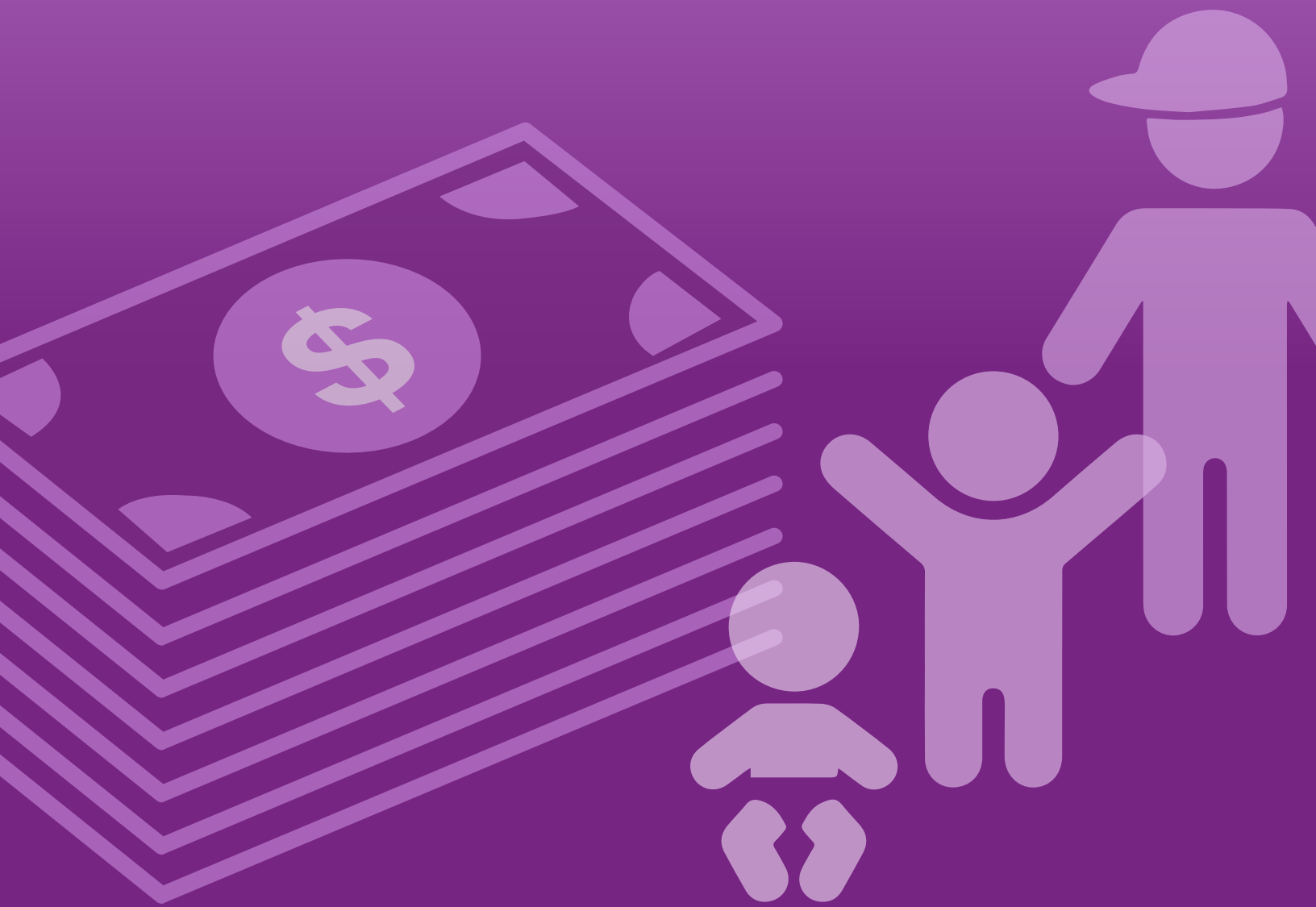


# Guidance for Investing the Opioid Settlement Funds in Primary Prevention



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# INTRODUCTION

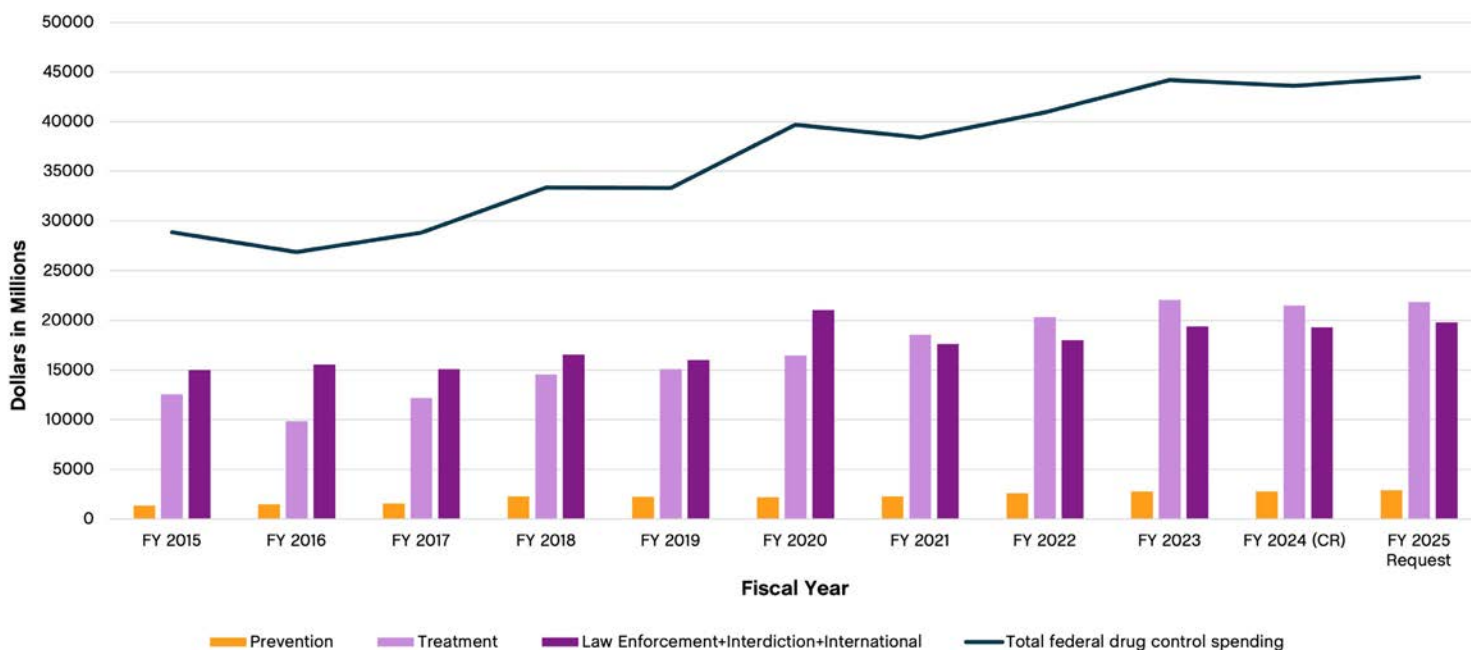
The term “prevention” in the context of substance use is widely used but not well understood. While the ultimate goal of prevention – to prevent or delay youth from initiating substance use – is widely accepted, the term is broad and carries with it confusion and disagreement about how to achieve the goal.

It is critically important to delay or prevent substance use in youth – including nicotine, alcohol, marijuana and other drugs – because the developing brain is very susceptible to negative effects from substances, and early initiation of use is one of the most significant risk factors for later developing substance use disorder (SUD).<sup>1</sup>

Yet, despite its importance, prevention is often under-resourced and underutilized. While federal funding for SUD treatment has increased in recent years, funding for prevention has generally remained stagnant.<sup>2</sup>

**Unless prevention is prioritized and well supported, we will not be able to break the cycle of addiction\* and the persistent need for resource-intensive treatment and recovery support. Therefore, it is essential to direct limited resources to effective strategies for preventing substance use.**

## FEDERAL DRUG CONTROL SPENDING BY FUNCTION



**Source:** White House Office of National Drug Control Policy. National Drug Control Budget Funding Highlights reports for fiscal years 2017-2025.

<sup>1</sup>We use the terms addiction and substance use disorder (SUD) interchangeably throughout. Addiction is a colloquial term for a severe form of SUD and is also used to refer generally and collectively to problematic substance use and SUD. Addiction is also used to refer to a range of compulsive or problematic engagement with behaviors related to gambling, gaming, internet or social media use, pornography, and food.

**The opioid settlement funds (OSF), approximately \$50 billion that states and localities are currently receiving from their lawsuits against opioid manufacturers and distributors (and other defendants), provide an unprecedented opportunity to invest additional funding in strategies to address the addiction crisis.**

These funds are being dispersed pursuant to a Settlement Agreement that requires states and localities to spend a significant portion of the funds on addressing the opioid crisis. The Settlement Agreement outlines a non-exhaustive list of ways in which the funds can be used and should be prioritized in “Exhibit E,” including prevention. Those charged with making decisions about how to utilize these funds are facing a number of competing demands for the funding. While there is general agreement about the importance of investing in prevention to not only resolve this crisis but to prevent the next one, decision-makers are grappling with questions about how exactly to invest in prevention. Where should limited resources be directed to have the greatest impact? What are the most effective ways to prevent youth from using substances?

Substance use prevention has been the topic of much debate and misunderstanding. The term is used to refer to everything from pre- and post-natal care, to early childhood enrichment and the development of social and emotional skills, to education about substances in middle and high school, to reducing risky use in early adulthood, and to preventing overdose among those exposed to opioids, especially fentanyl. Addiction is preventable, but many existing substance use prevention efforts have had limited impact on rates of substance use because they are insufficient or under-resourced, narrowly focused, delayed, not based on research evidence, or overly simple, overlooking the varied and complex reasons that people use substances.

### **The purpose of this guide is to:**

1. Explain what primary prevention is and why it is effective in preventing youth substance use.
2. Provide guidance to those deciding how to invest the OSF in effective primary substance use prevention.
3. Identify examples of states and localities spending the OSF on strategies aligned with effective primary prevention.

Research shows that increasing awareness of evidence-based interventions among community leaders and providing tools to help communities identify the interventions most relevant to their needs can have a significant impact on preventing substance use.<sup>3</sup>

**The overarching goals of this guide are to increase awareness of evidence-based primary prevention among local leaders deciding how to invest the OSF and to serve as a tool for helping communities to select among the strategies that will best fit their needs and, ultimately, prevent the next addiction crisis.**

**The second half of this guide (starting on page 24) is intended to be a stand-alone resource for those looking specifically for recommendations on how to utilize the OSF for primary prevention.**

## PART 1

# WHAT IS PREVENTION?

### Defining Prevention

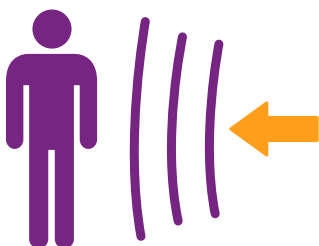
In this guide, “prevention” is defined specifically as primary prevention, which involves both reducing the factors that contribute to an individual’s risk for using substances (“risk factors”) and increasing or bolstering the factors that protect an individual or make it more likely they won’t use substances (“protective factors”). These are the varied and complex traits and experiences that often occur early in a child’s life and ultimately lead to substance use in adolescence and increased risk for addiction later in life.

An effective primary prevention strategy focuses on addressing these complex factors by:

- ✓ Building resilience;
- ✓ Fostering healthy social and emotional development;
- ✓ Strengthening life, problem-solving and coping skills;
- ✓ Providing empowering opportunities that create a sense of purpose and hope for the future;
- ✓ Developing positive relationships between youth and their families, schools, communities and adult mentors; and
- ✓ Creating environments that are safe, protective and equitable.<sup>4</sup>

Because they address a broad range of risk and protective factors, primary prevention strategies prevent several different negative outcomes for young people, but there may not be an obvious link between the specific prevention strategy and the avoided outcome.<sup>5</sup> For example, although providing new parents with childcare support might not appear to be linked to teen substance use, research shows that reducing the stress that parents feel enables them to establish stronger bonds with their children, which is one of the most significant ways to protect young people from engaging in substance use.

For more on an effective framework for preventing youth substance use, see Partnership to End Addiction’s report, [\*\*\*Rethinking Substance Use Prevention: An Earlier and Broader Approach.\*\*\*](#)



**Resilience** is the ability to withstand, overcome and rebound from a challenging situation or experience. Resilience can be built when adults who interact with children provide a consistent, stable, nurturing and supportive environment that promotes their health, protects them from adversity and fosters their strength, future orientation and wellbeing.

## WHAT IS PREVENTION?

Key strategies for preventing substance use include:

### Promoting mental wellbeing

Throughout this guide, we provide examples of prevention interventions that have been found to be effective in promoting mental wellbeing. These interventions are also critical to substance use because untreated mental health problems among youth are a significant risk factor for youth substance use, and young people often use substances to cope with stress, other negative feelings and emotions, and untreated or inadequately treated mental health problems.<sup>6</sup> Therefore, strategies that promote mental wellbeing prevent substance use.

