to unknowing consumption of fentanyl. In 2023, fentanyl and/or heroin overdose rates were highest among 35-44 years olds at 62.8 deaths per 100,000 men and 26.9 deaths per 100,000 women in this age group.[(VDH, 2023)]

Fatal Fentanyl and Other Synthetic Opioid Overdose Rate Per 100,000 People 35-44 Years Old, By Sex



Focus Area: Cannabis

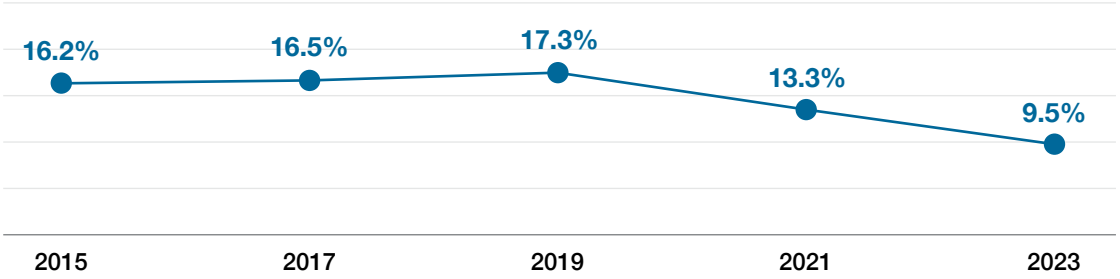
Recreational cannabis use became legal in Virginia in July 1, 2021 for anyone 21 years and older. The retail sale of recreational cannabis is not yet permitted, though individuals over the age of 21 can legally posses up to one ounce of cannabis. Cannabis can also be used for medicinal purpose. Qualified individuals – those with a valid prescription from a medical provider – may purchase cannabis products from a number of medical cannabis dispensaries throughout Virginia.(CFAH, 2023)

Use Across the Lifespan

YOUTH

Despite legalization, the rate of past 30-day use among high school youth in Virginia has declined since 2019. Approximately 1 in 10 (9.5%, n=1,906, [6.9, 12.9]) high school youth reported using cannabis at least once in the past 30 days. Current cannabis use data shows differences among racial and ethnic groups, though past 30-day use rates have decreased across all groups.(VYS, 2023) White youth reported a past 30-day use rate of 10.8% (n=641, [7.2, 15.9]) in 2023, a higher rate compared to Black youth (10.1%, n=383, [6.8, 14.9]) and Hispanic/Latino youth (8.3%, (n=519, [4.6, 14.4]).(VYS, 2023) Youth identifying as Multiracial had the highest rate of past 30-day cannabis use at 11.0% (n=197, [7.2, 16.4]).(VYS, 2023)

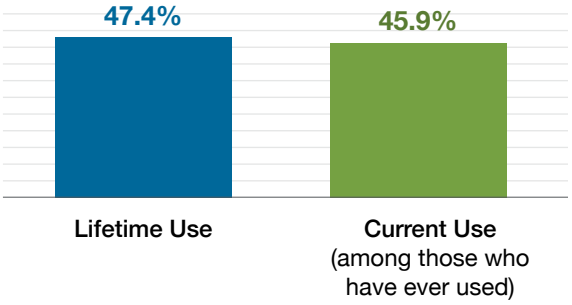
Percent of High School Youth Who Reported Using Cannabis in the Past 30 Days



In 2023, high school youth were asked about using cannabis with electronic vapor products. 6.1% (n=1,862, [4.4, 8.5]) reported vaping cannabis at least once in the past 30-days.(VYS, 2023) Vaping cannabis was more common for females (7.8%, n=937, [5.5, 10.8]) than for males (4.7%, n=921, [3.0, 7.1]).(VYS, 2023)

YOUNG ADULTS

Nearly half (47.4%, n=5,887, [46.1, 48.7]) of 18–25-year-olds in Virginia have used cannabis in their lifetime.(YAS, 2024) Of those who have used cannabis at least once, 45.9% (n=2,768, [44.1, 47.8]) have used cannabis in the past 30 days. 21.7% (n=5,866, [20.6, 22.7]) of all young adult respondents had used cannabis within the past 30 days. Looking across the lifespan, young adults reported the highest rate of cannabis use in the past 30 days.



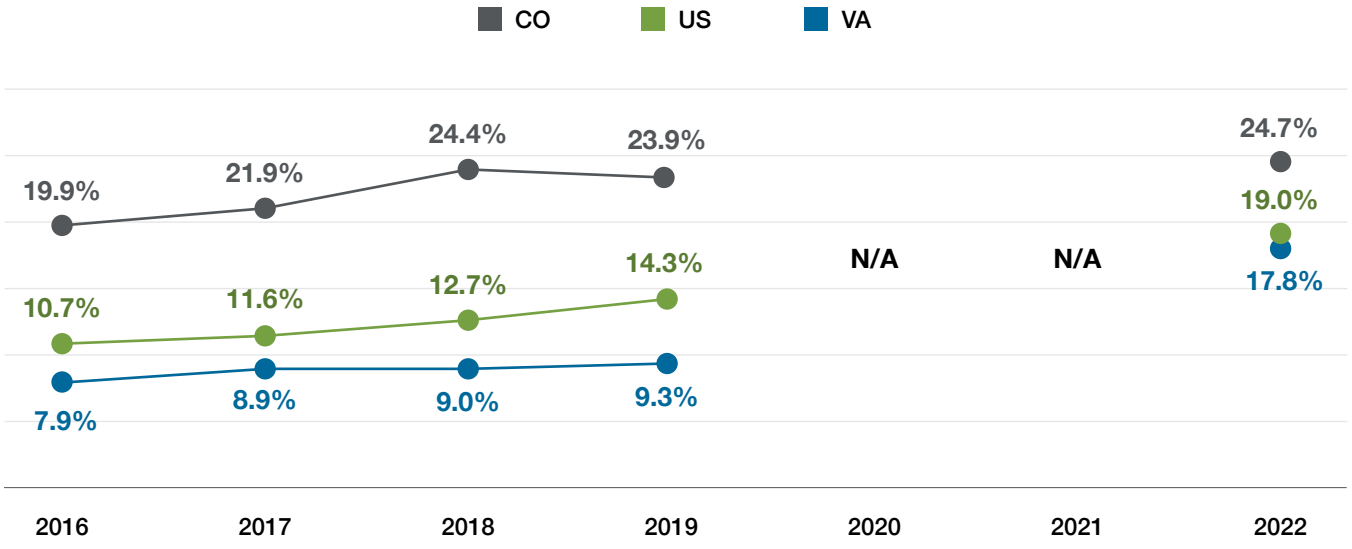
Young adult respondents identifying as Transgender or Gender Diverse (TGD) reported much higher lifetime cannabis use compared to their peers.(YAS, 2024) Among lifetime users, TGD young adults also reported higher use rates within the past 30 days than their non-TGD peers. The same disparity was present for young adults identifying as LGBQ+, who reported higher lifetime and past 30-day use than their straight/heterosexual peers.

	Lifetime Use	Past 30 Day Use (among lifetime users)
Trans or gender diverse (TGD)	**58.5% (n=260, [52.5, 64.4])**	**59.9% (n=152, [52.1, 67.7])**
Cisgender/Not Trans or gender diverse	47.2% n=5,287, [45.8, 48.5])	44.7% (n=2,478, [42.7, 46.6])
LGBQ+	**61.8% (n=1,354, [59.2, 64.4])**	**53.4% (n=833, [50.0, 56.8])**
Straight/Heterosexual	44.2% (n=3,909, [42.7, 45.8])	41.4% (n=1,719, [39.0, 43.7])

ADULTS

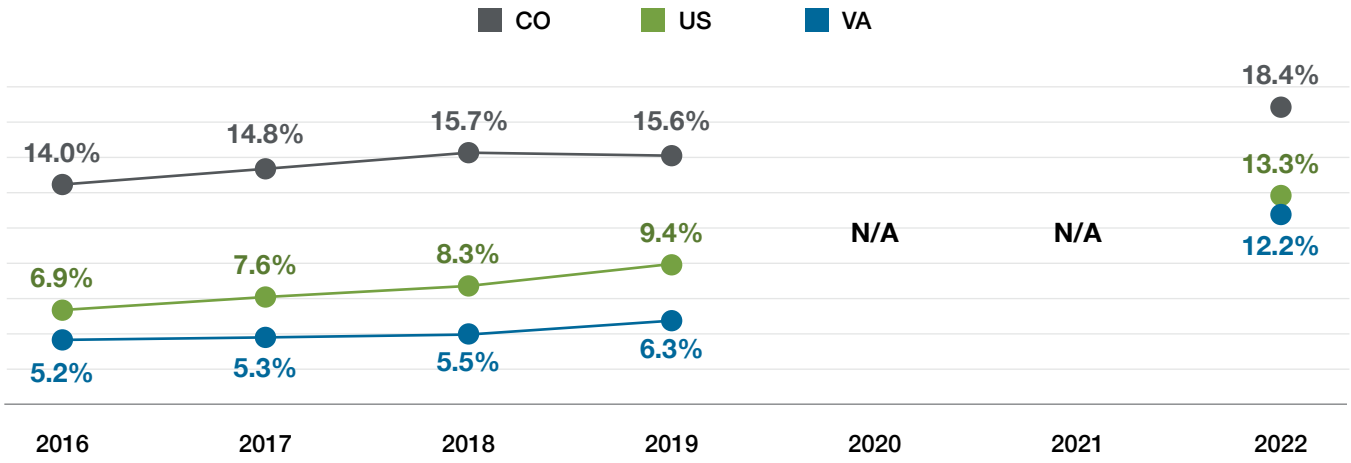
The past year use rate of cannabis for anyone 26 and older in Virginia is lower compared to the national rate and Colorado, which legalized recreational cannabis in 2014.(NSDUH, 2022) However, there was a noticeable increase in past year use rates in Virginia after cannabis was legalized – almost doubling the use rate from 9.3% [7.9, 10.9] in 2019 to 17.8% [18.8, 19.9] in 2022.

Percent of Adults Ages 26+ Who Reported Using Cannabis in the Past 12 Months



Similarly, the past-month use rate of cannabis for anyone 26 and older is lower in Virginia when compared to the national rate and Colorado.(NSDUH, 2021)

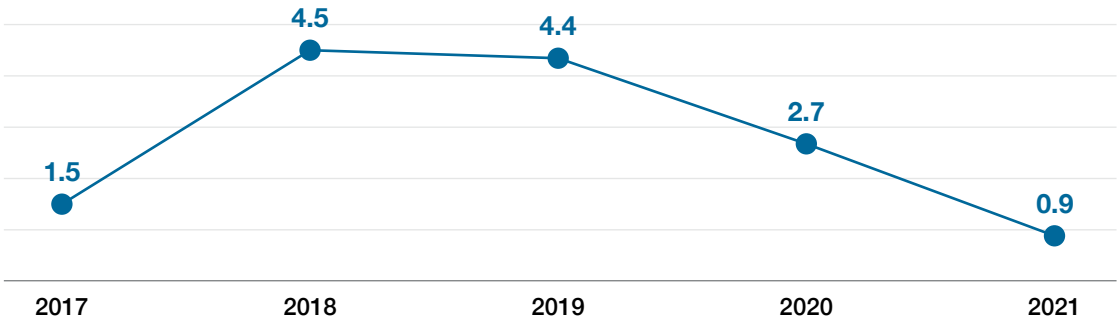
Percent of Adults Ages 26+ Who Reported Using Cannabis in the Past 30 Days



Arrests and Drug Seizures

As expected given legalization in 2021, statewide cannabis arrests rates have fallen dramatically, from 4.5 arrest per 100,000 people in 2019 to 0.9 arrest per 100,000 people in 2021.[(VASIS, 2021)]

Cannabis Seizures Per 100,000 People



Although the overall arrest rate for cannabis is dropping, there is still an overrepresentation of Black, African or African American in arrests compared to the total population proportions. Black Virginians comprised 20% of the population in 2021 yet made up 49.4% of cannabis-related arrests the same year.[(VASIS, 2021)]

The difference between males and females is also misaligned with the overall population distribution. 80.7% of all cannabis-related arrests in 2021 were of males, even though they make up 49.5% of the Commonwealth's population. Meanwhile females represent 19.3% of cannabis arrests and comprise over half of the population (50.5%).[(VASIS, 2021)]

Focus Area: Heroin

Heroin is a highly addictive opioid made from opium poppy plants that can be injected, smoked, or snorted.[(CDC, 2024)] It is often used in conjunction with other substances, like prescription medications or cocaine.

Use Across the Lifespan

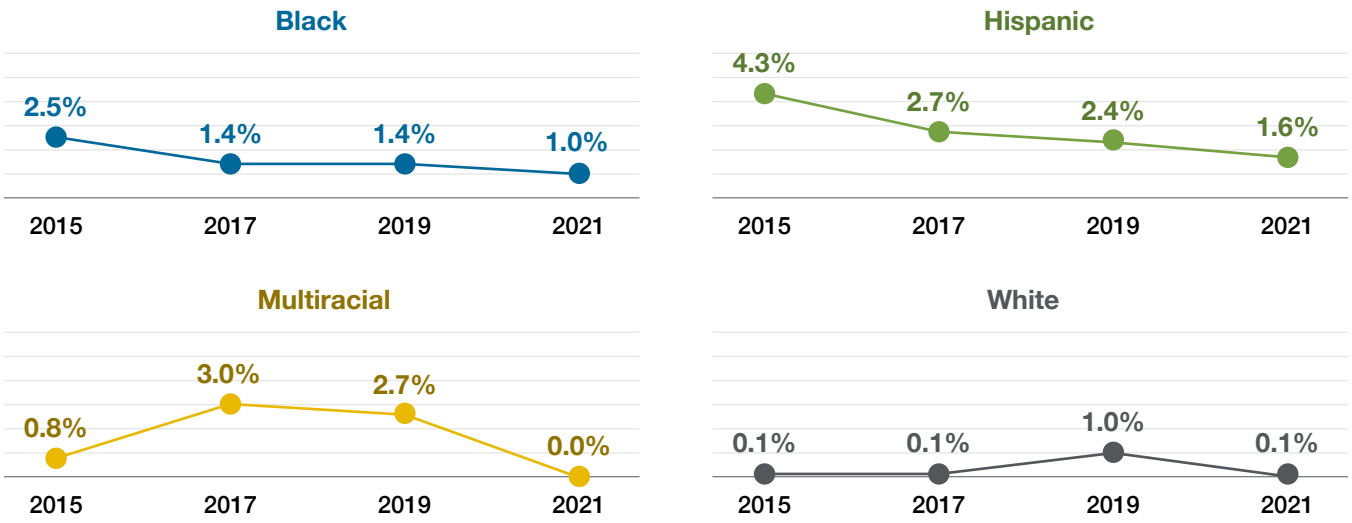
YOUTH

Heroin use in the past 30 days among high school youth has been decreasing over the last ten years, which may be due, in part, to the rise of fentanyl use.[(VYS, 2021)] Please note, this data point was not collected in the 2023 Virginia Youth Survey administration.

Percent of High School Youth Who Reported Using Heroin in the Past 30 Days

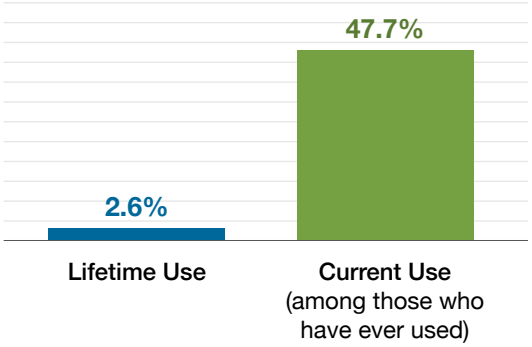
Students identifying as Hispanic/Latino report consistently higher rates of past 30-day use than the overall youth population. Rates were twice as high in 2021 for Hispanic/Latino youth (1.6%, n=716, [0.3, 3.3]) than the overall rate (0.7%, n=3,014, [0.4, 1.1]).[(VYS, 2021)]

Percent of High School Youth Who Reported Using Heroin in the Past 30 Days, by Race/Ethnicity



YOUNG ADULTS

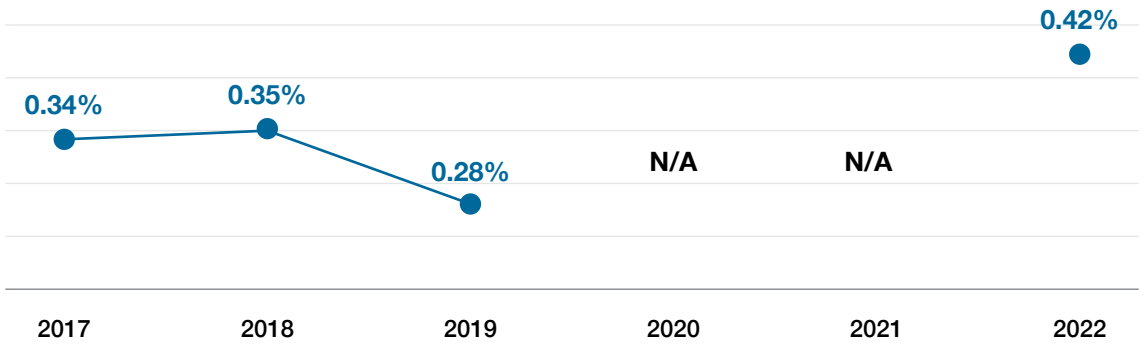
2.6% (n=5,876, [2.23, 3.1]) of young adults reported lifetime heroin use in 2024.[(YAS, 2024)] Almost half (47.7%, n=153, [39.8, 55.6] of these lifetime users reported having used it in the past 30 days, indicating high likelihood of continued use upon onset.[(YAS, 2024)] Across all young adult respondents, 1.2% (n=5,874, [1.0, 1.5]) had used heroin in the past 30 days. Some differences were evident between transgender and gender diverse (TGD) young adults and those who are cisgender/not TGD. 6.2% (n=260, [3.2, 9.1]) of TGD young adults reported lifetime heroin use compared to 2.5% (n=5,276, [2.1, 2.9]) of their non-TGD peers.



ADULTS

Past year heroin use among adults 26 or older in Virginia was 0.42% [0.22, 0.80] in 2022, mirroring the 2022 use rates for the United States (0.45%, [0.38, 0.54]).(NSDUH, 2022) Rates have increased since 2019, though exact trends are difficult to identify given lack of available data in the years between.

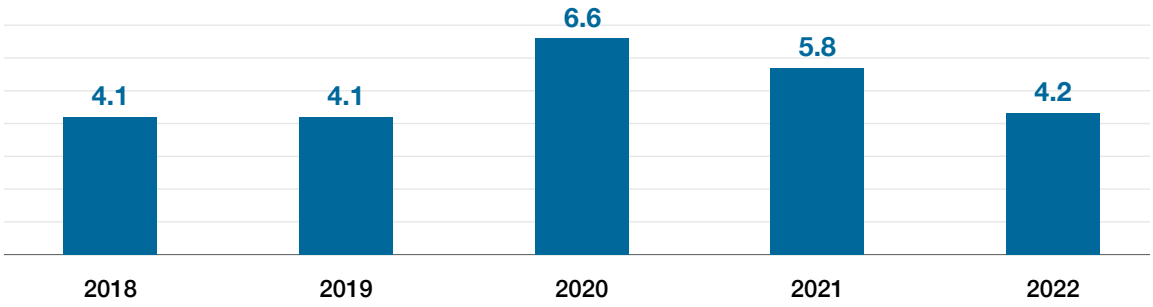
Percent of Adults Ages 26+ Who Reported Using Heroin in the Past 12 Months



Emergency Department Visits - Heroin

In 2022, Heroin ED visits have returned to a similar pre-pandemic rate of 4.2 per 10,000 emergency department visits. The peak of ED visits was 6.6 per 10K ED visits in 2020.(VDH, 2022) Trends in 2022 consistently identify much higher heroin-related ED visit rate among males compared to females. The largest age group represented are Virginians ages 25-34, with heroin-related emergency room visits occuring at a rate of 15.1 per 100,000 males and 4.0 per 100,000 females within this age group.

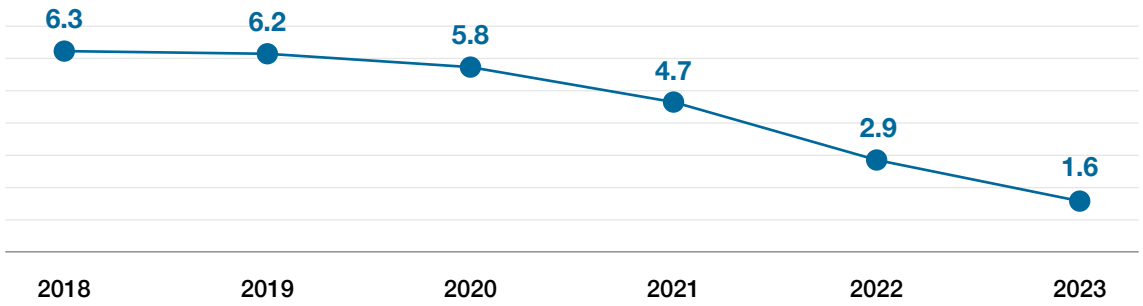
Heroin Overdose Related Emergency Department Visits Per 10,000 Visits



Overdose Rates

Since the peak of heroin overdoses in 2018 (6.3 deaths per 100,000 people), rates have continued to decrease, with the most recent rate at 1.6 deaths per 100,000 people in 2023.(VDH, 2023)

Heroin Overdose Death Rate Per 100,000 People

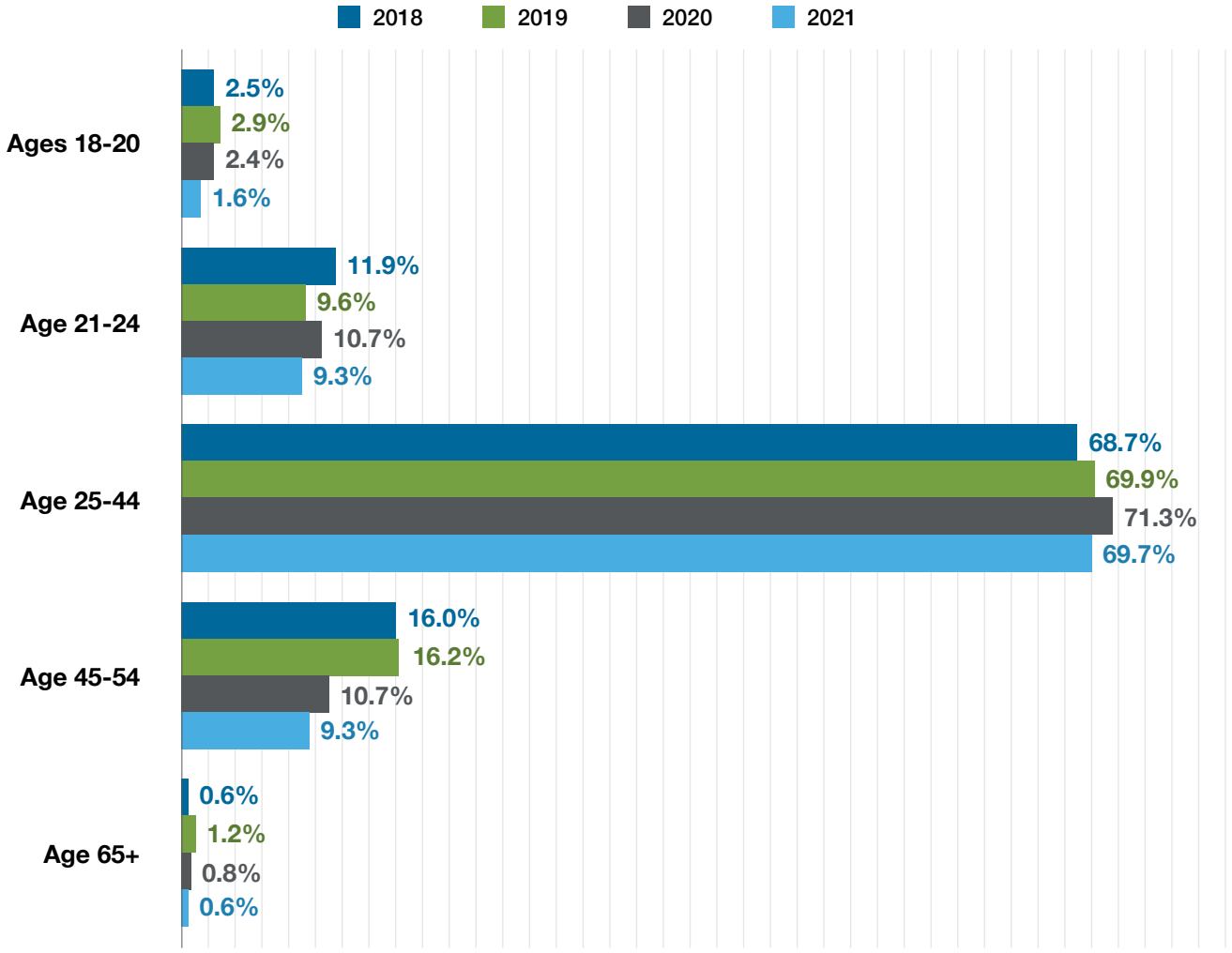


Arrests and Drug Seizures

Statewide heroin arrests rates from 2018 to 2021 have remained steady between 1.0 and 1.2 arrests per 100,000 people.[(VASIS, 2021)]

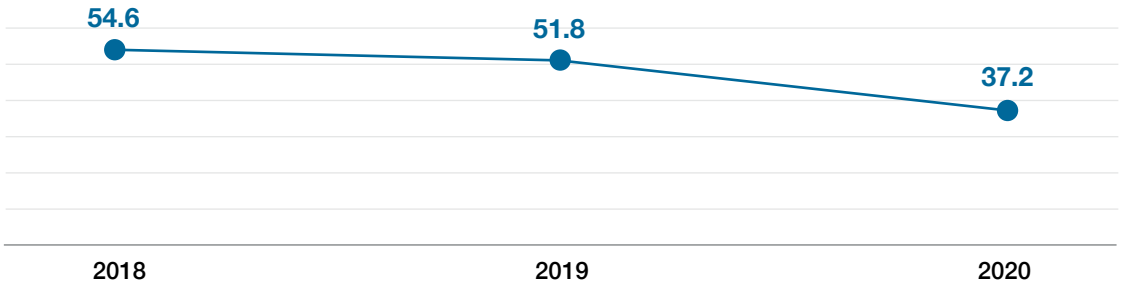
Adults ages 25-44 represent the vast majority of individuals arrested for heroin–related charges, constituting more than 68% of arrests each year since 2018. Adults ages 45-64 are the second most represented age group.

