Comprehensive Substance Use Prevention Strategic Plan

August 2026

Executive Summary

The Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/DD/SUS) state fiscal 2027 – 2032 Comprehensive Substance Use Prevention Strategic Plan lays out the Division's five priorities for reducing substance use among youth and misuse among adults residing in North Carolina across alcohol, tobacco, prescription drugs and cannabis, and related problem gambling. DMH/DD/SUS collaborated with its prevention partners to develop this plan and identify key strengths, gaps and priorities for the state's substance use prevention efforts. Beginning in the fall of 2025, the division, part of the North Carolina Department of Health and Human Services, began conducting interviews and focus groups with community coalitions, prevention providers, researchers, and youth partners. Next, DMH/DD/SUS facilitated two in-person strategic sessions with prevention providers and community partners in April and May 2026 to develop a logic model to identify local prevention strategies and tailor them to address key populations of interest, including pregnant and parenting women, Native Americans, individuals with problem gambling, individuals residing in rural communities, and veterans.

DMH/DD/SUS is committed to working with its prevention partners to implement and monitor the priorities detailed in greater depth throughout this plan over the next five years.

- **Priority 1:** Improve the quality and integration of the substance use prevention workforce
- **Priority 2:** Expand access to and uptake of priority EBPs and promising prevention strategies for the substances of focus
- **Priority 3:** Increase use of local policy initiatives that have proven impacts on reducing youth and adult substance use
- **Priority 4:** Increase collaboration across state, local/regional prevention partners, and community members, particularly in rural and under-resourced areas
- **Priority 5:** Update the state's evaluation strategy to align with the 5-year strategic goals

Introduction

The Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/DD/SUS) manages North Carolina's public prevention and treatment services for children, youth, and adults at risk of and/or living with mental health needs, substance use, intellectual and developmental disabilities (I/DD), and traumatic brain injury (TBI). Core to its public mission, the division is committed to preventing substance use and misuse by supporting evidence-based and promising prevention programs

through funding, training, and technical assistance to communities across the state, and ongoing data collection and evaluation on the state's investments. In recognition of the increasing risk problem gambling poses to North Carolinians, DMH/DD/SUS also provides and supports effective problem gambling prevention, education, outreach, and treatment services throughout the state.

The division primarily uses federal Substance Abuse and Mental Health Services Administration's (SAMHSA) grants to fund its substance use and misuse prevention efforts. This includes key funding through the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) prevention set aside, as well as the State Opioid Response (SOR), Strategic Prevention Framework (SPF) for Prescription Drugs (SPF-Rx), Strategic Prevention Framework - Partnerships for Success (SPF-PFS), and Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) grants (see appendix for further detail). To support prevention activities across the state, DMH/DD/SUS works closely with state and community partners, including the Division of Health Benefits (DHB), the North Carolina Department of Public Instruction (NC DPI), universities, community coalitions, counties, and providers. In addition to the core, albeit limited federal to state SAMHSA grants, prevention efforts across the state may be supported by other funding sources, including specific SAMHSA grants to community-based organizations, Medicaid, opioid settlement dollars, and other county and state funding. The North Carolina Education Lottery funds North Carolina's Problem Gambling Program prevention, education, outreach, and treatment services.

The division's definition of substance use prevention guides its prevention priorities and goals detailed in the following pages:

> Substance use prevention aims to prevent and/or delay alcohol and other substance use among youth and decrease substance misuse in people of all ages throughout their life to promote healthy communities (National Prevention Network).

This definition includes groups that may face higher risk for problems related to substance use, such as individuals with problem gambling.

The division's Comprehensive Substance Use Prevention Plan uses SAMHSA's Strategic Prevention Framework (SPF) as its planning framework, is consistent with the goals articulated in the state's broader strategic plan, highlights specific evidence-based and promising strategies, and considers a range of federal and other funding –sources – like Medicaid which already supports prevention activities – to expand prevention efforts. DMH/DD/SUS engaged with its community partners to develop and refine this plan beginning with a series of focus groups in fall 2025 and two strategic planning sessions hosted in NCDHHS's office on April 30 and May 8, 2026 (see the appendix for a list of community partners).

DMH/DD/SUS is excited to continue to collaborate with its state, local and community partners to implement the Comprehensive Substance Use Prevention Strategic Plan over the next five years.

Strategic Prevention Framework (SPF)

SAMHSA created the SPF to guide states and communities on how to most effectively understand and address substance use and misuse facing their residents. The SPF includes five steps:

- **Assessment:** Using a data-informed approach, identifying local and statewide prevention needs
- **Capacity**: Build local resources to address prevention needs
- **Planning:** Determine strategies and implementation pathways that effectively address prevention needs
- **Implementation:** Implement evidence-based practices and programs
- **Evaluation:** Study the process and outcomes of programs and practices on an ongoing basis

Socio-Ecological Model

DMH/DD/SUS' comprehensive plan also draws from the Socio-Ecological Model, embedded within SAMHSA's Strategic Prevention Framework. The Socio-Ecological Model explains how risk and protective factors – circumstances that may positively or negatively affect the likelihood of an individual using substances -- interact across interconnected levels from the individual to broader society systems. For example, risk and protective factors within a family may also influence or be influenced by community factors. The Socio-Ecological Model recognizes that individuals do not live their lives, including using or misusing substances, within a vacuum but are influenced by many different factors in their environment.

These influences can occur within and across four different levels:

- **Individual** – This level includes factors such as age, education, income, health, and psychosocial problems, which may correspond with substance use
- **Relationship** – This level includes the individual's closest social circle – family members, friends/peers, teachers, and other close relationships
- **Community** – This level refers to the settings in which social relationships occur, such as schools, workplaces, and neighborhoods.
- **Society** – This level includes behaviors that are accepted or not accepted within a society, and the laws, rules, and culture within which individuals and their families live, work, and play.

This five-year comprehensive substance use prevention plan articulates DMH/DD/SUS' statewide priorities, across populations and substances of interest, for substance use-related prevention activities that can help keep people from starting, or delay substance use, and prevent substance misuse. The plan starts with an assessment of key risk and protective factors for North Carolina, the substances of highest concern for the state, and data on populations most impacted by substance use and misuse in North Carolina.