**A primary driver of substance use among youth is to self-medicate or cope with untreated or inadequately treated mental health challenges.<sup>7</sup>**

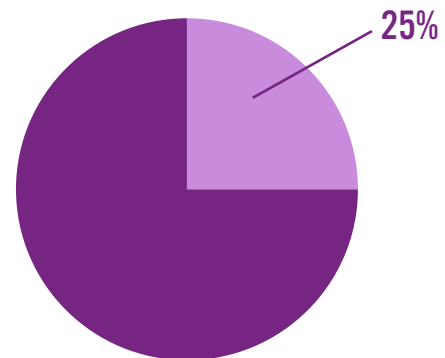
### Preventing or delaying early substance use

Another key strategy of primary substance use prevention is reducing access and exposure to addictive substances to delay early substance use.<sup>8</sup> Research has found that early initiation of substance use, especially before the age of 15, significantly increases the risk for substance use problems later in life.<sup>9</sup> Early use is one of the strongest risk factors for developing a SUD.<sup>10</sup>

## Age of Substance Initiation and Risk for Later Addiction

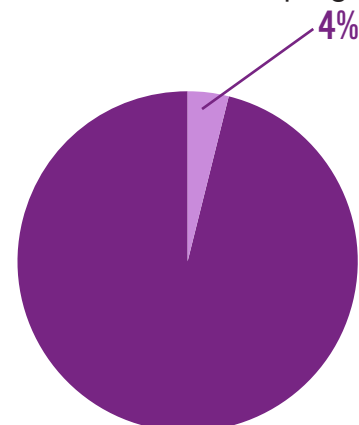
### Use before age 18

1 in 4 chance of developing addiction



### Use after age 21

1 in 25 chance of developing addiction

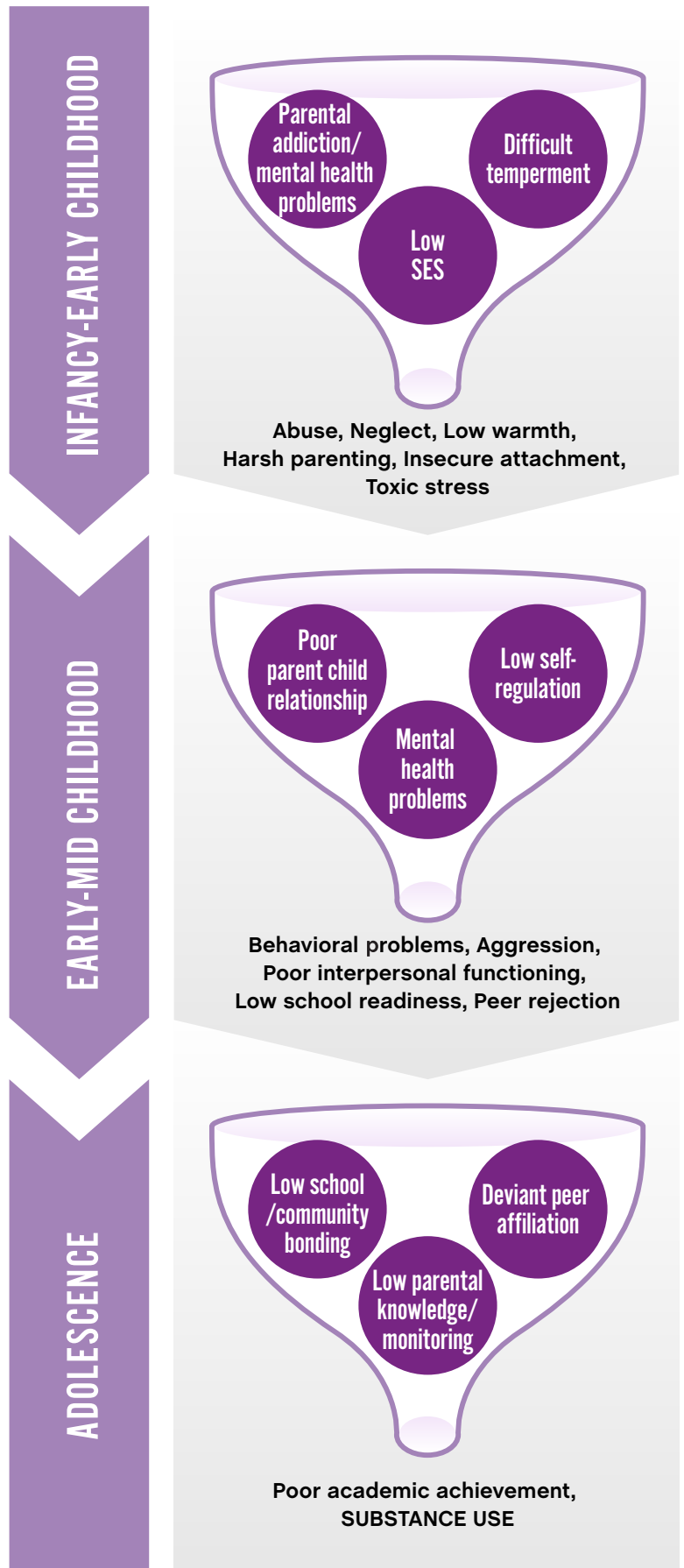


## WHAT IS PREVENTION?

### Prevention across the lifespan

Prevention efforts must start early and continue across the lifespan. Substance use prevention efforts typically begin in adolescence (ages 10-19), which is the critical period when substance use often begins. But the seeds of risk and resilience are planted much earlier in an individual's life and have already taken hold by adolescence. Therefore, traditional substance use prevention approaches that target adolescents must be supported by primary prevention efforts to address the risk and protective factors much earlier in the lifespan. These efforts should target the various development pathways that may contribute to risk and protection for substance use during the teen years and beyond.<sup>11</sup>

Prevention efforts should start in the perinatal period by screening for and treating maternal mental health and substance use conditions, as these are risk factors for early parenting problems. Early parenting problems increase the risk for early behavioral problems in children, which are strongly predictive of adolescent substance use. As children age into school, unaddressed conduct and behavioral problems can lead to social and academic problems that can contribute to fraught parent-child relationships in adolescence, all risk factors for substance use. Addressing and minimizing these risks in early childhood has been shown to prevent future substance use in adolescence.<sup>12</sup>



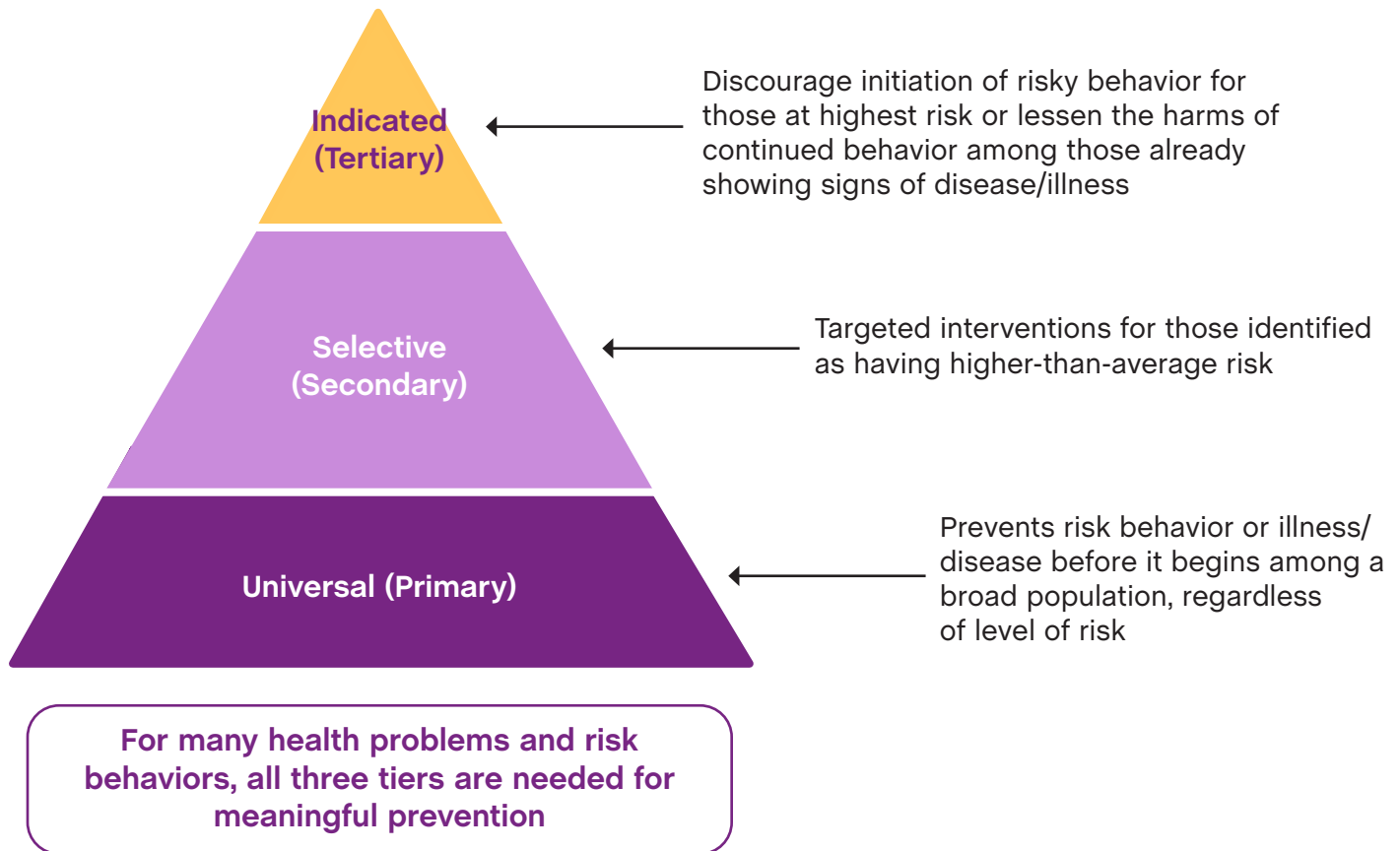
## WHAT IS PREVENTION?

### Utilizing all levels of prevention

A comprehensive prevention system works collaboratively across all three categories of prevention: universal, selective and indicated, sometimes referred to as a multi-tiered system of supports.<sup>13</sup> The goal of universal programs is to prevent or delay the initiation of substance use, and universal programs are intended to reach entire populations, such as all young people in a given school or community. Universal prevention includes environmental policies to reduce access to legal addictive substances, school-based prevention programs, building coping skills and providing healthy and empowering opportunities (e.g., extracurricular activities). **These strategies have**

**been found to have the greatest impact on reducing substance use.**<sup>14</sup> Selective interventions aim to reduce risk factors and increase protective factors for specific groups identified as being at high risk for substance use (e.g., justice-involved youth, children living with parents who use substances or experiencing mental health problems).<sup>15</sup> Indicated prevention is targeted at individuals who are already using substances but have not yet developed a SUD, and the goal is to prevent progression of use or reduce harms.<sup>16</sup> This guide will focus primarily on universal prevention and, to a lesser extent, on selective prevention interventions.

## The Public Health Tiered Model of Prevention

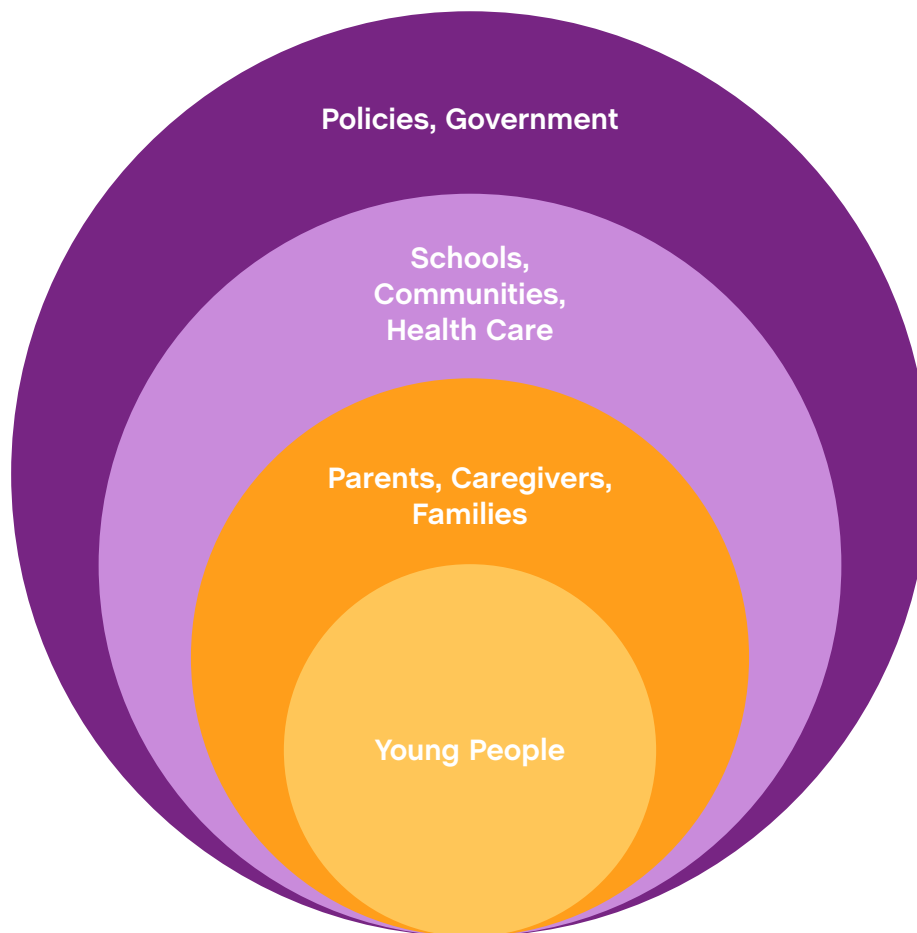


### Prevention is a collective responsibility

There is no single way to prevent substance use, nor is there any single entity responsible for preventing substance use. A comprehensive approach is more effective to address the multiple risk and protective factors that contribute to youth substance use rather than targeting a single factor or outcome.<sup>17</sup> Primary prevention requires coordinated efforts amongst families; in schools, communities and the health care system; and across local, state and federal government, with each level providing support to the other. Families play a critical role in preventing substance use by providing a safe and nurturing environment. But they cannot do that without support from their community,

school and health care systems, which in turn need to be bolstered by supportive policies. Each socio-ecological level plays a critical and reinforcing role in substance use prevention.<sup>18</sup>

Yet, this type of supportive and coordinated structure largely does not exist. Instead of acting in concert, there has been a diffusion of responsibility, and parents and families are bearing most of the burden without appropriate recognition of the role of environmental structures and systems necessary to foster healthy families, schools, and communities and effectively prevent youth substance use.<sup>19</sup>



# SUBSTANCE USE RISK AND PROTECTIVE FACTORS

It is important to understand the various risk factors that contribute to substance use and the factors that can help protect against substance use. This framing can better help decision-makers identify effective strategies for preventing substance use.

The chart below identifies the primary risk and protective factors; interventions that can address each factor; and how the factor can be addressed by various socio-ecological levels of intervention that are key to effective primary prevention. Extensive research supports the ways in which these factors contribute to or protect against substance use and other negative outcomes<sup>20</sup> and will not be recited here.

