



# Capitol Hill Day

FEBRUARY 5, 2025

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# MAXIMIZE

## Your Capitol Hill Day!

- 1 Designate one person to be the primary spokesperson for the meeting.
- 2 Be brief with your introductions.
- 3 Discuss the major accomplishments of your coalition—highlight outcomes, key groups involved, the number of volunteers and what you were able to accomplish despite challenges.
- 4 Use the supporting fact sheets in the CADCA Capitol Hill Day booklet as talking points to educate your legislators and their staff.
- 5 Mention that CADCA represents your coalition in Washington, D.C.
- 6 Ask how you can foster a continuing relationship with the Member of Congress and their staff.
- 7 Invite youth to share their role in the coalition and what they feel the coalition does to prevent substance use.
- 8 Ask Members and staff the best way to provide follow-up materials to them.

# Educating Elected Officials

## DO'S

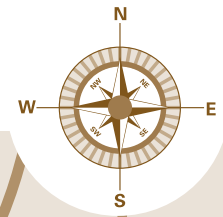
- DO** be brief.
- DO** share your expertise and insights.
- DO** highlight important facts and outcomes.
- DO** thank legislators and staff.
- DO** be respectful.

## DON'TS

- DON'T** overwhelm legislators and staff with too much information.
- DON'T** send passive aggressive or angry emails when you follow up with Congressional offices.
- DON'T** be offended if you meet in the hallway—offices are small!
- DON'T** be offended if you meet with a staffer rather than your Congressperson—staffers are often more knowledgeable about our issues than members of Congress are themselves.
- DON'T** be offended if your member of Congress needs to leave the meeting. Members of Congress may need to go vote or attend committee meetings.

# Map of U.S. Capitol Complex

U.S. CAPITOL  
Visitor Center



**Legend**

	Accessible Entrance		Elevators
	Accessible Route		Parking
	Visitor Services Shuttle		Bus Pick-Up
	Circulator Bus Stop		Bus Drop-Off
			Metro Station



# Walking Directions

Buses to Capitol Hill will leave from the Gaylord National Harbor beginning at 10:30 AM. CADCA staff and signs will be directing Capitol Hill Day attendees to the bus loading area. All Capitol Hill Day attendees will be **dropped off at Garfield Circle**. Attendees will be **picked up to return to the Gaylord at Peace Circle**. The last bus departs from Peace Circle at 6:00 PM.

## Security at Capitol Hill

Almost all Capitol Hill Day meetings will take place in the House and Senate Office Buildings, rather than the U.S. Capitol Building. To enter these buildings, you will need to wait in line and go through a metal detector. You do not need to show identification or remove your shoes, but you may need to remove your belt or any other clothing that contains metal. Some items, such as weapons, or bags over a certain size, are prohibited in the Capitol Building or in the House and Senate Office Buildings. A full list of prohibited items is available at the [United States Capitol Police website](#).

## Directions to House and Senate Office Buildings from Garfield Circle

If you are standing on the sidewalk and looking at Garfield Circle (so that the Capitol Building is behind you) the HOUSE buildings will be on your left and the SENATE buildings will be on your right.

## Directions between Buildings

Due to security concerns, you will not be able to use the underground tunnels or Capitol subway system to navigate between Congressional office buildings. To move between buildings, you must walk outside and wait in security lines. Please allow extra time when walking between buildings.

## Directions from Senate Office Buildings to Peace Circle (Where Buses Will Pick You Up to Return to the Gaylord)

Take a right onto Constitution Avenue. Continue for three blocks and take a left onto First Street NW. Walk one block to Peace Circle.

## Directions from House Office Buildings to Peace Circle (Where Buses Will Pick You Up to Return to the Gaylord)

Take a left onto Independence Avenue. Walk approximately one and a half blocks and take a right onto First Street SW and walk two blocks to Peace Circle.

## Addresses of Congressional Office Buildings for Smartphones

### SENATE OFFICE BUILDINGS

#### **Dirksen Senate Office Building**

50 Constitution Avenue, NE, Washington, DC 20002

#### **Hart Senate Office Building**

120 Constitution Avenue, NE, Washington, DC 20002

#### **Russell Senate Office Building**

2 Constitution Avenue, NE, Washington, DC 20002

### HOUSE OFFICE BUILDINGS

#### **Cannon House Office Building**

27 Independence Avenue SE, Washington, DC 20003

#### **Longworth House Office Building**

15 Independence Avenue SE, Washington, DC 20515  
*All rooms in Longworth begin with a "1". For example, Room "1234" is on the 2nd floor.*

#### **Rayburn House Office Building**

45 Independence Avenue, SE, Washington, DC 20515  
*All rooms in Rayburn begin with a "2". For example, room "2314" is on the 3rd floor.*