Risk and Protective Factors

Although anyone could start using substances or engaging in their misuse, certain factors make it more likely or less likely that someone will. DMH/DD/SUS categorizes these risk and protective factors into four levels as guided by the Socio-Ecological framework described above and, for this plan, includes priority risk and protective factors recommended by the North Carolina Statewide Epidemiological Outcomes Workgroup (NC SEOW) in each category:[1]

1. **Society/Societal/Policy Level** – priority risk and protective factors deal with the laws and rules that make it easier or harder to access or use substances for a broad group of people, some of whom might not use or misuse substances. A law that sets 21 as the age limit for legally being able to drink or smoke is more protective than a law that sets that age limit at 18.
2. **Community** – priority risk and protective factors related to the community or environment within which a person lives, works, attends school, or plays that make access to or use and misuse of substances easier or harder. The NC SEOW recommends focus on the ease of access to

[1] North Carolina's SEOW is comprised of agencies and organizations tasked with developing and expanding the state's ability to use data to guide its substance use prevention decision-making. The state's SEOW has two workgroups, one for the dissemination of existing substance use data resources and enhancement of data literacy, and the second to make data-driven prevention priority recommendations.

substances as a key risk and protective factor for North Carolina. Easy access to substances acts as a risk factor for youth and adults. Strategies that make it difficult to access substances are protective factors. For example, offering substance-free activities and spaces for youth and adults, especially those at higher risk for substance use or misuse, to go where there is no access to, or use of substances is a protective factor.

3. **Relationship/Interpersonal** – priority risk and protective factors are tied to the relationships between people, often within a family, friend, or peer group and how they all view the use of substances. Consistent with the SEOW recommendations, youth who think or see that their parents are not concerned about the harmful effects of drinking or using drugs are at greater risk of engaging in substance use. On the other hand, training parents on the harms and negative health consequences of substance use and how to talk about this with their children becomes a protective factor for youth. Being surrounded by friends or peers who use substances is a risk factor for a person at any age as they might feel pressured to also drink or use drugs.
4. **Individual/Intrapersonal** – priority risk and protective factors are an individual's own views of themself and their relationship with substances, beliefs and perceptions that either originate within them or directly impact them in some way. Consistent with the SEOW's recommendations, protective factors include perceiving more harm from substance use or having a higher sense of self-efficacy. Perceiving less risk of harm or a lower sense of self-efficacy places people at higher risk for substance use. Only 54% of youth in North Carolina were future-oriented and 59% felt a sense of connection to others on a recent survey. [i]

DMH/DD/SUS uses these priority risk and protective factors to help guide decisions about the focus for prevention messaging, who should be the recipients of prevention activities and messages, and where prevention funding and activities might have the most impact. Focusing on these priorities and other key risk and protective factors for DMH/DD/SUS, prevention providers, and communities to measure and track can help show how well substance use and misuse prevention messages and activities are doing in reaching their goals.

Populations of Interest

The Division's Comprehensive Substance Use Prevention Plan focuses on priorities aimed at preventing substance use and misuse among:

- **Children and Youth**
  - Elementary school
  - Middle school
  - High school

- **Adults**
  - College students
  - Young adults (21-25)
  - Adults (26+)
  - Older adults (55+)
- **Specialized groups**
  - Native Americans
  - Pregnant and parenting women
  - Veterans
  - North Carolinians residing in rural communities

Prevention Needs

Based on data detailed in Table 1 below, DMH/DD/SUS has identified the following substances as high priorities for prevention:

- Alcohol
- Marijuana
- Nicotine products and currently unregulated legal tobacco products
- Misuse of medications (prescription medications and over the counter (OTC) medications).

Table 1: Reported Youth (ages 13-20) and Adult Substance Use

Substance	Youth Rate[2]	Adult Rate[3]
Nicotine Vapes	17.8%	7.6%
Alcohol	16.8%	19.85%[4]
Cigarettes	13.3%	22.19%[5]
Cannabis (pot, weed)	6.6%	11.03%
Prescription medications	4.7%	--

Among adolescents, the risk of transitioning from drinking to binge-drinking has been shown to be associated with tobacco products or nicotine, highlighting North Carolina's need to address

[2] Represents reported substance use in past 30 days in 2025 North Carolina Youth and Young Adult Survey. The survey took place between June and September 2025.

[3] Represents reported substance use in past month as average annual percentages in 2023 and 2024 for adults 26+ calculated from SAMHSA National Survey on Drug Use and Health (NSDUH) 2023 and 2024 in North Carolina

[4] Refers to binge alcohol use

[5] Refers to tobacco product use (excluding vaping)

polysubstance use.[ii] Adolescents are two to four times more likely than adults to develop gambling problems with 10-15% of adolescents and high school students at risk of becoming problem gamblers. [iii]

Substance use among older adults is expected to grow over the coming years with alcohol use and binge and heavy drinking posing the highest risk.[iv] According to SAMHSA national statistics, polysubstance use is of concern in the population of older adults (60+), with the following rates: cigarette smoking (12.4%), binge alcohol use (12.8%), marijuana use (9.9%), and misuse of opioids (2.3%).[v] Furthermore, the consequences of substance use disorder can be magnified in older adults, due to cognitive decline, reduced health overall, or potential for falls.[vi]

More than half of individuals (50-60%) with problem gambling have a substance use disorder[vii] with three times higher rates of alcohol use disorder[viii]. The high risk of co-addiction and addiction switching underscores the importance that DMH/DD/SUS' Comprehensive Substance Use Prevention Strategic Plan address problem gambling in addition to alcohol, cannabis, nicotine, and misuse of medication.

Prevention Needs by Specialized Groups

According to national and state-level data, several groups face a greater risk of substance use concerns than the general population.