Later in this guide, we identify ways the OSF can be used to effectively act on these factors for primary prevention. Since communities are receiving the OSF, the factors that can be addressed at the community level are best suited for the OSF. **Importantly, the OSF alone cannot address all – or in fact, many – of the risk and protective factors that contribute to substance use. But they can work in tandem with other funding sources and policy changes to have a meaningful impact on prevention.**

These risk and protective factors have been compiled from existing resources authored by Partnership to End Addiction,<sup>21</sup> the Substance Abuse and Mental Health Services Administration (SAMHSA),<sup>22</sup> the National Institute on Drug Abuse,<sup>23</sup> and the Surgeon General.<sup>24</sup>

| Risk/Protective Factor                                                                                                                                                                                | Interventions                                                                                                                                                                   | Primary Responsibility on the Socio-Ecological Level                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Family history/genetics                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• Screening</li> <li>• Education</li> </ul>                                                                                              | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Health care</li> </ul>                                                                |
| Adverse Childhood Experiences (e.g., physical, emotional, sexual abuse or neglect; untreated family mental illness, addiction; incarcerated relative; domestic violence; parental divorce/separation) | <ul style="list-style-type: none"> <li>• Screening</li> <li>• ACEs interventions</li> </ul>                                                                                     | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Schools</li> <li>• Communities</li> <li>• Health care</li> </ul>                      |
| Early initiation of use                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• Education/awareness</li> <li>• Screening</li> <li>• Policies to reduce access/availability</li> </ul>                                  | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Communities</li> <li>• Government</li> </ul>                                          |
| Peers who use substances                                                                                                                                                                              | <ul style="list-style-type: none"> <li>• Screening</li> <li>• Community and school values/norms</li> </ul>                                                                      | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Schools</li> <li>• Communities</li> </ul>                                             |
| Perception that substance use among peers is high                                                                                                                                                     | <ul style="list-style-type: none"> <li>• Education/awareness</li> <li>• Community and school values/norms</li> </ul>                                                            | <ul style="list-style-type: none"> <li>• Schools</li> <li>• Communities</li> </ul>                                                                         |
| Low risk perception of use                                                                                                                                                                            | <ul style="list-style-type: none"> <li>• Education/awareness</li> <li>• Community and school values/norms</li> <li>• Policies to reduce exposure/access/availability</li> </ul> | <ul style="list-style-type: none"> <li>• Individual</li> <li>• Parents/families</li> <li>• Schools</li> <li>• Communities</li> <li>• Government</li> </ul> |

## SUBSTANCE USE RISK AND PROTECTIVE FACTORS

| Risk/Protective Factor                                                                                 | Interventions                                                                                                                        | Primary Responsibility on the Socio-Ecological Level                                                                                  |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Favorable view of substance use                                                                        | <ul style="list-style-type: none"> <li>• Education/awareness</li> <li>• Community and school values/norms</li> </ul>                 | <ul style="list-style-type: none"> <li>• Individual</li> <li>• Parents/families</li> <li>• Communities</li> </ul>                     |
| Disruptive life transitions                                                                            | <ul style="list-style-type: none"> <li>• Screening</li> <li>• Parenting supports, resources</li> </ul>                               | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Schools</li> <li>• Communities</li> </ul>                        |
| Poor parent-child relationship/lack of family connectedness/family conflict/family management problems | <ul style="list-style-type: none"> <li>• Parenting supports</li> </ul>                                                               | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Schools</li> <li>• Health care</li> </ul>                        |
| Mental health, behavioral problems (youth and parents)                                                 | <ul style="list-style-type: none"> <li>• Screening</li> <li>• Early intervention</li> <li>• Treatment</li> <li>• Supports</li> </ul> | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Schools</li> <li>• Communities</li> <li>• Health care</li> </ul> |
| Early/persistent emotional distress/aggressiveness                                                     | <ul style="list-style-type: none"> <li>• Behavioral health interventions</li> </ul>                                                  | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Schools</li> <li>• Health care</li> </ul>                        |
| Impulsivity/risk taking/rebelliousness                                                                 | <ul style="list-style-type: none"> <li>• Healthy risk-taking activities</li> </ul>                                                   | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Schools</li> <li>• Communities</li> </ul>                        |
| Early pubertal development <sup>25</sup>                                                               | <ul style="list-style-type: none"> <li>• Screening</li> </ul>                                                                        | <ul style="list-style-type: none"> <li>• Health care</li> </ul>                                                                       |
| Low school engagement/attachment                                                                       | <ul style="list-style-type: none"> <li>• School values/norms</li> </ul>                                                              | <ul style="list-style-type: none"> <li>• Schools</li> </ul>                                                                           |
| Peer victimization, bullying                                                                           | <ul style="list-style-type: none"> <li>• School and community values/norms</li> </ul>                                                | <ul style="list-style-type: none"> <li>• Schools</li> <li>• Communities</li> </ul>                                                    |
| Identify with a minority group; perceived or experienced discrimination                                | <ul style="list-style-type: none"> <li>• Community values/norms</li> <li>• Non-discrimination policies</li> </ul>                    | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Schools</li> <li>• Communities</li> <li>• Government</li> </ul>  |
| Disorganized, high-crime neighborhood                                                                  | <ul style="list-style-type: none"> <li>• Community values/norms</li> <li>• Violence prevention policies</li> </ul>                   | <ul style="list-style-type: none"> <li>• Communities</li> </ul>                                                                       |
| Lack of community connectedness                                                                        | <ul style="list-style-type: none"> <li>• Community values/norms</li> </ul>                                                           | <ul style="list-style-type: none"> <li>• Communities</li> </ul>                                                                       |
| Community with favorable norms towards substance use                                                   | <ul style="list-style-type: none"> <li>• Community values/norms</li> </ul>                                                           | <ul style="list-style-type: none"> <li>• Communities</li> </ul>                                                                       |
| High availability of substances                                                                        | <ul style="list-style-type: none"> <li>• Policies</li> </ul>                                                                         | <ul style="list-style-type: none"> <li>• Government</li> </ul>                                                                        |
| Low socioeconomic status/poverty                                                                       | <ul style="list-style-type: none"> <li>• Poverty reduction policies</li> </ul>                                                       | <ul style="list-style-type: none"> <li>• Government</li> </ul>                                                                        |

## SUBSTANCE USE RISK AND PROTECTIVE FACTORS

| Risk/Protective Factor                                                             | Interventions                                                                                                                                                                             | Primary Responsibility on the Socio-Ecological Level                                                              |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Lack of economic/educational opportunities                                         | <ul style="list-style-type: none"> <li>• Job training</li> <li>• Employment opportunities</li> </ul>                                                                                      | <ul style="list-style-type: none"> <li>• Schools</li> <li>• Communities</li> <li>• Government</li> </ul>          |
| Inadequate housing                                                                 | <ul style="list-style-type: none"> <li>• Affordable housing policies</li> </ul>                                                                                                           | <ul style="list-style-type: none"> <li>• Communities</li> <li>• Government</li> </ul>                             |
| Effective parenting                                                                | <ul style="list-style-type: none"> <li>• Parenting education training, supports</li> <li>• Supportive family policies</li> <li>• Mental health care for parents and caregivers</li> </ul> | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Health care</li> <li>• Government</li> </ul> |
| Self-regulation, emotional skills and social competence, self-efficacy, resiliency | <ul style="list-style-type: none"> <li>• Parenting education training, supports</li> <li>• Social-emotional learning</li> </ul>                                                           | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Schools</li> </ul>                           |
| Stable, nurturing, supportive home                                                 | <ul style="list-style-type: none"> <li>• Parenting education training, supports</li> <li>• Supportive family policies</li> </ul>                                                          | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Government</li> </ul>                        |
| Positive peer norms                                                                | <ul style="list-style-type: none"> <li>• Community and school values/norms</li> </ul>                                                                                                     | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Schools</li> <li>• Communities</li> </ul>    |
| Trusted positive adult role models/mentors                                         | <ul style="list-style-type: none"> <li>• Community and school values/norms</li> <li>• Mentor programming</li> </ul>                                                                       | <ul style="list-style-type: none"> <li>• Schools</li> <li>• Communities</li> </ul>                                |
| Strong attachments to family, school, community (bonding)                          | <ul style="list-style-type: none"> <li>• Parenting education training, supports</li> <li>• Community and school values/norms</li> </ul>                                                   | <ul style="list-style-type: none"> <li>• Parents/families</li> <li>• Schools</li> <li>• Communities</li> </ul>    |
| Opportunities for positive social involvement                                      | <ul style="list-style-type: none"> <li>• Community and school investment in extracurricular activities</li> </ul>                                                                         | <ul style="list-style-type: none"> <li>• Schools</li> <li>• Communities</li> </ul>                                |
| Safe neighborhoods                                                                 | <ul style="list-style-type: none"> <li>• Community values/norms</li> <li>• Violence prevention policies</li> </ul>                                                                        | <ul style="list-style-type: none"> <li>• Communities</li> <li>• Government</li> </ul>                             |
| Effective policies                                                                 | <ul style="list-style-type: none"> <li>• Policies to support families, schools, communities and health care in promoting youth mental health and wellbeing</li> </ul>                     | <ul style="list-style-type: none"> <li>• Government</li> </ul>                                                    |

### *Family History, Adverse Childhood Experiences (ACEs), Trauma and Social Determinants of Health (SDOH)*

Family history of substance use, adverse childhood experiences (ACEs), trauma and the social determinants of health (SDOH) all significantly contribute to substance use risk and are often overlapping. For example, having a family history of addiction increases the chance that a parent will have a SUD and, if untreated, that is an ACE that can cause trauma. Importantly, these factors elevate the risk that an individual will later engage in substance use if they are not mitigated with protective factors. **At least one strong protective factor, such as having a supportive adult mentor, can significantly mitigate the harm from these risk factors.**

#### Family history

Family history is one of the strongest risk factors for SUD.<sup>26</sup> Family history of SUD accounts for about half of an individual's risk for developing SUD (particularly alcohol and opioid use disorders).<sup>27</sup> The influence of family history is complex; genetic factors likely play a strong role, although other factors, such as exposure to and availability of substances and negative consequences of parental substance use (impaired parenting, family stress, abuse, etc.) may also contribute to risk.<sup>28</sup>

#### Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are a subset of childhood adversities that have a negative long-term effect on health and wellbeing and significantly heighten the risk of substance use.<sup>29</sup> ACEs include (but are not limited to) experiencing abuse or neglect, witnessing violence, having a parent who experiences substance use or mental health problems, instability due to parental separation or imprisonment, housing instability, food insecurity and discrimination.<sup>30</sup> Two-thirds of adults have experienced an ACE, and the risk of harm to long-term health increases with the number of ACEs an individual experiences.<sup>31</sup> According to the 2023 Youth Risk Behavior Survey, a national survey of high school students, three in four high school students reported experiencing at least one ACE, and one in five reported experiencing four or more.<sup>32</sup> ACEs are strongly linked to adolescent and lifetime substance use.<sup>33</sup>

Parental SUD is an ACE and is strongly linked to an increased risk for youth substance use.<sup>34</sup> In 2023, more than one in four high school students reported living in a household with substance use.<sup>35</sup> One common response to parental substance use has been to engage the child welfare system and remove children from the home. However, such policies can exacerbate a child's risk for substance use by having them experience another ACE (parental separation), creating instability and interfering with a parent's ability to effectively parent as a mitigating protective factor. Rather, efforts should focus on providing mental health and substance use treatment to the parents and supporting them in positive parenting practices.<sup>36</sup> In this way, prevention and treatment overlap as **treatment for parental substance use is prevention for youth substance use.**

#### Trauma

Trauma involves the strong negative emotions and physiological symptoms that individuals may experience as a result of being exposed to adversity, including but not limited to ACEs.<sup>37</sup> Trauma can result from loss of a loved one, accidents, natural disasters that destroy homes and communities, and experiencing abuse or violence or being a witness to violence. Experiences such as discrimination, racism, and poverty have the potential to contribute to trauma and stress that may be passed on intergenerationally.<sup>38</sup> Importantly, not all exposures to adversity cause trauma, and the experience of trauma is highly unique depending on an individual's circumstances, including their exposure to risk and protective factors.<sup>39</sup> Trauma is a significant risk factor for substance use, but the effects of trauma can be mitigated by support from a caregiver or other caring adults, as well as by professionals trained in trauma-informed care.<sup>40</sup>

### Social Determinants of Health

The social determinants of health (SDOH) are larger societal factors that contribute to substance use risk. They include: economic stability (employment, income, affordability); housing/neighborhood security (stable housing, neighborhood safety); access to quality education and health care; and social/community context (family/community relationships, social support).<sup>41</sup> There is significant overlap between SDOH and substance use risk and protective factors.<sup>42</sup> SDOH impact all levels of the socio-ecological model and are heavily influenced by policies.

Low-income and disadvantaged populations are generally exposed to more risk factors and fewer protective factors, and some subpopulations experience different exposure to certain risk factors.<sup>43</sup> Risk and protective factors also vary by race and ethnicity.<sup>44</sup> Groups including Black, American Indian/Alaska Native, and other people of color and people who identify as LGBTQ+ may experience discrimination, trauma, and other additional risk factors that contribute to substance use.<sup>45</sup> These populations may need selected prevention to address these additional risk factors.

#### Resources:

- CDC's [Adverse Childhood Experiences Prevention: Resource for Action](#) helps states and communities identify research-based strategies to prevent and reduce ACEs.
- Partnership to End Addiction's [LGBTQ+, Family & Substance Use Resource Center](#)

### Role of Parents, Caregivers and Families

Families, and particularly parents and others in caregiving roles (referred to collectively hereinafter as “parents”), play a key role in many of the risk and protective factors that contribute to substance use. Strong parent-child attachment, high family cohesion, open parent-child communication, parent supervision and modeling non-use of substances can all prevent and protect against substance use in youth, while the absence of such factors can increase risk for substance use.<sup>46</sup> Parental monitoring and time spent with parents are important protective factors.<sup>47</sup> Substance use prevention occurs very early in the lifespan with a strong and healthy parent-child relationship.<sup>48</sup> Youth who have strong family bonds are less likely to have friends who use substances, thereby mitigating the substantial effect of peer influence on substance use.<sup>49</sup>

Parents often need education and parenting support so that they have the tools and resources to meaningfully reduce their child's risk for substance use. This involves helping parents have open, honest and meaningful discussions around substance use.<sup>50</sup> Such discussions are especially important when there is family history of addiction and an individual may be genetically predisposed to risks of substance use. Parents should make sure that they are using communication strategies that have been found to be effective with young people. Often, these messages will be different from the ones

Approximately half of adolescents report discussing harms of substance use with their parents.<sup>51</sup>



that parents heard growing up during a more simplistic era of “Just Say No.”

Such resources should also support and educate parents on topics that are less obviously related to substance use but critical for decreasing their child's risk for using substances, such as how to help their child develop strong social-emotional health and resilience. This involves education and skill building to teach parents about the importance of being sensitive and warm towards their children and how to utilize an authoritative parenting style,<sup>51</sup> positive discipline and behavioral management practices to support their children's development of self-regulation and other social and emotional coping skills throughout their lifespan.<sup>52</sup> Early parenting interventions, such as home visiting

<sup>†</sup>According to the [American Psychological Association](#), authoritative parenting is when the parent or caregiver encourages a child's autonomy but places limitation on behavior. It is different from an authoritarian parenting style, where a parent or caregiver demands obedience from a child and often employs punishment.

programs (e.g., the Nurse Family Partnership), have been shown to reduce youth substance use among children whose families participate in the program.<sup>53</sup> There are a number of evidence-based interventions that help parents improve their skills related to discipline, supervision and problem-solving and improve family communication.<sup>54</sup> Family-focused programs that strengthen parenting skills have been shown to reduce adolescent substance use.<sup>55</sup> Effective programs are typically delivered to both parents over the course of several sessions (seven to 15) by trained and supervised prevention specialists, are adapted to the children's age and family's culture and can be delivered in a variety of in-person and virtual settings.<sup>56</sup> Examples of family-based primary prevention programs that have been shown to reduce substance use include: Strengthening Families Program, Triple P, Family Check-Up, Incredible Years, Strong African-American Families Program, and Familias Unidas Preventive Interventions.<sup>57</sup>

Parents should also receive specialized education and supports when their child has a special health care or behavioral health need; experiences an adverse childhood event or other type of adversity or trauma; or when the family undergoes a major life disruption so they can learn how to provide additional support to their child and receive support themselves.<sup>58</sup>

While parents and families play a critical role, they are not solely responsible for preventing substance use, and they must be supported and empowered by other levels of society as well as policies that can help to reduce some of the financial and other stress that parents face that may impede their ability to exercise effective parenting skills.

### Resources:

Partnership to End Addiction has a number of resources to educate parents on how to talk to their children and other strategies to prevent substance use and encourage wellbeing. Our resources are available in English and Spanish.