# CADCA Helps Communities Reduce Substance Misuse

CADCA is a nonprofit organization that is committed to creating safe, healthy and drug-free communities globally. Preliminary data from the CDC suggests that, within the 12-month period ending in August 2024, 86,678 people died of a drug overdose.<sup>1</sup> **We believe that prevention of substance use and misuse before it starts is the most effective and cost-efficient way to mitigate the opioid, stimulant, synthetic and polydrug crises facing our nation.** Every dollar invested in prevention efforts saves communities between \$2 and \$20.<sup>2</sup> Communities can not only save money but, more importantly, save lives by implementing comprehensive strategies based on CADCA's Model for Community Change. CADCA represents over 7,000 community coalitions that involve individuals from key sectors including schools, youth, parents, healthcare, law enforcement, media and others. Addressing the epidemic of substance use and misuse through local, multi-sector community action will create outcomes that change the world.

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1 Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2024. Designed by LM Rossen, A Lipphardt, FB Ahmad, JM Keralis, and Y Chong; National Center for Health Statistics.

2 Swisher, J.D., Scherer, J.M., Yin, R.K. (2004 October). Cost-benefit estimates in prevention research. *The Journal of Primary Prevention*, Vol. 25(2). pp. 137-148.

# Age of Initiation is Key: Substance Use Disorders Are Pediatric Onset Diseases

- 9 out of 10 adults (90%) with substance use disorders initiated their use before age 18.<sup>1</sup>
- The earlier substance use begins, the more likely it will progress to substance use disorder.<sup>2</sup>
- Of youth who begin drinking before age 15, 40% were classified as dependent later in life.<sup>3</sup>
- 15.6% of the 28.3 million people with alcohol use disorder (5.2 million people) were between the ages of 18 and 25.<sup>4,5</sup>
- Children who first smoke marijuana under the age of 14 are more than five times as likely to have a substance use disorder as an adult.<sup>6</sup>
- Within 12 months since first cannabis use, 10.7% of adolescents had cannabis use disorder.<sup>7</sup>
- NIDA's Science Policy Branch Chief says: "Research has shown that brain development continues into a person's 20s, and that age of drug initiation is a very important risk factor for developing addiction. This underscores the importance of drug use prevention and screening for substance use or misuse among adolescents and young adults."<sup>8</sup>

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1 National Center on Addiction and Substance Abuse at Columbia University. (2011). *Adolescent Substance Use: America's #1 Public Health Problem*. New York, NY: Author.

2 NIDA. 2018, June 6. *Understanding Drug Use and Addiction DrugFacts*. Retrieved from <https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction> on 2022, November 21

3 National Institute on Alcohol Abuse and Alcoholism. (2006). *Underage Drinking A Growing Healthcare Concern*. Available <http://pubs.niaaa.nih.gov/publications/PSA/underageegg2.htm>.

4 Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56)*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

5 Grant, B.F., and Dawson, D.A. Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *J Sub Abuse* 9:103-110, 1997.

The National Household Survey on Drug Abuse (NHSDA) report. August 23, 2002. Available: <http://oas.samhsa.gov/2k2/MJ&dependence/MJdependence.htm>

6 National Center on Addiction and Substance Abuse at Columbia University. (2011). *Adolescent Substance Use: America's #1 Public Health Problem*. New York, NY: Author.

Substance Abuse and Mental Health Services Administration. *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*. NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

McCabe, S.E.; West, B.T.; Morales, M.; Cranford, J.A.; and Boyd, C.J. Does early onset of non-medical use of prescription drugs predict subsequent prescription drug abuse and dependence? Results from a national study. *Addiction* 102(12):1920-1930, 2007.

National Institute on Alcohol Abuse and Alcoholism. (2006). *Underage Drinking A Growing Healthcare Concern*. Available: <http://pubs.niaaa.nih.gov/publications/PSA/underageegg2.htm>.

Grant, B.F., and Dawson, D.A. Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *J Sub Abuse* 9:103-110, 1997.

The National Household Survey on Drug Abuse (NHSDA) report. August 23, 2002. Available: <http://oas.samhsa.gov/2k2/MJ&dependence/MJdependence.htm>

7 NIDA. 2021, March 29. *Younger age of first cannabis use or prescription drug misuse is associated with faster development of substance use disorders*. Retrieved from <https://nida.nih.gov/news-events/news-releases/2021/03/younger-age-of-first-cannabis-use-or-prescription-drug-misuse-is-associated-with-faster-development-of-substance-use-disorders> on 2022, November 21

8 *Ibid.*



# The Broad Impact of Substance Use Prevention<sup>1,2,3</sup>

Prevention must be a larger component of a comprehensive approach in our national efforts to reduce overdose deaths. Investing in youth substance use prevention now will pay big dividends in reducing substance use disorders and saving lives.