- **Native Americans**: Smoking, at 19.2% from the latest available data in 2023, is the highest among the American Indian, Non-Hispanic population compared to other groups in North Carolina.[ix] Alcohol use and its consequences are also highly prevalent. According to a study in a Southern California American Indian community, the estimated minimum prevalence of Fetal Alcohol Syndrome Disorder (FASD) was as high as 41.0 per 1000 (4.1) %.[x] Tribal members experience problem gambling at rates that are two to three times higher than non-tribal members.[xi]
- **Pregnant and Parenting Women:** In North Carolina in 2019, 7.6% of mothers reported smoking during the last three months of pregnancy. [xii] According to national data, 5.0% of pregnant females reported using marijuana, 4.7% reported alcohol use, and 1.2% reported binge alcohol use in the past month.[xiii] In 2020, 8.3 per 1000 hospitalized newborns were diagnosed with neonatal abstinence syndrome (NAS) in North Carolina.[xiv] National estimates suggest that up to one in 20 school children in the United States may have FASD.[xv]
- **Veterans:** North Carolina has the eighth largest military veteran population in the United States. In 2021-23, 20% of veterans reported binge drinking in the past month and close to one in six used cannabis in the past year in the United States. [xvi]
- **North Carolinians Living in Rural Communities**: Tobacco use is higher in North Carolina rural areas (21.2%) compared to more urban areas (15.1%) among adults.[xvii] Misuse of opioids is higher in non-metro areas in the United States (3.6%) than small metro (2.6%) or large metro areas (2.6%).[xviii]

Individuals residing in rural communities are also at greater risk of developing problem gambling behaviors due in part to illegal sweepstakes parlors and limited treatment access.

Priorities and Goals

What We Will Achieve

DMH/DD/SUS anticipates that its strategic plan will delay substance use and reduce substance misuse across all ages of North Carolinians. DMH/DD/SUS plans to measure the progress of its comprehensive substance use prevention plan against the following key outcomes and targets:[6]

Goals for 5% Reduction by 2032 (Measured by Past-30 Day Use)	
Targets	Sub-Targets
Alcohol use among youth and misuse among youth, young adults and adults 26+	Underage alcohol use Binge alcohol use
Nicotine use among youth, young adults, and adults 26+	Use of cigarettes Use of nicotine vapes
Prescription medication misuse among youth, young adults, and adults 26+	Misuse of prescription medications Misuse of OTC medications
Marijuana use among youth, young adults, and adults 26+	Use of marijuana Use of marijuana vapor products* Use of hemp-derived THC non-vapor products*

Priorities and Goals

In order to meet these outcomes and targets over the next five years, DMH/DD/SUS plans to focus on the following Priorities and Goals:

Priority 1: Improve the quality and integration of the substance use prevention workforce. To address the needs associated with substance use among youth, young adults, and adults living in North Carolina, DMH/DD/SUS plans to expand the substance use prevention workforce by integrating professionals who interact with youth, young adults, and adults who are at risk of or engaging in substances across the state. The substance use prevention workforce is diverse, and can include doctors, physician assistants,

[6] The targets were built from evaluation of NC Youth and Young Adult Survey, YRBS, and NSDUH survey results and will be measured using 2025 data as a baseline. *Youth* refers to individuals 13-20 years of age and *young adults* refers to individuals 21-25 years of age.
*Data is not currently available on these sub-targets.

nurses, nurse practitioners, pharmacists, psychologists, social workers, teachers, law enforcement members, marriage and family therapists, case managers, outreach workers, peer workers, parents/caregivers, tribal elders in addition to prevention specialists. This broad workforce plays an important role in prevention by raising awareness, combating stigma associated with substance use, conducting education, and/or screening for substance use related concerns among North Carolinians of all ages and populations, including pregnant and parenting women, veterans and Native Americans.

Current training initiatives that DMH/DD/SUS supports, drawing from federal and state resources, include professional development of substance use prevention professionals through scholarships, conferences, and regional trainings, community coalition trainings, capacity building for communities on using the Strategic Prevention Framework, a college mentorship program on prevention through the National Commission for Health Education Credentialing (NCHEC), as well as technical assistance of prevention providers and training of other community members through the Training and Technical Assistance center (NCTTAC).

North Carolina Prevention Training and Technical Assistance Center – NCTTAC (under the organization Addiction Professionals of North Carolina) identifies the needs of the substance use prevention workforce and offers continuous support. NCTTAC provides several services, such as prevention training and resources, professional development workshops, community engagement tools for preventionists, and customized technical assistance. NCTTAC releases a regular newsletter through a mailing list providing updates on upcoming prevention trainings and resources available either through NCTTAC or other pathways. NCTTAC also regularly collaborates with other entities in related prevention spaces, such as the Center of Excellence for Gambling Addiction Policy and Practice (CEGAPP), given the overlap in risk and protective factors addressed.

To improve the quality and integration of a broad substance use prevention workforce, DMH/DD/SUS will collaborate with its statewide and community partners to expand the scope and reach of training and engagement by leveraging existing, already available or payer reimbursable resources (e.g., Medicaid or private insurances) and community forums.

Goal 1: Ensure Alcohol, Tobacco, and Other Drugs (ATOD) training and online resources are comprehensive and provide easy access to available, quality training materials targeted to a range of prevention providers. Community partners may be unaware of free and high-quality prevention resources developed by federal and state partners. DMH/DD/SUS will work with its prevention partners

to ensure the set of online prevention training and resources is comprehensive and easily accessible by provider type, substances, and populations. DMH/DD/SUS will also explore strategies to promote updates more widely to these resources through existing newsletter and mailing list processes. In particular, DMH/DD/SUS will work to engage the following stakeholders in prevention efforts:

- **Educators and instructors (e.g., teachers, administrators, counselors)**: DMH/DD/SUS will partner with DPI and North Carolina Higher Education Consortium to promote cost-free training modules in each county to expand school and college grassroots efforts statewide. In addition, DMH/DD/SUS will encourage its prevention partners and community coalitions to expand safe driving education programs through local driver's education programs.

  Navigating Risky Waters with Sam the Fish – During the 2026-2027 school year, DHHS plans to pilot a youth prevention education curriculum on problem gambling focusing on brain health, mental health, and media literacy. To prepare prevention providers in school settings to teach this module, NCDHHS has sponsored scholarships for a two and half day workshop on July 19 through July 21, 2026.

- **Primary care, pediatricians, geriatricians, OB-GYN, pharmacists and rehabilitation providers**: DMH/DD/SUS will partner with DHB to educate and encourage local management entities – managed care organizations (LME-MCOs) as well as the in-state AHECs and medical societies to promote the use of training resources for its contracted pediatric primary care, OB-GYN and geriatric providers including federally qualified health centers (FQHCs), rural health centers (RHCs) and long term providers across the state, including in rural communities, to increase education on relevant topics such as harms related to substance use, importance of safe medication storage, as well as screenings, and early intervention. Many of these activities are largely supported by Medicaid, health insurance, or other funding sources to prevent substance misuse across all age groups, including pregnant and parenting women and older adults and populations such as tribal members and veterans.