- [Having Tough Conversations](#)
- [Parenting Skills Training](#)
- [Connecting With Your Teenager to Prevent Drug Use](#)
- [When Addiction is in Your Family Tree](#)
- [Setting Limits and Monitoring Behavior to Prevent Substance Use](#)
- [Healthy Risk Taking](#)
- [Prevention Tips for Every Age](#)
- [Playbook for Parents of Pre-Teens](#)
- [Playbook for Parents of Teens](#)
- [Resources for Parents of LGBTQ+ Teens](#)
- [Risk Factors for Addiction](#)
- [Drug Guide](#)

See also: SAMHSA's [Talk. They Hear You. campaign](#)

**As the Surgeon General noted in the Advisory on the Mental Health and Well-Being of Parents, raising healthy children “is a collective responsibility,” but our society currently places too much emphasis on parents and caregivers, to the detriment of their own mental health, which is a risk factor for their own and their children’s substance use.<sup>59</sup>**

### Role of Communities

Communities play a vital role in preventing substance use through norms, values and opportunities for involvement and engagement for youth and families. Importantly, every community is unique, so it is critical for communities to identify their own risks and strengths and engage a substance use prevention strategy that will be most effective in meeting its own needs.

#### Resources:

- The [Prevention Institute](#) developed an [Adverse Community Experiences and Resilience Framework](#) that focuses on identifying and addressing community trauma and building community resilience.
- [Brandeis Opioid Resource Connector](#) features a collection of community-based programs and resources to help stakeholders choose effective programs for their communities.

### Community coalitions

Community coalitions work to organize representatives from across sectors to reduce community-wide substance use by addressing community-level risk and protective factors. They typically share information and knowledge, advocate for protective policies and implement interventions.<sup>60</sup> To ensure the implementation of effective interventions, coalitions should receive training and technical assistance on prevention science and evidence-based interventions and utilize effective community-based coalition models (e.g., Communities That Care, PROSPER).<sup>61</sup>

#### Resources:

- [Drug-Free Communities Support Program](#)
- [CADCA](#)
- [Communities that Care](#)

### Reduce access to addictive substances

Communities can influence norms around substance use by reducing access to substances in the community, including by limiting the number of bars and retailers selling alcohol,<sup>62</sup> tobacco<sup>63</sup> and marijuana<sup>64</sup> and limiting the advertising and marketing of these products,<sup>65</sup> especially near places where young people congregate. Communities can work together with local and state leaders to ensure that they are adopting a legal and regulatory framework that prioritizes protecting youth when selling addictive substances.<sup>66</sup>

### Invest in community resources for youth

One important, and perhaps seemingly unrelated, way in which communities can support youth mental health and prevent substance use is by providing extracurricular opportunities for youth that promote healthy risk taking, social connection, and opportunities for mentorship and youth empowerment.

Research shows that participating in extracurricular activities lowers the risk for and protects against substance use.<sup>67</sup> Extracurricular activities promote a number of protective factors, including school and social belonging/connectedness, substance-free time, mentoring, and modeling socially acceptable norms and behaviors.<sup>68</sup> While there is limited research on whether participation in extracurricular activities protects against opioid misuse among youth, at least one study found “a fairly strong protective effect,” even among high-risk, justice-involved youth.<sup>69</sup> It is not known which specific type of extracurricular activities prevent opioid misuse.<sup>70</sup> The findings from the research on whether participation in sports or physical activities alone prevent substance use are very nuanced and depend on the type of sport and the type of substance. While some studies have found that participation in certain sports protects against substance use for certain adolescents, other research found that certain competitive sports, such as football and hockey, may increase the risk of alcohol use among boys.<sup>71</sup>

Therefore, communities should provide youth with a wide range of options for socially and recreationally engaging with peers.<sup>72</sup> Promoting participation in extracurricular activities should be a key strategy, and the research supports investment in afterschool activities to prevent opioid misuse.<sup>73</sup> Extracurricular activities should be delivered by staff trained in prevention.<sup>74</sup>

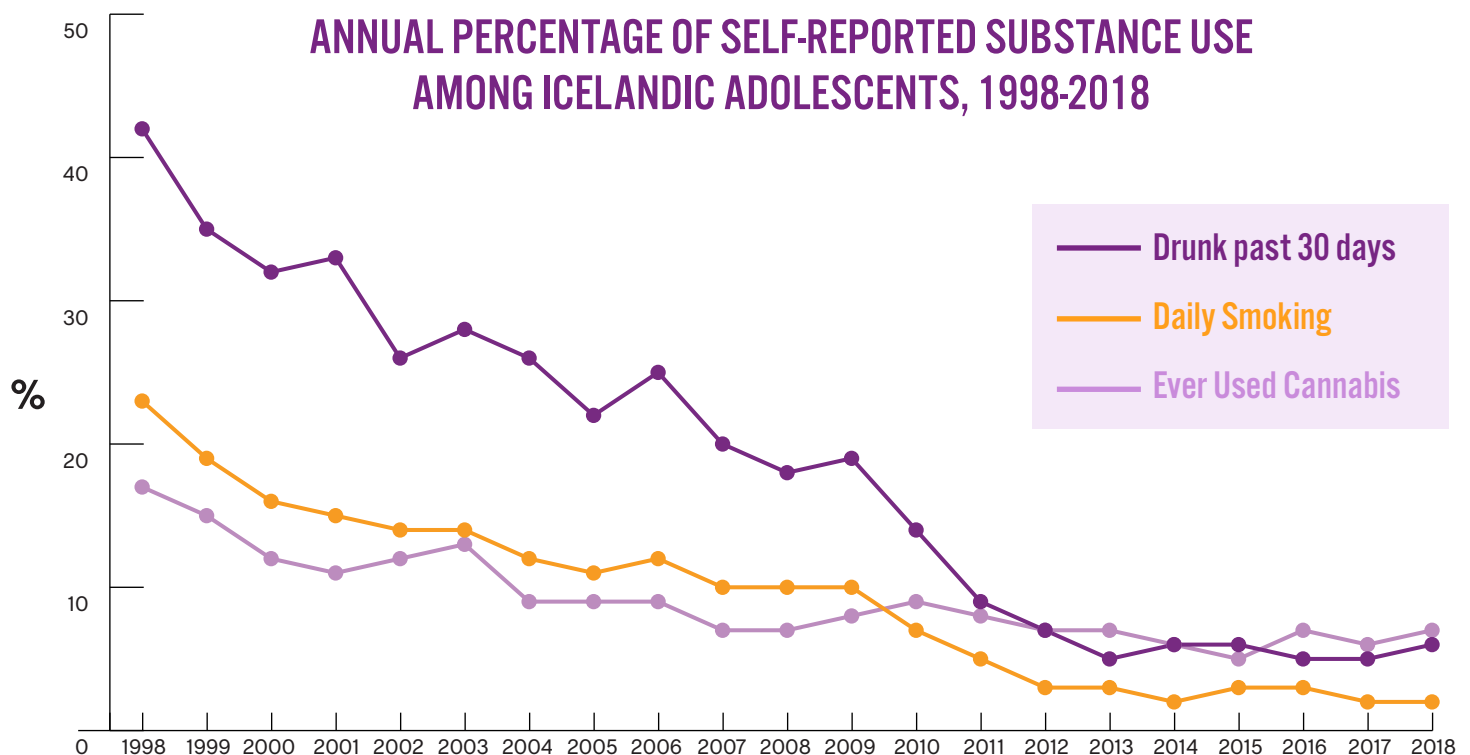
## ROLE OF COMMUNITIES

A review of text conversations performed by [The Crisis Text Line](#) found that young people want resources from their community that will help them cope with mental health challenges, including: social connection opportunities (e.g., clubs); engagement in arts; mental health services; exercise and sports programs; books and audiobooks; and outdoor spaces and nature.<sup>75</sup> These resources improve mental health, which in turn prevents substance use because untreated mental health challenges are risk factors for substance use.<sup>76</sup> Communities can help to increase access to these resources by funding libraries, youth clubs, sports and arts programs and by creating safe spaces for youth to gather, particularly outdoors.

In response to high rates of adolescent substance use in the 1990s, Iceland launched the [Icelandic Prevention](#)

[Model](#) to strengthen the social and environmental protective factors and mitigate risk factors at the local community level.<sup>77</sup> The “community collaborative approach” strengthens connections between families, schools and the community towards a unified goal of reducing youth substance use and empowers each community to address its own unique needs.<sup>78</sup> The program’s strategies involve increasing community funding to make recreational and extracurricular activities universally available and engaging parents to increase parental monitoring, discourage youth substance use and unsupervised parties and enforce a curfew in the home.<sup>79</sup> The approach is comprehensive, addressing multiple risk and protective factors and outcomes.<sup>80</sup> Research on the model found protective factors increased, risk factors decreased and youth substance use rates declined precipitously.<sup>81</sup>

### ANNUAL PERCENTAGE OF SELF-REPORTED SUBSTANCE USE AMONG ICELANDIC ADOLESCENTS, 1998-2018



**Source:** Kristjansson, A. L., Sigfusdottir, I. D., Thorlindsson, T., Mann, M. J., Sigfusson, J., & Allegrante, J. P. (2016). Population trends in smoking, alcohol use and primary prevention variables among adolescents in Iceland, 1997- 2014. *Addiction*, 111(4), 645–652. <https://doi.org/10.1111/add.13248>

Yet, despite their proven importance, these types of programs are often cut during budget shortages. In Iceland, researchers found limited funding and dedicated prevention personnel impeded the program’s success.<sup>82</sup> Crisis Text Line reported that, as many communities have cut funding for programs that support youth mental health, many youth are not participating in clubs or sports and do not have access to a library or outdoor park.<sup>83</sup> While these resources may seem to

be unrelated on the surface to preventing substance use or promoting mental wellbeing, they are in fact critical. Further, such programs provide an opportunity to connect youth to adult mentors, an important factor for protecting against substance use.<sup>84</sup> It is essential for community leaders to understand the importance of these resources. Communities should also ensure that these activities are available at low or no cost to promote equitable access.<sup>85</sup>

### Adopt a health-based, non-punitive approach

Communities can significantly influence norms around substance use and should ensure that community norms both discourage substance use and reduce stigma for those who have a SUD by adopting a health-based approach. Communities should have an open dialogue about substance use to raise awareness, reduce stigma and encourage help-seeking. Communities should also discuss the impact of substance use on the community and harmful and stigmatizing responses to those touched by substance use and addiction.<sup>86</sup>

Communities should ensure they are utilizing non-punitive approaches around child protective services involvement for parental substance use, as addressing and treating parental substance use is an important primary prevention strategy. Interventions that seek

to punish parents, particularly pregnant women, for substance use can lead to worse outcomes for the parent and child.<sup>87</sup> Communities, in conjunction with all levels of government, should ensure that the child welfare system does not take punitive approaches to prenatal substance use but, rather, connects pregnant and postpartum women to effective substance use treatment, provides evidence-based care for infants affected by neonatal opioid withdrawal syndrome, prioritizes keeping parents and children together where possible and ensures parents undergoing substance use treatment have parenting skills and other supports to help retain them in treatment and promote recovery. This all helps to promote a safe and nurturing environment for a developing child, which is a significant protective factor against future substance use.<sup>88</sup>

### Punitive vs health-based approach

#### A punitive approach

prioritizes order and obedience; enacts punishment without exploring the “why;” imposes a universal protocol for all infractions; utilizes suspension/expulsion (in schools but also from treatment and/or recovery programs); focuses on the individual (rather than the influences of the broader environment); and does not have a structure to refer to treatment or services.



#### A health-based approach

prioritizes health and safety; explores why people are engaging in risky or undesirable behavior; does not apply a “one-size-fits-all” approach; minimizes removing youth from protective factors (in school or home); involves parents, teachers and community members; and refers to outside help (counseling, treatment, etc.) when needed.



### Provide accessible community-based parenting supports

Like many prevention interventions, effectively addressing parental substance use occurs at the intersection of communities and health care. While a parent may receive substance use treatment in the health care system, community-based systems also play an important role in supporting the health of a parent, which facilitates a safe and nurturing home environment for children. For example, evidence-based interventions focused on the entire family, like home visiting programs (Nurse-Family Partnership) and parent/family skills training interventions (Strengthening Families Program), are effective at preventing substance use.<sup>89</sup> Families who may benefit from these interventions are often identified during health care visits, particularly during well-child exams, which occur frequently during the early years of a child’s life. Yet, these interventions

are typically delivered in the community. Therefore, the programs must exist in the community, and there must be strong linkages between health care and the community to make referrals to these services.<sup>90</sup>

Importantly, these programs must be accessible to parents. Often, these programs exist within, or are affiliated with, the child welfare system. Given associated stigma and the punitive nature of the child welfare system towards parents who use (or have a history of using) substances, some parents may not want to engage with these services.<sup>91</sup> Communities could help reduce the stigma around these services by placing them outside of the child welfare system and making them universally available within the community.<sup>92</sup>

### Role of Schools

#### School-based prevention programs

Schools also play a pivotal role in substance use prevention because young people spend the majority of their time in school. Many schools provide some sort of substance use prevention education and programming.<sup>93</sup> Schools should ensure that they utilize the best practices when delivering school-based prevention (*for more on best practices, see page 27 below*).<sup>94</sup>

Many schools offer programs that promote emotion regulation skills and social competence that have been shown to reduce substance use.<sup>95</sup>

#### School-based services

Screening, Brief Intervention and Referral to Treatment (SBIRT) is a structured approach to universal screening and conducting interventions with those identified as being at risk for substance use. While commonly delivered in health care settings (see below), some schools have also implemented school-based SBIRT for substance use.<sup>96</sup> School-based brief interventions are effective at reducing youth substance use, particularly when parents are involved in the intervention.<sup>97</sup>

Schools are also an important place to deliver mental health services to youth, with school-based mental health services becoming increasingly common in recent years as more federal and state funding has been made available to schools to provide such services.<sup>98</sup>



#### Resources:

- [The Centers for Disease Control and Prevention's Division of Adolescent and School Health](#) (CDC DASH) identified [six strategies](#) for schools to promote positive mental health and wellbeing: increase mental health literacy; promote mindfulness; promote social emotional learning; enhance connectedness; provide coping skills training; and support staff wellbeing.<sup>99</sup>
- CDC's [What Works in Schools](#) program
- [Blueprints for Healthy Youth Development](#) is a registry of evidence-based prevention interventions. *Note, Blueprints is no longer updated as of July 2024.*
- U.S. Department of Education's [Guiding Principles for Creating Safe, Inclusive, Supportive, and Fair School Climates](#)
- The Surgeon General's report [Facing Addiction in America](#) (chapter 3) outlines the research supporting a number of specific school-based prevention programs.