The 2024 Monitoring the Future Study found that from 2023 to 2024, abstinence, which is defined as 30 days of non-use of alcohol, nicotine and marijuana, increased for 10th graders from 76.9% to 80.2%, a rate of increase in abstinence of 4.3%. Among 12th graders, abstinence increased from 62.6% in 2023 to 67.1% in 2024, a rate of increase in abstinence of 7.2%. Among 8th graders, abstinence remained stable at 89.5%. This shows that substance use prevention is working.

## To be as Effective as Possible Prevention Infrastructure Must be in Place Nationwide to Allow More States and Communities To:<sup>4,5,6,7,8</sup>

- Assess prevention needs based on epidemiological data.
- Build prevention capacity.
- Develop strategic plans.
- Implement effective community prevention strategies, programs, policies and practices.
- Evaluate efforts for outcomes.

## Unlock the Power of Substance Use Prevention! It Works!

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- 1 Moffitt T, Arseneault L, Belsky D, et al. A gradient of childhood self-control predicts health, wealth, and public safety. *Proceedings of the National Academy of Sciences* Feb 2011, 108 (7) 2693
  - 2 Nargiso J, Ballard E, Skeer M. A Systematic Review of Protective Factors Associated with Nonmedical Use of Prescription Drugs Among Youth in the United States: A Social, Ecological Perspective. *J. Stud. Alcohol Drugs.* 76, 5-20, 2015. *Drugs Among Youth in the United States: A Social Ecological Perspective.* *J. Stud. Alcohol Drugs.* 76, 5-20, 2015.
  - 3 Compton, W, Jones, C, Baldwin, G, et al. (2019). Targeting youth to prevent later substance use disorder: an underutilized response to the US opioid crisis. *American journal of public health*, 109(S3), S185-S189.
  - 4 Butterfoss, F.D. (2007). *Coalitions and partnerships for community health.* San Francisco, CA: Jossey-Bass.
  - 5 Collie-Akers VL, Fawcett SB, Schultz JA, Carson V, Cyprus J, Pierle JE. (July 2007). Analyzing a community-based coalition's efforts to reduce health disparities and the risk for chronic disease in Kansas City, Missouri. *Preventing Chronic Disease* [serial online]. 2007 Jul. Available from [http://www.cdc.gov/pcd/issues/2007/jul/06\\_0101.htm](http://www.cdc.gov/pcd/issues/2007/jul/06_0101.htm). Hays, C.E., Hays, S.P., DeVille, J.O., & Mulhall, P.F. (2000). Capacity for effectiveness: The relationship between coalition structure and community impact. *Evaluation and Program Planning*, 23, 373-379.
  - 6 Foster-Fishman, P.G., Berkowitz, S.L., Lounsbury, D.W., Jacobson, S., & Allen, N.A. (2001). Building collaborative capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology*, 29(2), 241-261
  - 7 KU Work Group for Community Health and Development. (2007). *Use Promising Approaches: Implementing Best Processes for Community Change and Improvement.* Lawrence, KS: University of Kansas. Retrieved November 12, 2008, from the World Wide Web: <http://ctb.ku.edu/en/promisingapproach>
  - 8 Roussos, S.T. & Fawcett, S.B. (2000). A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health*, 21, 369-402.

# Cuts to Substance Use Prevention Funding

Funding for Federal Substance Misuse Prevention has been Cut by 27.3% (between FY 2009 and FY 2024)

Funding (in Millions of Dollars)																
	2009	2010	2011	2012	2013 (with sequester)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Drug-Free Communities (DFC) Program	90	95	95	92	87.4	92	93.5	95	97	99	100	101.25	102	106	109	109
Comprehensive Addiction Recovery Act (CARA) Enhancement Grants	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3	3	3	4	5	5.2	5.2	5.2
Center for Substance Abuse Prevention (CSAP)	201	201.2	201.2	186.4	177.1	175.6	175.2	211.2	223.2	248.2	205.5*	206.47	208.20	218.22	236.88	236.88
20% Set-Aside within Substance Abuse Prevention and Treatment Block Grant	355.8	355.8	355.8	360	342	363.9	363.9	371.6	371.6	371.6	371.6	371.6	371.6	381.6	401.6	401.6
State Grants Portion of the Safe and Drug Free Schools & Communities Program	294.8	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
National Youth Anti-Drug Media Campaign	70	45	35	--	--	--	--	--	--	--	--	--	--	--	--	--
Enforcing Underage Drinking Laws	25	25	20.8	5	4.75	2.5	--	--	--	--	--	--	--	--	--	--
<b>Total:</b>	<b>1036.6</b>	<b>722</b>	<b>707.8</b>	<b>643.4</b>	<b>611.25</b>	<b>634</b>	<b>632.6</b>	<b>677.8</b>	<b>694.8</b>	<b>721.8</b>	<b>680.1</b>	<b>683.32</b>	<b>686.80</b>	<b>711.02</b>	<b>752.68</b>	<b>752.68</b>