Goal 2: Engage community members (e.g., college students in recovery, youth, librarians, law enforcement, prevention provider organizations, older adults) including tribal members, veterans, and residents in rural communities, in standing prevention conferences and community coalitions. To support local voices, DMH/DD/SUS will partner with community partners, counties, local managed entities – managed care organizations (LME-MCOs) to increase engagement of community members including veterans, tribal members and those residing in rural communities in using substance use prevention tools to prevent substance use and misuse among members of their communities. Potential training topics for community members can include the SPF framework, advocating for local policy change, or

knowledge-sharing by prevention providers (e.g., health care professionals, schoolteachers) who are implementing innovative interventions.

Priority 2: Expand access to and uptake of priority EBPs and promising prevention strategies for the substances of focus. DMH/DD/SUS already supports a wide range of EBPs and promising prevention strategies and will expand the targeted use of select programs geared toward alcohol use, vaping, cannabis, and prescription medications across the state.

Goal 1: Refresh and incorporate all priority substances and populations of interest in the recommended strategies and EBPs for prevention providers. DMH/DD/SUS will create a process and schedule for regularly refreshing the list of recommended strategies and EBPs for prevention providers to choose based upon ongoing research and evaluation.

For example, DMH/DD/SUS currently supports:

- Alcohol use/misuse: Brief Alcohol Screening and Intervention for College Students (BASICS), Protecting You/Protecting Me, SPORT Prevention Plus Wellness, Teen Intervene, Talk It Up, Lock It Up
- Vaping: Catch my Breath, smokeSCREEN, This is Quitting
- Prescription Medications: Lock Your Meds
- Cannabis: Cannabis Education Campaign
- Cross-Substances: Too Good for Drugs, Unique You, Life Skills, All Stars, Project Success, Project Alert, college campus prevention initiatives supported by North Carolina Higher Education Consortium (NCHEC)

Talk it Up, Lock it Up, is an EBP geared toward parents and caregivers to "talk" to the youth in their lives about the harms of underage drinking and familial expectations related to drinking, monitor the inventory of alcohol in their homes and "lock" up the areas within their homes where they keep their alcohol.

DMH/DD/SUS will collaborate with prevention partners to narrow the list of recommended strategies/EBPs and strategically target the resources available for technical assistance, materials, and monitoring to maximize the impact of programs. Given the limited resources of the SUPTRS prevention

set aside, DMH/DD/SUS will encourage its prevention partners to explore other funding resources to support these efforts.

Furthermore, DMH/DD/SUS will collaborate with partners and communities to ensure the strategies/EBPs and media materials cover priorities across all substances, ages, and populations based on ongoing trends. For example, DMH/DD/SUS will work with its prevention partners to increase reach and implementation fidelity of **secure storage and disposal initiatives** (e.g., Talk It Up, Lock It Up; Lock Your Meds; pharmacies providing locking/disposal kits and new initiatives focused on secure storage of cannabis). In addition, DMH/DD/SUS will explore promising practices for special populations like veterans and older adults[7].

.

Goal 2. *Bolster broader parental and caregiver education engagement in family-based prevention.* Parent and caregiver engagement in prevention activities conducted primarily in schools and other family-based settings help contribute to reductions in cigarette smoking and alcohol use. It also leads to youth being more likely to have enhanced social skills and perform better in school.[xix] Key to increasing parental engagement in family-based prevention activities is positively connecting with parents, using frequent opportunities to engage parents in a variety of activities, and sustaining parental engagement by troubleshooting on the common challenges parents and caregivers report that block their engagement. To realize this goal, DMH/DD/SUS will partner with DPI, school districts other relevant state agencies and community partners to:

- **Combine substance use prevention education, awareness, and other prevention activities** to include all substances of interest and problem gambling into a single program and curriculum, as well as schedule on days/close to times that parents and caregivers will be in school for parent-teacher conferences, bake sales and sports games;
- Support **at home education modules** for parents and caregivers on the importance of substance use prevention; and
- Establish a **clear communication and feedback loop** with parents to understand the challenges they face with engaging in substance prevention activities and troubleshoot solutions.

[7] For example, the American Legion **Buddy Check Program,** which became a national program in 2019, encourages veterans to form teams to call or personally visit members or former members of the American Legion and other veterans living in their communities.

Goal 3: *Bolster prevention efforts focusing on reducing substance use during the perinatal period given the increased risk of prenatal exposure*. Prenatal exposure can negatively impact individuals' physical, cognitive, and socio-economic development. It can also separate families. To realize this goal, DMH/DD/SUS will:

- Work with DHB and community partners to **increase access to universal substance use screening during the perinatal period** as detailed under priority 1 and strengthen connections and referrals for ongoing treatment for perinatal women identified as using substances.
- Continue to **collaborate with Proof Alliance NC and other partners to increase the reach of training and educational materials on FASD** to community coalitions, prevention providers, and health care providers. DMH/DD/SUS will also work with DPI and NCHEC to increase education on the health consequences of substance use during pregnancy and reduce stigma during existing high school and college health education programs.

Goal 4*: Increase use and engagement in dyadic-based family focused prevention models for high-risk parents and high-risk youth.* Family-based interventions have demonstrated effectiveness to reduce initiation and use of cannabis, alcohol, tobacco, illicit substances, as well as misuse of prescription drugs among youth.[xx] DMH/DD/SUS in collaboration with other state agencies has championed family-based interventions that teach parents and caregivers to support their children's preventive skills.

Strengthening Families builds life and family bonding skills within high-risk families for parents and youth. Parenting topics include listening and communicating, recognizing a child's emotional state, and tracking their activities. Youth life topics include resisting peer pressure and building skills to recognize and address emotions. The program consists of a schedule of 14 weekly classes. The classes include distinct parent and youth training sessions as well as combined practice sessions.

The program has shown to be effective in reducing risk factors for substance use. Under the SUPTRS grant, Lincoln and Mecklenburg counties implemented this program in 2025.