## School culture and values

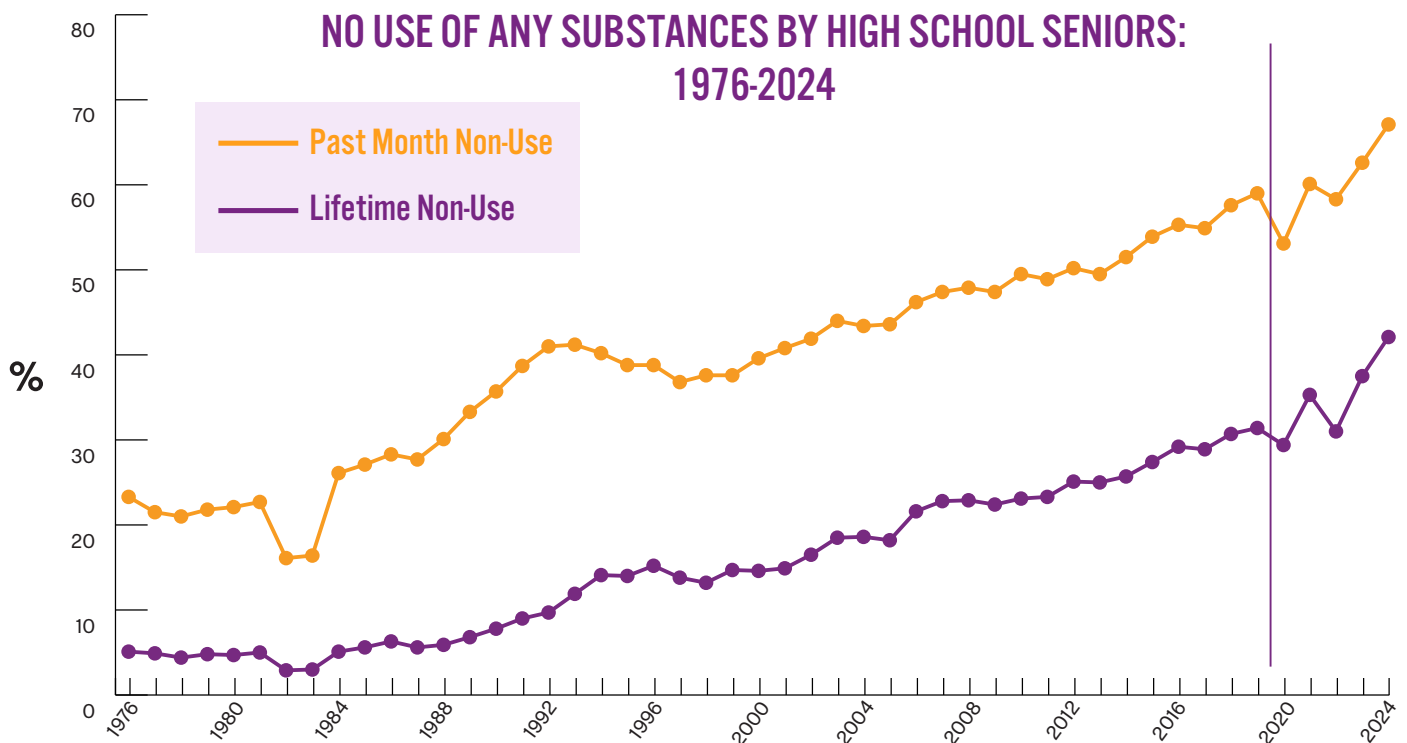
Beyond school-based programming, schools can influence substance use prevention through their culture, values and policies.<sup>100</sup> School environments that promote security, stability and healthy community and that offer positive social involvement opportunities can help bolster protective factors to mitigate substance use risk.<sup>101</sup> Students who do not feel valued or recognized at school, lack school connectedness, or do not feel like their presence matters to those around them may use substances to cope. **Bullying at school and social isolation and loneliness are key risk factors for substance use.**<sup>102</sup> It is important for schools and parents to recognize when students are disconnected and intervene as soon as possible.

Similar to communities', schools' policies should discourage substance use but take a non-punitive approach to reduce stigma and encourage help-seeking. Punitive policies such as suspension, expulsion and harsh discipline have been associated with increased risk for substance use and numerous other health risks.<sup>103</sup> Schools should highlight the norm of non-use among students, as the perception that substance use among peers is high is a risk factor for youth substance use.<sup>104</sup> In fact, studies show rates of

youth substance use are generally stable or declining in recent years,<sup>105</sup> so it is important to highlight those findings, especially if reflective of the school or broader community.

Schools can provide access to extracurricular activities that promote mental wellbeing, provide opportunities for young people to engage in healthy risk taking and challenges and allow for adult mentorship, thereby helping to prevent substance use. But, like communities, schools have deprioritized funding for such programs, and student participation has declined, despite an increase in the youth population.<sup>106</sup>

Schools should also assess whether racism and discrimination, risk factors for youth substance use, exist in their school environment and work to address it. One in three high school students reported experiencing racism in school in 2023, with students of color reporting higher rates than White students.<sup>107</sup> Schools can provide professional development for teachers and other school staff to address bias and build racism intervention skills and can provide resources for students who experience racism.<sup>108</sup> Schools can also ensure their policies, including discipline and teaching strategies, are free from bias, are culturally competent and promote healthy socioemotional environments.<sup>109</sup>



Data for 1976-2019 is drawn from the Levy et. al. study (based on an analysis of Monitoring the Future data), which defines “abstainers” as high school seniors with “no use of alcohol, cigarettes, marijuana or illicit substances,” plus no use of vaping products starting in 2015. Data for 2020-2024 is based on data directly from Monitoring the Future, which defines “abstainers” as those who have “no use of alcohol, marijuana, or nicotine by cigarettes or vaping.” The vertical line in the graph denotes the differences in this definition.

**Source:** Levy, S., Campbell, M. D., Shea, C. L., DuPont, C.M., & DuPont, R. L. (2020). Trends in substance nonuse by high school seniors: 1975-2018. *Pediatrics*, 146(6), e2020007187. <https://doi.org/10.1542/peds.2020-007187>

Miech, R. A., Johnston, L. D., Patrick, M. E., & O'Malley, P. M. (2025). Monitoring the Future national survey results on drug use, 1975–2024: Overview and detailed results for secondary school students. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan. <https://monitoringthefuture.org/mtf2025vol1/>

### *Role of the Health Care System*

Like in the prevention of any other prevalent, chronic disease, the health care system has a critical role to play in preventing substance use. Yet, prevention efforts within the health care system have been limited to reducing over-prescribing of opioids and screening and early identification of patients with SUD, which typically occur when a patient has already begun using substances and many of the risk factors for substance use are already deeply entrenched.

#### Screening & early intervention

Health care providers should universally and routinely screen adolescents for substance use and educate parents about the risk and protective factors.<sup>110</sup> Health care systems should include parents and families in substance use prevention and screening in pediatric primary care.<sup>111</sup> For young patients and families who screen positive for early risk factors, Triple P and Incredible Years are family-based prevention programs that can be implemented in pediatric primary care and are effective in improving child behavior and parenting practices that can help prevent substance use.<sup>112</sup>

#### Primary prevention training

There is an urgent need to elevate the role of health care providers in primary prevention of substance use.<sup>113</sup> All health care providers should be trained in how to: understand and identify the risk and protective factors for substance use across the lifespan; educate young patients and their parents about these factors and the health consequences of substance use at each life stage; and serve as a credible and reliable source of accurate information and practical guidance for risk reduction, interventions and treatment options.<sup>114</sup> This training will help to make health care providers more comfortable in engaging in these conversations with patients and their families, which will help to normalize discussions about substance use and reduce stigma.

Health care providers are well positioned to identify early risk factors for substance use. Providers should universally screen youth for risk factors that contribute to substance use (e.g., trauma, ACEs, behavioral and mental health problems, early onset puberty, poor parent-child relationship, parental mental health and substance use challenges) starting as early as appropriate.<sup>115</sup> Recognizing the role of trauma in substance use, health care providers should provide enhanced support for children and family members suffering trauma as a result of SUD in the family and offer trauma-informed behavioral health treatment for ACEs.

#### Mental health and SUD treatment

The health care system also engages in prevention through the provision of SUD treatment for parents and mental health treatment for parents and youth. Untreated mental health problems among youth and untreated mental health and SUD among parents and caregivers are risk factors for youth substance use.<sup>116</sup> Currently, too few people who need mental health and substance use care receive it.<sup>117</sup> Untreated SUD is even more prevalent given historical separation of addiction treatment from the mainstream health care system.<sup>118</sup> Providing SUD care within the health care system increases the likelihood that the care is high quality and effective.<sup>119</sup> A significant barrier to screening is insufficient referral services for SUD treatment.<sup>120</sup> Providers often have nowhere to send patients with a positive screen to receive treatment, and risky substance use often escalates to more severe addiction. The widespread lack of access to effective mental health and SUD treatment undermines efforts to prevent substance use among youth. Significant efforts need to be made to support the health care system in expanding its capacity to treat patients with mental health and SUD in an integrated manner via workforce training and development, reimbursement and other supports.<sup>121</sup>

#### Safe prescribing

The health care system can help to reduce access to addictive substances by engaging in safe prescribing practices. Safe prescribing involves prescribing appropriate quantities of a controlled medicine (in accordance with prescribing guidelines and limits), adequately monitoring patients' outcomes to determine whether they are improving with treatment, and determining whether patients are receiving prescriptions for medications from multiple sources unscrupulously (i.e., "doctor shopping").<sup>122</sup> Uninformed or negligent prescribing contributed to the opioid crisis by creating a surplus of prescription opioids in medicine cabinets and elsewhere that were easily accessible to young people seeking to misuse them or to adults seeking to divert them for self-medication or illicit purposes. Excessive prescribing also conveys to patients of all ages, and young people in particular, that controlled prescription medications are harmless. Pediatric clinical guidelines recommend limited instances in which opioids should be prescribed to adolescents and children, given the risks associated with early use.<sup>123</sup>

A number of policies and initiatives address safe opioid prescribing, including prescriber education and training, required use of professional prescribing guidelines and prescription drug monitoring programs (PDMPs), and limits on the number of opioids that can be prescribed at a time.

### *Role of Government/Policies*

Importantly, parents cannot engage in effective parenting without policies that support their health and financial and mental wellbeing; communities cannot thrive or on their own tackle problems that increase a child's risk for substance use, such as poverty, violence and housing affordability; and schools and health care systems need supportive resources and policies to function well. Therefore, federal, state and local governments must work to create policies to support the broader ingredients of effective prevention and facilitate healthy child development.<sup>124</sup>

**“Prevention can only succeed if it addresses societal, cultural, and structural supports and barriers to positive youth development and healthy parenting.”<sup>125</sup>**

#### Reduce access to addictive substances

One direct way that policies can influence substance use prevention is to regulate availability and access to legal addictive substances. This involves medical systems widely adopting safe prescribing guidelines/requirements for opioids and other controlled prescription medications.<sup>126</sup> It also requires a legal and regulatory framework that prioritizes protecting youth from harms associated with legalization and commercialization of addictive substances (e.g., adult non-medical use marijuana).<sup>127</sup>

#### Address underlying structural and societal factors that contribute to substance use

Another seemingly less obvious way that the government can influence substance use prevention is with policies that address the underlying structural and societal factors known as the social determinants of health (SDOH). As previously explained, these overlap significantly with risk and protective factors for substance use. Recommended policies to address SDOH<sup>†</sup> aim to alleviate stress on parents so that they can focus on effective parenting and promote their own mental wellbeing, prevent ACEs and promote resilience in their children. Such recommendations include, for example:

- Strengthen economic supports to reduce poverty and crime and increase job opportunities and school quality.<sup>128</sup>
- Increase access to affordable housing because homelessness and housing instability exacerbate mental illness<sup>129</sup> and overdoses.<sup>130</sup>
- Increase access to nutritious food and reduce food instability (e.g., federal food assistance programs such as SNAP, WIC).<sup>131</sup>
- Improve access to affordable health care by ensuring that families have continuous insurance coverage that covers a comprehensive set of benefits, including pre- and post-natal care and mental health and SUD (MH/SUD) treatment; that plans have an adequate network of MH/SUD providers so affordable care is accessible; and that plans adequately reimburse for the full spectrum of MH/SUD services to increase the number of providers offering care.<sup>132</sup>
- Make parenting supports (e.g., home visiting programs, early childcare) and resources (e.g., financial assistance such as childcare subsidies and child tax credits) widely available and accessible.<sup>133</sup>
- Establish universal paid family leave and sick time to increase family bonding and reduce stress on working parents.<sup>134</sup>

<sup>†</sup>Several of these policy recommendations were included in the Surgeon General's [Advisory on the Mental Health and Well-Being of Parents](#) and the Trust for America's Health [Pain in the Nation](#) report and [issue brief](#) on Cross-Sector Strategies to Prevent Adolescent Substance Use and Suicide.



Admittedly, addressing SDOH is no small task and involves major societal changes. Nonetheless, the large structural and societal barriers that seem insurmountable are actually the foundational layers of prevention that demand greater attention and emphasis and hold the most promise for effective prevention. Structural improvements will help set the stage for healthy and stable families and communities, which is essential for protecting youth from substance use, as well as other health risk behaviors that can interfere with a child's healthy development and future wellbeing.

The federal government has also done this before. While substance use was not the intended focus, much of the legislation passed in response to the COVID-19 pandemic (*Families First Coronavirus Response Act*,

*CARES Act* and the *American Rescue Plan Act*) provided funding that was critical to making real progress in reducing substance use and addiction by helping to alleviate burdens on families and communities that directly and indirectly contribute to the risk of youth substance use and addiction.<sup>135</sup> Unfortunately, much of the funding provided by these laws was temporary. While the public health emergency for COVID ended, our nation's other public health emergency, the addiction and overdose crisis, continues to rage on. Frustratingly, lawmakers simultaneously search for solutions to the opioid crisis while rejecting policies to address SDOH. Coordinated messaging and education is needed to educate policymakers about the deep connection between SDOH and substance use and the importance of policies to address SDOH in preventing substance use.

## PART 2

# THE OPIOID SETTLEMENT FUNDS

### *Overview and Background*

The opioid settlement funds (OSF) refer to approximately \$50 billion that states and localities (the plaintiffs) are receiving over approximately 18 years pursuant to agreements they entered into with Johnson & Johnson, Cardinal Health, McKesson, AmerisourceBergen, CVS, Walgreens, Walmart, Allergan, Teva, and other companies involved in making, distributing, and selling opioids (the defendants) to settle lawsuits to recover monetary damages related to the companies' role in fueling the opioid crisis.<sup>136</sup>

To avoid some of the missteps of the Tobacco Master Settlement Agreement of 1998, in which only 3.5 percent of funds (in 2025) was spent on smoking prevention and cessation because the agreement between states and the tobacco companies did not dictate how the funds could be used, the opioid settlement agreements require the plaintiffs to use the OSF to remediate harms caused by the opioid crisis.<sup>137</sup> The national opioid settlement agreement (hereinafter referred to as the "Settlement Agreement") provides that no more than 15% of the funds can be spent on non-opioid-related expenses, no more than 15% of the funds can be spent on past opioid-related expenses, and at least 70% of the funds must be spent on future remediation.<sup>138</sup>

The Settlement Agreement provides plaintiffs with discretion about how to spend the funds but encourages them to address future remediation by investing in nine core abatement strategies and approved uses ("evidence-based or evidence-informed programs and strategies") defined in an exhibit to the Settlement Agreement widely referred to as "Exhibit E."<sup>139</sup> Exhibit E is comprised of Schedule A, which lists the core strategies, and Schedule B, which lists the approved uses. In addition, states may have their own requirements about how the funds must be spent or require approval by a board to ensure funds are going toward approved uses (see *Guides for Community Advocates on the Opioid Settlements* for resources on each state's requirements<sup>140</sup>).<sup>141</sup> There is tremendous variation across states and localities in interpretations of approved uses of the funds.