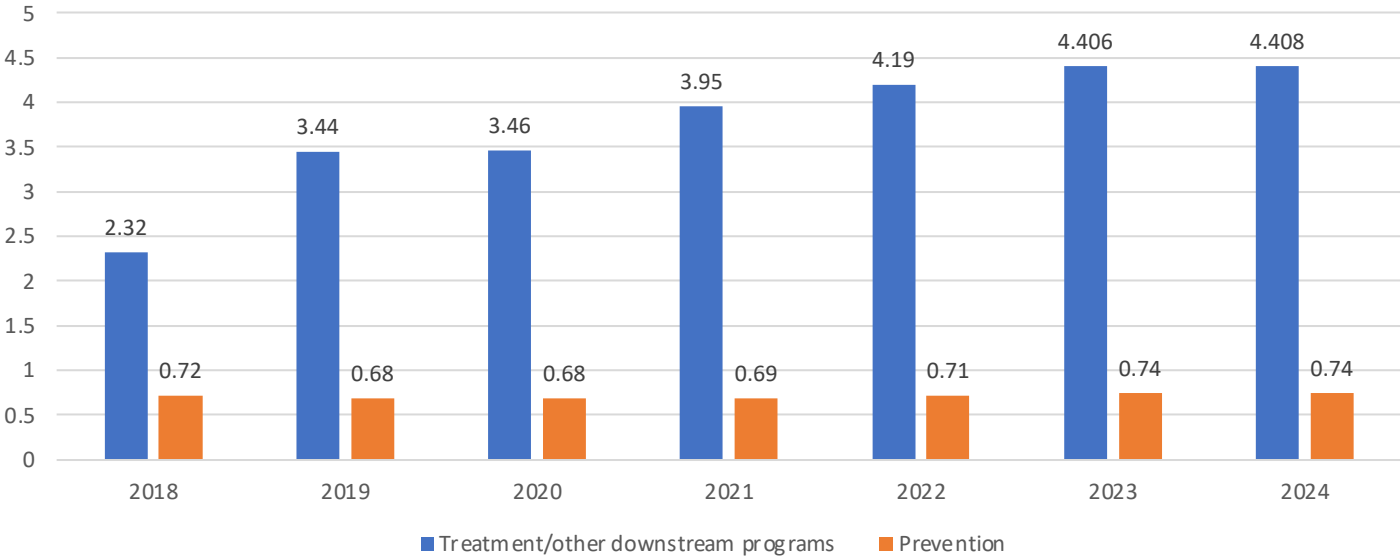
\* Reduction reflects overdose reversal program being moved to CSAT.

**Difference Between FY 2009 and FY 2024: \$283.92 million OR -27.3%**

**Unlock the Power of Substance Use Prevention!**  
**Protect and fully fund all substance use prevention programs in FY 2025 and FY 2026!**

# Prevention is Totally Underutilized and Underfunded at the Federal Level

Difference Between Substance Use Treatment and Prevention Funding  
FY18-FY24 (in Billions of Dollars)



\* Substance Use Treatment Funding Level= CSAT PRNS, State Opioid Response Grants and the Substance Use Prevention Treatment and Recovery Services Block Grant MINUS the 20% Prevention Set-Aside. Starting with FY 2021, Substance Use Treatment Funding Level includes the CDC Opioid Overdose Prevention Program and starting in FY 2022, Substance Use Treatment Funding Level includes the HRSA Rural Communities Opioid Response Program

\* Prevention Funding Level= 20% Prevention Set Aside in the SUPTRBG, CSAP's PRNS and the Drug-Free Communities Program

**Unlock the Power of Substance Use Prevention!**  
**Protect and fully fund all substance use prevention programs in FY 2025 and FY 2026!**

# Primary Prevention Works!

Primary prevention to stop substance use before it starts is cost-effective, with research showing that for each dollar invested in prevention, between \$2 and \$20 in treatment and other health costs can be saved.<sup>1</sup> Investments in prevention programs would save states and local governments \$1.3 billion, including \$1.05 billion in educational costs within 2 years.<sup>2</sup> Greater investment in prevention programs would reduce costs related to substance use by \$33.5 billion and would preserve quality of life over a lifetime valued at \$65 billion.<sup>3</sup>