Percent of heroin-related arrests by age group



Statewide heroin seizures have decreased from 2018 to 2020 (54.6 to 37.2 seizures per 100,000).[(VASIS, 2021)] Heroin represented 8% of all drugs seized and tested in 2020, which is a decrease from a high of 16% in 2015.

Heroin Seizures Per 100,000 People



Focus Area: Cocaine

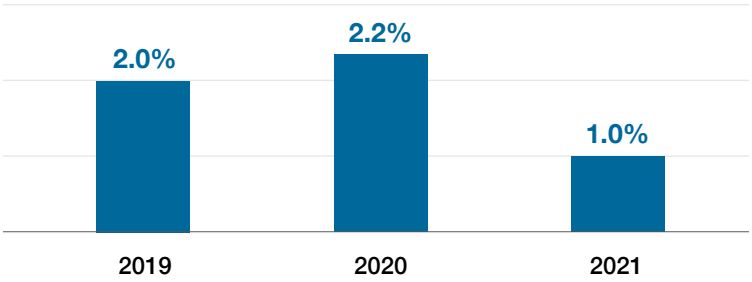
Cocaine is a stimulant that can be snorted, smoked, or injected.(CDC, 2024) The use of cocaine has varied over the decades.

Use Across the Lifespan

YOUTH

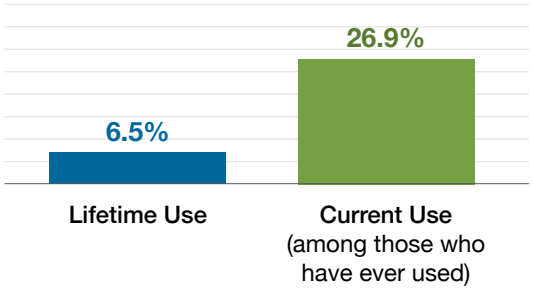
Cocaine use in the past 30 days among high school youth has decreased since 2019.(VYS, 2021) There are slight differences across racial groups, with youth identifying as Hispanic/Latino reporting a past 30-day use rate of 1.6% (n=718, [0.7, 3.7]), higher than rates among White youth (0.9%, n=999, [0.4, 1.9]) or Black youth (1.0%, n=879, [0.3, 3.0]).(VYS, 2021) Please note, this data point was not collected in the 2023 Virginia Youth Survey administration.

Percent of High School Youth Who Reported Using Cocaine in the Past 30 Days



YOUNG ADULTS

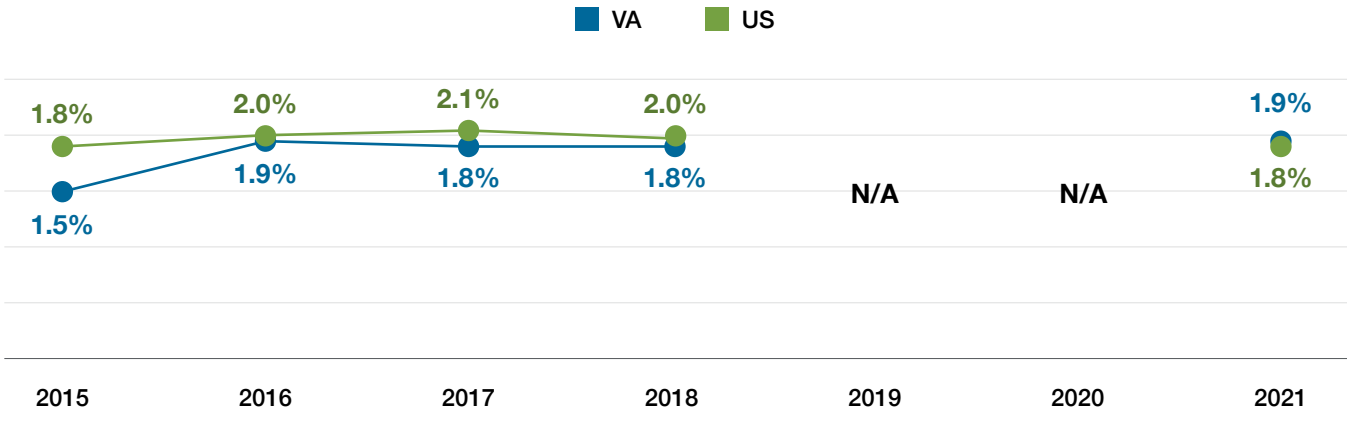
Rates of lifetime use of cocaine among young adults have decreased from 11.0% (n=5,244, [10.2, 11.9]) in 2022, to 6.5% (n=5,884, [5.8, 7.1]) in 2024.(YAS, 2024) Past 30-day use of those who had ever used cocaine has also decreased from 32.9% (n=572, [29.0, 36.7]) to 26.9% (n=375, [22.4, 31.4]). Across all young adult respondents, 1.7% (n=5,879, [1.4, 2.0]) had used cocaine in the past 30 days.



ADULTS

The rate of past year cocaine use has remained relatively steady and below the national rate except for in 2021. (NSDUH, 2021) Recent trends are difficult to identify given lack of available data.

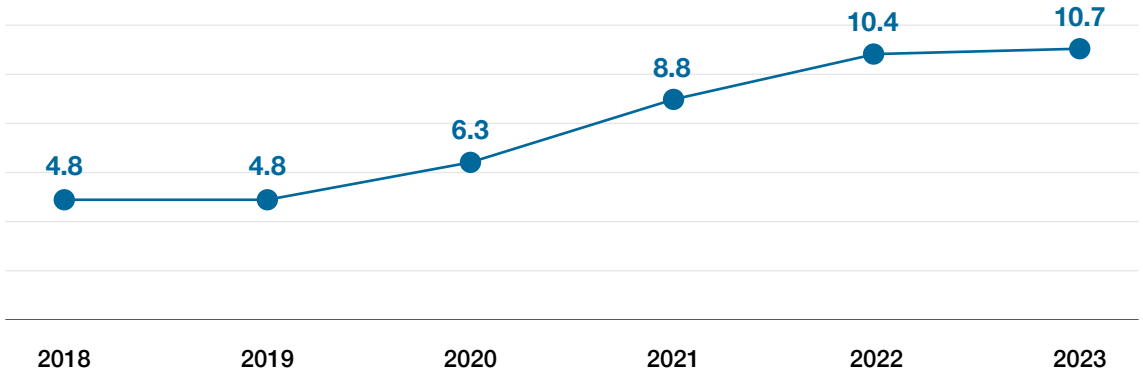
Percent of Adults Ages 18+ Who Reported Using Cocaine in the Past 12 Months



Overdoses and Mortality Rate

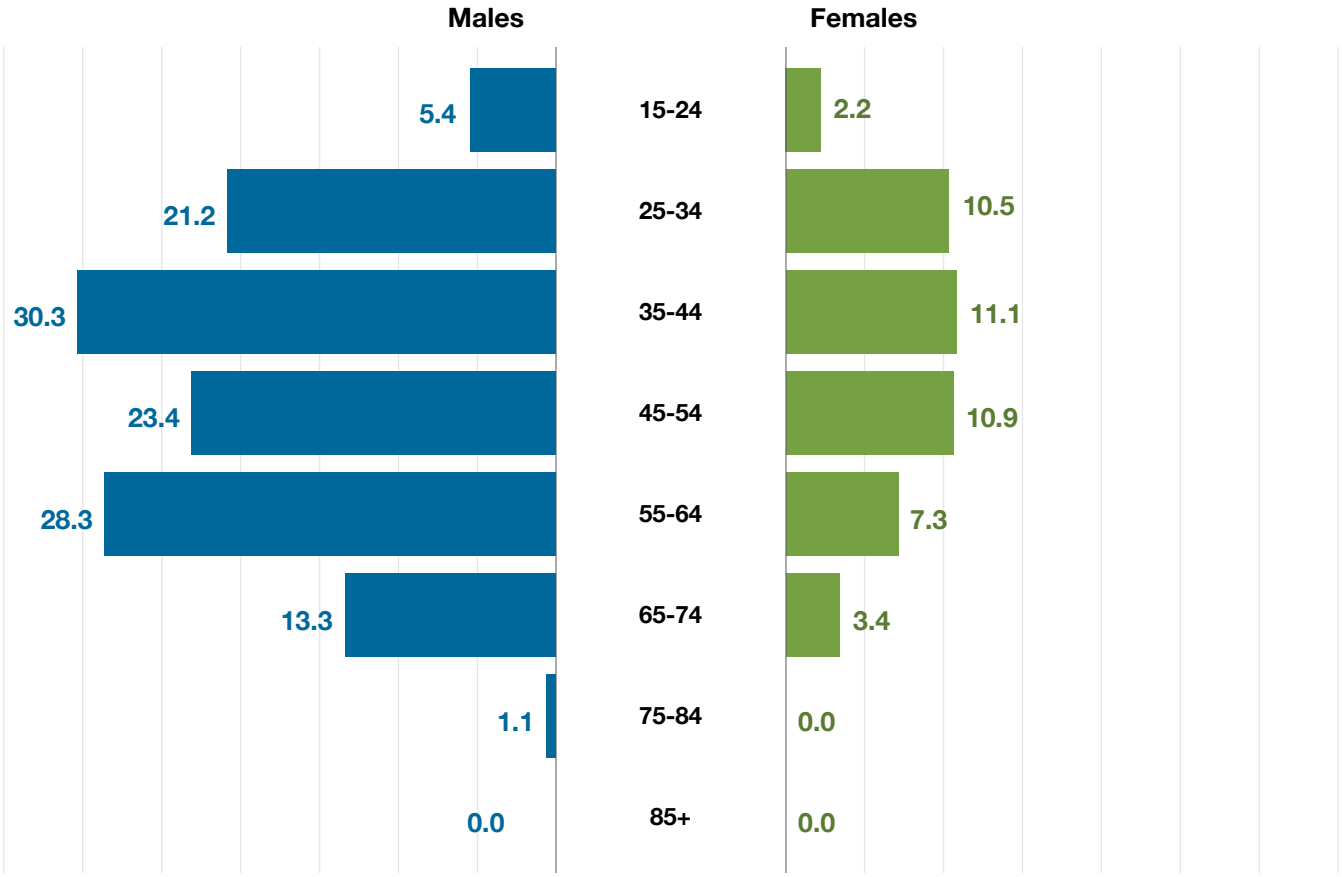
In 2023, there were 10.7 cocaine related overdoses per 100,000 people in Virginia. This rate has increased slightly from the previous year.[(OCME, 2021)] The rate of cocaine overdoses may be misleading, as cocaine is often mixed with fentanyl, a strong opioid that has significantly impacted overdose rates. In 2023, the combination of cocaine and fentanyl was present in 34.2% of all fatal overdoses.[(VDH, 2023)]

Cocaine Related Overdose Deaths Per 100,000 People



There are differences among sex and age groups.[(VDH, 2023)] Males tend to have higher rates of fatal overdoses due to cocaine than females, and overdoses tend to be highest among ages 35-44 and 55-64.

Cocaine Related Overdose Deaths Per 100,000 People, By Sex & Age Group



Focus Area: Methamphetamine

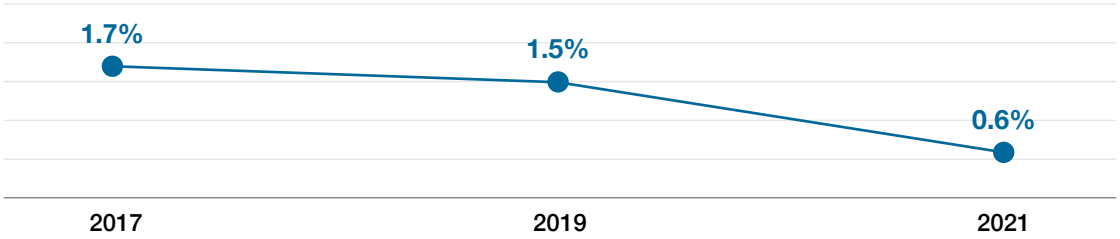
Methamphetamine, also known as meth, is a type of human-made stimulant drug that can be highly addictive. (CDC, 2024) It has been documented that individuals are at higher risk if they are low-income, live in rural areas, are male or White.(CDC, 2020)

Use Across the Lifespan

YOUTH

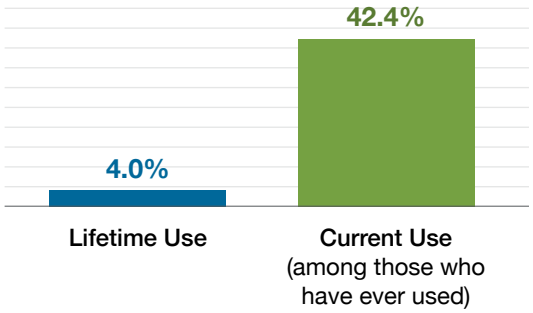
Past 30-day methamphetamine use among high school students has been decreasing in recent years, dropping to 0.6% (n=3,020, [0.4, 0.9]) in 2021.(VYS, 2021) Variance exists when examining sex and race, though small sample sizes create challenges in ascertaining the true difference. Please note, this data point was not collected in the 2023 Virginia Youth Survey administration.

Percent of High School Youth Who Reported Using Methamphetamine in the Past 30 Days



YOUNG ADULTS

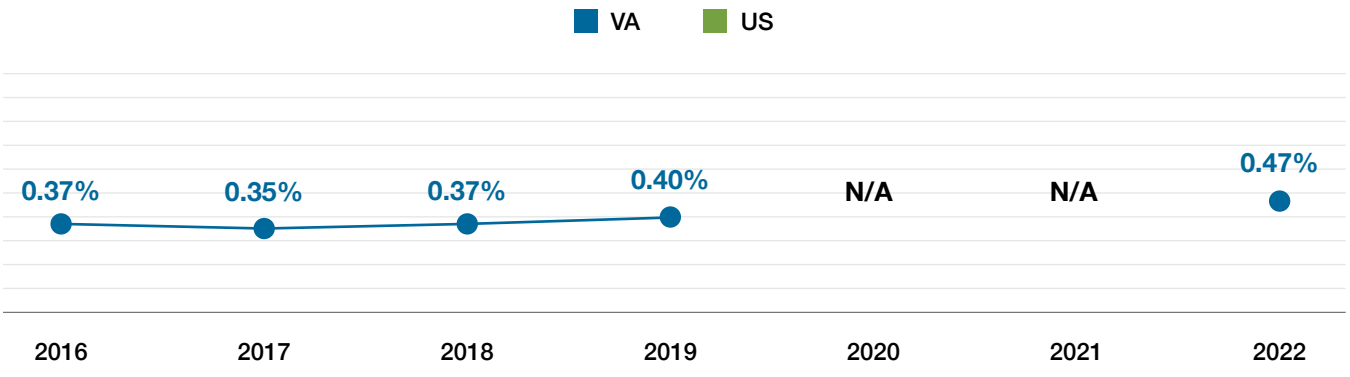
In 2024, 4.0% (n=5,889, [3.5, 4.5]) of young adult respondents aged 18-25 reported having used methamphetamine at least once in their lifetime.(YAS, 2024) 42.4% (n=231, [36.1, 48.8]) of lifetime users reported past 30-day use, indicating high likelihood of continued use upon onset. These use rates have declined since 2022, when lifetime use was at 6.5% (n=5,239, [5.9, 7.2]) and past 30-day use was 52.8% (n=335, [47.5, 58.2]).(YAS, 2022) Across all young adult respondents, 1.7% (n=5,885, [1.4, 2.0]) reported using methamphetamine at least once in the past 30 days.(YAS, 2024)



ADULTS

Past-year methamphetamine use in 2021-22 among adults aged 26 or older was 0.47% [0.25, 0.88], which is much lower than the national rate of 1.12% [0.98, 1.28].(NSDUH, 2022) Rates among Virginia adults do seem to be increasing over time, with rates steadily climbing since reaching a low of 0.35% [0.18, 0.66] in 2016-17.(NSDUH, 2016-17)

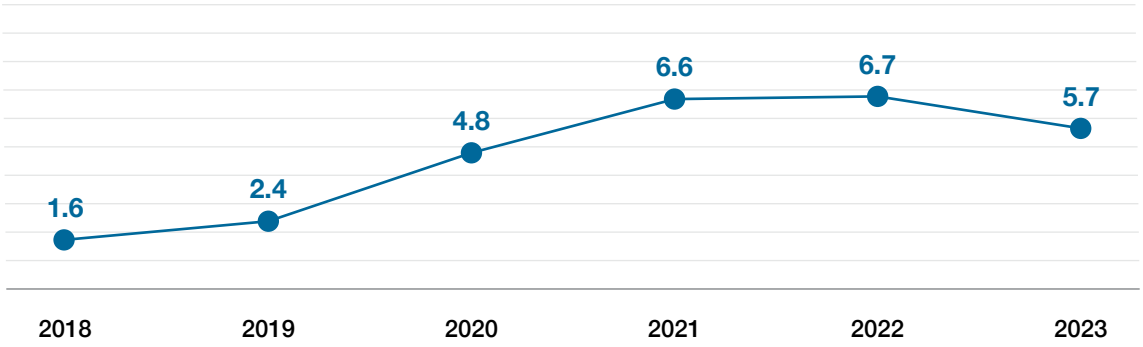
Percent of Adults Ages 26+ Who Reported Using Methamphetamine in the Past 12 Months



Overdoses and Mortality Rate

Virginia monitors the overdose rates attributed to methamphetamine in combination with other psychostimulant drugs, like ecstasy. Cocaine is monitored separately. Fatal overdoses for psychostimulants had been increasing in recent years, up to 6.7 per 100,000 people in 2022, but declined in 2023 to 5.7 per 100,000 people.[(VDH, 2023)]

Psychostimulant Related Overdose Deaths Per 100,000 People

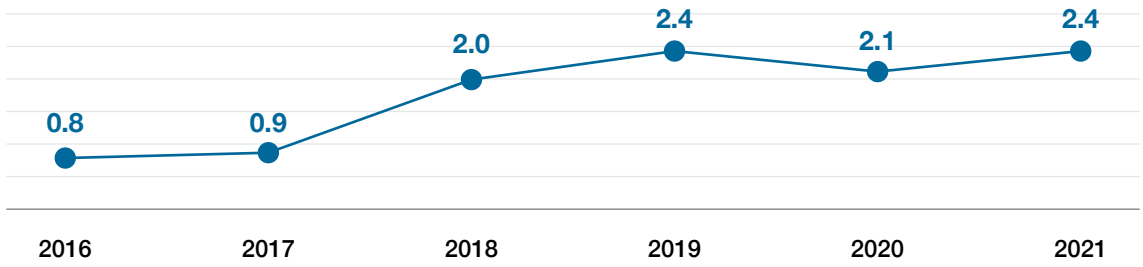


Overdoses involving psychostimulants show higher rates for males than females.[(VDH, 2023)] For 35-44 year olds in Virginia, males have a psychostimulant fatal overdose rate of 17.1 per 100,000 people, compared to 9.4 per 100,000 people for females.[(VDH, 2023)]

Arrests and Drug Seizures

The Department of Criminal Justice Services reports the number of arrests related to amphetamine and methamphetamine together. The statewide rate of arrests for amphetamine/methamphetamine charges has increase sharply over the last decade.[(VASIS, 2021)]

Amphetamine/Methamphetamine Related Arrests Per 100,000 People



Aligning with known risk factors, individuals identifying as White comprised 90.8% of all amphetamine/methamphetamine arrests in 2021, even though only 68.8% of Virginia's general population identify as White. [(VASIS, 2021)]

Focus Area: Hallucinogen

Hallucinogens and psychedelics are mood altering drugs that can also change a person's perception of their surroundings and experiences.(NIDA, 2024) Common hallucinogens include mushrooms, ecstasy/MDMA, LSD, PCP, and ketamine.

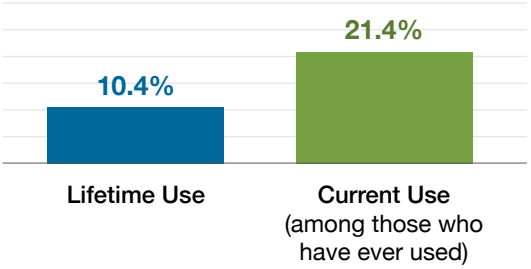
Use Across the Lifespan

YOUTH

Data on hallucinogen use among youth is not collected/reported at the state level.

YOUNG ADULTS

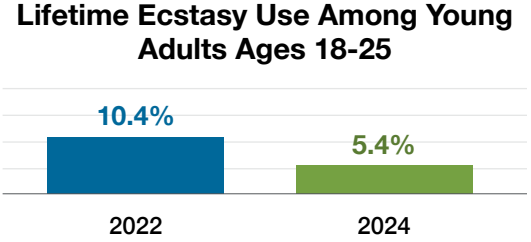
Overall, young adult respondents between the ages of 18-25 reported a lifetime use rate of 10.4% (n=5,888, [9.6, 11.2]) for hallucinogens.(YAS, 2024) Of those who had used hallucinogens previously, 21.4% (n=607, [18.2, 24.7]) reported using them at least once over the past 30 days. Across all young adult respondents, 2.2% (n=5,883, [1.8, 2.6]) reported having used hallucinogens in the past 30 days.



When examining lifetime use data, Transgender and Gender Diverse (TGD) young adults reported using hallucinogens at almost twice the rate of non-TGD young adults – 18.8% (n=261, [14,0, 23.5]) compared to 9.8% (n=5,286, [9, 10.6]).(YAS, 2024) The same was also true for LGBQ+ young adults (16.7%, n=1,356, [14.8, 18.7]) compared to straight/heterosexual young adults (8.2%, n=3,907, [7.4, 9.1]). Approximately one in five (21.4%, n=607, [18.2, 24.7]) young adults who reported ever using hallucinogens reported having used them at least once int the past 30 days. Across all young adults, 2.2% (n=5,883, [1.8, 2.6]) reported past 30-day hallucinogen use.

Ecstasy

Data are collected on a specific hallucinogen – ecstasy, also known as MDMA. Lifetime ecstasy use for young adults has fallen from 2022 to 2024, from 10.4% (n=5,232, [9.6, 11.2] to 5.4% (n=5,880, [4.9, 6.0]).(YAS, 2024) 29.4% (n=316, [24.4, 34.5]) of young adults who had used ecstasy before had used within the past 30-days. Across all young adults, 1.6% (n=8,876, [1.3, 1.9] reported past 30-day ecstasy use.



ADULTS

2021-22 estimates found 1.8% [1.3, 2.5] adults ages 26 or older in Virginia reported past year hallucinogen use - below the national rate 2.3% [2.1, 2.5].(NSDUH, 2022) Data on hallucinogen use was not available prior to 2022.

Focus Area: Over The Counter (OTC) Medications

OTC medication misuse is defined as the use of non-prescription medication in a way that is not intended. OTC misuse is common among youth as OTC medications, such as cough or anti-diarrheal medicines, are easily accessible.(AAC, 2024) There is no data available for adults age 26 or older on OTC medication misuse.