#### **Resources:**

Several existing reports and resources have compiled the research about effective abatement interventions and developed recommendations and guidance on how to spend the OSF or are monitoring how the OSF are being spent. Those resources include:

- [Evidence-Based Strategies for the Abatement of Harms from the Opioid Epidemic](#)
- Johns Hopkins' [The Principles for the Use of Funds from the Opioid Litigation](#)
- National Association of Counties' (NACo) [Opioid Solutions Center](#)
- KFF Health News [Payback: Tracking the Opioid Settlement Cash](#)
- [Opioid Settlement Tracker](#)
- National Academy for State Health Policy (NASHP) [State Opioid Settlement Spending Decisions](#)
- Big Cities Health Coalition & Prevention Institute [Resource Hub for Local Decision Makers Managing Opioid Settlement Funds](#)

### About this Guide:

The purpose of this guide is to provide guidance to states and localities on how they can use the OSF to invest in effective primary prevention strategies. Primary prevention addresses the risk and protective factors that contribute to youth substance use.

In addition to outlining the approved uses and core strategies in Exhibit E that relate to primary prevention and summarizing the ways that states and localities can use the OSF for primary prevention, this guide also includes practical examples from states and communities that are investing funds in programs that align with effective or research-based approaches to primary prevention. The examples were obtained from a review, conducted in January and February 2025, of states' and counties' websites and materials detailing how they have spent or have committed to spend the OSF. The websites were accessed via the [Opioid Settlement Expenditures](#) database compiled by Johns

**For more on the research supporting primary prevention, see Part 1, pages 5-23 above.**

Hopkins Bloomberg School of Public Health, KFF Health News and Shatterproof.<sup>142</sup> **These examples are not all-inclusive, and most have not been vigorously evaluated for effectiveness. Their inclusion in this guide does not serve as an endorsement of the efficacy of these programs.** Rather, the descriptions serve as examples that align with a framework for primary prevention and, particularly if used in combination with other prevention strategies, should help to prevent or delay the initiation of substance use by youth. This is meant to help guide decision-makers who want to invest OSF in effective prevention in their own communities and to share best practices and promising strategies.

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### Using OSF for Prevention

While the OSF may be intended to go towards prevention of opioid use, the most effective primary prevention strategies are not substance-specific because they target the underlying risk and protective factors for use of any substance. In fact, the most effective primary prevention strategies not only prevent substance use but also other negative outcomes, including mental health and behavioral problems, aggression and violence, and school drop-out, which all share overlapping risk and protective factors.<sup>143</sup> Further, several of the approved uses in Exhibit E allow for the OSF to be used to address and prevent co-occurring substance use and mental health problems, recognizing the high prevalence of poly-substance use and co-occurring mental illness and SUD.<sup>144</sup>

As indicated below, there are examples where communities are using the OSF to address prevention more broadly. Ultimately, the decision of whether certain programs or initiatives align with Exhibit E will be made by decision-makers in particular states and communities. There may be different determinations of whether investments are aligned, and interpretations may evolve over time.

**For communities that want to invest in prevention, the research shows that primary prevention is the most effective and impactful strategy.**

Exhibit E presents two core strategies – (1) Prevention Programs and (2) Pregnant and Postpartum Women – and a number of approved uses that encourage the investment of OSF in primary prevention strategies.

### *Approved Prevention Strategies Aligned with Primary Prevention*

This guide will first focus specifically on the core strategies and approved uses that are most aligned with primary prevention, supported by research and feasible for communities to implement. Such strategies address risk and protective factors for substance use and are delivered primarily in schools and/or communities. For

decision-makers who want to invest OSF in prevention, these are the most effective strategies.

Following each strategy and approved use are practical examples from states and communities that are investing their OSF in programs that align with primary prevention.

**This guide focuses specifically on the following core strategies and approved uses for prevention programs and strategies outlined in the Settlement Agreement:<sup>145</sup>**

- Evidence-based prevention in schools
- Community coalitions
- Community-based education and intervention programs
- Engaging non-profit and faith-based communities to support prevention
- Community-based education/intervention services for families and youth at risk for opioid use disorder
- Programs to address youth mental health, including emotional modulation and resilience-building
- Increased access to school-based mental health services

### School-based prevention programs

Effective school-based programs offer a variety of services aimed at improving life skills (self-regulation, coping, problem-solving, drug resistance, effective communication); promoting wellness; bolstering connections (with families, peers and schools); and providing academic supports.<sup>146</sup>

Importantly, school-based prevention should be ongoing, delivered over multiple sessions in an age- and culturally-appropriate and interactive manner.<sup>147</sup> These prevention programs are often delivered universally to all students. Effective prevention is not a one-time assembly warning students about the dangers of drug use. *For more on the limitations of prevention speakers, see page 33 below.*

Approximately 68% of adolescents report receiving substance use prevention messaging in schools.<sup>148</sup> Research has shown that only 10% of prevention programs delivered in U.S. middle and high schools are evidence-based.<sup>§,149</sup> While schools should ensure that they utilize programs that are evidence-based or evidence-informed, it may sometimes be difficult for prevention programs to meet the evidence threshold required for a program to be considered “evidence-based,” particularly if the program has cultural relevance to a particular community. In such case, funding should also go to programs that are deemed to be “promising” by key registries of effective prevention programs and aligned with substance use prevention and mental health promotion science.<sup>150</sup>

Parents and families should also be included in school-based prevention programs<sup>151</sup> to promote family connectedness and ensure that the child receives messaging in the home that is consistent with what was learned in school and that parental modeling of substance-related attitudes and behaviors supports these lessons. Implementation of school-based prevention programs should also take into account schools’ resource constraints and unique cultural or community needs.<sup>152</sup>

The Settlement Agreement provides that funds can be used for evidence-based prevention programs in schools as well as programs to address protective factors for youth substance use, including emotional modulation and resilience-building (youth mental health). Emotional skill development and resilience-building are key elements of effective school-based prevention programs.

Funding for school-based prevention programming can be allocated to training teachers or other school staff in evidence-based prevention, hiring additional staff or securing additional funding for schools to help deliver evidence-based programs with fidelity, and partnering with researchers who can evaluate the outcomes. *For more on prevention workforce training, see page 33 below.*

**For more on how schools contribute to primary prevention, see pages 19-20 above.**

#### Resources:

There are a number of school-based prevention programs that have been evaluated and shown to be effective in reducing substance use, and they can be found in the following databases and registries:

- [Blueprints for Healthy Youth Development](#) is a “comprehensive registry of scientifically proven and scalable interventions that prevent or reduce the likelihood of antisocial behavior and promote a healthy course of youth development and adult maturity.” The registry includes information on each program’s evaluation methodologies and outcomes. The database is searchable for programs by outcome, target population and risk and protective factors, so schools and communities can implement programs best suited to a community’s needs. *Note, this database is no longer updated as of July 1, 2024.*
- SAMHSA’s [Evidence-Based Practices Resource Center](#) and [Youth.gov Program Directory](#) provide examples of evidence-based school and community programs.
- Institute of Education Sciences’ [What Works Clearinghouse](#) reviews and summarizes educational programs, including school-based substance use prevention.

<sup>§</sup>This statistic is from nearly twenty years ago, and while no updated data has been published, there is reason to believe that evidence-based programs are more widely utilized.

Select examples where OSF are being used to fund school-based prevention programs:

- **Westchester County, New York has allocated a substantial portion of its OSF to programs and initiatives that address co-occurring substance use and mental health across the full spectrum of care.** For prevention, this includes the development, implementation, and evaluation of a specialized school curriculum to raise awareness and reduce stigma related co-occurring disorders and to provide education and resources to students, faculty, and families.<sup>153</sup>
- **School districts in Larimer County, Colorado are funding professional development for educators and implementing school-based prevention programming,** in partnership with Colorado State University's Prevention Research Center.<sup>154</sup>
- **Nevada is using OSF to implement Multi-Tiered Systems of Support (MTSS) to integrate school and community behavioral health initiatives and prevention efforts,** train teachers in MTSS and support schools in adopting evidence-based substance use prevention curricula.<sup>155</sup>
- **Douglas County, Kansas funds a school-based prevention pilot to embed prevention specialists to deliver comprehensive prevention programming** “to support student well-being,” build leadership skills, and “engage parents and community partners in efforts to create healthy environments for young people.”<sup>156</sup>
- **Virginia is using OSF to provide Botvin LifeSkills Training,** an evidence-based prevention program, to teachers and students across the state.<sup>157</sup>
- **Delaware County, Pennsylvania is funding Saint Joseph's University to develop, implement and evaluate school-based opioid education and prevention curricula** focused on helping students develop social and emotional skills.<sup>158</sup>
- **Texas funded the Texas A&M University Health Science Center to develop and implement a statewide school-based program that includes primary prevention interventions** and community engagement.<sup>159</sup>
- **Orange County, Indiana funds the Team Peace program in schools** to help young children build resilience and learn coping skills.<sup>160</sup>

Select examples of schools and communities using OSF to create a supportive and non-punitive culture related to substance use:

- **Davie County, North Carolina funded a social worker to meet with students** found with or using substances on school grounds, and their parents, to provide counseling and education rather than out-of-school suspension.<sup>161</sup>
- **Cumberland County, Pennsylvania funds Student Assistance,** “an evidence-informed program designed to identify at-risk youth who are exhibiting problematic behaviors related to drugs, alcohol, or tobacco, and refer them to appropriate helping resources,” in the County's school districts.<sup>162</sup>
- **Adams County, Colorado funds the Expelled and At-Risk Student Services (EARSS) and Wraparound Facilitation program** to “work with students who are highly impacted by homelessness and poverty as well as at increased risk of substance use.”<sup>163</sup>

For more on the importance of schools using a non-punitive approach to substance use, see pages 19-20 above.

### School-based mental health services

Some of the above initiatives incorporate mental health promotion into their substance use prevention initiatives. But, in accordance with the primary prevention model, even schools that use OSF to provide school-based mental health services alone are providing research-based substance use prevention since mental health issues are one of the most significant predictors of substance use initiation and escalation.<sup>164</sup> Whether mental health is addressed at the universal level (as in the Westchester County example) or at the selective or indicated level of prevention (interventions provided to students at risk for or identified as having a mental health problem and needing treatment), preventing and intervening on mental health issues prevents substance use as a coping mechanism or means of self-medicating untreated or inadequately treated mental health problems. Providing mental health treatment is an important prevention strategy, as untreated mental health conditions often contribute to substance use. Likewise, untreated substance use problems contribute to the development or exacerbation of mental health challenges, as evidenced by high rates of co-occurring mental health and substance use disorders.<sup>165</sup>

Importantly, while Exhibit E states that the OSF can be used to increase access to school-based mental

health services, there are other funding sources, namely Medicaid and other types of health insurance coverage, available to fund these services.<sup>166</sup> Efforts should be made to ensure that OSF are used only for services that do not have another funding source and that they supplement, rather than supplant, these sources.

#### Resources:

- [Healthy Schools Campaign](#) has resources on financing school-based health services.
- The Centers for Medicare and Medicaid Services has a [guide](#) on using Medicaid to bill for school-based services.

### Select example where OSF are being used to fund school-based mental health services:

- **Cambria County, Pennsylvania funds the RISE Project, embedding mental health counselors in the county's high schools** to provide students with access to counseling, ongoing support and/or necessary linkages to mental health care.<sup>167</sup>

### Community coalitions

Community coalitions are groups of community-based organizations that provide opportunities for communities to engage in prevention and share a “goal of building a safe, healthy, and drug-free community.”<sup>168</sup>

The Settlement Agreement supports funding for community coalitions' efforts to implement prevention programming and support individuals in recovery and for training to implement SAMHSA's Strategic Prevention Framework.<sup>169</sup>

Coalitions receive federal funding through the Drug-Free Communities grant program, administered by the Office of National Drug Control Policy.<sup>170</sup> While research has found that community coalitions are effective in reducing substance use, the current levels of federal funding are insufficient.<sup>171</sup>

### Select examples where OSF are being used to fund community coalitions:

- **Arkansas provides funding to several cities and counties through its Coalition Partnership Empowerment (COPE) program** to fund training and support for community coalitions.<sup>172</sup>
- **Kentucky is providing funding to develop coalitions** in Fayette County.<sup>173</sup>
- **Virginia funds local coalitions** to disseminate evidence-based prevention programs.<sup>174</sup>
- **Tennessee is funding DrugFree WilCo**, a community coalition in Wilson County.<sup>175</sup>

#### Resources:

- [CADCA](#) is a non-profit organization that coordinates prevention coalitions and provides training and support to its coalition members.

### Community-based programs

In addition to community coalitions, communities can provide substance use prevention through a variety of programs and interventions that focus on universal prevention or target high-risk youth and families in the community.

Communities can support universal prevention by implementing programs that build community connectedness, help youth develop life skills and provide empowering opportunities. One way communities can achieve these goals is to adopt programs that provide universal access to a variety of engaging extracurricular activities that bolster key protective factors like the development of social competence and emotional skills, resilience, healthy risk taking, and bonding with key adults.<sup>176</sup> *For more on the research supporting extracurricular activities in preventing substance use, see pages 16-17.*

Mentoring programs are also effective prevention for youth, as a relationship with a caring adult mentor is a protective factor against youth substance use.<sup>177</sup>

Communities can provide education, resources and training to parents and other caregivers in the community on parenting skills and on specific education and communication skills around substance use. Communities can help to prevent substance use among at-risk youth by providing parenting resources and other family supports.

The Settlement Agreement provides that communities can engage diverse community partners, including non-profits and faith-based groups and institutions, to deliver prevention.