## Prevention Works!

Monitoring the Future (MTF) study results show that 2024 continued the historical decline in adolescent substance use that has occurred since 2021.<sup>4</sup> Study results show the following:<sup>5,6</sup>

- Alcohol use among 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders remains at or near historic lows.
- In 2024, marijuana use declined across all three grades for lifetime, past 12-month and past 30-day use.
- From 2023 to 2024, abstinence, which is defined as 30 days of non-use of alcohol, nicotine and marijuana, increased for 10<sup>th</sup> graders from **76.9%** to **80.2%**, a rate of increase in abstinence of **4.3%**. It also increased for 12<sup>th</sup> graders from **62.6%** in 2023 to **67.1%** in 2024, a rate of increase in abstinence of **7.2%**.
- From 2023 to 2024, the percentage of 12<sup>th</sup> graders who reported marijuana use in the past 12-months declined from **29.0%** to **25.8%**, a rate of decrease of **11.0%**.
- From 2023 to 2024, the percentage of 10<sup>th</sup> graders who reported alcohol use in the past 12-months declined from **30.6%** to **26.1%**, a rate of decrease of **14.7%**.

## Challenges Remain: Despite Historic Decreases, Youth Substance Use Still Remains High

According to the 2024 MTF study results:<sup>7</sup>

- Vaping nicotine in the past 12 months for all three grade levels (8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup>) combined has increased from **13.9%** in 2017 to **15.2%** in 2024, a rate of increase of **9.4%**.
- **5.1%** of 12<sup>th</sup> graders reported daily use of marijuana.
- Past 12-month use of nicotine pouches doubled for 12th graders in the past year, increasing from **3%** to **6%**.
- Vaping cannabis remains high, with **17.6%** of 12<sup>th</sup> graders, **11.6%** of 10<sup>th</sup> graders and **5.6%** of 8<sup>th</sup> graders reporting past-year use.

## Unlock the Power of Substance Use Prevention! Protect and fully fund all substance use prevention programs in FY 2025 and FY 2026!

1 Swisher, J.D., Scherer, J.M., Yin, R.K. (2004 October). Cost-benefit estimates in prevention research. *The Journal of Primary Prevention*, Vol. 25(2). pp. 137-148.

2 Miller, T. and Hendrie, D. (2008). Substance abuse prevention dollars and cents: A cost-benefit analysis, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Available: <http://store.samhsa.gov/shin/content/SMA07-4298/SMA07-4298.pdf>

3 Butterfoss, F.D. (2007). *Coalitions and partnerships for community health*. San Francisco, CA: Jossey-Bass.

4 Pires, F. (2024 December 17). Missing rebound: Youth drug use defies expectations, continues historic decline". University of Michigan. <https://news.umich.edu/missing-rebound-youth-drug-use-defies-expectations-continues-historic-decline/>

5 University of Michigan. 2024 Monitoring the Future Study.

6 NIDA. 2024, December 17. Reported use of most drugs among adolescents remained low in 2024. Retrieved from <https://nida.nih.gov/news-events/news-releases/2024/12/reported-use-of-most-drugs-among-adolescents-remained-low-in-2024> on 2024, December 30

7 *Ibid.*

# Education/Advocacy Priorities

- ★ Fund the Drug-Free Communities (DFC) Program at the Highest Possible Levels in Fiscal Years 2025 and 2026!
- ★ Reauthorize the DFC Program!
- ★ Fund the Comprehensive Addiction and Recovery Act (CARA) Section 103 Enhancement Grant Program at the Highest Possible Levels in Fiscal Years 2025 and 2026 and Reauthorize the Program!
- ★ Fund the Sober Truth on Preventing Underage Drinking (STOP) Act Programs at the Highest Possible Levels in Fiscal Years 2025 and 2026!
- ★ Fund the Substance Use Prevention, Treatment and Recovery Services Block Grant at the Highest Possible Levels in Fiscal Years 2025 and 2026!
- ★ Address the Proliferation of Hemp-Derived Semi-Synthetic Cannabinoids by Ensuring the Miller Amendment is Included in the 2025 Farm Bill!
- ★ Support the Reintroduction of the Keeping Drugs Out of Schools Act!
- ★ Caution: Don't Support the SAFER Banking Act
- ★ Tobacco and E-Cigarette Prevention: Fully Fund CDC's Chronic Disease Prevention and Health Promotion-Tobacco Program
- ★ Fund All Substance Use Prevention Programs at the Highest Possible Levels in Fiscal Years 2025 and 2026!