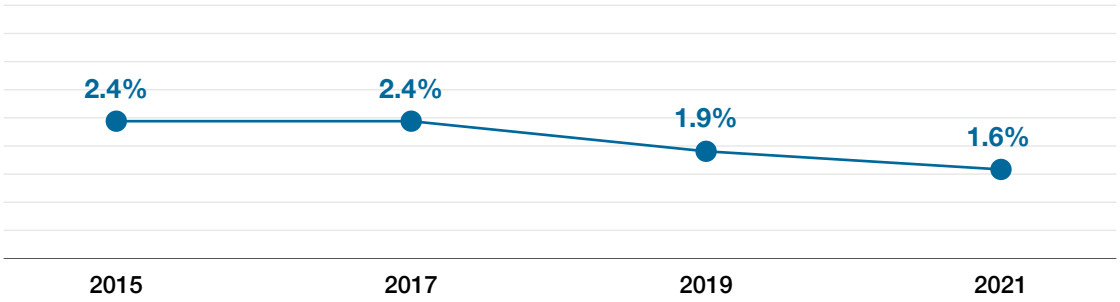
Use Across the Lifespan

YOUTH

OTC medication misuse is commonly associated with younger youth – as such, Virginia has asked middle school students about OTC misuse and has not asked high school youth about OTC misuse since 2015. Please note, this data point was not collected in the 2023 Virginia Youth Survey administration.

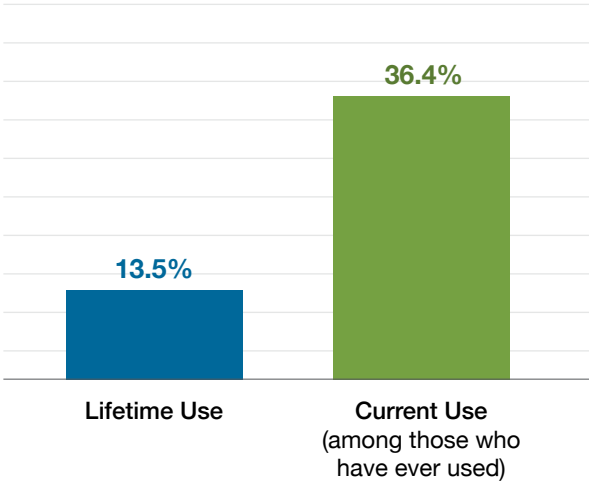
Lifetime use rates of OTC medication misuse have been decreasing in recent years among middle school students.(VYS, 2021) Past 30-day OTC misuse for high school students in 2015 was 4.8% (n=5,063, [4.8, 6.0]) - exactly twice as high as the middle school student lifetime misuse rate – indicating that the perception of OTC use being more common among younger youth may be erroneous.(VYS, 2021)

Percent of Middle School Youth Who Reported Having Ever Misused OTC Medications



YOUNG ADULT

In 2024, 13.5% (n=5,892, [12.6, 14.3]) of 18 to 25-year-olds had misused OTC medications in their lifetime, with over a third (36.4%, n=786, [33.0, 39.8]) of those individuals reporting having misused OTC medications in the past 30 days.(YAS, 2024) LGBQ+ young adult respondents reported a higher lifetime OTC misuse rate (15.8%, n=1,352, [13.9, 17.8]) compared to their Straight/Heterosexual peers (12.6%, n=3,914, [11.6, 13.7]). Straight/heterosexual young adults who reported lifetime OTC misuse were, however, more likely to report past 30-day misuse (38.9%, n=489, [34.5, 43.2]) than their LGBQ+ peers (28.2%, n=213, [22.1, 34.2]). Across all young adult respondents, 4.9% (n=5,884, [4.3, 5.4]) reported misusing OTC medications in the past 30 days.



Focus Area: Problem Gaming and Gambling

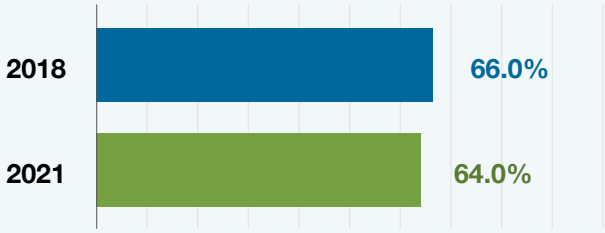
Access to gambling in Virginia, and around the nation, has expanded drastically over the last decade. In Virginia, legalized gambling in the form of bingo, lottery, and horse race betting had remained unchanged since the 1980s. 2020 ushered in a new era with legalized online betting, sports betting and the approval for 5 brick-and-mortar casinos to be built around the commonwealth.

Problem gamlbing refers to behaviors that have negative outcomes or consequences on an individual's life, including their daily life, finances, relationships, and/or career.(NCPG, 2024) Problem gaming is defined similarly, but is focused on engagement in video and online gaming practices that have negative impacts.(WHO, 2024) Given the fast rise in access for both gambling and gaming, Virginia has begun to examine data and issues related to problem gaming and gambling – outlined below.

National Trends

Overall gambling has decreased from 2018 to 2021 across the US.(NGAGE, 2021)

Overall lottery game engagement has also decreased from 2018 to 2021. (NGAGE, 2021)

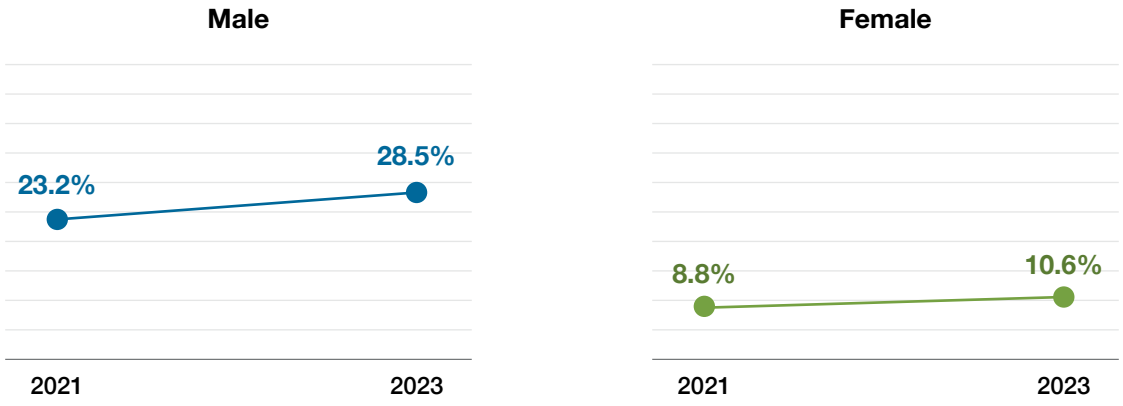


Use Across the Lifespan

YOUTH

19.8% (n=1,871, [17.7, 22.2]) of high school youth reported engaging in gambling behaviors within the past 12 months, increasing from 16.0% (n=2,930, [14.3, 17.8]) in 2021.(VYS, 2023) This includes a range of gambling behaviors, including betting on sports, a card game, the lottery, online gambling, or betting on the outcomes of a video game. Those who are male were much more likely to report gambling in the past year. Over 1 in 4 (28.5%, (n=914, [25.0, 32.3]) male students reporting gambling in the past year compared to about 1 in 10 (10.6%, n=953, [8.3, 13.6]) female students.(VYS, 2023)

Percent of High School Youth Who Reported Gambling in the Past Year, By Sex

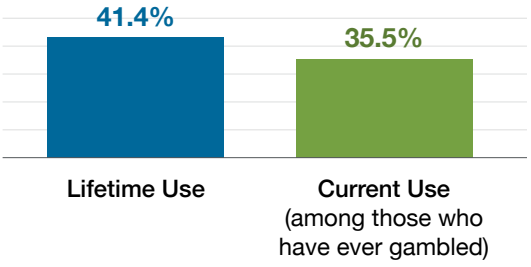


DBHDS

Some differences among racial and ethnic groups was reported. Students identifying as Hispanic/Latino had the highest level of reported gambling, at 23.6% (n=508, [20.7, 26.9]), followed by students identifying as White (20.2%, n=629, [17.1, 23.8]) and those identifying as Black (18.1%, n=380, [14.4, 22.4]).(VYS, 2023) Past 30-day gambling was lowest among youth identifying as Multiracial (17.4%, n=193, [12.2, 24.1]) or Asian (14.4%, n=138, [9.2, 21.8]).(VYS, 2023)

YOUNG ADULTS

Among young adults ages 18-25, 41.1% (n=5,885, [39.9, 42.4]) have engaged in gambling behavior in their lifetime.(YAS, 2024) Of those who have gambled, over one-third (35.5%, n=2,406, [33.6, 37.4]) have done so in the past 30 days. Across all young adult respondents, 14.6% (n=5,868, [13.7, 15.5]) reported having gambled at least once in the past 30 days.



In alignment with overall trends, men reported much higher rates of gambling than individuals who are women or non-binary or questioning their gender. Nearly 1 in 2 (48.3%, n=2,049, [46.1, 50.4]) men reported having gambled at least once.(YAS, 2024) Of lifetime gamblers, 47.6% (n=987, [44.5, 50.7]) reported past 30-day gambling.

	Lifetime Gambling	Past 30-Day Gambling (among lifetime gamblers)
Men	**48.3% (n=2,049, [46.1, 50.4])**	**47.6% (n=987, [44.5, 50.7])**
Women	37.8% (n=3,380, [36.2, 39.4])	26.2% (n=1,270, [23.8, 28.6])
Non-Binary or Questioning Folx	47.8% (n=253, [41.7, 54])	29.8% (n=121, [21.6, 37.9])

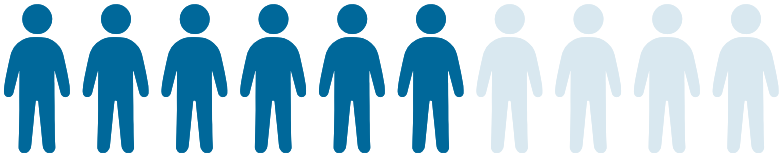
Gambling behaviors by young adult respondents show some differences across both sexual orientation and race. While lifetime use rates are similar, young adults identifying as straight/heterosexual reported a higher rate of past 30-days gambling (37.6%, n=1,634, [35.2, 39.9]) than those identifying as LGBQ+ (29.3%, n=584, [25.6, 33]).(YAS, 2024)

	Lifetime Gambling	Past 30-Day Gambling (among lifetime gamblers)
Straight/Heterosexual	42.0% (n=3,908, [40.4, 43.5])	**37.6% (n=1,634, [35.2, 39.9])**
LGBQ+	**43.4% (n=1,354, [40.7, 46.0])**	29.3% (n=584, [25.6, 33.0])

Meanwhile, BIPOC individuals reported a higher rate of past 30-day gambling (39.1%, n=907, [36.0, 42.3]) compared to their White, non-Hispanic peers (33.0%, n=1,433, [30.6, 35.4]), despite lower lifetime use rates, indicating BIPOC young adults may be more prone to continued gambling upon onset.(YAS, 2024)

	Lifetime Gambling	Past 30-Day Gambling (among lifetime gamblers)
BIPOC	34.7% (n=2,625, [32.9, 36.6])	**39.1% (n=907, [36.0, 42.3])**
White, Non-Hispanic	**47.6% (n=3,019, [45.9, 49.4])**	33.0% (n=1,433, [30.6, 35.4])

Sports betting is a key driver in young adult gambling behaviors. 60.7% (n=825, [52.8, 68.7]) young adults who reported gambling in the past 30 days participated in some form of sports betting. Approximately 1 in 10 (9.6%, n=825, [7.6, 11.6]) young adults who gambled in the past 30 days bet on sports daily or almost daily.(YAS, 2024) Sports betting was particularly high among men – among men who gambled in the past 30 days, 3 in 4 (75.9%, n=465, [64.5, 87.4]) bet on sports at least once. In comparison, less than half (39.2%, n=319, [28.7, 49.7]) of women who had gambled in the past month had bet on sports.



60.7%
of young adults who reported gambling in the past 30 days participated in some form of sports betting

ADULTS

The National Council on Problem Gambling reported state-level gambling behavior data in 2018. At that time, 79.0% of adults in Virginia reported gambling in some form within the past year. Playing the lottery (70.0%) and buying a raffle ticket (45.0%) were the most common forms of gambling.(NGAGE, 2018)

Almost 1 in 4 adults (24.0%) reported betting on sports within the last year, and 1 in 5 (21.0%) engaged in playing fantasy sports.(NGAGE, 2018) This is despite the fact that sports betting had not yet been legalized in Virginia at that time.

Focus Area: Suicide and Mental Health

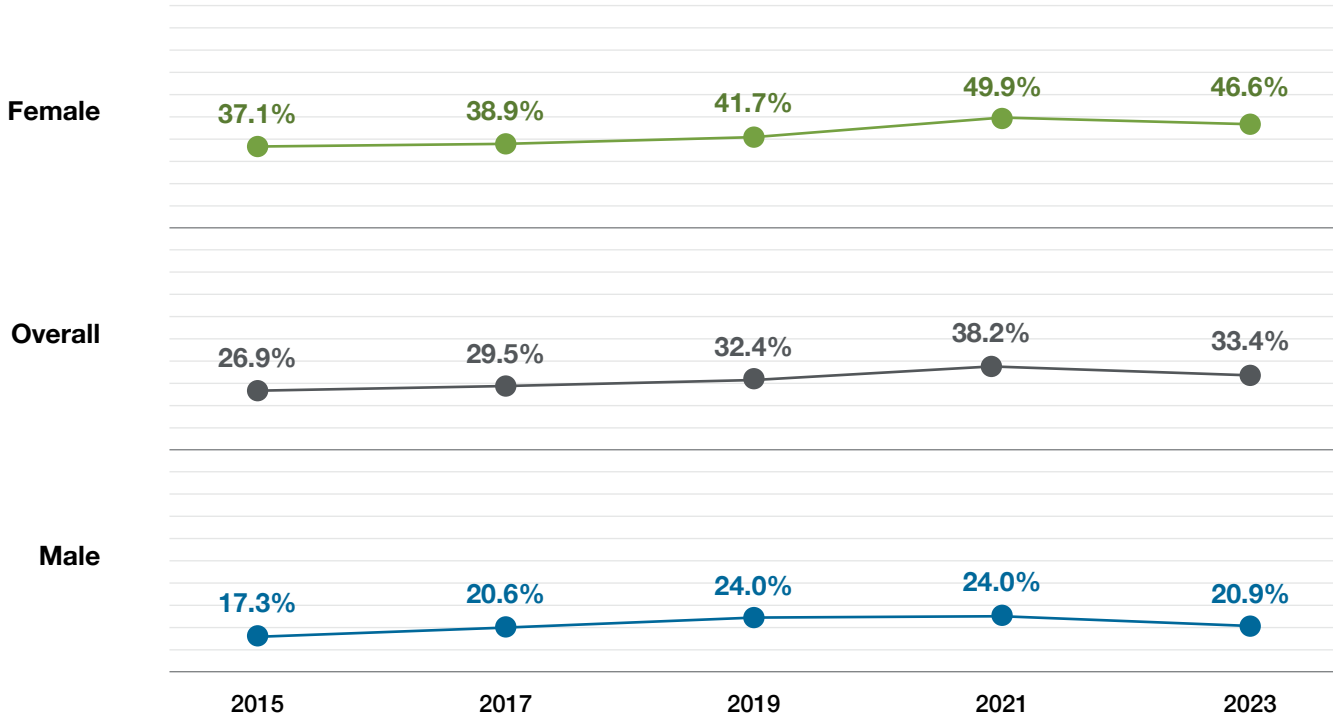
Mental health and substance use disorders can become life-threatening if they go untreated. Prevention work can help catch symptoms from the beginning and/or provide resources and skills to communities before they become lethal. As noted throughout the report, there is strong overlap between the shared risk and protective factors for using substances and the shared risk and protective factors for mental health and suicide. Impacting poor mental health and preventing suicide are also likely to reduce substance use.

Depressive Symptoms and Episodes

YOUTH

Rates of high school youth reporting feeling sad or hopeless decreased between 2021 and 2023. In 2023, 33.4% (n=1,952, [29.0, 38.1]) of high school youth reported feeling sad or hopeless for over two weeks within the past year to the point that they stopped doing some usual activities.(VYS, 2023) Rates are highest among female students. Almost half (46.6%, n=993, [39.8, 53.5]) of female high school youth in Virginia reported feeling sad or hopeless for over two weeks within the last year compared to 20.9% (n=955, [17.5, 24.7]) of male students.(VYS, 2023)

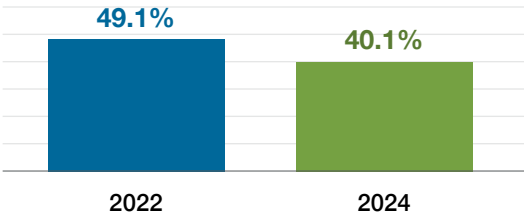
Percent of High School Youth Reporting Feel Sad or Hopeless For Over Two Weeks in the Past 12 Months



YOUNG ADULTS

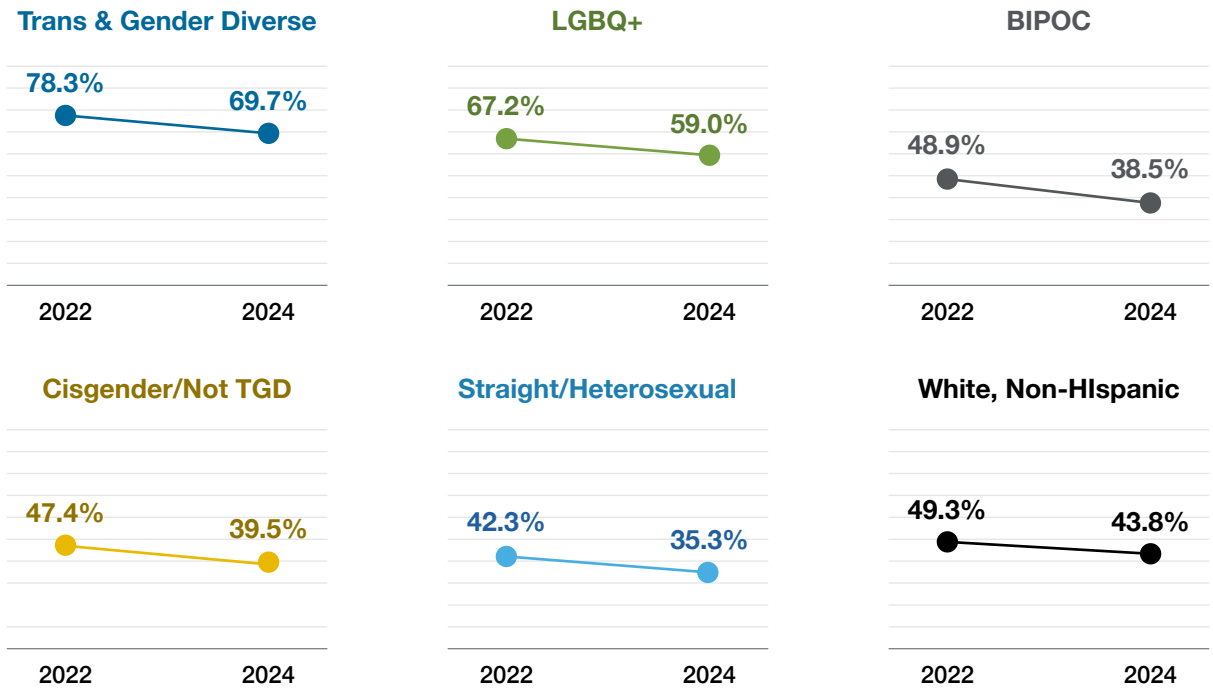
Data collected from the respondents of the 2024 Young Adult Survey revealed that those aged 18-25 are not experiencing the same increase trend as youth. Rates of feeling sadness or hopeless for more than two weeks have decreased from 2022 (49.1%, n=5,023, [47.7, 50.4]) to 2024 (40.1%, n=5,723 [39.7, 42.3]).(YAS, 2024)

Young adult rates of depressive symptoms



Some populations reported much higher rates of depressive symptoms, including transgender and gender diverse (TGD) young adults and those identifying as LGBQ+, when compared to their peers. TGD individuals reported rates thirty percentage points higher than their non-TGD peers, while rates among LGBQ+ individuals were over twenty percentage points higher than their straight/heterosexual peers. Trends may reflect a need for additional supports for these higher risk populations.

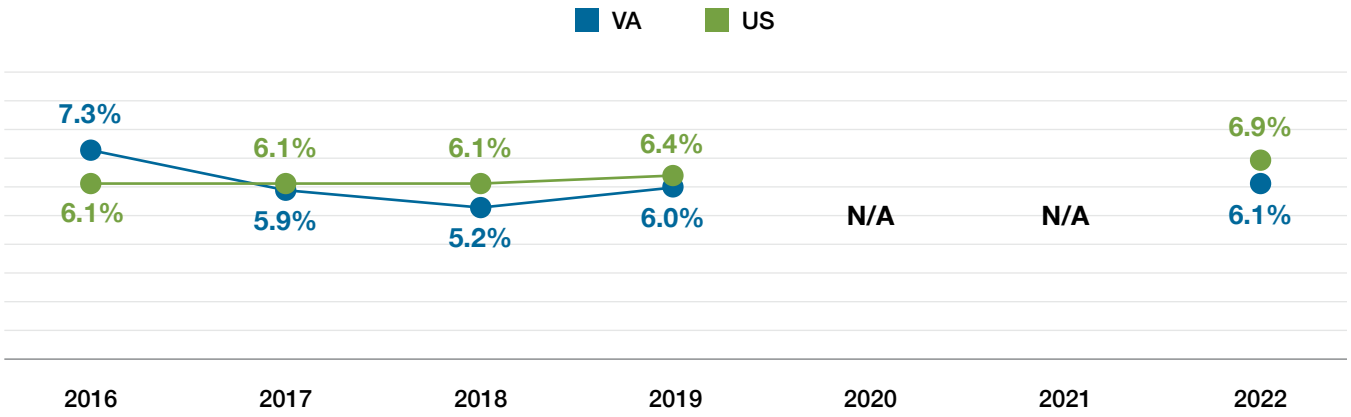
Percent of Young Adults Reporting Feel Sad or Hopeless For Over Two Weeks in the Past 12 Months, By Gender Identity, Sexual Orientation, and Race/Ethnicity



ADULTS

Data on adults experiencing sadness or hopelessness for more than two weeks is currently not collected in a way that aligns with measures collected for other age groups. SAMHSA's National Surveys on Drug Use and Health (NSDHU) does report on adult rates of experiencing a major depressive episode within the past year. Recent data has demonstrated consistent increases over the years nationally.(NSDUH, 2021) Trends in Virginia indicate show a decline a significant decline in the rate of adults ages 26+ reporting at least one major depressive episode in the past year from 2016 to 2018, after which rates began to rise again.