Communities may also receive funding through the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS), a federal funding program administered through the Substance Abuse and Mental Health Services Administration (SAMHSA) that requires states to direct at least 20 percent of the funds to primary prevention. This “prevention set-aside” is the largest source of funding for the states’ substance use prevention efforts.<sup>178</sup>

**For more on how communities contribute to primary prevention, see pages 16-18 above.**

### Select examples where OSF are being used for community-based prevention programs:

- **Minnesota is funding Allina Health System to work with community partners to create “web-based programs** that aim to support the mental wellbeing of children and teens... and provide free and accessible resources” for youth and supportive adults.<sup>179</sup>
- **Ohio funds MindPeace to provide targeted services to prevent substance use** and promote resilience among children in Hamilton County who have experienced adverse childhood experiences.<sup>180</sup>
- **Kansas is funding Mirror, Inc., to expand STAND**, a peer-led youth substance use prevention and youth mental health promotion program.<sup>181</sup>
- **Rhode Island is funding a number of community-based youth prevention projects**, including programs that provide evidence-based health promotion and trainings that help to develop social competence and emotional skills.<sup>182</sup>

### Select examples of communities using OSF to fund mentoring programs for youth:

- **Several states and counties provide grants to Boys and Girls Clubs and/or Big Brothers/Big Sisters** for programs related to youth prevention, out-of-school activities, and mentoring (e.g., Colorado,<sup>183</sup> Kentucky,<sup>184</sup> Ohio,<sup>185</sup> Tennessee,<sup>186</sup> and Wisconsin<sup>187</sup>).
- **St. Louis County, Minnesota funds a “Lunch Buddies mentoring program,”** a trauma-informed youth program that matches elementary school-aged youth (referred by school) with positive adult role models from the community to share lunch throughout the school year.<sup>188</sup>
- **Philadelphia, Pennsylvania funds The Lighthouse’s Recreation over Violence and Substance Abuse Program** to provide mentoring, promote positive youth development and teach prosocial skills.<sup>189</sup>
- **Philadelphia, Pennsylvania funds Big Picture Philadelphia to provide “mentorship-based internships** and socio-emotional skill-building to support young people in managing and healing from trauma while preparing them for success during and after high school.”<sup>190</sup>
- **Lake County, Montana is funding a mentoring program** that pairs adults with children experiencing trauma to provide one-on-one support and reduce substance use risk.<sup>191</sup>

### Select examples of communities using OSF to fund extracurricular activities/programs:

- **Chester County, Pennsylvania’s Compass Mark Prevention Awareness and Alternate Activities provides substance-free activities for youth,** including after-prom parties, after-school recreational activities, summer camp, and drop-in centers, as well as programs that “use peers or mentors to provide guidance, support and other risk reduction activities for youth or adults” and activities to develop leadership skills, including tutoring and coaching.<sup>192</sup>
- **Canon City, Colorado used funding to purchase equipment for after-school activities,** recognizing the importance of keeping young people active and part of a team to reduce opioid use.<sup>193</sup>
- **In Delaware, the Rodney Street Tennis and Tutoring Association receives funding for its drug prevention program** to empower youth by combining “sports-based youth development programs with evidence-based programs that build resilience and life skills by promoting healthy alternatives to drug use.”<sup>194</sup>
- **Village of Wellington, Florida is creating Alternative Activities,** a program modeled on Iceland’s program.<sup>195</sup>
- **Olive Hill, Kentucky is funding the Olive Hill Pathfinder Initiative Coalition, a program based on the Iceland Model** that provides youth with healthy recreational activities.<sup>196</sup>
- **Franklin County, Kentucky is funding the Just Say Yes program, a program based on the Iceland Model that helps kids at high risk for substance use** access after-school sports, arts and academic programs for free or at low cost.<sup>197</sup> A feasibility study found that the program significantly increased youth participation in extracurricular activities.<sup>198</sup>
- **Levy County, Florida is funding youth prevention programming to promote resilience** and deter substance use, including school-break and summer camps and after-school activities.<sup>199</sup>
- **Philadelphia, Pennsylvania funds CADEkids to provide summer camp and after-school programming** that teaches life skills and provides other activities to prevent substance use.<sup>200</sup>

### Select examples of communities using OSF to fund parenting/family resources, supports or training:

- **Boulder, Colorado** used funds to support “Active Parenting and Community Reinforcement and Family Training (CRAFT) classes for families with youth who have had criminal activity involving substance use.”<sup>201</sup>
- **Village of Wellington, Florida** is funding community-based CRAFT training to provide families with tools to better understand and discourage substance use and improve communication and family wellbeing.<sup>202</sup>
- **Town of Palm Beach, Florida** is funding community workshops “for parents and guardians to educate them on recognizing signs of substance use and how to discuss it with their children.”<sup>203</sup>
- **Pasco County, Florida** funds the Pasco Kids First program to provide prevention education and positive parenting information to the community.<sup>204</sup>
- **Madison County, Florida** is funding delivery of the Strengthening Families Program, an evidence-based and community-based program delivered to families to improve discipline, communication and coping skills for caregivers and youth.<sup>205</sup>
- **Johnson County, Kansas** is funding a “Family Education Coordinator” at the Johnson County Mental Health Center to implement the Strengthening Families Program and other family education courses “to increase protective factors and decrease risk factors for at-risk families.”<sup>206</sup>
- **Kentucky** is funding Operation Parent to provide prevention education and communication strategies about substance use for parents of 4th, 6th and 9th grade students.<sup>207</sup>
- **Minnesota** funds Neighborhood HealthSource to host “a series of parent workshops that will allow families to build trusting relationships in which they can discuss difficult topics like OUD [opioid use disorder].”<sup>208</sup>
- **Berks County, Pennsylvania** funds Creating Lasting Family Connections, an evidence-based program designed to strengthen families and prevent substance use that engages parents and their children.<sup>209</sup>
- **Chester County, Pennsylvania** is funding the Be a Part of the Conversation Family Education Program, which provides classes and programs “to assist parents and families in addressing substance use risk factors, implementing protective factors and/or learning about the effects of substance use on individuals and families. Topics typically include parenting skills, family communications, decision-making skills, conflict resolution, family substance use risk factors, family protective factors and related topics.”<sup>210</sup>



### Prevention workforce training

Prevention programs, even those that are evidence-based, can have limited effect on participants if poorly implemented. Those who deliver prevention programs (teachers, coaches, counselors, social workers, etc.) often aren't trained in prevention science or primary substance use prevention, including contributing risk and protective factors. Providing prevention infrastructure support via training and technical assistance in prevention science and evidence-based interventions to those delivering prevention in schools and communities can significantly improve program implementation and fidelity.<sup>211</sup>

School- and community-based prevention programs should be delivered by professionals or paraprofessionals trained in prevention science and a public health approach to substance use prevention.

### Select examples where OSF are being used to fund prevention workforce training:

- **Oregon has committed more than \$13 million** to develop and strengthen the state's substance use prevention workforce.<sup>212</sup>
- **YouthThink in Wasco County, Oregon, delivers comprehensive professional development training curriculum to community partners** as well as parent/caregiver educational webinars and presentations on a variety of topics related to substance use prevention and youth mental health promotion.<sup>213</sup>
- **Maricopa County, Arizona is funding notMYkid, a local prevention and mental health organization**, to provide monthly professional development training to its prevention consultants and specialists, along with parent and community education webinars, on a variety of topics related to substance use prevention and youth mental health promotion.<sup>214</sup>

### The limitations of prevention speakers:



**School- or community-based prevention initiatives, particularly if they are “one and done” isolated interventions, that are delivered by actors, comedians, “influencers” or law enforcement personnel are not evidence-based or rooted in prevention science and may be counterproductive.**

Such presentations may have limited impact because guest speakers are often disconnected from teens' lives and may not be viewed as relatable, trusted adults. Single presentations are unlikely to result in long-lasting changes to behavior or attitude.

Guest speakers in recovery who share stories illustrating the life-changing dangers of substance use can lead to an unintended outcome of making risky behavior seem thrilling and survivable.

Law enforcement professionals who emphasize the criminal aspects of substance use can come across as intimidating, underemphasize the social and emotional factors that contribute to substance use, and contribute to stigma by subtly or explicitly linking substance use primarily to crime. While the criminal and legal consequences of substance use are real, teens often see these risks as far-off and hypothetical.<sup>215</sup>

### ***Pregnant and Postpartum Women Core Strategy and Approved Uses***

Another core strategy and approved use of OSF that relates to primary prevention is addressing the needs of pregnant and parenting women with SUD and their families, specifically interventions that aim to improve the health and wellbeing of their children. These interventions are often delivered prenatally, in the perinatal stage and in early childhood. Some specifically target babies born with Neonatal Abstinence Syndrome (NAS), also referred to as neonatal opioid withdrawal syndrome (NOWS), which can develop after birth in infants with prenatal exposure to opioids.

Untreated parental SUD and its related consequences are a significant risk factor for youth substance use. Therefore, addressing substance use in pregnancy and among parents is a critical primary prevention strategy for preventing substance use among their children and breaking patterns of intergenerational addiction. *For more on parental substance use risk, see pages 13 and 18 above.*

There are a number of core strategies and approved uses outlined in the Settlement Agreement that relate to screening, treatment and wrap-around services for both pregnant and postpartum women with SUD and their children.

While many of the strategies related to SUD screening and treatment lie within the purview of the health care system, there are community-based services, or services coordinated between health care and the community, that are critical components of treatment, specifically parenting/family skills training and supports. *For more on providing accessible, community-based parenting supports, see page 18 above.*



***This guide focuses specifically on the following approved uses for pregnant and postpartum women outlined in the Settlement Agreement:<sup>216</sup>***

- Home-based wrap-around services for persons with OUD/co-occurring SUD/mental health conditions, including home visiting programs
- Other supports (including childcare and addressing trauma) for parents, children and families impacted by a parental OUD/co-occurring SUD/mental health condition

### Home visiting programs

Home visiting programs are home-based services where professionals provide education and other supports (e.g., parenting practices, employment resources) throughout prenatal, perinatal and postpartum periods.<sup>217</sup> Research has found these programs to be effective and to reduce youth substance use.<sup>218</sup>

Home visitors are typically nurses or highly trained paraprofessionals with training in mental illness, SUD, trauma, domestic violence and the provision of culturally competent care. They often collaborate with other service providers in health care, early intervention, and child welfare. These programs are resource-intensive and should be delivered to high-need families.<sup>219</sup> Importantly, other sources of funding, including Medicaid reimbursement, may be available for home visiting programs.<sup>220</sup>

#### Resources:

- [Nurse Family Partnership](#) is an evidence-based home visiting program delivered by nurses.
- [Child First](#) is a home visiting program that addresses trauma and other mental health challenges to strengthen caregiver-child relationships.

### Select examples where OSF are being used to support home visiting programs:

- **Delaware funds the University of Delaware to support parent coaches (clinicians) to deliver a home visiting program to mothers** in New Castle County with OUD that focuses on “helping the mother follow the infant’s lead, nurture the distressed infant, and avoid frightening/harsh behavior.”<sup>221</sup>
- **North Dakota funds USpireND – Healthy Families North Dakota** to provide home visiting services for incarcerated parents, parents with SUD and parents in recovery.<sup>222</sup>
- **Delaware County, Pennsylvania funds “MOMobile” Healthy Families America (HFA), a nationally recognized, evidence-based home visiting model** specifically designed to work with families who are at risk for negative childhood experiences, including substance use and child maltreatment.<sup>223</sup>

### Other parenting/family supports

OSF can also be used to support other parenting interventions and supports for families who are impacted by SUD, recognizing their unique and urgent needs. Communities are investing in a wide range of strategies that target both parents with SUD and their children. This includes providing mental health and parenting supports, including childcare, to parents with SUD. OSF are also being used for services for at-risk children whose parents have SUD, who are involved in the child welfare system because of parental substance use, or who have lost a parent to overdose. Parental substance use is a significant risk factor for youth substance use, so providing targeted strategies to parents and children is a key prevention strategy. *For more on the importance of family involvement in substance use prevention, see pages 14-15.*

### Select examples where OSF are being used to support children, parents and families impacted by parental SUD/ODU:

- **Columbia County, Florida is funding the Partnership for Strong Families, Inc./NorthStar Family Resource Center model to provide family support services**, including referrals to resources to address social determinants of health, after-school programs for at-risk youth and parenting education. “Each service is designed to increase caregiver protective factors and address social determinants of health, with the goal of improving child, family, and community outcomes.” The model seeks to be responsive to the needs of the community, provide services that strengthen protective factors, collaborate across community agencies and systems, and “enhance the well-being of children and families and increase the protective factors in families within Columbia County.”<sup>224</sup>
- **Nevada funds the EMPOWERED program to provide caregiver wrap-around services** to pregnant and postpartum individuals who use/have used opioids and/or stimulants.<sup>225</sup>
- **Brunswick County, North Carolina funded a program to help link parents with OUD** and their children involved with the child welfare system to recovery and early intervention services, resources and supports in the community to prevent the children from entering foster care or reduce the amount of time they spend in foster care.<sup>226</sup>

## PROGRAMS AND SUPPORTS FOR PREGNANT AND POSTPARTUM WOMEN

- **Delaware County, Pennsylvania funds “Nurturing Parenting, an evidence-based parenting education program** for parents in recovery from substance use.”<sup>227</sup>
- **Vermont funds Nurturing Parenting Programs to provide education and parenting supports to parents and families receiving SUD treatment or in recovery.** “The overarching goal is to strengthen protective factors to reduce the likelihood of and the impact of related adverse childhood experiences (ACEs).”<sup>228</sup>
- **Alleghany County, Pennsylvania provides funding to Early Head Start Child Care Partnerships Program to fund “child care slots for caretakers with OUD who need child care support** while undergoing treatment or job seeking and do not qualify for state funded child care subsidies.”<sup>229</sup>
- **Delaware funds The Triumph Program, a community-based program that provides mental health support** to women with OUD and their children in the year following birth.<sup>230</sup>
- **Illinois approved funding for organizations providing “Supportive Services and Treatment for Accessible Recovery – Together (START) for Pregnant and Postpartum Persons and Their Families,”** which are “comprehensive, holistic services to support pregnant and postpartum people with opioid use disorder and other substance use disorders, their families, including small children, and infants with Neonatal Opioid Withdrawal Syndrome (NOWS). START services will be available for up to 12 months after birth and address access to treatment and recovery support services.”<sup>231</sup>
- **In Delaware, funding for Supporting Kidds supports a program to provide grief counseling services** to support children and families experiencing grief from parental overdoses.<sup>232</sup>
- **Bucks County, Pennsylvania plans to provide support to youth with families impacted by substance use,** including “summer camps, adventure experiences, [and] recreational activities.”<sup>233</sup>
- **New Jersey’s Keeping Families Together Program involves “a two-generation approach that aims to break the cycle of trauma and promote parent and child resilience”** by providing parents with SUD “access to housing, case management, linkage to community services and therapeutic services.”<sup>234</sup>
- **Sterling, Colorado funded Cooperative Ministries to provide “life skills classes, peer support programming,** including food, clothing, personal supplies, etc. for individuals and families impacted by substance use disorder.”<sup>235</sup>
- **Ohio funds Columbus Early Learning Centers to provide “mental health programming and supports** for children of parents with substance use disorders.”<sup>236</sup>
- **Kentucky provided funding to WestCare Kentucky, Inc. for Camp Morilla, a “free addiction prevention and mentoring day camp program for youth ages 9-12** and their families who have been impacted by family opioid use.”<sup>237</sup>
- **Rhode Island is using OSF to fund peer recovery specialists for pregnant people and parents with OUD** and for “basic needs/supplies for families affected by prenatal substance use.”<sup>238</sup>

### *Prevention for Populations with Unique Prevention Needs*

Certain populations are at additional risk for substance use and developing SUD and may need targeted interventions for effective prevention.

For more on risk for special populations, see page 14 above.