# Fund The Drug-Free Communities Program at the Highest Possible Levels in FY 2025 and FY 2026

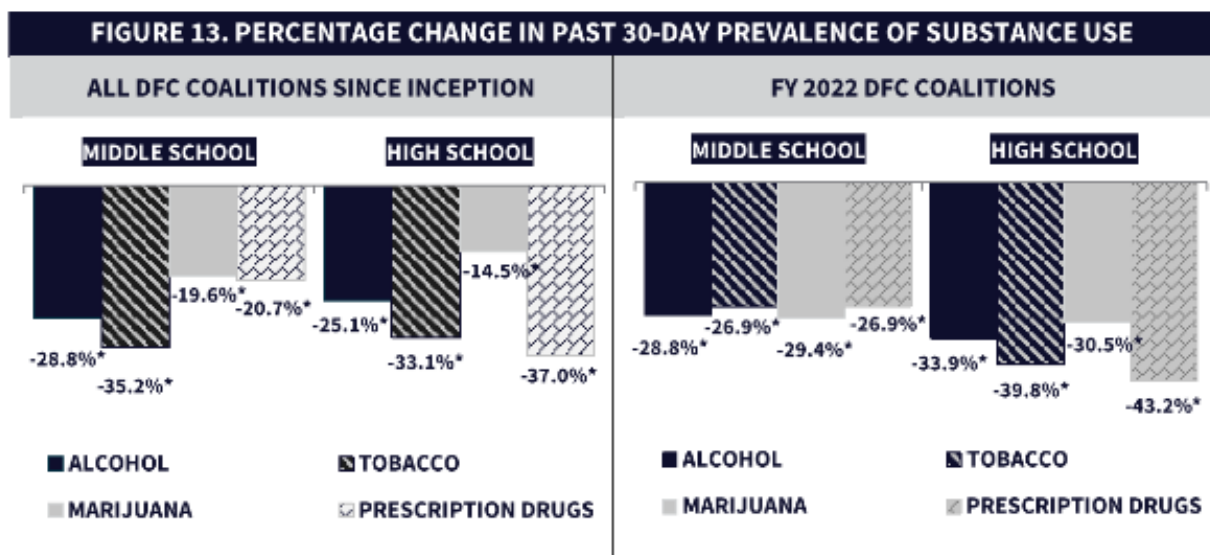
The Drug-Free Communities (DFC) program, housed in the Office of National Drug Control Policy (ONDCP), has been a central, bipartisan component of our nation’s demand reduction strategy since its passage in 1998. In FY 2024, the DFC program was funded at \$109 million. In FY 2025 both the House and Senate have proposed to level fund the DFC program at \$109 million. Recognizing that the issue of substance misuse must be addressed in every community throughout America, the DFC program provides the funding necessary for multi-sector community coalitions to identify and respond to ALL local drug, nicotine and underage drinking problems.

## The DFC Program is Unique

- DFC coalitions are singularly situated to deal with all drug trends, such as methamphetamine, opioids, other prescription drug misuse and synthetic drugs, because they have the necessary infrastructure in place to effectively address all drug-related issues within their communities.
- DFC coalitions must have significant community-wide involvement to reduce youth drug, alcohol and nicotine use through the involvement of 12 required sectors (e.g., schools, law enforcement, youth, parents, business, media, healthcare, youth-serving organizations, faith groups, civic and volunteer organizations, etc.).
- DFC coalitions must have community-wide baseline data for planning, implementation and continuous evaluation.
- DFC coalitions must target the entire community with comprehensive, effective strategies.
- DFC coalitions must provide a dollar-for-dollar match for every federal dollar received (up to \$125,000).
- All Year 1 DFC grantees are required to attend a year-long training academy through the National Community Anti-Drug Coalition Institute to learn how to best plan and implement comprehensive strategies to achieve and document population level reductions in youth substance use.

## Independent Evaluation Demonstrates that the DFC Program is Exceptionally Effective

- Prevalence of past 30-day use declined across all substances (alcohol, tobacco, marijuana and prescription drugs) and school levels (middle/high school) from DFC coalitions’ first and most recent data reports through 2023.



Source: DFC 2002–2023 Progress Reports, core measures data

Note: \* indicates  $p < .05$

# Reauthorize the Drug-Free Communities (DFC) Program with the Changes in the House-Passed Bill from Last Congress

At the very end of the last session of Congress, the Office of National Drug Control Policy (ONDCP) Reauthorization Act of 2024 passed the House by a vote of 399-1. This legislation would have extended the DFC program for 7 years from Fiscal Year 2025 to Fiscal Year 2031.

This bill also included the following critically important changes to the DFC program:

1. It authorized DFCs to be eligible to compete for a third five-year period of funding, for years 11 to 15;
2. It increased the maximum yearly grant amount from \$125,000 per year to \$150,000 per year; and
3. It eliminated the increasing match requirements for grantees after year 5 and would only require a dollar-for-dollar match for all grantees for all 15 years of funding.