Percent of Adults Ages 26+ Reporting At Least One Major Depressive Episode in the Past Year

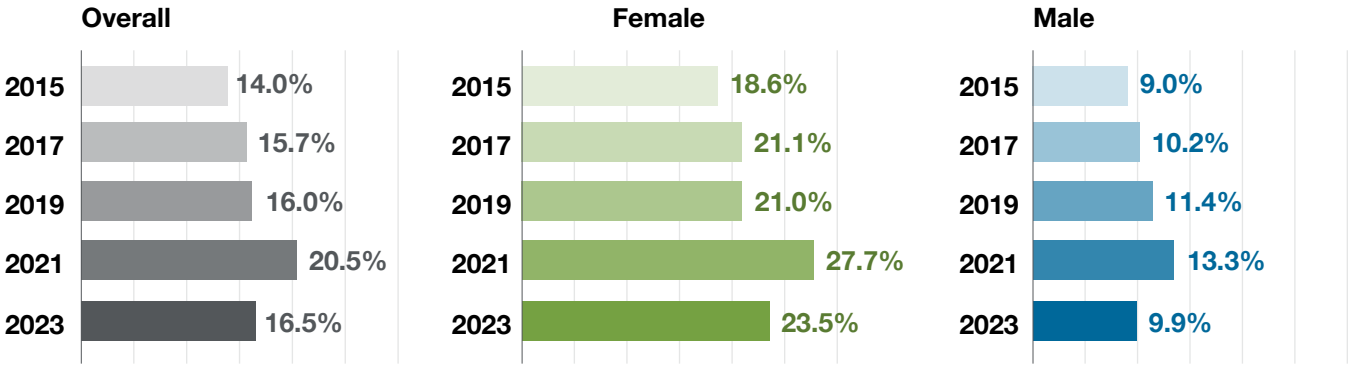


Suicidal Ideation

YOUTH

16.5% (n=1,947, [13.1, 20.6]) of high school aged youth report having seriously considered suicide within the past year– meaning nearly 1 in 6 high school youth have experienced suicidal ideation in the past twelve months.[(VYS, 2023)] This was a decrease from 2021, where 20.5% (n=3,044, [18.1, 23.1]) of youth had experienced suicidal ideation in the past year.[(VYS, 2021)] Aligning with data on experiencing depressive symptoms, females reported a higher rate of past-year suicidal ideation than males.[(VYS, 2023)]

Percent of High School Youth Who Report Having Seriously Considered Suicide in the Past 12 Months, Overall and By Sex

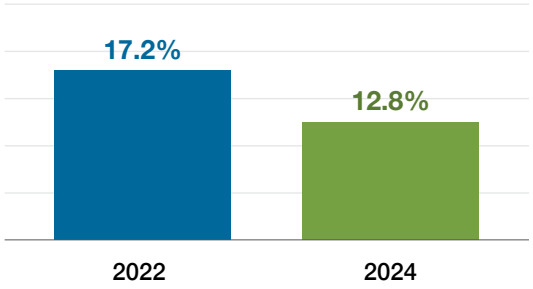


YOUNG ADULTS

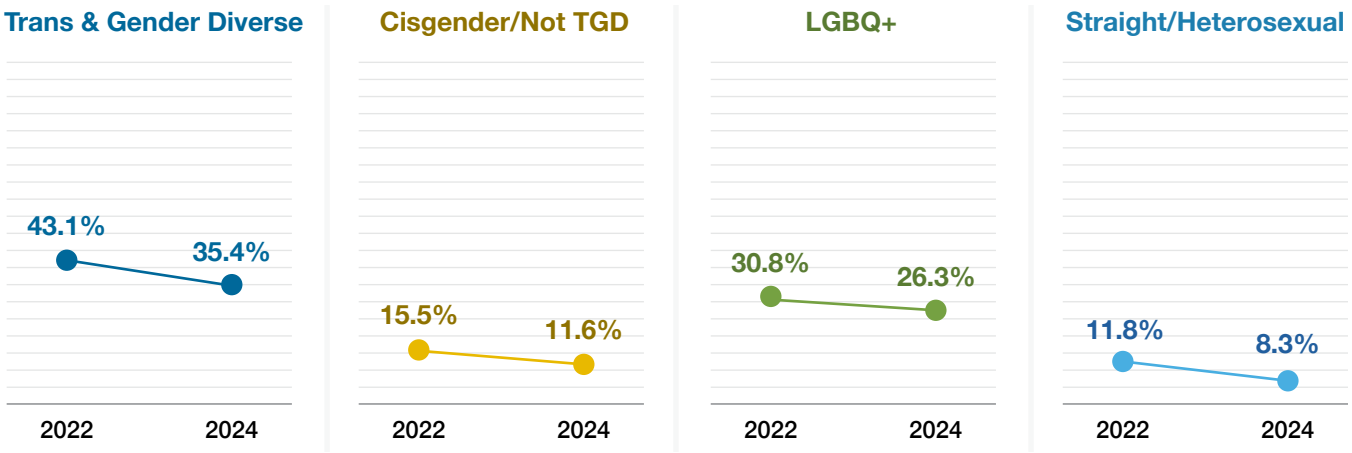
In alignment with young adult trends in experiencing feelings of sadness or hopelessness, young adult respondents also reported a decrease in suicidal ideation within the past year, from 17.2% (n=5,014, [16.1, 18.2]) in 2022 to 12.8% (n=5,669, [12.0, 13.7]) in 2024.[(YAS, 2024)]

Strong disparities were found when comparing the experiences of young adults across gender identity and sexual orientation. Trans and gender diverse and LGBQ+ young adults reported much higher rates of suicidal ideation when compared to their peers.

Decrease in young adult suicidal ideation



Percent of Young Adults Who Reported Experiencing Suicidal Ideation in the Past 12 Months, by Gender Identity and Sexual Orientation

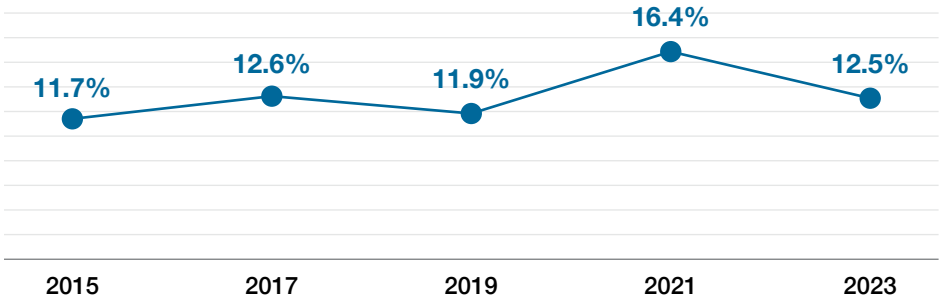


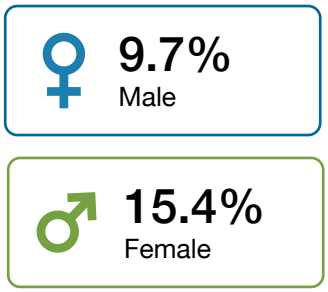
Suicide Attempts

YOUTH

High school youth who reported having made a plan for how they would attempt suicide in the past year has decreased from 16.4% (n=3,027, [14.6, 18.5]) in 2021 to 12.5% (n=1,932, [10.2, 15.2]) in 2023.[(VYS, 2021)] [(VYS, 2023)] As is the case with other mental health related data, females reported much higher rates of making a suicide plan than males 15.4% (n=979, [12.4, 18.9]) of females reported having made a suicide plan in the past 12 months compared to 9.7% (n=949, [7.3, 12.7]) of males.[(VYS, 2023)] Important to note is the large drop in rates for females between 2021 and 2023 - 22.9% (n=1,496, [19.9, 26.3]) in 2022 compared to 15.4% in 2024.[(VYS, 2021)] [(VYS, 2023)]

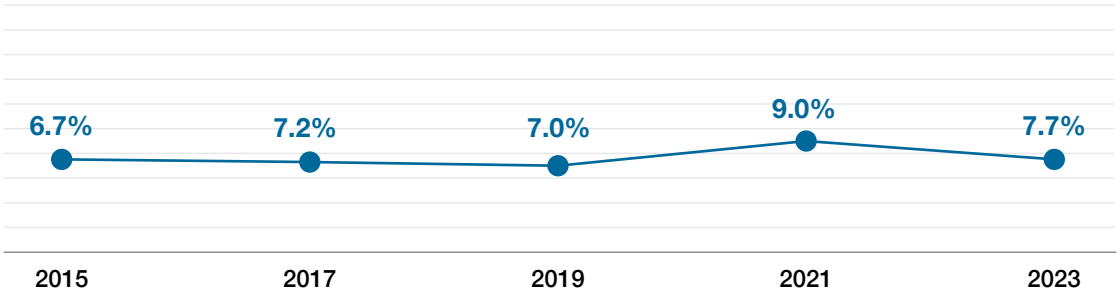
Percent of High School Youth Who Reported Making a Suicide Plan in the Past 12 Months, Overall and By Sex



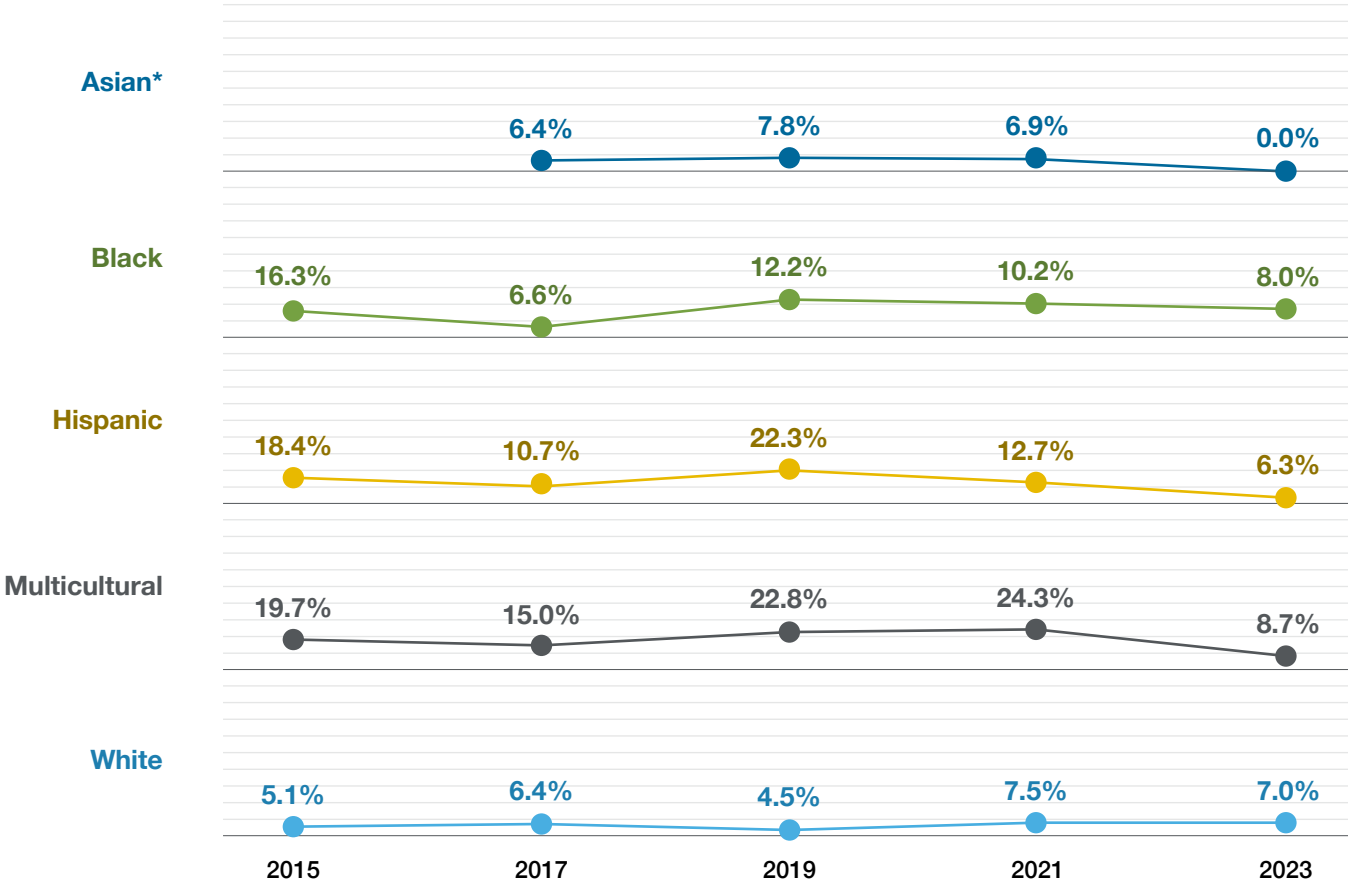


The number of high school youth who attempted suicide at least once in the past year has also decreased, from 9.0% (n=2,630, [7.1, 11.2]) in 2021 to 7.7% (n=1,790, [6.0, 9.7]).[(VYS, 2021)] [(VYS, 2023)] When examining trends by race and ethnicity, youth identifying as Multiracial consistently have the highest rates of past year suicide attempts. [(VYS, 2023)]

Percent of High School Youth Who Attempted Suicide in the Past 12 Months



Percent of High School Youth Who Reported Attempting Suicide in the Past 12 Months, By Race/Ethnicity

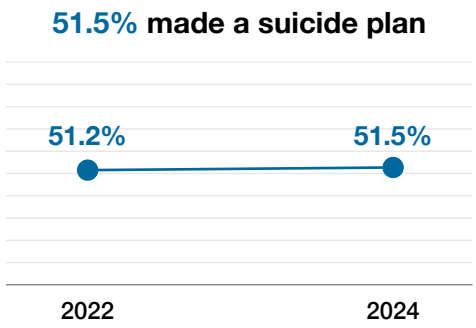


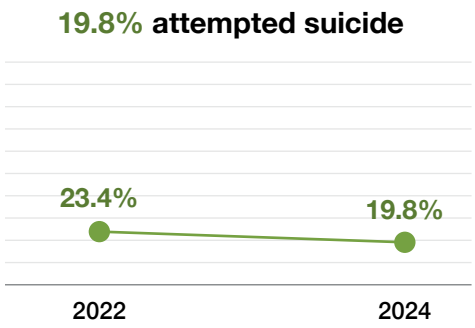
*Data not avilable in 2015

YOUNG ADULTS

In 2024, among young adult respondents who had seriously considered suicide within the past year, 51.5% (n=725, [47.8, 55.1]) had made a suicide plan.(YAS, 2024) This was similar to the previous rate of 51.2% in 2022. 19.8% (n=723, [16.9, 22.7]) of young adults who had seriously considered suicide in the past year reported having made at least one suicide attempt during that time.(YAS, 2024) This was a decrease from 23.4% in 2022.

Of young adults who seriously considered suicide in the past 12 months…



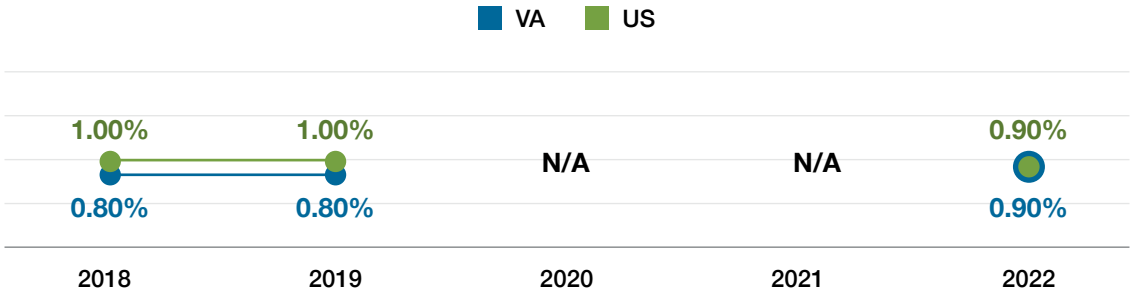


When looking across all the young adult respondents, not just those who seriously considered suicide, 6.6% (n=5,666, [5.9, 7.2]) of young adults had developed a suicide plan in the past year, a decrease from 8.8% (n=5,008, [8.0, 9.5]) in 2022.(YAS, 2024) 2.5% (n=5,664, [2.1, 2.9]) of all young adult respondents had attempted suicide at least once in the past year in 2024, down from 4.0% (n=5,013, [3.5, 4.6]) in 2022.

ADULTS

Adults ages 26 and older in Virginia report lower rates of developing suicide plans in the past year (0.9%, [0.6, 1.2]) which aligned with the national average (0.9%, [0.8, 1.0]).[(NSDUH, 2021)]

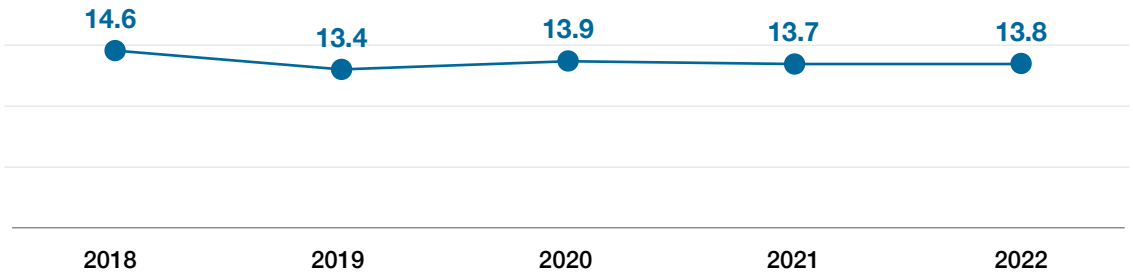
Percent of Adults Ages 26+ Who Made a Suicide Plan in the Past 12 Months



Deaths By Suicide

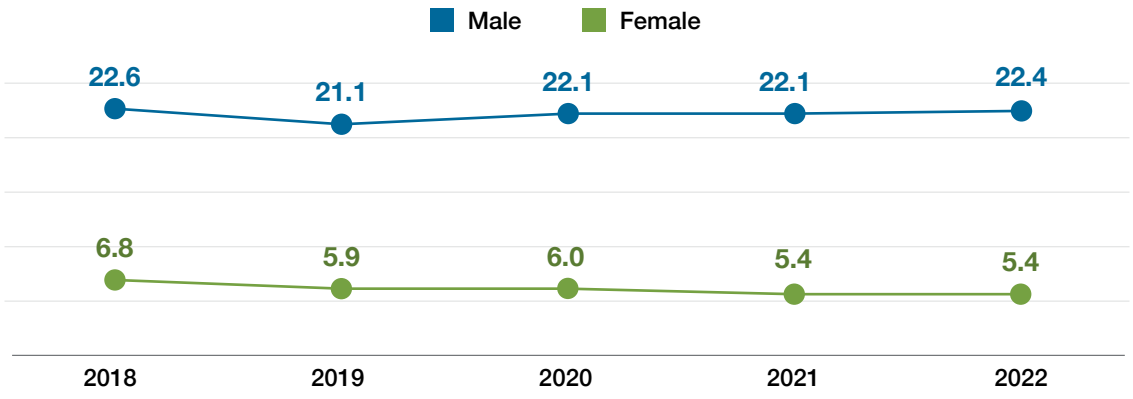
Data on suicide deaths is collected at the state level by the Office of the Chief Medical Examiner. In 2022, the suicide death rate per 100,000 people was 13.8.[(OCME, 2022)] While there has been some slight variation in rates year to year, they have stayed relatively consistent over the last several years, following a downturn between 2018 and 2019.

Suicide Death Rate Per 100,000 People



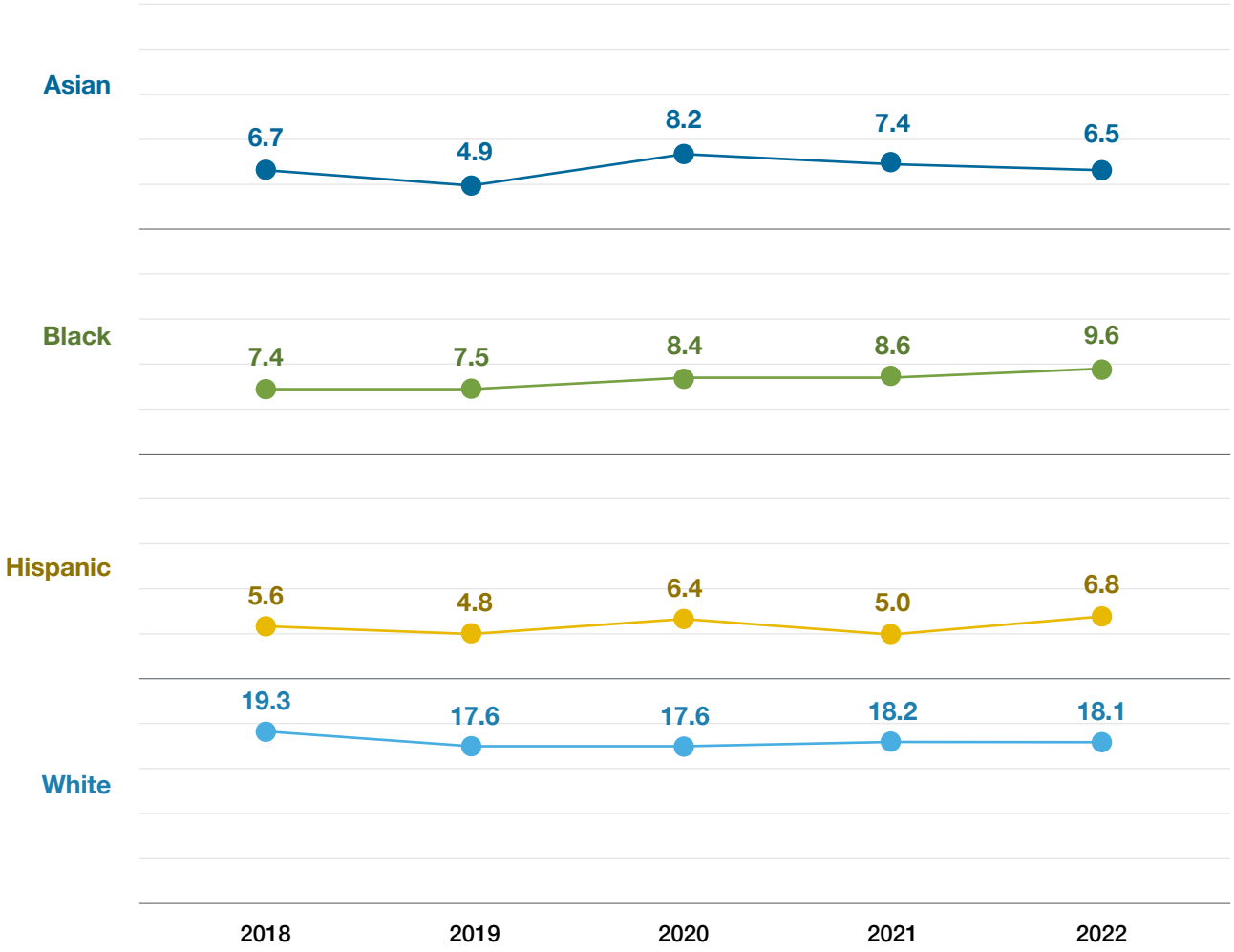
Falling in line with national trends, males in Virginia have a much higher rate of death by suicide than females – 22.4 deaths per 100,000 people among males compared to 5.4 per 100,000 people among females.[(OCME, 2022)] The suicide death rate for females has decreased over time, while the rate for males has remained fairly consistent. When looking at sex, suicide rate trends are reversed when compared with poor mental health data, with males reporting lower rates of poor mental health but higher rates of suicide and suicidal ideation when compared to females.