### **Examples of communities using OSF to provide prevention and early intervention services to populations at higher need:**

- **Colorado (Region 15) funds Partnership for Community Action** to support alliances and prosocial activities for LGBTQ+ youth.<sup>239</sup>
- **Kansas is funding Partnership Assuring Student Success (PASS) in Sedgwick County, an evidence-based program aimed at preventing substance use** and other risky behaviors in marginalized youth. The program “is designed to bolster protective factors and intentionally address emotional reactivity/regulation, trauma, ACEs, academics, and family functioning.”<sup>240</sup>
- **Minnesota’s “Vecinos Unidos” is a statewide “culturally-centered bilingual prevention program** with three main components: a bilingual culturally-sensitive awareness social media campaign, an online survey assessing current knowledge and cultural barriers/myths on OUD and treatment, and a series of family-oriented, culturally-centered workshops that address OUD and train participants in the proper use of naloxone.”<sup>241</sup>
- **Vermont is funding Friends for Change to reach at-risk youth and young adults in “hard to reach populations,** including LGBTQIA, BIPOC, Low SES, disabled, neurodivergent, etc. people and people who live in geographically isolated areas” with “research-informed strategies” that “promote the development of protective factors and reduce risk-factors” and “provide safe spaces that create connection and belonging to help heal some of the underlying causes of substance use disorder.”<sup>242</sup>
- **McDowell County, North Carolina “partnered with local schools to bring in early intervention programs targeting youth,** enhancing outreach through family-centered services and culturally relevant mental health education. Special emphasis was placed on reaching the Hispanic/Latino community, providing trauma-informed care and support through Teen Mental Health First Aid programs and bilingual teletherapy, further bridging gaps in access and understanding.”<sup>243</sup>

### *Other Approved Prevention Strategies/Uses that Should Not be Prioritized*

Below we list examples listed under the Prevention Programs core strategy in Exhibit E that have less research support for preventing substance use, are not considered primary prevention within the framework outlined in this report or are not as feasible for communities to implement. Therefore, decision-makers should proceed with caution when investing the OSF in these strategies, as they may have limited impact and waste valuable and scarce resources.

#### Public service announcements and media public awareness campaigns

Our review of how states and localities have used or plan to use their OSF for prevention-related activities shows that many are funding public awareness/education efforts via public service announcements or campaigns. In examining the research, it is important to draw a distinction between stand-alone, brief public services announcements, which research shows are less likely to have their intended effect in preventing substance use, and more comprehensive public awareness campaigns that are part of a broader prevention strategy, which are more likely to be effective.

While commonly used, mass media campaigns targeted at reducing opioid use have not been subject to rigorous evaluation regarding whether they are effective in preventing their intended outcome.<sup>244</sup> There is a tremendous amount of nuance around public education/awareness and whether these interventions are effective, particularly for primary prevention. While mass media campaigns have shown some success in helping to reduce tobacco use, research has found that success has not translated to preventing illicit drug use.<sup>245</sup> Importantly, public awareness about the dangers of smoking was one component of a much broader prevention and policy strategy that also reduced exposure and access to cigarettes through strict clean air laws and marketing restrictions.<sup>246</sup>

While it is difficult to draw general conclusions about whether media awareness campaigns are effective, research has found that campaigns that highlight the most negative consequences of substance use, among other factors, can be counterproductive.<sup>247</sup> The campaigns that have been found to be more effective (*Above the Influence* and *Be Under Your Own Influence*) focus on enhancing protective factors like empowerment and skill-building rather than targeting risk or the negative consequences of substance use.<sup>248</sup>

The many factors that contribute to substance use risk make communicating about substance use challenging and complex.<sup>249</sup> Any public service announcement or mass media campaign should be part of a broader prevention strategy and carefully designed with specific goals, messages and target audiences in mind and tailored for specific communities.<sup>250</sup> A media campaign must also be rigorously evaluated to ensure the campaign is having its intended effect of preventing substance use.<sup>251</sup>

#### Why Scare Tactics Don't Work



There is a strong inclination among policymakers and the public to warn youth about the dangers of drugs in order to prevent substance use, but that approach has not been found to be effective, especially for youth at risk, and may also be potentially harmful in terms of increasing the appeal of substances to those most at risk for use.

While messages on the dangers may have a short-term effect, studies in prevention science show they do not lead to lasting attitude or behavior change. Teens tend to be more responsive to immediate rewards than long-term consequences, to discount the risk for negative consequences and to overvalue the low harm they observe from peers or celebrities who use substances. Simplistic messages not to use substances (“Just Say No”) do not account for the complex reasons people turn to substance use, including the short-term rewarding effects, making these messages easy for teens to discount or disregard.<sup>252</sup>

### Safe opioid prescribing

The research supporting the impact of safe prescribing policies with respect to reducing opioid misuse is mixed. Some policies, such as prescription drug monitoring programs (PDMPs) – particularly when use is mandated and in combination with laws addressing pain clinics; insurance policies that require additional utilization reviews for high-risk patients or require them to see one provider and pharmacy; and motivational interviewing by clinicians for patients when prescribed opioids – have been found to have moderate impact, but the quality of evidence is low.<sup>253</sup> There is also limited research on concerns about unintended consequences for people with chronic pain, as well as women and racial/ethnic minorities who experience higher rates of undertreated pain, and people living in communities with limited options to receive non-opioid pain treatment and treatment for OUD.<sup>254</sup> The most effective safe opioid prescribing strategies (PDMPs, insurance policies and clinician motivational interviewing) are implemented within the health care system and are not feasible for communities to implement via OSF. *For more on safe prescribing, see page 21 above.*

#### Resources:

- CDC's [Clinical Practice Guideline for Prescribing Opioids for Pain](#)
- American Academy of Pediatrics' [Clinical Practice Guideline for Opioid Prescribing for Acute Pain Management in Children and Adolescents in Outpatient Settings](#)

### Community drug disposal programs

The goal of these programs is to remove unused controlled prescription medications from home medicine cabinets. The research on whether strategies such as drug disposal kits and/or education result in safe disposal is limited, and there is little evidence demonstrating drug disposal programs are effective in preventing opioid misuse.<sup>255</sup>

#### Resources:

- Drug Enforcement Administration's [medication disposal resources](#)

### Pre-arrest diversion programs and post-overdose response programs

These programs connect individuals who use substances with resources at two critical touchpoints when their substance use has often escalated in severity and when they may be more motivated to engage in treatment: contact with the criminal legal system or experiencing a non-fatal overdose. Pre-arrest diversion programs help to direct people with addiction who become involved with the criminal legal system into treatment, rather than jail.<sup>256</sup> Post-overdose response teams are important for providing support and connections to resources for individuals who experience a non-fatal overdose,<sup>257</sup> as that puts them at significant risk for another overdose.<sup>258</sup> While both these strategies are important for addressing the opioid crisis and increasing the likelihood that an individual who uses opioids will receive treatment, they do not prevent the use of opioids.

# DETERMINING A COMMUNITY'S PREVENTION NEEDS

## Now that we've outlined the many ways that the OSF can be used to invest in primary prevention, how do decision-makers determine how to invest the funds?

Where should they direct their limited funding? How do they decide how much to invest in primary prevention versus other allowed uses, including naloxone delivery, treatment, recovery supports or addressing the needs of their incarcerated population? The answers to these questions are highly dependent on a community's needs, priorities and existing resources.

For example, in order to determine whether a community should invest in prevention or naloxone, specific information would be needed. Are overdoses high in this community? Do they have access to naloxone (via first responders or in the community)? Do they have infrastructure in place to help distribute naloxone to people who need it? Are there already ample prevention programs for youth? How much funding is the community receiving? What does the community want?

One way in which communities can determine how to prioritize investment of their OSF is to conduct a comprehensive needs assessment.<sup>259</sup>

### **Needs Assessment**

A community that wants to invest the OSF in primary prevention does not need to address every one of the risk and protective factors outlined earlier in this guide. Rather, the community should conduct a needs assessment to determine which risk and protective factors are most pressing in their specific community, which individuals or groups of individuals are most in need of services, and what can reasonably be addressed given available resources.<sup>260</sup> The needs assessment should include community input and quantitative and qualitative data to identify a specific community's needs, available resources and gaps.<sup>261</sup> The needs assessment should identify any populations that need to be prioritized because they are at particularly high risk and incorporate perspectives of people with lived experience (individuals directly impacted because they, or a family member, have or are in recovery from SUD).<sup>262</sup>

While a needs assessment should comprehensively address a community's needs related to substance use along the full continuum (prevention, treatment, recovery), as related to prevention, communities should consider:

- ✓ Does the community have existing school- or community-based substance use prevention programming?
  - ✓ Are the interventions evidence-based?
  - ✓ What are the strengths and weaknesses of current efforts? Can the weaknesses be addressed with additional resources?
- ✓ Does the community have a sufficient and adequately trained prevention workforce to deliver prevention interventions?
- ✓ Are there prevention interventions in both the schools and community, and are they well-coordinated? Do they engage parents, families and other caregivers?
- ✓ What are the greatest needs of the community with respect to bolstering protective factors?
- ✓ What is the community's vision for substance use prevention?
  - ✓ Prioritize and set attainable goals (short-term and long-term)

## DETERMINING A COMMUNITY'S PREVENTION NEEDS

Communities should perform needs assessments on an ongoing basis and make the results publicly available to promote transparency, community buy-in, and accountability.<sup>263</sup>

To properly inform the needs assessment and to tailor prevention efforts that will have the greatest impact, community leaders must have a deep understanding of the factors that contribute the most risk in their communities. Community leaders should utilize a strategic planning framework to identify a community's specific prevention needs. SAMHSA has developed a framework and toolkit to guide communities in assessing their prevention needs and capacity to meet those needs and to support planning, implementation and evaluation of evidence-based programs and practices.<sup>264</sup>

It is also important to acknowledge that the OSF are a limited resource, and no state or locality is receiving an amount sufficient to fully address their full spectrum of needs related to substance use. Difficult decisions will need to be made about how to allocate funds. When determining where to allocate OSF, decision-makers should target interventions that will address the community's greatest needs, align with the terms of the Settlement Agreement and fill gaps where other funding sources are not available or do not exist.<sup>265</sup>

Communities should also look for opportunities to create sustainability and avoid supplantation or using funds in areas where other funding is available (e.g., ensuring health insurers are reimbursing for treatment costs).<sup>266</sup> The risks of using OSF to supplant existing funding sources are increasing as states and communities lose federal funding for public health and prevention initiatives.<sup>267</sup>

**In some communities, the overdose prevention and treatment needs may be so great that funding isn't available to address primary prevention. It is important to remember that these funds will be distributed over the next several years (up to 18). Investments in overdose prevention and effective treatment should yield reductions in overdose deaths so that resources eventually can be reallocated to prevention to ensure the community is better protected against a future crisis.**

### Resources:

- Johns Hopkins' [Primer on Spending Funds from the Opioid Litigation: A Guide for State and Local Decision Makers](#)
- Legal Action Center and National Association of County & City Health Officials (NACCHO) guide on [Equity Considerations for Local Health Departments on Opioid Settlement Funds](#)
- [How to Invest Opioid Settlement and Federal Funding to Prevent Substance Use and Promote Youth Mental Health](#)
- Prevention Institute's [Supporting Decision Makers Using Opioid Settlement Funds and Using Opioid Settlement Funds: Centering Sustainability in Planning and Implementation](#)

### Select example of a community conducting a needs assessment to determine the community's prevention needs:

- Pasco County, Florida's Alliance for Healthy Communities, Inc. conducts "community needs assessments" to identify local trends, risk and protective factors, and root causes of addiction."<sup>268</sup>

## DETERMINING A COMMUNITY'S PREVENTION NEEDS

### Data

Communities should utilize data to inform the needs assessment and to track performance and evaluation. One of the core strategies outlined in Exhibit E of the Settlement Agreement is to support data collection and research.<sup>269</sup> Those receiving the OSF should engage in continual monitoring to ensure the investments are having their intended effect.

Given some of the limited evidence around prevention programs, the [Principles for the Use of Funds from the Opioid Litigation](#) recommend funding long-term evaluations to ensure youth prevention programs are having their desired effect.<sup>270</sup>

#### Resources:

- Duke-Margolis Institute for Health Policy's [Opioid Measurement Toolkit](#)
- SAMHSA's [Data-Based Planning for Effective Prevention](#)
- RTI International and Prevention Institute's [Supporting Decision Makers Using Opioid Settlement Funds: How to Monitor, Evaluate, and Track the Impact of Opioid Settlement-Funded Initiatives](#)

### Select examples of communities utilizing data to determine their prevention needs and evaluate prevention investments:

- **Connecticut has recommended funding “rigorous simultaneous and long-term evaluations of primary prevention programs** that are initiated to assure these interventions are meaningfully decreasing opioid initiation and producing other anticipated outcomes.”<sup>271</sup>
- **Kentucky’s Opioid Data Dashboard on Children and Families, paid for with funds from the Kentucky Opioid Abatement Advisory Commission, tracks the impact of the opioid crisis** on children and families across the state.<sup>272</sup>
- **Kentucky requires the local governments (cities and counties) that receive OSF to report on their uses of the funds** via an online portal.<sup>273</sup>
- **North Carolina has a dashboard with Local Spending Plans to show “how local governments plan to spend opioid settlement funds** to address the opioid overdose crisis” in the state.<sup>274</sup>

## Data Indicators for Primary Prevention

**Johns Hopkins’ Opioid Settlement Principles Resource and Indicators (OSPRI)** identifies indicators that can be used to monitor the impact of OSF-funded programs. Some examples of indicators that communities can use to monitor and evaluate primary prevention interventions include the number and percentage of:

- ☒ Eligible children who receive early intervention services
- ☒ Schools implementing evidence-based prevention curricula
- ☒ Youth who are exposed to evidence-based prevention programs annually
- ☒ Schools in a district that use a standardized survey to estimate substance use prevalence and/or exposure to effective prevention strategies
- ☒ Youth who have completed such surveys
- ☒ Students screened for SUD using a standardized screening tool
- ☒ Families with OUD receiving evidence-based postpartum interventions (e.g., home visiting programs and family skills training interventions)
- ☒ Families with OUD receiving specific social supports
- ☒ Children reunited with a parent/caregiver following removal due to parental/caregiver in-home drug use
- ☒ Ratio of students to school-based mental health providers

# CONCLUSION

**The opioid settlement funds provide an unprecedented opportunity to provide communities with much needed funding to address substance use and addiction, as well as their many adverse personal and societal consequences. Admittedly, the resources that each community will receive will be insufficient to address all needs, and decision-makers will face difficult choices about where to invest the funds. Investing in effective strategies that best meet the community's needs will have the greatest impact.**

Investing in effective prevention can be transformative, not only in ending our current addiction crisis, but also in preventing the next one and improving public health and wellness. Effective substance use prevention strategies are currently underutilized, and those deciding how to invest the OSF may lack knowledge and expertise about how to invest in effective prevention. Research shows that primary prevention strategies are likely to have the greatest impact on reducing addiction by targeting the risk and protective factors that contribute to substance use. Strategies that directly address the risk and protective factors

may less obviously be related to substance use than strategies that mitigate existing harms from substance use, but they have been shown repeatedly to promote overall wellbeing among youth and put young people on a path toward health rather than one that leads to substance use and addiction. This guide serves as a resource to help educate and guide decision-makers who want to invest the OSF in effective primary prevention strategies and provides practical examples of communities that are investing their OSF in strategies aligned with a primary prevention framework.

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