DMH/DD/SUS will collaborate with DHB and DSS to promote to communities the available, existing care models that seek to improve parent-child relationships and prevent youth substance use, including Parent-Child Interaction Therapy (PCIT) for parents and children 2-7 years old, programs that may be covered under outpatient therapy under Medicaid in some LME-MCOs, Standard Plans and Tailored Plans.

Goal 5: Support culturally grounded, tribal community led engagement to develop prevention programs among tribal populations. North Carolina has a number of tribal communities, including the Eastern Band of Cherokee Indians, Lumbee Tribe of North Carolina, Coharie Tribe, Haliwa-Saponi Indian Tribe, Occaneechi Band of the Saponi Nation, Meherrin Indian Tribe, Sappony, The Catawba Nation and Waccamaw Siouan Tribe.[8] DMH/DD/SUS remains committed to building long-term relationships with the tribal populations, including their elders and youth residing in North Carolina to enable tribal communities to develop or tailor intergenerational, culturally specific promising practices or EBPs that address their population's needs. For example, under the SUPTRS grant, the program Project Venture has been implemented in Watauga County. This program organizes outdoor adventure activities for Native American youth with a focus on building positive self-esteem, problem-solving skills, service learning, and leadership in the community.

Priority 3: Increase use of local policy initiatives that have proven impacts on reducing youth, young adult, and adult substance use. Throughout the development of the comprehensive strategic prevention plan, DMH/DD/SUS' prevention partners reinforced the importance of community, grassroot efforts to reduce community and societal risk factors for youth, young adult, and adult substance use, including access and social norms (e.g., lack of social disapproval). DMH/DD/SUS will support prevention partners with technical assistance and coordination for the local enactment or enforcement of new and/or existing policies to combat substance use and misuse, including:

- **Universal ID checking** in bars and restaurants;
- Increase **responsible merchant training** inclusive of problem gambling and **purchase surveys**;
- **Restrictions on the density of retail stores** that sell alcohol, nicotine, and vape products to avoid concentrating them around schools and other areas serving youth;
- **Ordinances on substance use** in outdoor areas, festivals, and events; and
- Expansion of **vape/tobacco detectors**.

DMH/DD/SUS will collaborate with community coalitions, prevention providers, and other partners to encourage the use of these strategies that have broad and significantly positive impact on youth, young adult, and adult substance use.

Priority 4: Increase collaboration across state, local/regional prevention partners, and community members, particularly in rural and under-resourced areas. Effective substance use prevention requires

[8] The Catawba Nation's service area includes North Carolina, and the tribe operates a gaming enterprise in Kings Mountain, North Carolina.

close teamwork and collaboration across localities, regions, the state, and a myriad of organizations, e.g., schools, coalitions, providers, and individuals.

DMH/DD/SUS currently requires collaboration between schools, prevention providers, and community-based coalitions as part of local provider contracts. Additionally, community coalitions have been effective at involving and empowering community members such as youth to recommend and champion prevention initiatives.

> Poe Youth Group: The Poe Center for Health Education has engaged youth groups through the Teen Health Advisory Council and Youth Empowerment group. The center uses the Dover Youth 2 Youth Model to support youth in analyzing data to identify prevention needs and publicly speaking on substance use issues. The Youth Empowerment group has hosted conferences with *local* government officials and has successfully advocated for eight local policy changes (municipal and county) related to tobacco and vaping ordinances, data collection, and other topics.

DMH/DD/SUS will:

Goal 1: *Empower more youth and adults to plan, champion, implement and evaluate community-based and statewide prevention initiatives (e.g., through a statewide youth council that may be part of a statewide prevention coalition).* DMH/DD/SUS will work with its community partners to encourage the development of youth councils and integrate youth through models in the *Engaging Youth to Improve Substance Misuse Prevention: Information Guide Series* that DMH/DD/SUS funded through SUPTR block grant dollars. [xxi]

Goal 2: *Partner with NCDHHS divisions, including DHB, and NC DPI to ensure collaboration on statewide prevention plans and that North Carolina maximizes federal funding through new and existing funding pathways.* DMH/DD/SUS understands that it takes a tightly coordinated village to effectively implement a statewide prevention strategy. Specifically, DMH/DD/SUS will work with DPI on a statewide level and support its prevention partners to encourage local schools to develop substance use infraction and problem gambling infraction policies that include alternatives to suspension. DMH/DD/SUS will build on its strong relationships with state partners to meet regularly and share updates on prevention priorities and funding opportunities.

Goal 3: *Increase partnership with and technical assistance for rural communities/counties*. DMH/DD/SUS will work with rural county agencies, including law enforcement, emergency medical services, public health agencies, community-based organizations, and coalitions to expand access to substance use and problem gambling prevention activities. To meet this goal, DMH/DD/SUS will work with county officials and partners to identify local prevention needs and resources available more quickly to the county for

support (e.g., schools and opioid settlement funding). Where community coalitions do not yet exist, DMH/DD/SUS will:

- Empower rural county officials to support and dedicate resources to stand up community coalitions tasked with developing a model that is tailored to the issues in their rural communities; and
- Connect rural county officials to prevention providers that may be assigned to and conducting programming in their counties. DMH/DD/SUS distributed a portion of its SPF-PFS grant to expand the reach of prevention programs to underserved rural areas.

Priority 5: Update the state's evaluation strategy to ensure alignment with the 5-year strategic goals. DMH/DD/SUS, and its prevention partners work together to carry out data-driven prevention activities. Statewide evaluators assist local providers, statewide partners, and DMH/DD/SUS to collect and use evaluation data in a timely manner to make well-informed decisions throughout implementation.

Working with its statewide evaluator, NCDHHS has already implemented a robust data collection strategy across prevention programs that are grant funded. NCDHHS plans to build on its existing evaluation strategy to continue to monitor the effectiveness and fidelity, to the extent it applies, to prevention programs implemented by local prevention partners and collect data relevant to the targeted prevention needs, including expanding the metrics collected. Relatedly, DMH/DD/SUS will work with its statewide evaluator and SEOW to make the data more readily available and accessible at the local level.

DMH/DD/SUS and its partners anticipate that these activities will continue to allow them to make data informed adjustments to its prevention strategies, including:

- Ways to achieve outcomes and meet community prevention needs more quickly and effectively; and
- Strategies and practices to expand in the community and replicate more broadly across the state.