The Senate did not pass this bill in the last Congress, so it did not become law. Unfortunately, this means that the legislative process to consider the bill must start over from scratch in this new Congress.

It is critical that the DFC program be reauthorized **AS SOON AS POSSIBLE** in this new Congress with the changes to the program outlined above, included in the House-passed bill last Congress. This is especially important in order to protect the DFC program's funding given all programs with expired authorizations could be targeted for elimination.

**Unlock the Power of the DFC Program!**  
**Reauthorize It as Soon as Possible!**

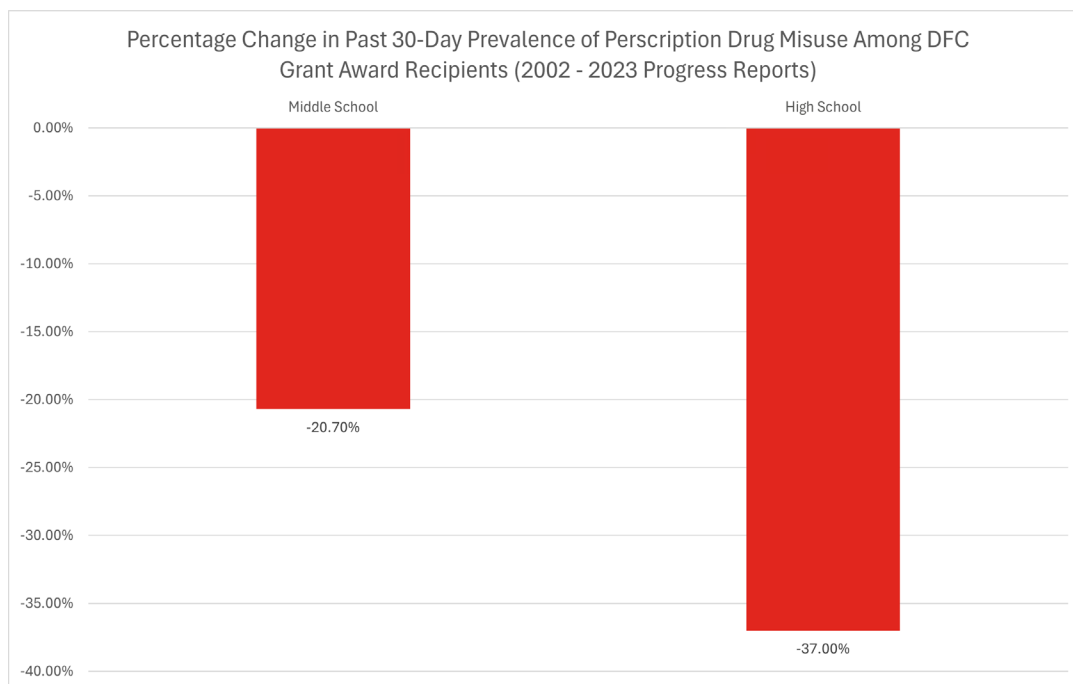
# The CARA Section 103 Enhancement Grant Program

The Comprehensive Addiction and Recovery Act (CARA) became law in 2016. It included all six pillars necessary to successfully and adequately address the opioid epidemic ravaging our nation – prevention, treatment, recovery, law enforcement, overdose reversal and criminal justice reform. The CARA Section 103 Coalition Enhancement Grant program is the prevention pillar of this law.

## CARA's Coalition Enhancement Grants

- CARA Section 103 authorizes a Coalition Enhancement Grant program for current and former Drug-Free Communities (DFC) grantees to prevent the use of opioids and methamphetamine among 12-to-18-year-olds.
- Administered by the Office of National Drug Control Policy (ONDCP), the grants support DFCs to implement comprehensive, data driven and evidence-based strategies to prevent opioid and methamphetamine misuse.
- In FY 2024 the coalition enhancement grants program was funded at \$5.2 million, with level funding proposed by both the House and Senate appropriations committees for FY 2024. This grant program provides up to \$50,000 a year for five years to recipients.
- The CARA Section 103 enhancement grant program needs to be reauthorized as part of an ONDCP reauthorization bill. It was included in the House-passed ONDCP reauthorization bill at the end of the last Congress.

Prescription drug use was added as a core measure to the DFC program in 2012. A national evaluation (published in October of 2024), found that, among all DFC grantees, past 30-day use of prescription drugs declined by 20.7% among middle school students and by 37.0% among high school students.