Suicide Death Rate Per 100,000 People, by Sex



The suicide death rate among individuals who are White is consistently higher compared to other racial and ethnic groups.[(VDH, 2022)] In 2022, the suicide rate for White individuals was almost twice as high as for Black individuals. Since 2018, rates for White and Asian individuals have decreased, while rates for individuals who are Black or Hispanic have increased.[(VDH, 2022)]

Rate of Suicide Per 100,000 People, by Race/Ethnicity



Virginia has a high number of military veterans residing in the Commonwealth. In 2021, over 641,000 residents were veterans, which was about 9.7% of the larger population in Virginia.[(USAFacts, 2024)] Veterans are generally considered to be at higher risk of suicide. In 2021, the suicide rate of veterans was 27.5 per 100,000 people – much higher than the reported rate of 13.7 for all suicides in Virginia. Rates of Veteran suicide in Virginia, though high, are lower than the national average for Veteran suicide deaths at 33.9 per 100,000.[(Department of Veteran's Affairs, 2023)]

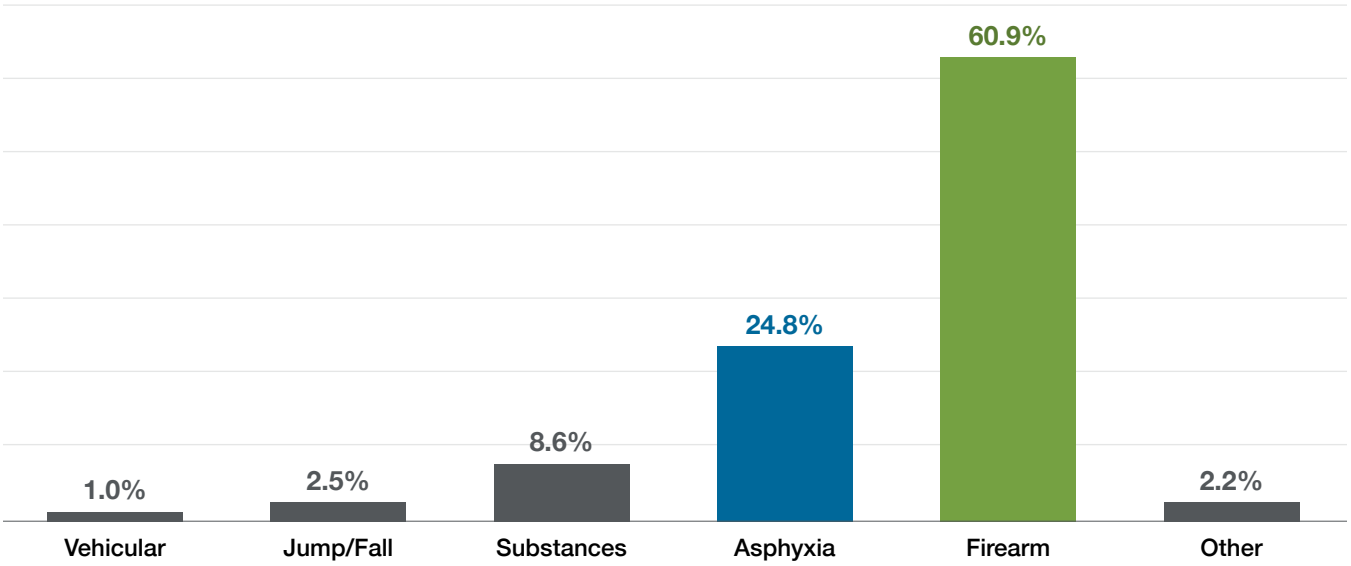
Deaths by Suicide Per 100,000 People (2021)

13.7	27.5	33.9
All Virginia Suicide Rate	Virginia Veteran Suicide Rate	National Veteran Suicide Rate

Suicide Deaths By Cause

In Virginia, firearms are the leading cause of suicide deaths, accounting for 60.9% of all suicide deaths in 2022. (VDH, 2024) Firearms remain as the greatest cause of suicide deaths since being first reported on in 2006, aligning with national data highlighting firearms as being the most likely method of suicide (54.9% of suicide deaths in the United States in 2021 were associated with the use of a firearm).(Department of Veteran's Affairs, 2023)

Cause of Suicide Death in 2022, All Suicides



Veterans in Virginia have a higher rate dying by suicide that involves a firearm than the general population – 68.4% of suicide deaths among Veterans in Virginia involved a firearm compared to 59.7% of suicide deaths in the general population in 2021.(Department of Veteran's Affairs, 2023) These trends may be influence by higher gun ownership rates among veterans compared to non-veterans. A 2022 nationally representative sample of military veterans in the United States found that 50.9% (n=2,326, [48.0, 53.9]) of veterans reported owning firearms, compared to approximately 32% of U.S. adults overall.(Fischer et al., 2023, PEW Research Center, 2023)

Of suicide deaths where toxicology reports were completed (63.0% of all suicide deaths), 28.8% had some level of alcohol present. (VDH, 2024) When looking closer at firearm-related suicide deaths, 35.8% suicides with completed toxicology reports had alcohol involved.(VDH, 2024)

Risk and Protective Factors: Adverse Childhood Experiences (ACEs)

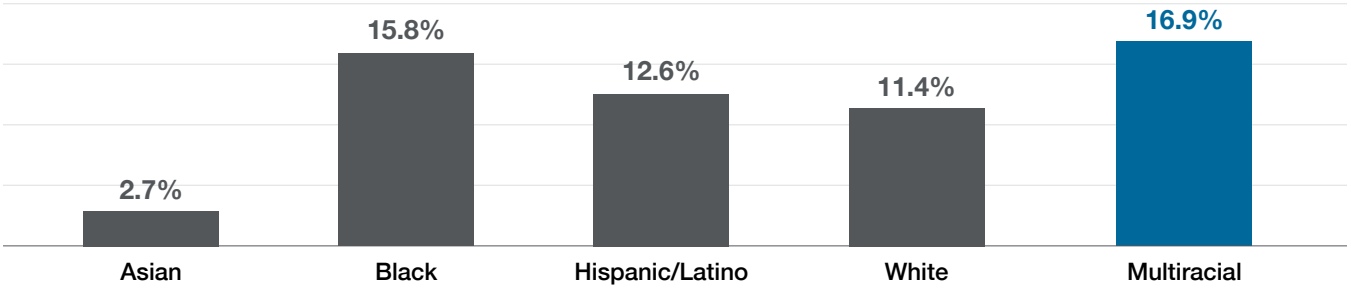
Adverse Childhood Experiences (ACEs) are potentially stressful or traumatic events that happen during childhood/adolescence. Some of these experiences include experiencing or witnessing violence, abuse, or neglect.(CDC, 2024) A large body of evidence establishes the relationship between increased exposure to adverse childhood experiences (ACEs) and higher likelihood of engaging in substance use.(Leza, et. Al, 2021)

YOUTH

Parental/Guardian Separation

Being separated from a parent or guardian is considered an ACE. Among high school youth in Virginia, 12.5% (n=1,875, [9.7, 16.0]) were separated from a parent due to going to jail, prison, or a detention center.(VYS, 2023) This was a slight increase from 12.3% (n=2,874, [9.7, 15.6]) in 2021.(VYS, 2021) Rates were higher among youth who identify as multiracial (16.9%, n=194, [11.2, 24.6]).(VYS, 2023)

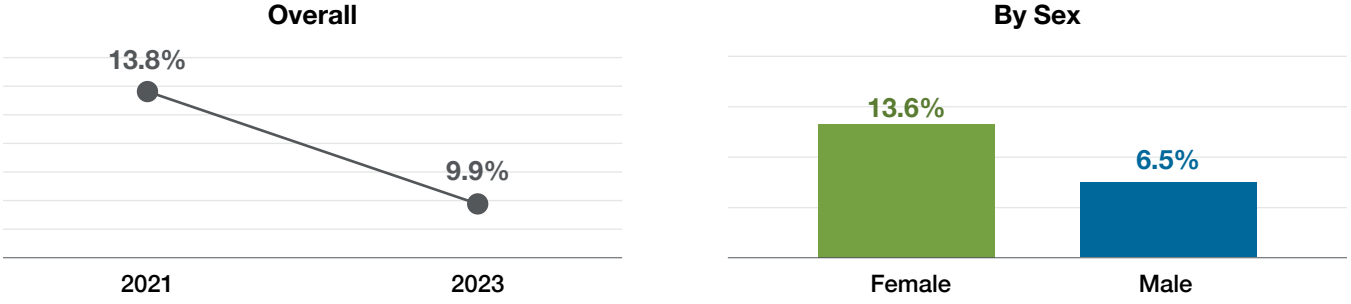
Percent of High School Youth Who Reported Separation from Parent due to Jail, Prison or Detention Center, by Race/Ethnicity



Emotional Abuse

Being insulted or put down can be considered a form of emotional abuse and an ACE. Hearing negative comments from parental figures can lead to poor mental health among youth. Among high school youth in Virginia, 9.9% (n=1,951, [8.8, 11.2]) indicated most of the time or always being put down by a parent or adult.(VYS, 2023) This rate decreased from 13.8% (n=3,064, [11.8, 16.1]) in 2021, which could be connected to children being at home more due to the pandemic.(VYS, 2021) 2023 survey data found that rates of verbal abuse by parents were significantly higher among female high school students (13.6%, n=991, [11.9, 15.5]) compared to males (6.5%, n=956, [5.0, 8.4]).(VYS, 2023)

Percent of High School Youth Who Reported Being Put Down or Insulted by Parents or Adults Most of the Time or Always



DBHDS

Physical Abuse

Experiencing or witnessing violence in the home is considered a form of child abuse and neglect. Among high school youth, 30.1% (n=1,950) reported that a parent of adult in their home has hit, beat, kicked, or physically abused them at least once.(VYS, 2023) 2.0% (n=1,950, [1.4, 2.9]) of youth reported that a parent or adult in their home most of the time or always physically hurt them.(VYS, 2023)

30.1%
experienced physical abuse

Domestic Violence

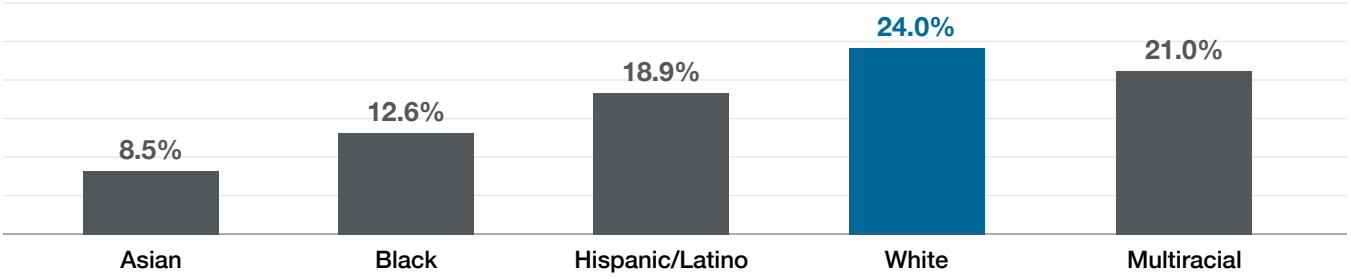
Considering their home environment, 15.9% of high school youth reported witnessing at least one instance of domestic violence in their home, where their parents of other adults in the home hit, kicked, slapped, or punched each other. 1.3% (n=1,951, [0.9, 1.9]) who reported most of the time or always seeing physical violence between parents or other adults.(VYS, 2023)

15.9%
witnessed physical abuse in the home

Substance Use in the Household

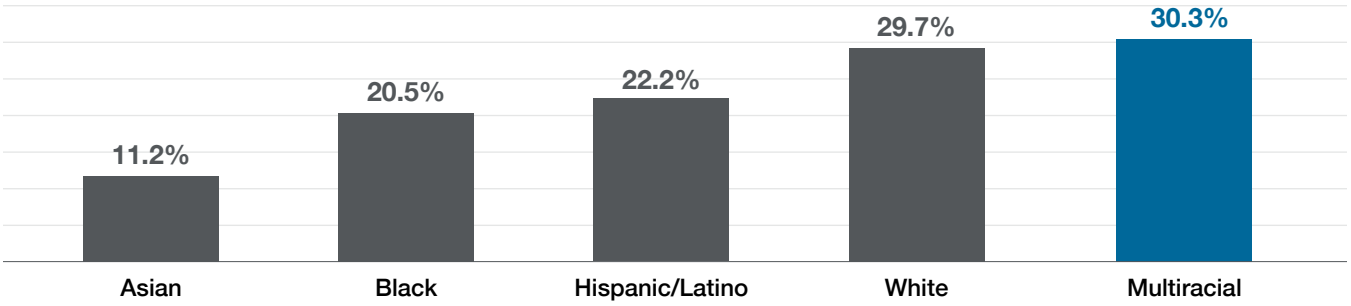
Living with a parent or guardian who problems with substance use can affect youth's sense of safety and stability, leading to poor mental health outcomes for youth and increasing the likelihood that youth will engage in the substance use themselves by modeling harmful behaviors. Among high school students, 19.4% (n=1,874, [15.9, 23.5]) lived with a parent who had a substance use problem.(VYS, 2023) Nearly one in four of White high school students have a parent or guardian with mental health or substance use concerns (24%, n=630, [18.5, 30.4]).(VYS, 2023)

Percent of High School Youth Who Reported Ever Living with a Parent Who Had Severe Depression, Anxiety, or Another Mental Illness, or was Suicidal



Mental Health Concerns in the Household

Just over a quarter of high school youth (25.3%, n=1,869, [21.9, 29.0]) lived with a parent or guardian that has severe mental health symptoms such as depression, anxiety, or suicidality.(VYS, 2023) At a similar level, close to one-third of students who identify as multracial lived with a parent or guardian with these concerns (30.3%, n=193, [24.5, 36.9]).(VYS, 2023)

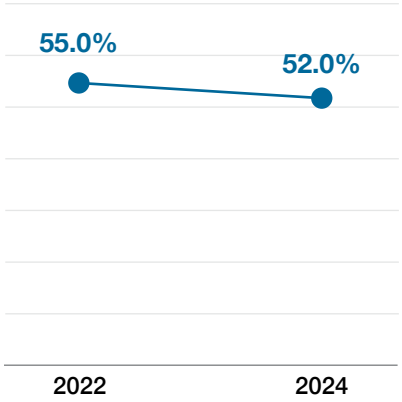


YOUNG ADULTS

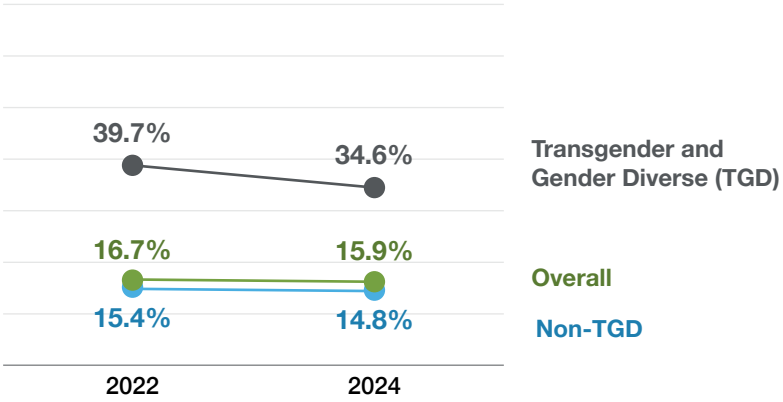
52.0% (n=5,614, [48.6, 55.4]) of young adults in Virginia aged 18-25 have experienced at least one ACE in their life. 15.9% (n=5,614, [14.9, 16.8]) of young adults in Virginia aged 18-25 have experienced four or more ACEs in their life.[(YAS, 2024)]

Among young adult respondents, 34.6% (n=257, [28.81, 40.5]) of Trans, Gender Diverse, or Questioning individuals indicated experiencing four or more ACEs. Within this community, non-binary individuals have the highest rate of experiencing 4 or more ACEs growing up at 35.1% (n=248, [29.14, 41.0]).[(YAS, 2024)]

Percent of Young Adults with at least 1 ACE

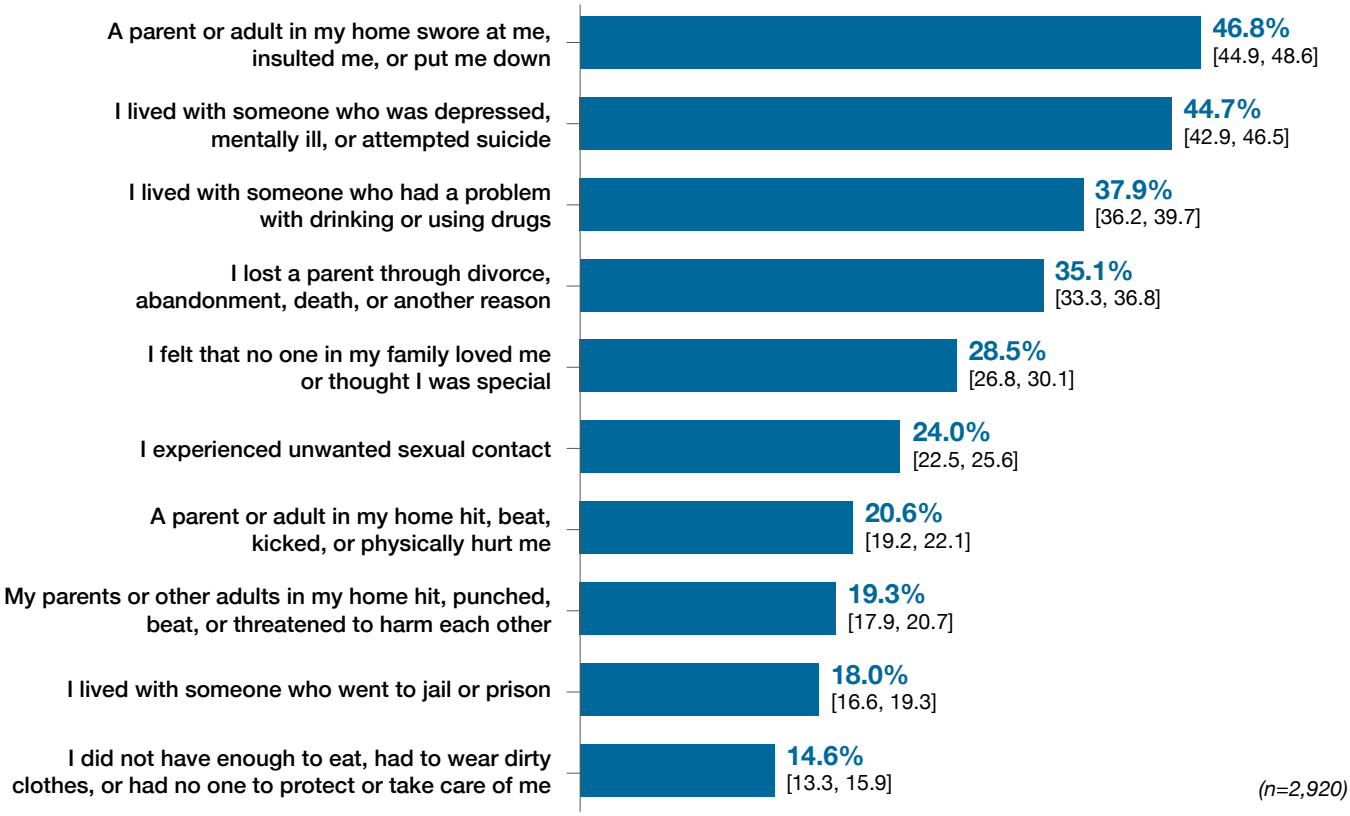


Percent of Young Adults Reporting Experiencing 4 or More ACEs, by Gender Identity



Among young adults who have experienced at least one ACE, the most common were verbal abuse and living with someone who had mental health concerns or a substance use problem.

Frequency of ACEs Among Young Adults who Reported at Least One ACE, by Type



(n=2,920)

ADULTS

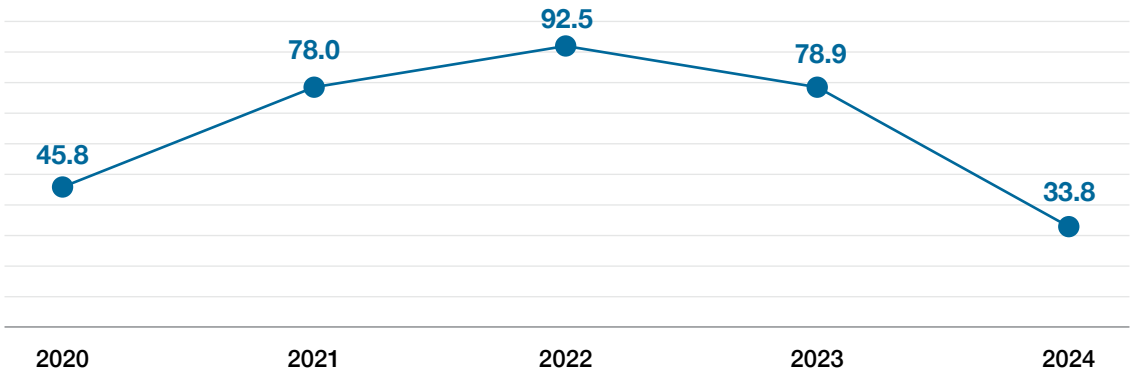
Over half (61.0%) of adults in the US have experienced at least one ACE in their life. One in six individuals in the US have experienced four or more ACEs in their life.(Urgent. Related. Preventable) The impacts of experiencing four or more ACEs can negatively affect health outcomes, such as reducing the quality of life and making individuals more prone to mental and physical health conditions.

61.0%
of US Adults Have at least 1 ACE

Trauma

Trauma is a response to a severe event such as unexpected experiences like sudden death or violence, accidents, or experiencing physical or emotional neglect. Experiencing trauma not only impacts mental health but can also affect the quality of physical health.(APA, 2024) The rate of individuals who identify as trauma survivors in Virginia decreased dramatically from 92.5 per 100,000 People in 2022 to 33.8 in 2024, per 100K.(MHA, 2024)

Number of Individuals Who Identify as a Trauma Survivor Per 100,000 People



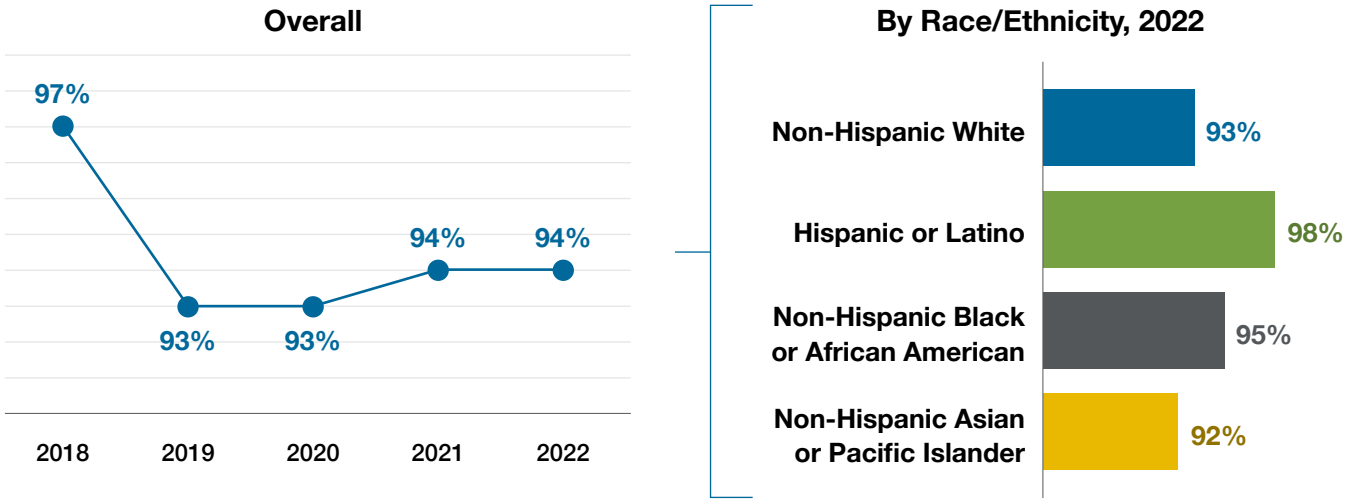
Risk and Protective Factors: Active Parenting and Parental Involvement

Active parenting and parental involvement includes how present a parent, guardian, or other trusted adult is in the life of children and youth they care about. This can also include the perception of their interactions by youth – how youth believe their parent or guardian is interacting with them. When a parent or a parental figure is actively involved, this is a protective factor and can help create stronger, healthier bonds between individuals. In Virginia, 5.0% of children did not live with either parent in 2022.(Kids Count, 2022)

YOUTH

The continuous healthy presence of parental figures is vital for the development of the youth. Feeling safe and comfortable to tell parents what matters to them can help lead to positive self-esteem and healthy behaviors. In Virginia, the majority (93.8%, [91.1, 96.5]) of youth ages 14-17 indicated they can share ideas or talk about things that really matter to them with their parents.(Kids Count, 2022) This aligns with the national level of 92.7% [91.9, 93.5]. (Kids Count, 2022) Throughout the 4-year span of 2018-2022, there were minimal differences across race and ethnicities. Nearly all (98.0%) Hispanic or Latino youth indicated they can share with their parents.(Kids Count, 2022)

Percent of Youth Who Can Talk with a Trusted Adult, 2018-2022



Parental involvement can play a role in attachment styles and how they develop throughout adulthood. Living in a single-parent household can impact social, emotional and economic factors. Single parents my be more constrained for time and resources as result of having to independently manage and support their family, impacting how they are able to engage with their children. In Virginia, nearly a quarter (23.7%, [22.6, 25.0]) of children live in single-parent households, which is very similar to the national rate (24.6%, [24.4, 24.9]).(Kids Count, 2022) In Virginia, 4.7% [4.3, 5.2] of children live in father-only households, and 19.0% [18.3, 19.8] live in mother-only households.(Kids Count, 2022)

23.7%
Of Virginia Youth Live in Single-Parent Households

In 2023, over one in ten (12.1%, n=1,875, [10.3, 14.1]) high school youth reported that they did not have a parent, guardian, or other adult in their home who most of the time or always tried to ensure their basic needs were met. This is a slight increase from 2021 (10.9%, n=2,882, [9.3, 12.6]).

DBHDS

Risk and Protective Factors: Healthy Coping Skills, Emotional Regulation and Resiliency

Healthy coping skills are necessary to regulate mental health concerns and reduce the likelihood of engaging in problematic behaviors, such as substance use. Healthy coping skills can include positive activities on one's own, such as meditation, but also prosocial activities with friends, family, or peers.

YOUTH

No youth data is available specifically on coping skills, emotional regulation and resiliency.