ECCO Monitoring. As required by the SUPTRS block grant, DMH/DD/SUS worked with a contractor to use their cloud-based ECCO data collection system to monitor substance use primary prevention efforts. The state has captured various information and metrics including provider and county implementation of programs, implementation fidelity, distribution of resources to individuals, and population reach and engagement by strategy type or program. DMH/DD/SUS has partnered with an evaluator to provide actionable reports on this data and collect qualitative survey data from providers.

DMH/DD/SUS will:

Goal 1: *Improve availability and timeliness of data collection at the local county-level.* DMH/DD/SUS will work with its evaluation partners to ensure, to the extent possible, that data collection and access to reports at the county-level contain the relevant metrics related to substance use, risk and protective factors, and prevention program reach. In addition, DMH/DD/SUS will prioritize access to frequent and recent data for community partners, to the extent possible.

Goal 2: *Enable data products to be more user-friendly, actionable, and integrated across grant programs and outcome/process measures.* DMH/DD/SUS will coordinate with evaluators to integrate key metrics, to the extent possible, across grant programs (e.g., SUPTRS, SPF, SOR) into a single, digestible report to enable prevention providers to have a more comprehensive view of substance use-related outcome and process measures in their counties.

Goal 3: *Broaden the set of metrics captured to inform substance use prevention efforts by expanding existing mixed methods of data collection (quantitative and qualitative).* DMH/DD/SUS will prioritize working with statewide and local partners to collect and/or analyze data on additional metrics related to substance use (e.g., marijuana vaping and THC use), populations (e.g., adult substance use) and explore programs funded by other payers (e.g., reach of dyadic family engagement programs funded by Medicaid). DMH/DD/SUS will also continue to expand the State Epidemiological Outcomes Workgroup (SEOW) evaluation focus areas to include adults and expand youth and young adult analysis to tribal populations to aid in determining prevention priorities for this population. Additionally, DMH/DD/SUS will explore the feasibility of collecting data on additional risk and protective factors not currently captured in surveys – such as, parent/caregiver prevention skills and commitment to school – and their association with youth or adult substance use to inform future priority efforts or populations.

Measuring Progress

DMH/DD/SUS expects to use broad measures to track progress on outcomes, the goals, and priorities indicated in this strategic plan. DMH/DD/SUS anticipates using these measures to gauge progress against

goals related to specific substances of concern as well as process measures that cut across substances (e.g., youth engagement); and may adjust these measures over time to meet evolving programs and strategies across the state. Certain measures are not currently reported and DMH/DD/SUS plans to build capacity to report on these in the coming years.

Table 2: Measuring Progress Across Goals, Outcomes, and Processes

Overall Goal	Outcomes	Intermediate Outcomes	Process Measures
Reduce alcohol use among youth and misuse among young adults and adults by 5% by 2031	• Percentage of youth drinking alcohol on at least 1 day in past 30 days *(YRBS, Youth and Young Adult Survey)* • Percentage of youth reporting binge drinking on at least 1 day in past 30 days *(YBRS, Youth and Young Adult Survey)* • Percentage of youth drinking alcohol *(Youth and Young Adult Survey)* • Percentage of young adults reporting binge alcohol use in past month *(NSDUH)* • Percentage of adults reporting binge alcohol use in past month *(NSDUH)*	• Percentage of youth and young adults perceiving alcohol use as harmful *(Youth and Young Adult Survey)* • Perceptions of great risk among youth and adults from having five or more drinks of an alcohol beverage once or twice a week *(NSDUH)* • Percentage of youth accessing alcohol without permission *(Youth and Young Adult Survey)* • Percentage of respondents reporting keeping alcohol only in locked locations *(NC Alcohol Storage Survey)*	• Number of youths reached by youth prevention education programs with alcohol as a focus area *(ECCO)* • Number of individuals reached by environmental campaigns (e.g., Talk It Up, Lock It Up; alcohol secure storage activities; alcohol merchant education) *(ECCO)* • Number of local ordinances limiting retail store outlet density within a certain distance of a school • Number of community coalitions or other groups contributing to the development of local or state alcohol-related ordinances
Reduce the percentage of youth, young adults, and adults using nicotine products by 5% by 2031	• Percentage of youth who smoked cigarettes on at least 1 day in past 30 days *(YRBS, Youth and Young Adult Survey)* • Percentage of youth and young adults who used cigarettes *(Youth and Young Adult Survey)*	• Percentage of youth and young adults perceiving nicotine vapes as harmful *(Youth and Young Adult Survey)* • Perceptions of great risk among youth and adults from smoking one or	• Number of youths reached by youth prevention education programs with nicotine products as a focus area (e.g., Catch my Breath) *(ECCO)*

Overall Goal	Outcomes	Intermediate Outcomes	Process Measures
	• Percentage of youth and young adults who ever used nicotine vapes *(Youth and Young Adult Survey)* • Percentage of 26 and older using tobacco products in the past month *(NSDUH)* • Percentage of 26 and older using cigarettes in the past month *(NSDUH)*	more packs of cigarettes per day *(NSDUH)*	• Tobacco retailer violation rate (Synarsurvey[9]) • Number of tobacco retail merchants visited as part of Synar merchant education *(ECCO)*
Reduce misuse of medications among youth, young adults, and adults by 5% by 2031	• Percentage of youth and young adults ever misusing prescription medications *(Youth and Young Adult Survey, YRBS)* • Percentage of youth and young adults ever misusing OTC medications *(Youth and Young Adult Survey)* • Percentage of youth ever taken prescription medicine without a doctor's prescription or differently than how doctor told to use it *(YRBS)* • Percentage of adults reporting prescription opioid misuse in the past year *(NSDUH)*	• Percentage of youth and young adults perceiving misuse of prescription medications as harmful *(Youth and Young Adult Survey)* • Percentage of respondents reporting safely disposing of unused medications *(NC Secure Medication Storage Survey)* • Percentage of respondents reporting using a medication lock box to store medications *(NC Secure Medication Storage Survey)*	• Number of youths reached by youth prevention education programs with misuse of medications as a focus area *(ECCO)* • Number of individuals reached by environmental campaigns (e.g., Lock Your Meds; secure medication storage activities) *(ECCO)* • Number of participants completing Partners Aligned Toward Health (PATH) programs • Number of healthcare providers completing training on prescribing and communicating on safe medication storage

[9] The Synar survey is an unannounced compliance check at retail outlets with underage youth posing as purchasers of tobacco and nicotine products to develop an estimate of merchant compliance rates with the law.