YOUNG ADULTS

Coping skills can vary from healthy to problematic behaviors. Some unhealthy behaviors that are often connected with coping during stressful events is turning to substance use. In 2024, young adults 18-25 were asked how they respond to stressful events. The most mentioned coping skills included:(YAS,2024)

Journaling

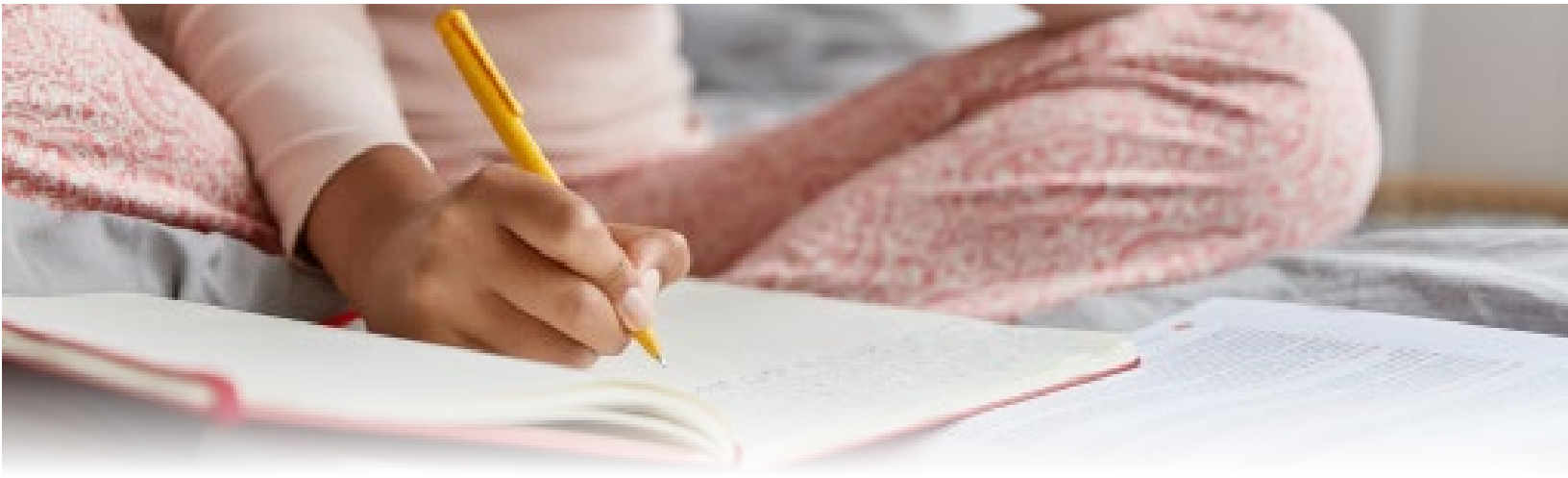
Creative Expressions and Hobbies
(e.g., drawing, music, playing video games)

Social Support and Interactions
(e.g., talking with family or friends)

Out of the 4,618 respondents, 253 (5.5%) indicated using substances to cope with stress.(YAS,2024)

ADULTS

No adult-specific data available.



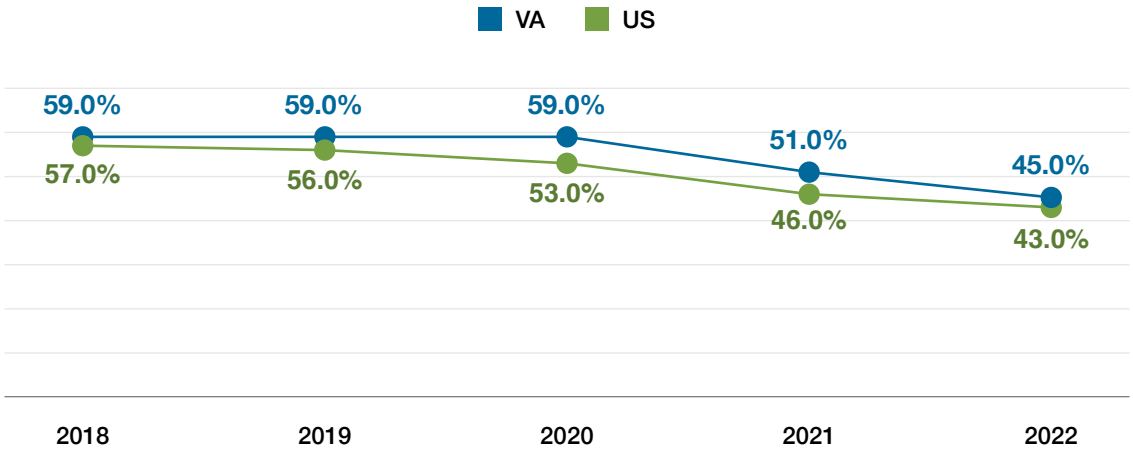
Risk and Protective Factors: Prosocial and Extracurricular Involvement

Participation in prosocial activities or extracurricular activities can have positive effects on mental health, for youth and adults alike. Some of these activities include involvement in clubs, after-school programs, or recreational activities. These activities tend to offer a positive environment with peers, often focusing on specific activities and hobbies. For many, participation in team sports also provides the added benefit of physical exercise.

YOUTH

Prosocial activities can take place in a variety of settings such as school, church, or in other parts of the communities. In Virginia nearly half of youth ages 14 to 17 (45.0%) participated in activities or volunteered in these settings in the past year. (Kids Count, 2022) Since the pandemic, the rate of youth involvement in prosocial activities has reduced, mirroring a national decline in participation, which may be result of an overall reduction in available or accessible opportunities during the COVID-19 pandemic. Prosocial engagement among youth in Virginia is lower than the national average.

Percentage of Youth Involved in Community Service or Volunteer Work



YOUNG ADULTS

Data related to young adults was not available.

ADULTS

No adult-specific data available.

DBHDS

Risk and Protective Factors: Self-Esteem

High self-esteem is connected with improved mental health symptoms and decreased risk of substance use. Although community organizations are doing work that can support with increased self-esteem, such as leadership programs and media campaigns, there is no data that is directly tied to self-esteem for youth, young adults or adults. Rather most data is connected to mental health symptoms such as depression, anxiety, or poor health.

Risk and Protective Factors: Social Isolation and Social Supports

Social isolation can be connected to negative health outcomes, such as substance use and mental distress. Having a community of support and feelings of belonging can help counteract these negative possibilities. Strong, supportive social networks can improve how individual approach and navigate stressful or traumatic situations.

YOUTH

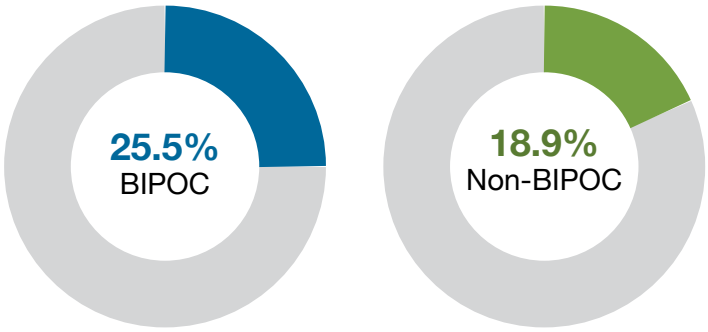
No youth data is available, indicating a need to expand data collection efforts in this area.

YOUNG ADULTS

One in five young adults (21.9%, n=1,250, [20.9, 23.0]) reported never getting the support they needed when they felt sad, empty, hopeless, angry, or anxious.(YAS, 2024) Only 12.7% (n=723, [11.8, 13.5]) of young adult respondents reported always getting the support they needed.(YAS, 2024)

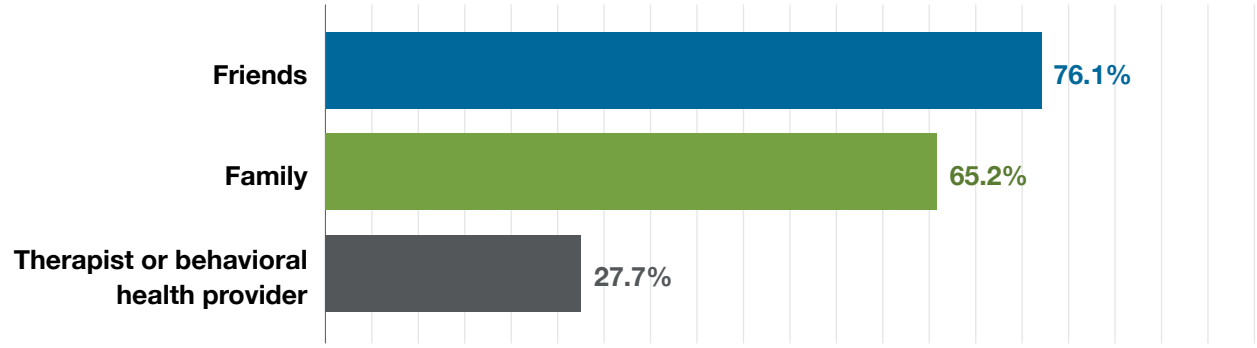
Black, Indigenous, and other People of Color (BIPOC) reported higher rates of 'never' being able to get the support they need compared to their non-BIPOC peers – 25.5% (n=664, [23.8, 27.1]) vs 18.9% (n=567, [17.5, 20.2]).(YAS, 2024) Stigma can contribute to a lack of knowledge about resources and barriers to accessing available resources, treatment, or other substance use or mental health services.(YAS, 2024)

Percentage of Young Adults Who Never Receive the Support They Need, Black, Indigenous and People of Color (BIPOC) and non-BIPOC



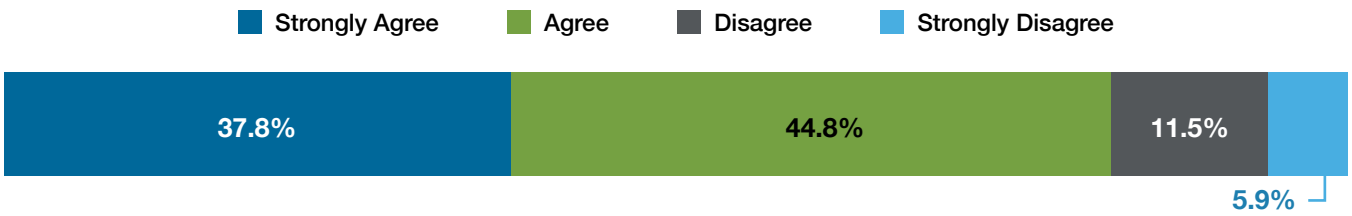
When looking across genders, young adults who identify as men reported much higher rates of never getting the help they need (27.2%, n=2,035, [25.2, 29.1]) compared to their peers who identify as women (18.9%, n=3,371, [17.6, 20.2]) or non-binary (18.3%, n=252, [13.5, 23.0]).(YAS, 2024)

When young adults in this sample feel overwhelmed, they turn to those closest to them for support. Over two-thirds of young adult respondents indicated turning to friends (76.1%, n=4,255, [75.0, 77.2]) and family (65.2%, n=3,646, [63.9, 66.4]).[(YAS, 2024)] This indicates the importance of social networks for maintaining healthy coping skills.



A majority of young adult respondents (82.6%, n=4,746 [80.1, 85.2]) aged 18-25 agree or strongly agree they are aware of where to access mental health resources.[(YAS, 2024)]

Percent of Young Adults Who Are Aware of How to Access Mental Health Resources

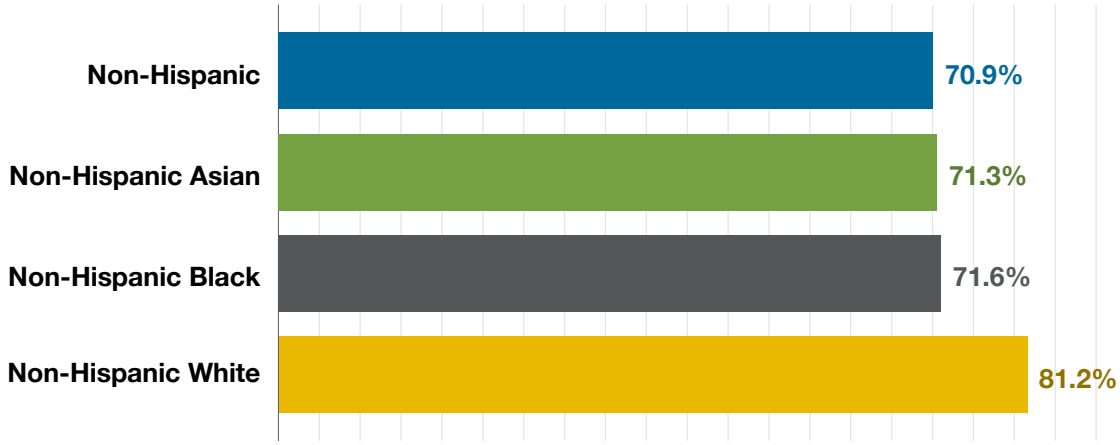


ADULTS

Receiving Support

Having friends, family, or any form of community that can support you during stressful times is an important protective factor. When observing how often various ethnicities receive support, at a national level, Non-Hispanic White adults were more likely to 'always' or 'usually receive' social and emotional support compared to people of color.[(CDC, 2020)]

Percent of Adults Who Report Usally or Always Receive Social and Emotional Support When Needed, by Race/Ethnicity



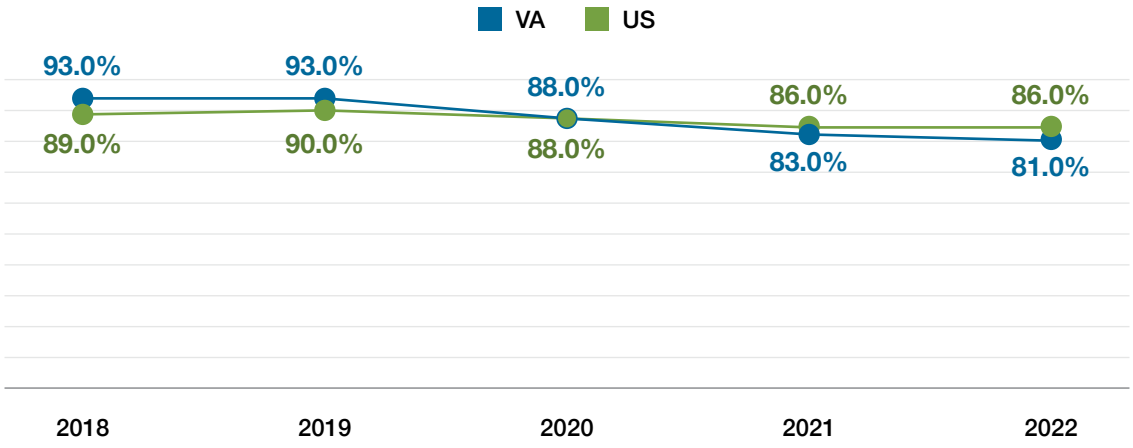
Mentors

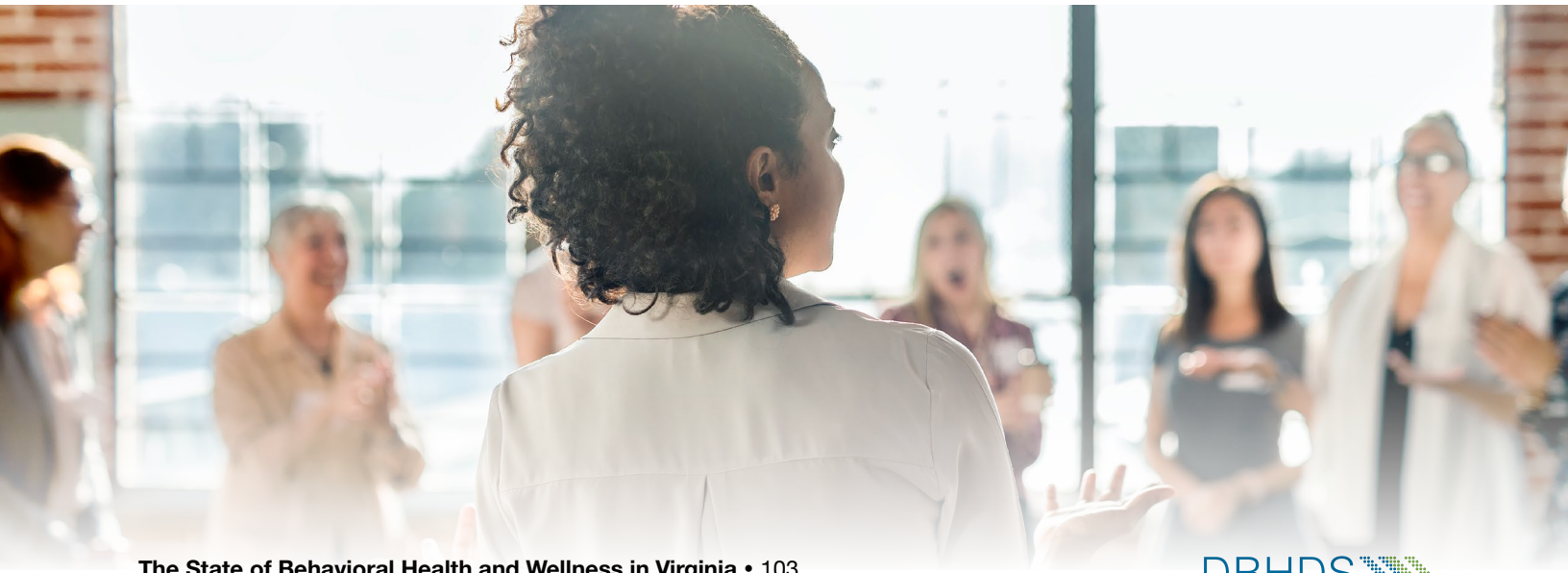
Healthy relationships with adults or peers can help decrease the risk of substance use and increase other protective factors such as healthy coping skills and self-esteem. Being around positive community members can help reduce the availability or approval of substances as these trusted adults and peers are in growth-related programs or settings, such as leadership programs. Adult mentors may also be especially important to youth belonging to marginalized identities, such as transgender and gender diverse, or LGBQ+ individuals.

YOUTH

Having a mentor in the community that can provide guidance can be an important aspect of youth development that directly impacts their ability to receive support outside of the home for stressful events. In Virginia, 81% of youth 14-17 years old indicated having at least one adult mentor in the community that provides guidance.[(Kids Count, 2022)] The rates of trusted adults in the community has steadily decreased since the pandemic, possibly the result of social distancing and adjustments to a more virtual way of interacting with others. It is also worth noting that rates in Virginia were at or above national levels of youth having an adult mentor, until the pandemic. Since 2020, rates in Virginia have been lower than the national average and have fallen at a faster rate.

Percent of Youth With At Least One Adult Mentor





DBHDS

Conclusion

While Virginia's state prevention framework currently aligns itself with SAMHSA's SPF model and considers other frameworks in the delivery of their prevention efforts, we recommend that OBHW integrate prevention frameworks with a focus on risk and protective factors to create greater alignment with the findings of this needs assessment and emerging trends in the field. Further connecting state priorities with established prevention frameworks can support Virginia's prevention workforce in creating a cohesive prevention narrative and allow for more strategic selection of interventions. Doing so would also create greater alignment with the priorities of the funder, SAMHSA, as well as the National Institute on Drug Abuse, which have shifted to a shared risk and protective factor approach to substance use and suicide prevention, rather than focusing on individual substances in isolation. Aligning the OBHW strategic plan with these established frameworks would also provide a connection to a larger body of evidence demonstrating the impact of these models on behavioral health outcomes.

This shift toward a shared risk and protective factor approach is aligned with the perspectives and needs of the prevention workforce in Virginia. Although community needs and priorities range across CSB prevention programs, there is consensus that both CSBs and communities feel overwhelmed by information and workload, which can be partially attributed to the existing substance-specific prevention approach. CSB staff who participated in the needs assessment indicated their support for a shift in Virginia's prevention approach, expressing hope that it relieves some of the current burden CSBs and communities are experiencing and shifts prevention messaging to a whole person-centered approach. CSB- and state-level prevention staff believe that as a collective group, improved storytelling can help further promote prevention goals and engagement by communities.

As mental health outcomes worsen in Virginia and across the nation, a shift to focusing on shared risk and protective factors allows for a reallocation of resources away from strategies that only address substance use to those that address the factors underlying both substance use and mental health concerns. Research clearly establishes the link between mental health and substance use – and that strategies that seek to address shared risk and protective factors are likely to impact both substance use and mental health concerns. Breaking down substance- and problem-specific siloes and prioritizing efforts that more broadly, but no less meaningfully, address behavioral health and wellness can create a stronger, more well-rounded approach to prevention.

As the findings of this needs assessment are integrated into the upcoming strategic planning process, the risk factors that are targeted in the current prevention strategic plan should be revisited and assessed based on their alignment with prioritized outcomes and identified frameworks. Moving forward with a shared risk and protective factor approach will re-focus prevention efforts more upstream, strengthening protective factors and reducing risk factors so that substance use is not where individuals turn when facing adversity. In addition to re-examining risk factors, the strategic planning process should also focus on the identification of key priority populations along dimensions such as age, racial/ethnic identity, gender identity, sexual orientation, income level, and more. Focusing future efforts on priority populations will increase the impact of prevention programming on the communities with the highest need.

Virginia's current strategic plan includes several priority strategies, such as ACEs Interface trainings, Mental Health First Aid, and Lock and Talk, that are already aligned with a shared risk and protective factor approach. Upcoming strategic planning conversations should include additional examination of current strategies to identify which strategies should remain part of the plan, which strategies may be good candidates for expansion, as well as what new strategies may align with prioritized risk and protective factors, outcomes, and identified frameworks.

Findings from this assessment also suggest a desire and need to increase focus on protective factors, which are not highlighted within the current strategic plan. A greater focus on protective factors would allow CSBs to more easily navigate the stigma that may prevent community engagement in substance use-focused programs and also allow them to invest more of their capacity in community-facing work. Currently, community members may opt out of events or presentations focused on substance use or suicide specifically because they do not see these issues as relevant to their lives. Whereas they may more readily attend events that are focused on personal health, wellness, and self-care. Substance-specific messaging can still be incorporated into these approaches, but by making them a part of – rather than the primary focus of – efforts, prevention programs can become more approachable to a larger audience, including communities that have been marginalized and who may be navigating additional stigma or barriers related to substance use and mental health. The CSAP strategies of Education and Alternatives, which are particularly well-suited to addressing these protective factors (along with risk factors), are not currently prioritized in the state strategic plan and would require increased investment. Focus on these types of efforts would be well-suited to meet the desires of CSBs seeking to prioritize community-facing work over larger, environmental efforts while also allowing the state to take a more holistic approach to behavioral health and wellness.

Partnerships at the community- and state-level are considered critical to the success of prevention work and findings demonstrate a strong desire across the prevention workforce to increase investment and resource allocation towards developing and maintaining these relationships. Increased investment in coalition capacity building would allow CSBs to increase community engagement in efforts and develop prevention champions within their communities who can support their work. OBHW should also explore opportunities to develop stronger partnerships with other state-level agencies to ensure that the broad range of prevention efforts being undertaken across Virginia are mutually reinforcing rather than duplicative. Strong partnerships across all levels allow for meaningful and efficient allocation of resources and increases the overall capacity of the prevention workforce.