Overall Goal	Outcomes	Intermediate Outcomes	Process Measures

Reduce the percentage of youth, young adults, and adults using marijuana by 5% by 2031	• Percentage of youth using marijuana on at least one day during the past 30 days *(YRBS)*
	• Percentage of youth who ever used marijuana *(YRBS)*
	• Percentage of people aged 26 and older who used marijuana in past year *(NSDUH)*
	• Percentage of youth and young adults using *(Youth and Young Adult Survey):*
	  ○ Cannabis (pot/weed)
	  ○ CBD
	  ○ Delta 8/10/P
	  ○ Synthetic Cannabis
		• Percentage of youth and young adults perceiving cannabis use as harmful *(Youth and Young Adult Survey)*
		• Perceptions of great risk among youth and adults from smoking marijuana once a month *(NSDUH)*
			• Number of youths reached by youth prevention education programs with marijuana as a focus area *(ECCO)*
			• Number of individuals reached by environmental campaigns (e.g., Cannabis Education Campaign) *(ECCO)*

Cross-Cutting Across Substances	• Cross-cutting across substances	• Sense of connection, self-efficacy, future-orientation *(NC Youth and Young Adult Survey)*	• Number of schools trained in substance use prevention • Number of healthcare providers trained in substance use prevention • Number of trainings held on the SPF framework for substance use prevention
Cross-Cutting Across Substances	• Cross-cutting across substances	• *N/A*	• Number of community coalitions with a youth advisory council • Changes to local policies as a result of community coalition or local prevention provider advocacy • Number and type of prevention programs by county across grants

Overall Goal	Outcomes	Intermediate Outcomes	Process Measures
			• Spread of community coalitions across the state by grant

Appendix

Appendix Table 1: Major SAMHSA Grants Supporting Primary Prevention in North Carolina

SAMHSA Grant	General Requirements	Types of Programs Supported in North Carolina
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS)	The SUPTRS grant requires state grantees to spend no less than 20% of their SUPTRS allotment on substance use primary prevention strategies. The program must target both the general population and sub-groups that are at high risk for substance use. The program must include, but is not limited to, the following strategies: Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-based Processes, and Environmental. [xxii]	This grant has supported a range of prevention programs across all 6 SUPTRS strategies in North Carolina, such as multiple youth prevention education programs (e.g., Too Good for Drugs, Catch My Breath, Unique You) and environmental campaigns (e.g., Lock Your Meds; Talk It UP, Lock It Up; Synar Merchant Education).
State Opioid Response Grant (SOR)	The SOR grant provides resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other	This grant has supported environmental campaigns to prevent misuse of medications (e.g., Lock Your Meds), youth prevention education programs, alternative pain management services, and a pilot project to reduce transitional age youth interaction with the juvenile justice system.

SAMHSA Grant	General Requirements	Types of Programs Supported in North Carolina
	concurrent substance use disorders.[xxiii]	
Strategic Prevention Framework-Partnerships for Success (SPF-PFS)	Eligible applicants are domestic public and private nonprofit entities, which may include but is not limited to states and community-based organizations. Using data, recipients will identify prevention priorities in their communities and develop and implement strategies to prevent the misuse of substances and promote mental health and well-being among youth and adults. [xxiv]	The state has awarded sub-recipient communities to implement youth prevention education, environmental campaigns, and mental health-focused programs. Non-state entities have also directly received grants.
Strategic Prevention Framework for Prescription Drugs (SPF-Rx)	Eligible applicants are domestic public and private non-profit entities. The SPF Rx program raises community awareness and brings prescription substance misuse prevention activities and education to schools, communities, parents, prescribers, and their patients. Grant recipients are required to track reductions in opioid related overdoses and incorporate relevant prescription and overdose data into strategic planning and future programming.[xxv]	The state has awarded sub-recipient communities to implement programs such as prescriber education training, the "Lock Your Meds" media campaign, dispenser webinars, and a youth leadership initiative called "Youth to Youth International." Non-state entities have also directly received grants.
Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths	This grant aims to reduce the number of prescription drug/opioid overdose-related	This grant has supported high needs communities to conduct prescriber and dispenser

SAMHSA Grant	General Requirements	Types of Programs Supported in North Carolina
	deaths and adverse events among adults. The grant funds programs that train first responders and other key community members on prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders.[xxvi]	education training, paramedicine, naloxone distribution to community groups and first responders, linkage to treatment/recovery services, and NC Lock Your Meds campaign work.

Appendix 2: Prevention Providers and Organizations Engaged in Strategic Plan Development

- Debbie Sudekum, Easter Seals PORT Health
- Angela Allen, Prevention Services
- Emily Nicholson, Alcohol and Drug Services
- DeShay Oliver, Cleveland County
- Deeanna Hale-Holland, Coastal Horizons
- Erin Ditta, Coastal Horizons
- Virginia Johnson, Poe Health
- Alexis Parson-Adams, Prevention Services
- Kendle Holeman, Insight North Carolina
- Kristin Kidd, Advocate Health
- Melinda Pankratz, Advocate Health
- Parissa Ballard, Advocate Health
- Lilli Mann-Jackson, Advocate Health
- Felicia Roberson, Addiction Professionals of North Carolina
- Gretchen Summerville, Addiction Professionals of North Carolina
- Emmy Knowles, Addiction Professionals of North Carolina
- Jessica Garza, Addiction Professionals of North Carolina
- Erin J. Day, Community Impact North Carolina
- Jane Casarez, Community Impact North Carolina
- Mina J. Cook, University of North Carolina, Greensboro

- Kristen Hunt, Governor's Institute
- Lauren Borchert, Arc of North Carolina
- Jessica Edwards, Pire
- David Currey, Pire
- Karen Webb, Alamance Citizens for a Drug Free Community
- Calandra Lewis, Alcohol and Drug Services
- Olivia Barefoot, Addiction Professionals of North Carolina
- Scott Rhodes, Advocate Health
- David Haywood, Governor's Institute
- Erin McClain, University of North Carolina, Greensboro
- Jamie Lea, University of North Carolina, Greensboro
- Megan Canady, University of North Carolina, Greensboro
- Doug Green, Community Impact North Carolina
- George Gregor Holt, Chatham Drug Free
- Alison Wood, NC Problem Gambling Youth Prevention Coordinator

---

[i] Wake Forest University School of Medicine, "2025 North Carolina Youth and Young Adult Substance Use Prevention Survey Results, 2026.