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Appendix A:
Risk & Protective Factor Research Overview

Shared Risk and Protective Factor	Focus Area	Summary	Source
Active parenting and parental involvement	All	An examination of 2013 NSDUH data found that participation in extracurricular activities found that parental involvement reduced youth substance use.	Kenney, A., & Dennis, C. B. (2019). Environmental paths that inform adolescent substance use prevention. *Journal of Human Behavior in the Social Environment, 29*(7), 897–908. https://doi.org/10.1080/10911359.2019.1633982
	All	A multivariable analysis found that connectedness to family was associated with 48% to 66% lower odds of health risk behaviors and experiences into adulthood, including emotional distress, prescription drug misuse, and other illicit drug use.	Steiner, R. J., Sheremenko, G., Lesesne, C., Dittus, P. J., Sieving, R. E., & Ethier, K. A. (2019). Adolescent Connectedness and Adult Health Outcomes. *Pediatrics, 144*(1), e20183766. https://doi.org/10.1542/peds.2018-3766
	Alcohol	A randomized controlled trial of an intervention with middle school students found that parenting self-efficacy and positive relationships between parents and children reduced early onset of alcohol use.	Bergman, P., Dudovitz, R. N., Dosanjh, K. K., & Wong, M. D. (2019). Engaging Parents to Prevent Adolescent Substance Use: A Randomized Controlled Trial. *American journal of public health*, 109(10), 1455–1461. https://doi.org/10.2105/AJPH.2019.305240
	Cannabis	A randomized controlled trial of an intervention with middle school students found that parenting self-efficacy and positive relationships between parents and children reduced early onset of cannabis use.	Bergman, P., Dudovitz, R. N., Dosanjh, K. K., & Wong, M. D. (2019). Engaging Parents to Prevent Adolescent Substance Use: A Randomized Controlled Trial. *American journal of public health*, 109(10), 1455–1461. https://doi.org/10.2105/AJPH.2019.305240

Shared Risk and Protective Factor	Focus Area	Summary	Source
Active parenting and parental involvement	Gambling	A large scale study of 33 European countries found that parental monitoring of youth free time and use of money were associated with decreased likelihood of youth gambling.	Molinaro, S., Benedetti, E., Scalese, M., Bastiani, L., Fortunato, L., Cerrai, S., Canale, N., Chomynova, P., Elekes, Z., Feijão, F., Fotiou, A., Kokkevi, A., Kraus, L., Rupšienė, L., Monshouwer, K., Nociar, A., Strizek, J., & Urdih Lazar, T. (2018). Prevalence of youth gambling and potential influence of substance use and other risk factors throughout 33 European countries: first results from the 2015 ESPAD study. *Addiction (Abingdon, England)*, 113(10), 1862–1873. https://doi.org/10.1111/add.14275
	Mental Health & Suicide	Perceptions of parental involvement by youth reduced mental health distress and suicidal thoughts and behaviors among middle school students in Georgia.	Liu K. (2023). Middle school students' mental unwellness and academic performance in China: The effects of parental involvement. *PloS one*, 18(11), e0294172. https://doi.org/10.1371/journal.pone.0294172
	Vaping	The study examined the influences of youth perceptions of parental knowledge of their activities and parental mediation of media engagement influence vape use and perceptions. Findings indicated that increased parental knowledge led to higher perceptions of risk, lower perceptions of parental and social approval. Higher parental mediation of media use was associated with decreased lifetime vape use.	Jeong Choi, H., Miller-Day, M., Hecht, M., Glenn, S. D., Lyons, R. E., & Greene, K. (2022). A snapshot of parenting practices useful for preventing adolescent vaping. *Addictive behaviors reports*, 15, 100418. https://doi.org/10.1016/j.abrep.2022.100418
Adverse Childhood Experiences (ACEs)	All	A scoping review found consistent evidence of a positive association between ACEs and the presence and severity of Substance Use Disorders in adolescence through adulthood.	Leza, L., Siria, S., López-Goñi, J. J., & Fernández-Montalvo, J. (2021). Adverse childhood experiences (ACEs) and substance use disorder (SUD): A scoping review. *Drug and alcohol dependence, 221*,108563. https://doi.org/10.1016/j.drugalcdep.2021.108563

Shared Risk and Protective Factor	Focus Area	Summary	Source
Adverse Childhood Experiences (ACEs)	Alcohol	A systemic review found cumulative ACEs to be associated with increased adolescent alcohol use across all sexes.	Bozzini, A. B., Bauer, A., Maruyama, J., Simões, R., & Matijasevich, A. (2021). Factors associated with risk behaviors in adolescence: a systematic review. *Revista brasileira de psiquiatria (Sao Paulo, Brazil: 1999), 43*(2), 210–221. https://doi.org/10.1590/1516-4446-2019-0835
		Increased exposure to ACEs has a lasting impact on alcohol use that persists into adulthood.	Leung, J. P., Britton, A., & Bell, S. (2016). Adverse Childhood Experiences and Alcohol Consumption in Midlife and Early Old-Age. *Alcohol and alcoholism (Oxford, Oxfordshire), 51*(3), 331–338. https://doi.org/10.1093/alcalc/agv125
		Increased exposure to ACEs is linked with increased alcohol use among college students.	Šulejová, K., Líška, D., Liptáková, E., Szántová, M., Patarák, M., Koller, T., Batalik, L., Makara, M., & Skladaný, Ľ. (2022). Relationship between alcohol consumption and adverse childhood experiences in college students-A cross-sectional study. *Frontiers in psychology, 13*, 1004651. https://doi.org/10.3389/fpsyg.2022.1004651
	Cannabis	Exposure of five or more ACEs increases one's likelihood for vaping cannabis.	Boccio, C. M., Meldrum, R. C., & Jackson, D. B. (2022). Adverse childhood experiences and adolescent nicotine and marijuana vaping: Findings from a statewide sample of Florida youth. *Preventive medicine*, 154, 106866. https://doi.org/10.1016/j.ypmed.2021.106866
	Gambling	There is a distinct association between ACEs and problem gaming and gambling behavior, the exception was found with emotional neglect and mental illness in the home.	Bristow, L. A., Afifi, T. O., Salmon, S., & Katz, L. Y. (2022). Risky Gambling Behaviors: Associations with Mental Health and a History of Adverse Childhood Experiences (ACEs). *Journal of Gambling Studies*, 38(3), 699–716. https://doi.org/10.1007/s10899-021-10040-3

Shared Risk and Protective Factor	Focus Area	Summary	Source
Adverse Childhood Experiences (ACEs)	Mental Health & Suicide	Research of LGB and heterosexual individuals in Utah found that both Aces and sexual orientation uniquely predicted suicidality, including recent suicidal/self-harming thought and lifetime suicide attempt prevalence.	McGraw, J. S., McManimen, S., Chinn, J., Angoff, H. D., Docherty, M., & Mahoney, A. (2022). Adverse Childhood Experiences, Suicidal/Self-Harming Thoughts, and Suicide Attempts Among LGB and Heterosexual Utahns. *Journal of homosexuality, 69*(7), 1141–1159. https://doi.org/10.1080/00918369.2021.1909396
		Analyses of a nationally representative sample of US adults found that the accumulation of ACEs increase the likelihood of lifetime suicidal ideation and suicide attempts.	Thompson, M. P., Kingree, J. B., & Lamis, D. (2019). Associations of adverse childhood experiences and suicidal behaviors in adulthood in a U.S. nationally representative sample. *Child: care, health and development, 45*(1), 121–128. https://doi.org/10.1111/cch.12617
	Opioids	Exposure to ACEs was positively associated with prescription opioid misuse.	Merrick, M. T., Ford, D. C., Haegerich, T. M., & Simon, T. (2020). Adverse Childhood Experiences Increase Risk for Prescription Opioid Misuse. *The journal of primary prevention, 41*(2), 139–152. https://doi.org/10.1007/s10935-020-00578-0
		A systematic review demonstrated that exposure to ACEs was positively associated with increased likelihood of lifetime Opioid Use Disorder.	Regmi, S., Kedia, S. K., Ahuja, N. A., Lee, G., Entwistle, C., & Dillon, P. J. (2024). Association Between Adverse Childhood Experiences and Opioid Use-Related Behaviors: A Systematic Review. *Trauma, violence & abuse, 25*(3), 2046–2064. https://doi.org/10.1177/15248380231205821
	Stimulants	A strong relationship was found between the number of ACEs and stimulant use and stimulant use disorders among adults, including use of amphetamines and cocaine.	Tang, S., Jones, C. M., Wisdom, A., Lin, H. C., Bacon, S., & Houry, D. (2021). Adverse childhood experiences and stimulant use disorders among adults in the United States. *Psychiatry research, 299*, 113870. https://doi.org/10.1016/j.psychres.2021.113870

Shared Risk and Protective Factor	Focus Area	Summary	Source
Adverse Childhood Experiences (ACEs)	Tobacco	Exposure of up to five or more ACEs increases one's likelihood for vaping nicotine.	Boccio, C. M., Meldrum, R. C., & Jackson, D. B. (2022). Adverse childhood experiences and adolescent nicotine and marijuana vaping: Findings from a statewide sample of Florida youth. *Preventive medicine*, 154, 106866. https://doi.org/10.1016/j.ypmed.2021.106866
		Increase exposure to ACEs was associated with higher odds of cigarette use, particularly e-cigarette use.	Martinasek, M. P., Wheldon, C. W., Parsons, C. A., Bell, L. A., & Lipski, B. K. (2021). Understanding Adverse Childhood Experiences as Predictors of Cigarette and E-Cigarette Use. *American journal of preventive medicine, 60*(6), 737–746. https://doi.org/10.1016/j.amepre.2021.01.004
		Increased exposure to ACEs was associated with increased tobacco use.	Osibogun, O., Erinoso, O., Li, W., Kalan, M. E., Bursac, Z., & Osibogun, A. (2024). Adverse Childhood Experiences and Tobacco Use Patterns Among Adults in the United States: Exploring sex differences. *Health education & behavior: the official publication of the Society for Public Health Education, 51*(1), 54–61. https://doi.org/10.1177/10901981231178696
	Vaping	Exposure of five or more ACEs increases one's likelihood for vaping nicotine and marijuana.	Boccio, C. M., Meldrum, R. C., & Jackson, D. B. (2022). Adverse childhood experiences and adolescent nicotine and marijuana vaping: Findings from a statewide sample of Florida youth. *Preventive medicine*, 154, 106866. https://doi.org/10.1016/j.ypmed.2021.106866
		Increase exposure to ACEs was associated with higher odds of e-cigarette use.	Martinasek, M. P., Wheldon, C. W., Parsons, C. A., Bell, L. A., & Lipski, B. K. (2021). Understanding Adverse Childhood Experiences as Predictors of Cigarette and E-Cigarette Use. *American journal of preventive medicine, 60*(6), 737–746. https://doi.org/10.1016/j.amepre.2021.01.004

Shared Risk and Protective Factor	Focus Area	Summary	Source
Easy Access	Alcohol	The study found that the presence of stores within a 0.5 mile radius of neighborhoods significantly increased risk for heavy alcohol use	Shih, R. A., Mullins, L., Ewing, B. A., Miyashiro, L., Tucker, J. S., Pedersen, E. R., . . . D'Amico, E. J. (2015). Associations between neighborhood alcohol availability and young adolescent alcohol use. *Psychol Addict Behav*, 29(4), 950-959. doi:10.1037/adb0000081
		A systematic review found easy access to alcohol was associated with early onset of alcohol use (by age 14).	Bozzini, A. B., Bauer, A., Maruyama, J., Simões, R., & Matijasevich, A. (2021). Factors associated with risk behaviors in adolescence: a systematic review. *Revista brasileira de psiquiatria (Sao Paulo, Brazil: 1999), 43*(2), 210–221. https://doi.org/10.1590/1516-4446-2019-0835
	Cannabis	A study of early initiators of cannabis use found early use was associated with higher ease of access.	Korn, L., Haynie, D. L., Luk, J. W., Sita, K., & Simons-Morton, B. G. (2021). Attitudes, Subjective Norms, and Perceived Behavioral Control Associated with Age of First Use of Cannabis among Adolescents. *The Journal of school health, 91*(1), 50–58. https://doi.org/10.1111/josh.12977
		Study found that proximity to cannabis retailers and exposure to cannabis advertising were associated with increased likelihood of cannabis use among youth.	Firth, C. L., Carlini, B., Dilley, J., Guttmannova, K., & Hajat, A. (2022). Retail cannabis environment and adolescent use: The role of advertising and retailers near home and school. *Health & place, 75*, 102795. https://doi.org/10.1016/j.healthplace.2022.102795
	Gambling	Ease of access was predictive of the onset and maintenance of gambling behaviors among adolescents.	Botella-Guijarro, Á., Lloret-Irles, D., Segura-Heras, J. V., Cabrera-Perona, V., & Moriano, J. A. (2020). A Longitudinal Analysis of Gambling Predictors among Adolescents. *International journal of environmental research and public health, 17*(24), 9266. https://doi.org/10.3390/ijerph17249266

Shared Risk and Protective Factor	Focus Area	Summary	Source
Easy Access	Mental Health & Suicide	A modeling of suicide rates using an ecological time series cross-section design found that each 10 percentage point increase in state firearm ownership was associated with a 39.3% increase in suicides involved firearms and subsequent increase of overall suicides (by any means). The association was twice as strong when considering adolescents, meaning an increase in firearm ownership led to a greater increase in suicides among 14 to 18 year olds. Gun lock and storage policies were associated with a 13.1% decrease in adolescent suicide involving a firearm.	Kivisto, A. J., Kivisto, K. L., Gurnell, E., Phalen, P., & Ray, B. (2021). Adolescent Suicide, Household Firearm Ownership, and the Effects of Child Access Prevention Laws. *Journal of the American Academy of Child and Adolescent Psychiatry, 60*(9), 1096–1104. https://doi.org/10.1016/j.jaac.2020.08.442
		Restricting access to pharmaceuticals was found to decrease suicides by overdose in six of seven studies. Suicides by other means either decreased or did not change after intervention.	Lim, J. S., Buckley, N. A., Chitty, K. M., Moles, R. J., & Cairns, R. (2021). Association Between Means Restriction of Poison and Method-Specific Suicide Rates: A Systematic Review. *JAMA health forum, 2*(10), e213042. https://doi.org/10.1001/jamahealthforum.2021.3042
	Stimulants	A systematic review of qualitative literature found that when amphetamine-type stimulants are “accessible, available, and normalized in social spaces, likelihood of initiation “ is increased.	O’Donnell, A., Addison, M., Spencer, L., Zurhold, H., Rosenkranz, M., McGovern, R., Gilvarry, E., Martens, M. S., Verthein, U., & Kaner, E. (2019). Which individual, social and environmental influences shape key phases in the amphetamine type stimulant use trajectory? A systematic narrative review and thematic synthesis of the qualitative literature. *Addiction (Abingdon, England)*, 114(1), 24–47. https://doi.org/10.1111/add.14434
Healthy Coping Skills, Emotional Regulation, and Resilience	All	A systematic review evidenced that individuals with a Substance Use Disorder diagnosis demonstrated poorer emotional regulation than those without a SUD.	Stellern, J., Xiao, K. B., Grennell, E., Sanches, M., Gowin, J. L., & Sloan, M. E. (2023). Emotion regulation in substance use disorders: a systematic review and meta-analysis. *Addiction (Abingdon, England)*, 118(1), 30–47. https://doi.org/10.1111/add.16001

Shared Risk and Protective Factor	Focus Area	Summary	Source
Healthy Coping Skills, Emotional Regulation, and Resilience	All	LGBTQ+ populations are at a higher risk of experiencing stigma and discrimination and engage in substance use as a coping strategy to avoid seeking services and experiencing discrimination by providers.	Xin, Y., Schwarting, C. M., Wasef, M. R., & Davis, A. K. (2023). Exploring the intersectionality of stigma and substance use help-seeking behaviours among lesbian, gay, bisexual, transgender, queer, questioning or otherwise gender or sexuality minority (LGBTQ+) individuals in the United States: A scoping review. *Global Public Health, 18*(1). https://doi.org/10.1080/17441692.2023.2277854
		A meta-analysis showed that emotion regulation abilities were strongly related to substance use.	Weiss, N. H., Kiefer, R., Goncharenko, S., Raudales, A. M., Forkus, S. R., Schick, M. R., & Contractor, A. A. (2022). Emotion regulation and substance use: A meta-analysis. *Drug and alcohol dependence, 230*, 109131. https://doi.org/10.1016/j.drugalcdep.2021.109131
		A path analysis examining self-stigma, help-seeking behaviors and alcohol and other drug use found self-stigma around help seeking contributed to substance use was mediated by help-seeking attitudes.	Gutierrez, D., Crowe, A., Mullen, P. R., Pignato, L., & Fan, S. (2020). Stigma, help seeking, and substance use. *The Professional Counselor, 10*(2), 220–234. https://doi.org/10.15241/dg.10.2.220
		A review found evidence of the relationship between coping skills and substance use, as well as the demonstrated effectiveness of programs addressing coping skills on reducing substance use and mediating the impact of ACEs.	Grummitt, L., Kelly, E., Barrett, E., Keyes, K., & Newton, N. (2021). Targets for intervention to prevent substance use in young people exposed to childhood adversity: A systematic review. *PloS one, 16*(6), e0252815. https://doi.org/10.1371/journal.pone.0252815
	Alcohol	Evidence shows that there is a protective role that healthy coping skills play in alcohol use behavior.	Jenzer, T., Cheesman, A. J., Shaw, R. J., Egerton, G. A., & Read, J. P. (2022). Coping Flexibility and Alcohol-Related Outcomes: Examining Coping Motives as Mediators. *Substance use & misuse*, 57(14), 2031–2041. https://doi.org/10.1080/10826084.2022.2125274

Shared Risk and Protective Factor	Focus Area	Summary	Source
Healthy Coping Skills, Emotional Regulation, and Resilience	Alcohol	Findings of a study examining emotional regulation, alcohol use, cannabis use, and nicotine use among high risk youth identified that increased regulatory abilities were linked with decreased alcohol use. The study found that substance use may be a result of issues in emotional regulation and/or can supplant or disrupt normal patterns of regulation.	McKee, K., Russell, M., Mennis, J., Mason, M., & Neale, M. (2020). Emotion regulation dynamics predict substance use in high-risk adolescents. *Addictive behaviors, 106*, 106374. https://doi.org/10.1016/j.addbeh.2020.106374
	Cannabis	Findings of a study examining emotional regulation, alcohol use, cannabis use, and nicotine use among high risk youth identified that increased regulatory abilities were linked with decreased cannabis use, however the impact was lowest for cannabis use compared to the other two substances examined. The study found that substance use may be a result of issues in emotional regulation and/or can supplant or disrupt normal patterns of regulation.	McKee, K., Russell, M., Mennis, J., Mason, M., & Neale, M. (2020). Emotion regulation dynamics predict substance use in high-risk adolescents. *Addictive behaviors, 106*, 106374. https://doi.org/10.1016/j.addbeh.2020.106374
	Gambling	The study found that emotional dysregulation mediated the relationships between ACEs and disordered gambling in adults.	Poole, J. C., Kim, H. S., Dobson, K. S., & Hodgins, D. C. (2017). Adverse Childhood Experiences and Disordered Gambling: Assessing the Mediating Role of Emotion Dysregulation. *Journal of gambling studies*, 33(4), 1187–1200. https://doi.org/10.1007/s10899-017-9680-8
		A systematic review and meta-analysis found consistent and significant associations between disordered gambling and emotional regulation.	Velotti, P., Rogier, G., Beomonte Zobel, S., & Billieux, J. (2021). Association between gambling disorder and emotion (dys)regulation: A systematic review and meta-analysis. *Clinical psychology review*, 87, 102037. https://doi.org/10.1016/j.cpr.2021.102037
	Mental Health & Suicide	Use of coping strategies was considered effective by participants with an existing mental health diagnosis who expressed suicidal ideation – baseline suicidal ideation decreased with use of coping strategies.	Stanley, B., Martínez-Alés, G., Gratch, I., Rizk, M., Galfalvy, H., Choo, T. H., & Mann, J. J. (2021). Coping strategies that reduce suicidal ideation: An ecological momentary assessment study. *Journal of psychiatric research, 133*, 32–37. https://doi.org/10.1016/j.jpsychires.2020.12.012

Shared Risk and Protective Factor	Focus Area	Summary	Source
Healthy Coping Skills, Emotional Regulation, and Resilience	Opioids	Individuals with lower levels of resilience experienced significantly higher demands for opioid prescriptions.	Paniagua, A. R., Cunningham, D. J., LaRose, M. A., Morriss, N. J., & Gage, M. J. (2022). Psychological resilience as a predictor of opioid consumption after orthopaedic trauma. *Injury,* 53(6), 2047-2052. https://doi.org/10.1016/j.injury.2022.03.021
	Tobacco	Findings of a study examining emotional regulation, alcohol use, cannabis use, and nicotine use among high risk youth identified that increased regulatory abilities were linked with decreased nicotine use. The study found that substance use may be a result of issues in emotional regulation and/or can supplant or disrupt normal patterns of regulation.	McKee, K., Russell, M., Mennis, J., Mason, M., & Neale, M. (2020). Emotion regulation dynamics predict substance use in high-risk adolescents. *Addictive behaviors, 106*, 106374. https://doi.org/10.1016/j.addbeh.2020.106374
Parental Approval/ Disapproval	Alcohol	Parental disapproval, particularly when combined with having a confidant, decreased the odds of alcohol use.	Marziali, M. E., Levy, N. S., & Martins, S. S. (2022). Perceptions of peer and parental attitudes toward substance use and actual adolescent substance use: The impact of adolescent-confidant relationships. *Substance abuse*, 43(1), 1085–1093. https://doi.org/10.1080/08897077.2022.2060439
		Findings found that increased alcohol-specific household rules reduced the risk of early onset heavy drinking, which decreased the odds of individuals meeting diagnostic criteria for Alcohol Use Disorder in early adulthood.	Yuen, W. S., Chan, G., Bruno, R., Clare, P., Mattick, R., Aiken, A., Boland, V., McBride, N., McCambridge, J., Slade, T., Kypri, K., Horwood, J., Hutchinson, D., Najman, J., De Torres, C., & Peacock, A. (2020). Adolescent Alcohol Use Trajectories: Risk Factors and Adult Outcomes. *Pediatrics, 146*(4), e20200440. https://doi.org/10.1542/peds.2020-0440
	Cannabis	A study of early initiators of cannabis use found early use was associated with low parental disapproval.	Korn, L., Haynie, D. L., Luk, J. W., Sita, K., & Simons-Morton, B. G. (2021). Attitudes, Subjective Norms, and Perceived Behavioral Control Associated with Age of First Use of Cannabis among Adolescents. *The Journal of school health, 91*(1), 50–58. https://doi.org/10.1111/josh.12977

Shared Risk and Protective Factor	Focus Area	Summary	Source
Parental Approval/ Disapproval	Cannabis	Parental disapproval, particularly when combined with having a confidant, decreased the odds of cannabis use.	Marziali, M. E., Levy, N. S., & Martins, S. S. (2022). Perceptions of peer and parental attitudes toward substance use and actual adolescent substance use: The impact of adolescent-confidant relationships. *Substance abuse, 43(*1), 1085–1093. https://doi.org/10.1080/08897077.2022.2060439
		Findings demonstrated that parental negative expectancies related to cannabis use were associated with reduced youth marijuana use.	Ramer, N. E., Read, J. P., & Colder, C. R. (2021). Parents' Cannabis-Related Attitudes and Emerging Adult Offspring Cannabis Use: Testing the Mediating Effect of Perceived Parental Approval. *Substance use & misuse, 56*(2), 308–317. https://doi.org/10.1080/10826084.2020.1868004
		Findings demonstrated that parental disapproval has a high direct effect on youth cannabis use and influences youth perceptions of risk associated with cannabis.	Yang, E. S., Oh, S. K., Kim, S., & Chung, I. J. (2022). The influence of parent and peer disapproval on youth marijuana use mediated by youth risk perception: Focusing on the state comparison. *Drug and alcohol dependence*, 240, 109641. https://doi.org/10.1016/j.drugalcdep.2022.109641
	Gambling	A UK review of the current evidence regarding youth and child gambling behaviors found that parent gambling was a key interpersonal risk factor influencing adolescent gambling behaviors.	Emond, A. M., & Griffiths, M. D. (2020). Gambling in children and adolescents. *British Medical Bulletin*, 136(1), 21–29. https://doi.org/10.1093/bmb/ldaa027
	Tobacco	Parental disapproval, particularly when combined with having a confidant, decreased the odds of tobacco use.	Marziali, M. E., Levy, N. S., & Martins, S. S. (2022). Perceptions of peer and parental attitudes toward substance use and actual adolescent substance use: The impact of adolescent-confidant relationships. *Substance abuse*, 43(1), 1085–1093. https://doi.org/10.1080/08897077.2022.2060439

Shared Risk and Protective Factor	Focus Area	Summary	Source
Parental Approval/ Disapproval	Tobacco	Parental attitudes were linked with decreased intentions to use e-cigarettes.	Trucco, E. M., Cristello, J. V., & Sutherland, M. T. (2021). Do Parents Still Matter? The Impact of Parents and Peers on Adolescent Electronic Cigarette Use. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 68*(4), 780–786. https://doi.org/10.1016/j.jadohealth.2020.12.002
	Stimulants	A systematic review of qualitative literature found that relationships with friends, family, and intimate partners who use ampethamine-type stimulants is a common risk factor contributing to initiation of use, particularly in urban settings.	O'Donnell, A., Addison, M., Spencer, L., Zurhold, H., Rosenkranz, M., McGovern, R., Gilvarry, E., Martens, M. S., Verthein, U., & Kaner, E. (2019). Which individual, social and environmental influences shape key phases in the amphetamine type stimulant use trajectory? A systematic narrative review and thematic synthesis of the qualitative literature. *Addiction (Abingdon, England)*, 114(1), 24–47. https://doi.org/10.1111/add.14434
	Vaping	Parental attitudes were linked with decreased intentions to use e-cigarettes.	Trucco, E. M., Cristello, J. V., & Sutherland, M. T. (2021). Do Parents Still Matter? The Impact of Parents and Peers on Adolescent Electronic Cigarette Use. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 68*(4), 780–786. https://doi.org/10.1016/j.jadohealth.2020.12.002
Peer Approval/ Disapproval, and Use	Alcohol	Greater perceived alcohol use among peers was associated with increased alcohol use among peers. Susceptibility to peer influence, fear of rejection by peers, importance of peer status and popularity were contributing factors to alcohol use. Those demonstrating average to high levels of susceptibility to peer influence perceived greater peer alcohol use and reporting increased alcohol use upon follow up.	Duell, N., Clayton, M. G., Telzer, E. H., & Prinstein, M. J. (2022). Measuring peer influence susceptibility to alcohol use: Convergent and predictive validity of a new analogue assessment. *International journal of behavioral development, 46*(3), 190–199. https://doi.org/10.1177/0165025420965729