[ii] Ashlynn M. Ruleman et al., "Predicting Transitions in Alcohol Use among Adolescents and Young Adults by Nicotine and Tobacco Products Used," *Drug and Alcohol Dependence* (2026), https://doi.org/10.1016/j.drugalcdep.2026.113197.

[iii] Ardeshir S. Rahman, Corey E. Pilver, Rani A. Desai, Marvin A. Steinberg, Loreen Rugle, Suchitra Krishnan-Sarin, Marc N. Potenza, "The relationship between age of gambling onset and adolescent problematic gambling severity," *J Psychiatr Res* (2012), doi: 10.1016/j.jpsychires.2012.02.007

[iv]Substance Abuse and Mental Health Services Administration (SAMHSA), "Treating Substance Misuse in Older Adults", January 1, 2025, https://www.apa.org/monitor/2025/01/substance-misuse-older-adults

[v] Ibid

[vivi] Charles F. Reynolds 3rd, Dilip V. Jeste, Perminder S. Sachdev, Dan G. Blazer, "Mental Health Care for Older Adults: Recent Advances and New Directions in Clinical Practice and Research," *World Psychiatry* (2022), **https://doi.org/10.1002/wps.20996**

[vii] Felicity K Lorains , Sean Cowlishaw, Shane A Thomas, "Prevalence of comorbid disorders in problem and pathological gambling: systematic review and meta-analysis of population surveys," *Addiction* (2011), doi: 10.1111/j.1360-0443.2010.03300.x.

[viii] Matthew Browne, Vijay Rawat, Philip Newall, Stephen Begg, Mathew Rockloff, and Nerilee Hing, "A framework for indirect elicitation of the public health impact of gambling problems", *BMC Public Health* (2020), https://link.springer.com/article/10.1186/s12889-020-09813-z

[ix] North Carolina Department of Health and Human Services, "North Carolina Resident Population Health Data by Race and Ethnicity", https://schs.dph.ncdhhs.gov/schs/pdf/NCPopHealthDatabyRaceEth2024-FINAL.pdf, page 3

[x] Annika C Montag, Rhonda Romero, Toni Jensen, Amiyonette Goodblanket, Ami Admire, Conner Whitten, Daniel Calac, Natacha Akshoomoff, Maria Sanchez, MarLa Zacarias, Jennifer A Zellner, Miguel del Campo, Kenneth Lyons Jones, Christina D Chambers, "The Prevalence of Fetal Alcohol Spectrum Disorders in An American Indian Community," *Int J Environ Res Public Health* (2019), doi: 10.3390/ijerph16122179

[xi] Grace M. Barnes, John W. Welte, Marie-Cecile O. Tidwell, "Gambling Involvement among Native Americans, Blacks and Whites in the United States", *Am J. Addict* (2017), doi: 10.1111/ajad.12601
[xii] March of Dimes, "Data for North Carolina," February 2024, https://www.marchofdimes.org/peristats/data?top=9&lev=1&stop=433&reg=99&sreg=37&obj=35&slev=4
[xiii] SAMHSA, *2024 National Survey on Drug Use and Health*, https://www.samhsa.gov/data/sites/default/files/reports/rpt56484/NSDUHDetailedTabs2024/NSDUHDetailedTabs2024/2024-nsduh-detailed-tables-sect8pe.htm#tab8.22a
[xiv]March of Dimes, "Data for North Carolina," February 2024, https://www.marchofdimes.org/peristats/data?top=9&lev=1&stop=655&reg=99&sreg=37&obj=1&slev=4
[xv] Governor of the State of North Carolina, "Fetal Alcohol Spectrum Disorder Awareness Month 2021," https://governor.nc.gov/governor-proclaims-fetal-alcohol-spectrum-disorder-awareness-month-2021/open
[xvi] Megan S. Shuler, Aimee Bower, Caree M. Farmer, Jessica Philipps, Rajeev Ramchand, "Alcohol and Substance Use Among Veterans," *RAND,* Nov 5, 2025, https://www.rand.org/pubs/infographics/IGA1363-4-v2.html
[xvii] NCDHHS, "2024 BRFSS Survey Results: North Carolina," September 18, 2025, https://schs.dph.ncdhhs.gov/data/brfss/2024/nc/all/AnyTobUse.html
[xviii] Rural Health Information Hub, "Substance Use and Misuse in Rural Areas," August 15, 2025, https://www.ruralhealthinfo.org/topics/substance-use
[xix] CDC, "Parent Engagement in Schools," November 22, 2024, https://www.cdc.gov/healthy-youth-parent-resources/parent-engagement/index.html
[xx] Healthy People 2030, "Substance Use: Family-based Intervention to Prevent Substance Use among Youth, 2023," June 2023, https://odphp.health.gov/healthypeople/tools-action/browse-evidence-based-resources/substance-use-family-based-intervention-prevent-substance-use-among-youth
[xxi] Wake Forest University School of Medicine, "Engaging Youth to Improve Substance Misuse Prevention: Information Guide Series", January 2023, https://cdn.atriumhealth.org/-/media/wakeforest/school/files/about-the-school-of-medicine/prevention-resource-repository/youth-engagement-guidelines.pdf?rev=496bd7ff82cd4d8099f17bb4fddb0541&hash=F8CC1CF0D9F4AB46CEA135B3F67312B6
[xxii] SAMHSA, "Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)", April 24, 2023, https://www.samhsa.gov/grants/block-grants/subg
[xxiii]SAMHSA, "State Opioid Response Grants," January 28, 2026, https://www.samhsa.gov/grants/grant-announcements/ti-22-005
[xxiv] SAMHSA, "Strategic Prevention Framework-Partnerships for Success," January 28, 2026, https://www.samhsa.gov/grants/grant-announcements/sp-22-004
[xxv] SAMHSA, "Strategic Prevention Framework for Prescription Drugs," March 2, 2022, https://www.samhsa.gov/grants/grant-announcements/sp-22-003
[xxvi] SAMHSA, "Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths," July 18, 2022, Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths | SAMHSA