Shared Risk and Protective Factor	Focus Area	Summary	Source
Peer Approval/ Disapproval, and Use	Alcohol	Peer alcohol use was associated with increased risk of early-onset heavy drinking, which increased odds of meeting the diagnostic criteria for Alcohol Use Disorder in early adulthood.	Yuen, W. S., Chan, G., Bruno, R., Clare, P., Mattick, R., Aiken, A., Boland, V., McBride, N., McCambridge, J., Slade, T., Kypri, K., Horwood, J., Hutchinson, D., Najman, J., De Torres, C., & Peacock, A. (2020). Adolescent Alcohol Use Trajectories: Risk Factors and Adult Outcomes. *Pediatrics, 146*(4), e20200440. https://doi.org/10.1542/peds.2020-0440
	Cannabis	A study of early initiators of cannabis use found early use was associated with higher peer cannabis use.	Korn, L., Haynie, D. L., Luk, J. W., Sita, K., & Simons-Morton, B. G. (2021). Attitudes, Subjective Norms, and Perceived Behavioral Control Associated with Age of First Use of Cannabis among Adolescents. *The Journal of school health, 91*(1), 50–58. https://doi.org/10.1111/josh.12977
		Peer disapproval was a protective factor in decreasing youth cannabis use, particularly when combined with the presence of a confidant. Peer disapproval was more proactive in protecting against cannabis use than parental disapproval, though both were impactful.	Marziali, M. E., Levy, N. S., & Martins, S. S. (2022). Perceptions of peer and parental attitudes toward substance use and actual adolescent substance use: The impact of adolescent-confidant relationships. *Substance abuse*, 43(1), 1085–1093. https://doi.org/10.1080/08897077.2022.2060439
		A systematic review found that cannabis use was most often/strongly associated with peer use.	Torrejón-Guirado, M. C., Baena-Jiménez, M. Á., Lima-Serrano, M., de Vries, H., & Mercken, L. (2023). The influence of peer's social networks on adolescent's cannabis use: a systematic review of longitudinal studies. *Frontiers in psychiatry, 14*, 1306439. https://doi.org/10.3389/fpsyt.2023.1306439
		Study findings demonstrated that peer disapproval has a high indirect effect on youth cannabis use and influences youth perceptions of risk associated with cannabis use.	Yang, E. S., Oh, S. K., Kim, S., & Chung, I. J. (2022). The influence of parent and peer disapproval on youth marijuana use mediated by youth risk perception: Focusing on the state comparison. *Drug and alcohol dependence*, 240, 109641. https://doi.org/10.1016/j.drugalcdep.2022.109641

Shared Risk and Protective Factor	Focus Area	Summary	Source
Peer Approval/ Disapproval, and Use	Gambling	Peer pressure to participate in gambling and peer gambling norms were predictive of the onset and maintenance of gambling behaviors among adolescents.	Botella-Guijarro, Á., Lloret-Irles, D., Segura-Heras, J. V., Cabrera-Perona, V., & Moriano, J. A. (2020). A Longitudinal Analysis of Gambling Predictors among Adolescents. *International journal of environmental research and public health, 17*(24), 9266. https://doi.org/10.3390/ijerph17249266
	Stimulants	A systematic review of qualitative literature found that relationships with friends, family, and intimate partners who use ampethamine-type stimulants is a common risk factor contributing to initiation of use, particularly in urban settings.	O'Donnell, A., Addison, M., Spencer, L., Zurhold, H., Rosenkranz, M., McGovern, R., Gilvarry, E., Martens, M. S., Verthein, U., & Kaner, E. (2019). Which individual, social and environmental influences shape key phases in the amphetamine type stimulant use trajectory? A systematic narrative review and thematic synthesis of the qualitative literature. *Addiction (Abingdon, England)*, 114(1), 24–47. https://doi.org/10.1111/add.14434
	Vaping	Exposure to peer e-cigarette use increased the odds of susceptibility to use among middle and high school youth.	Mantey, D. S., Omega-Njemnobi, O., Ruiz, F. A., Vaughn, T. L., Kelder, S. H., & Springer, A. E. (2021). Association between observing peers vaping on campus and E-cigarette use and susceptibility in middle and high school students. *Drug and alcohol dependence, 219*, 108476. https://doi.org/10.1016/j.drugalcdep.2020.108476
Perceptions of Risk	Alcohol	A study of Midwestern university students ages 19-28 found that high perceptions of risk was associated with decreased binge drinking.	Hanauer, M., Walker, M. R., Machledt, K., Ragatz, M., & Macy, J. T. (2021). Association between perceived risk of harm and self-reported binge drinking, cigarette smoking, and marijuana smoking in young adults. *Journal of American college health: J of ACH, 69*(4), 345–352. https://doi.org/10.1080/07448481.2019.1676757
	Cannabis	A systematic review of studies evaluating knowledge and risk perceptions related to cannabis use among children and adolescents found increased perceptions of risk to often correlate with lowers levels of current use and future intention to use.	Harrison, M. E., Kanbur, N., Canton, K., Desai, T. S., Lim-Reinders, S., Groulx, C., & Norris, M. L. (2024). Adolescents' Cannabis Knowledge and Risk Perception: A Systematic Review. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine, 74*(3), 402–440. https://doi.org/10.1016/j.jadohealth.2023.09.014

Shared Risk and Protective Factor	Focus Area	Summary	Source
Perceptions of Risk	Cannabis	A study of Midwestern university students ages 19-28 found that high perceptions of risk was associated with decreased cannabis use, particularly among younger participants.	Hanauer, M., Walker, M. R., Machledt, K., Ragatz, M., & Macy, J. T. (2021). Association between perceived risk of harm and self-reported binge drinking, cigarette smoking, and marijuana smoking in young adults. *Journal of American college health: J of ACH*, 69(4), 345–352. https://doi.org/10.1080/07448481.2019.1676757
	Gambling	Risk perception was predictive of the onset and maintenance of gambling behaviors among adolescents.	Botella-Guijarro, Á., Lloret-Irles, D., Segura-Heras, J. V., Cabrera-Perona, V., & Moriano, J. A. (2020). A Longitudinal Analysis of Gambling Predictors among Adolescents. *International journal of environmental research and public health*, 17(24), 9266. https://doi.org/10.3390/ijerph17249266
	Opioids	Study findings demonstrated that lower perceived risk of harm was associated with increased prescription pain reliever misuse – adults were more likely to perceive great risk of harm from heroin use compared to youth.	Kapadia, S. N., & Bao, Y. (2019). Prescription painkiller misuse and the perceived risk of harm from using heroin. *Addictive behaviors*, 93, 141–145. https://doi.org/10.1016/j.addbeh.2019.01.039
	Tobacco	A study of Midwestern university students ages 19-28 found that high perceptions of risk was associated with decreased cigarette smoking.	Hanauer, M., Walker, M. R., Machledt, K., Ragatz, M., & Macy, J. T. (2021). Association between perceived risk of harm and self-reported binge drinking, cigarette smoking, and marijuana smoking in young adults. *Journal of American college health: J of ACH*, 69(4), 345–352. https://doi.org/10.1080/07448481.2019.1676757
		A large scale study of youth ages 12 to 17 from the PATH study found a bidirection association between perceived harm and tobacco use, with high perceptions of risk decreasing likelihood of use and low risk perceptions increasing likelihood of use.	Strong, D. R., Leas, E., Elton-Marshall, T., Wackowski, O. A., Travers, M., Bansal-Travers, M., Hyland, A., White, M., Noble, M., Cummings, K. M., Taylor, K., Kaufman, A. R., Choi, K., & Pierce, J. P. (2019). Harm perceptions and tobacco use initiation among youth in Wave 1 and 2 of the Population Assessment of Tobacco and Health (PATH) Study. *Preventive medicine, 123*, 185–191. https://doi.org/10.1016/j.ypmed.2019.03.017

Shared Risk and Protective Factor	Focus Area	Summary	Source
Prosocial and Extra-Curricular Involvement	All	Data is indicative of prosocial involvement/positive socialization acting as a protective factor for both addictive behavior and negative mental health.	Pomrenze, M. B., Paliarin, F., & Maiya, R. (2022). Friend of the Devil: Negative Social Influences Driving Substance Use Disorders. *Frontiers in behavioral neuroscience*, 16, 836996. https://doi.org/10.3389/fnbeh.2022.836996
		An examination of 2013 NSDUH data found that participation in extracurricular activities decreased substance use among youth ages 12 to 17. Impacts were greater among female adolescents than male adolescents.	Kenney, A., & Dennis, C. B. (2019). Environmental paths that inform adolescent substance use prevention. *Journal of Human Behavior in the Social Environment, 29*(7), 897–908. https://doi.org/10.1080/10911359.2019.1633982
	Alcohol	Low participation in sports programs was associated with increased risk of binge drinking among youth.	Bozzini, A. B., Bauer, A., Maruyama, J., Simões, R., & Matijasevich, A. (2021). Factors associated with risk behaviors in adolescence: a systematic review. *Revista brasileira de psiquiatria (Sao Paulo, Brazil: 1999), 43*(2), 210–221. https://doi.org/10.1590/1516-4446-2019-0835
	Mental Health & Suicide	Participation in extracurricular activities was demonstrated to have a positive effect on mental health, especially when associated with decreased screen time.	Oberle, E., Ji, X. R., Kerai, S., Guhn, M., Schonert-Reichl, K. A., & Gadermann, A. M. (2020). Screen time and extracurricular activities as risk and protective factors for mental health in adolescence: A population-level study. *Preventive medicine, 141*, 106291. https://doi.org/10.1016/j.ypmed.2020.106291
	Opioids	Participation in extracurricular activities was found to lower the risk for opioid use by 36%. However, Black youth were not found to receive protective effects from involvement.	Rigg, K. K., & Johnson, M. E. (2022). Preventing Adolescent Opioid Misuse: Racial/Ethnic Differences in the Protective Effects of Extracurricular Activities. *Journal of studies on alcohol and drugs, 83*(3), 402–411. https://doi.org/10.15288/jsad.2022.83.402

Shared Risk and Protective Factor	Focus Area	Summary	Source
Self-Esteem	Alcohol	Higher levels of self-esteem were a protective factor in decreasing rates of alcohol use and misuse.	Schick, M. R., Nalven, T., & Spillane, N. S. (2022). Drinking to Fit in: The Effects of Drinking Motives and Self-Esteem on Alcohol Use among Female College Students. *Substance use & misuse,* 57(1), 76–85. https://doi.org/10.1080/10826084.2021.1990334
	Mental Health & Suicide	A meta-analysis of longitudinal studies found that a low level of self-esteem increased the likelihood of lifetime suicide attempts among adolescents and young adults.	Soto-Sanz, V., Piqueras, J. A., Rodríguez-Marín, J., Pérez-Vázquez, T., Rodríguez-Jiménez, T., Castellví, P., Miranda-Mendizábal, A., Parés-Badell, O., Almenara, J., Blanco, M. J., Cebriá, A., Gabilondo, A., Gili, M., Roca, M., Lagares, C., & Alonso, J. (2019). Self-esteem and suicidal behaviour in youth: A meta-analysis of longitudinal studies. *Psicothema, 31(*3), 246–254. https://doi.org/10.7334/psicothema2018.339
		The study identified a relationship between low levels of self-esteem and increased suicidal ideation and risk among older adults.	Eades, A., Segal, D. L., & Coolidge, F. L. (2019). Suicide Risk Factors Among Older Adults: Exploring Thwarted Belongingness and Perceived Burdensomeness in Relation to Personality and Self-Esteem. *International journal of aging & human development, 88*(2), 150–167. https://doi.org/10.1177/0091415018757214
	Opioids	Findings from this study show that low self-esteem was associated with higher risk for opioid use.	Hendy, H. M., Black, P., Can, S. H., Fleischut, A., & Aksen, D. (2018). Opioid Abuse as Maladaptive Coping to Life Stressors in U.S. Adults. *Journal of Drug Issues, 48*(4), 560-571. https://doi.org/10.1177/0022042618783454
	Tobacco	Researchers found that individuals with lower levels of self-esteem were at higher odds of tobacco use.	Szinay, D., Tombor, I., Garnett, C., Boyt, N., & West, R. (2019). Associations between self-esteem and smoking and excessive alcohol consumption in the UK: A cross-sectional study using the BBC UK Lab database. *Addictive behaviors reports, 10*, 100229. https://doi.org/10.1016/j.abrep.2019.100229

Shared Risk and Protective Factor	Focus Area	Summary	Source
Social Isolation	All	A study of older adult substance use and perceptions of social isolation and loneliness found that individuals described as "alone and lonely" (experiencing high levels of social isolation and feelings of loneliness) had the highest odds of nonmedical drug use compared to less isolated, less lonely peers.	Farmer, A. Y., Wang, Y., Peterson, N. A., Borys, S., & Hallcom, D. K. (2022). Social Isolation Profiles and Older Adult Substance Use: A Latent Profile Analysis. The journals of gerontology. *Series B, Psychological sciences and social sciences, 77*(5), 919–929. https://doi.org/10.1093/geronb/gbab078
		A study of designed to identify the relationship between loneliness and proclivity for substance use at a treatment center for children and adolescents found that children and adolescents description higher levels of loneliness were at higher proclivity for engaging in substance use.	Kayaoğlu, K., Okanlı, A., Budak, F. K., & Aslanoğlu, E. (2021). The correlation between loneliness and substance use proclivity in child and adolescent substance users. *Journal of Substance Use, 27*(1), 70–73. https://doi.org/10.1080/14659891.2021.1894495
	Alcohol	A systematic review found that low school connectedness was significantly associate with youth alcohol use.	Bozzini, A. B., Bauer, A., Maruyama, J., Simões, R., & Matijasevich, A. (2021). Factors associated with risk behaviors in adolescence: a systematic review. *Revista brasileira de psiquiatria (Sao Paulo, Brazil: 1999), 43*(2), 210–221. https://doi.org/10.1590/1516-4446-2019-0835
		A study of older adult substance use and perceptions of social isolation and loneliness found that individuals who described feeling "alone but not lonely" had the highest odds of alcohol use and high risk drinking.	Farmer, A. Y., Wang, Y., Peterson, N. A., Borys, S., & Hallcom, D. K. (2022). Social Isolation Profiles and Older Adult Substance Use: A Latent Profile Analysis. The journals of gerontology. *Series B, Psychological sciences and social sciences, 77*(5), 919–929. https://doi.org/10.1093/geronb/gbab078
		A six month study found that individuals reporting moderate or severe loneliness had a significantly higher frequency of alcohol use at follow up compared to those who were never lonely.	Gutkind, S., Gorfinkel, L. R., & Hasin, D. S. (2022). Prospective effects of loneliness on frequency of alcohol and marijuana use. *Addictive behaviors, 124*, 107115. https://doi.org/10.1016/j.addbeh.2021.107115

Shared Risk and Protective Factor	Focus Area	Summary	Source
Social Isolation	Cannabis	A systematic review found that cannabis use increased when adolescents did not feel close to school peers, had low neighborhood ties. Cannabis use also increased when adolescents did not report belonging to a group but associated with individuals who were members of groups.	Torrejón-Guirado, M. C., Baena-Jiménez, M. Á., Lima-Serrano, M., de Vries, H., & Mercken, L. (2023). The influence of peer's social networks on adolescent's cannabis use: a systematic review of longitudinal studies. *Frontiers in psychiatry*, 14, 1306439. https://doi.org/10.3389/fpsyt.2023.1306439
		A six month study found that individuals reporting moderate or severe loneliness had a significantly higher frequency of cannabis use at follow up compared to those who were never lonely.	Gutkind, S., Gorfinkel, L. R., & Hasin, D. S. (2022). Prospective effects of loneliness on frequency of alcohol and marijuana use. *Addictive behaviors, 124*, 107115. https://doi.org/10.1016/j.addbeh.2021.107115
	Mental Health & Suicide	A review of 40 unique observational studies found strong associations between social isolation and suicidal outcomes, with feelings of loneliness having a major impact among individuals across various cultures.	Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A. F., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. *Journal of affective disorders, 245*, 653–667. https://doi.org/10.1016/j.jad.2018.11.022
		A review of 46 studies found a causal relationship between social isolation and suicide.	Motillon-Toudic, C., Walter, M., Séguin, M., Carrier, J. D., Berrouiguet, S., & Lemey, C. (2022). Social isolation and suicide risk: Literature review and perspectives. *European psychiatry : the journal of the Association of European Psychiatrists*, 65(1), e65. https://doi.org/10.1192/j.eurpsy.2022.2320
	Opioids	Individuals experiencing social isolation are at particularly high risk of experiencing prescription opioid misuse.	Cruden, G., & Karmali, R. (2021). Opioid misuse as a coping behavior for unmet mental health needs among U.S. adults. *Drug and alcohol dependence*, 225, 108805. https://doi.org/10.1016/j.drugalcdep.2021.108805

Shared Risk and Protective Factor	Focus Area	Summary	Source
Social Isolation	Opioids	Evidence found a bidirectional link between social isolation and opioid use. Opioid use was indicated as a means of mitigating feelings of social isolation and lack of belonging.	Christie N. C. (2021). The role of social isolation in opioid addiction. *Social cognitive and affective neuroscience, 16*(7), 645–656. https://doi.org/10.1093/scan/nsab029
Social Supports	All	Healthy relationships can influence an individual's decision to abstain from substance use.	Pettersen, H., Landheim, A., Skeie, I., Biong, S., Brodahl, M., Oute, J., & Davidson, L. (2019). How Social Relationships Influence Substance Use Disorder Recovery: A Collaborative Narrative Study. *Substance abuse: research and treatment, 13*, 1178221819833379. https://doi.org/10.1177/1178221819833379
	Alcohol	In a study observing the impact of peer networks among diverse populations of college students, researchers found healthy peer networks serve as a protective factor in reducing alcohol use.	Ott, M. Q., Clark, M. A., Balestrieri, S. G., Gamarel, K. E., & Barnett, N. P. (2022). Social Networks and Sexual and Gender Minority Disparities in Alcohol Use and Consequences Among First-Year College Students. *LGBT health, 9*(7), 489–495. https://doi.org/10.1089/lgbt.2019.0225
		Lower social support was linked with significantly higher lifetime alcohol use among incarcerated individuals.	Rapier, R., McKernan, S., & Stauffer, C. S. (2019). An inverse relationship between perceived social support and substance use frequency in socially stigmatized populations. *Addictive behaviors reports, 10*, 100188. https://doi.org/10.1016/j.abrep.2019.100188
	Cannabis	Lower social support was linked with significantly higher lifetime cannabis use among incarcerated individuals.	Rapier, R., McKernan, S., & Stauffer, C. S. (2019). An inverse relationship between perceived social support and substance use frequency in socially stigmatized populations. *Addictive behaviors reports, 10*, 100188. https://doi.org/10.1016/j.abrep.2019.100188

Shared Risk and Protective Factor	Focus Area	Summary	Source
Social Supports	Mental Health & Suicide	A review of 46 studies found the presence of social supports to serve as a protective factor preventing suicide.	Motillon-Toudic, C., Walter, M., Séguin, M., Carrier, J. D., Berrouiguet, S., & Lemey, C. (2022). Social isolation and suicide risk: Literature review and perspectives. *European psychiatry : the journal of the Association of European Psychiatrists*, 65(1), e65. https://doi.org/10.1192/j.eurpsy.2022.2320
	Opioids	A systematic review established that social connection is an important correlate of opioid misuse. However, there were some limitations in the review as a result of a lack in the standardization of measurementand lack of larger studies.	Cance, J. D., Saavedra, L. M., Wondimu, B., Scaglione, N. M., Hairgrove, S., & Graham, P. W. (2021). Examining the Relationship between Social Connection and Opioid Misuse: A Systematic Review. *Substance use & misuse, 56*(10), 1493–1507. https://doi.org/10.1080/10826084.2021.1936056
		Evidence established a bidirectional link between social isolation and opioid use. Increased social connection and feelings of belonging decrease the likelihood of opioid use.	Christie N. C. (2021). The role of social isolation in opioid addiction. *Social cognitive and affective neuroscience, 16*(7), 645–656. https://doi.org/10.1093/scan/nsab029
	Stimulants	Lower social support was linked with significantly higher lifetime methamphetamine use among men who have sex with men.	Rapier, R., McKernan, S., & Stauffer, C. S. (2019). An inverse relationship between perceived social support and substance use frequency in socially stigmatized populations. *Addictive behaviors reports, 10*, 100188. https://doi.org/10.1016/j.abrep.2019.100188
	Tobacco	A study of older adult substance use and perceptions of social isolation and loneliness found that individuals who are “connected and active” had the lowest odds of cigarette use compared to those experiencing some feeling of isolation or loneliness.	Farmer, A. Y., Wang, Y., Peterson, N. A., Borys, S., & Hallcom, D. K. (2022). Social Isolation Profiles and Older Adult Substance Use: A Latent Profile Analysis. *The journals of gerontology. Series B, Psychological sciences and social sciences, 77*(5), 919–929. https://doi.org/10.1093/geronb/gbab078

Shared Risk and Protective Factor	Focus Area	Summary	Source
Social Supports	Tobacco	Lower social support was linked with significantly higher lifetime tobacco use among incarcerated individuals.	Rapier, R., McKernan, S., & Stauffer, C. S. (2019). An inverse relationship between perceived social support and substance use frequency in socially stigmatized populations. *Addictive behaviors reports, 10*, 100188. https://doi.org/10.1016/j.abrep.2019.100188
Trusted Adults, Peers, and Mentors	All	The presence of mentoring in adolescence acts as a protective factor against substance use.	Mentoring for Preventing and Reducing Substance Use and Associated Risks Among Youth | 1 National Mentoring Resource Center Outcome Review MENTORING FOR PREVENTING AND REDUCING SUBSTANCE USE AND ASSOCIATED RISKS AMONG YOUTH. (2020). Nelson, L. F., Weitzman, E. R., & Levy, S. (2022). Prevention of Substance Use Disorders. *The Medical clinics of North America, 106*(1), 153–168. https://doi.org/10.1016/j.mcna.2021.08.005
		A meta-analysis of outcome studies found that mentor programs have an overall positive effect on youth outcomes and can reduce youth substance use across numerous substances.	Raposa, E. B., Rhodes, J., Stams, G. J. J. M., Card, N., Burton, S., Schwartz, S., Sykes, L. A. Y., Kanchewa, S., Kupersmidt, J., & Hussain, S. (2019). The Effects of Youth Mentoring Programs: A Meta-analysis of Outcome Studies. *Journal of youth and adolescence, 48(*3), 423–443. https://doi.org/10.1007/s10964-019-00982-8
	Alcohol	Presence of a confidant, particularly a peer confidant, attenuated the protective association between peer and parental disapproval in reducing youth alcohol use.	Marziali, M. E., Levy, N. S., & Martins, S. S. (2022). Perceptions of peer and parental attitudes toward substance use and actual adolescent substance use: The impact of adolescent-confidant relationships. *Substance abuse*, 43(1), 1085–1093. https://doi.org/10.1080/08897077.2022.2060439
	Cannabis	Presence of a confidant, particularly a peer confidant, attenuated the protective association between peer and parental disapproval in reducing youth cannabis use.	Marziali, M. E., Levy, N. S., & Martins, S. S. (2022). Perceptions of peer and parental attitudes toward substance use and actual adolescent substance use: The impact of adolescent-confidant relationships. *Substance abuse*, 43(1), 1085–1093. https://doi.org/10.1080/08897077.2022.2060439

Shared Risk and Protective Factor	Focus Area	Summary	Source
Trusted Adults, Peers, and Mentors	Mental Health & Suicide	The study found that schoolwide rates of suicidal ideation were lower at schools where multiple students identified the same trusted adult(s) and when higher concentration of youth-adult relationships were present.	Wyman, P. A., Pickering, T. A., Pisani, A. R., Rulison, K., Schmeelk-Cone, K., Hartley, C., Gould, M., Caine, E. D., LoMurray, M., Brown, C. H., & Valente, T. W. (2019). Peer-adult network structure and suicide attempts in 38 high schools: implications for network-informed suicide prevention. *Journal of child psychology and psychiatry, and allied disciplines*, 60(10), 1065–1075. https://doi.org/10.1111/jcpp.13102
		A study in K-12 schools found found that a lack of a trusted adult was linked with students' increased internalization of problems over time.	Reinke, W. M., Herman, K. C., Huang, F. L., Glenn-Perez, A. L., Raut, P., Aguayo, D., Venkat, S., Boddie, D., Harris, J. M., & Owens, S. (2024). Having a Trusted Adult in School: Concurrent and Predictive Relations With Internalizing Problems Across Development. *Journal of Positive Behavior Interventions*, 0(0). https://doi.org/10.1177/10983007241276534
	Tobacco	Presence of a confidant, particularly a peer confidant, attenuated the protective association between peer and parental disapproval in reducing youth tobacco use.	Marziali, M. E., Levy, N. S., & Martins, S. S. (2022). Perceptions of peer and parental attitudes toward substance use and actual adolescent substance use: The impact of adolescent-confidant relationships. *Substance abuse*, 43(1), 1085–1093. https://doi.org/10.1080/08897077.2022.2060439
	Vaping	Youth interacting with trained peer mentors and messaging campaigns developed by peer mentors were less likely to report recent vape use or intention of vaping.	Wyman, P. A., Rulison, K., Pisani, A. R., Alvaro, E. M., Crano, W. D., Schmeelk-Cone, K., Keller Elliot, C., Wortzel, J., Pickering, T. A., & Espelage, D. L. (2021). Above the influence of vaping: Peer leader influence and diffusion of a network-informed preventive intervention. *Addictive behaviors, 113*, 106693. https://doi.org/10.1016/j.addbeh.2020.106693