**Unlock the Power of Substance Use Prevention!**

**Fund the Cara Section 103 Enhancement Grant Program at the Highest Possible Levels in FY 2025 and FY 2026 and Reauthorize It as Soon as Possible in an ONDCP Reauthorization Bill**



# Underage Drinking Prevention

## Costs of Underage Drinking

- Underage drinking costs the United States **\$58 billion** per year.<sup>1</sup>
  - Of this, **\$30.1 billion** was for health care costs, **\$6.1 billion** was lost labor and productivity and **\$4.3 billion** was related to other costs, such as crime, car crashes and fetal alcohol syndrome.<sup>2</sup>
- An estimated **4,000** people under age 21 die from excessive alcohol use each year.<sup>3</sup>
  - Alcohol remains the most common drug that young people use in the United States.<sup>4</sup>
- Alcohol can alter brain development, which can cause cognitive and/or learning problems.<sup>5</sup>
- Youth who drink alcohol are more likely to engage in other substance misuse.<sup>6</sup>

## Great Progress Has Been Made in Reducing Underage Drinking

According to the 2024 Monitoring the Future (MTF) Study, alcohol use among youth remains near historic lows.<sup>7</sup>

- The percent of 12<sup>th</sup> graders reporting consuming any type of alcohol in the past 30 days has decreased from **24.3%** in 2023 to **21.7%** in 2024, a **10.7%** rate of decrease.
- The percent of 10<sup>th</sup> graders reporting consuming flavored alcoholic beverages in the past 12 months has decreased from **19.8%** in 2023 to **13.7%** in 2024, a **30.8%** rate of decrease.

## Work Remains to be Done. We Need to Continue Our Progress.

According to the 2024 MTF Study:<sup>8</sup>

- **41.7%** of 12<sup>th</sup> graders reported consumption of alcohol in the past 12-months.
- One out of six 12<sup>th</sup> graders reported the use of hard liquor in the past 30-days.
- **51.3%** of 10<sup>th</sup> graders reported that alcohol would be “fairly easy” or “very easy to get.”
- Less than half (**43.1%**) of 12<sup>th</sup> graders believed that consuming “five or more drinks once or twice each weekend” was “harmful”.

**Unlock the Power of Prevention!**  
**Support Underage Drinking Prevention Efforts!**

1 Levy, D.T., Stewart, K., Wilbur, P. (1999). Costs of Underage Drinking. *U.S. Dept. of Justice. Office of Justice Programs*. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/costs-underage-drinking>

2 *Ibid.*

3 CDC (2024 May 15). About Underage Drinking. *CDC*. <https://www.cdc.gov/alcohol/underage-drinking/index.html>

4 *Ibid.*

5 Lees, B., Merdith, L.R., Kirklan, A.E., Bryant, B.E., Squeglia, L.M. (2020 May). Effect of Alcohol Use on the Adolescent Brain and Behavior. *Pharmacol Biochem Behav*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7183385/>

6 *Ibid.*

7 University of Michigan. 2024 Monitoring the Future Study.

8 *Ibid.*

# Sober Truth on Preventing Underage Drinking (STOP) Act Programs

The Sober Truth on Preventing Underage Drinking (STOP) Act is a comprehensive, national response to the public health crisis of underage drinking in the United States. In FY 2024, STOP Act programs were funded at \$14.5 million in the Substance Abuse and Mental Health Services Administration (SAMHSA). This includes:

- \$11 million for STOP Act enhancement grants, to allow current and former Drug-Free Communities (DFC) grantees to do more with more intensity to reduce underage drinking. This program is maximally effective, as tiny enhancement grants (\$60k a year for four years) have had real impacts on underage drinking, because:
  - Grantees are data driven, know their community needs, and implement multi-sector interventions to prevent and reduce youth alcohol use.
  - Grantees conduct strategic planning and understand best practices for success in their communities.
  - Grantees implement prevention strategies in all community settings for youth populations at all levels of risk.
  - Grantees are effective at reducing 30-day alcohol use rates to those below the national average.
- \$2.5 million for the Adult-Oriented National Media Campaign
  - This funds a high-visibility media campaign to educate the public about the benefits of evidence-based policies to reduce underage drinking and build support among parents for such policies.
- \$1 million for the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD).
  - This funds the coordination and expertise of all federal agencies involved in underage drinking prevention as well as the annual report to Congress on state efforts to prevent and reduce underage drinking.

**Please fund STOP Act programs in FY 2025 and FY 2026 at a minimum of \$14.5 million in SAMHSA and \$6 million in the Centers for Disease Control (CDC).**

- \$11.5 million for the STOP Act Coalition Enhancement Grant Program (SAMHSA)
- \$2.5 million for the Adult-Oriented National Media Campaign (SAMHSA)
- \$1 million for the STOP Act ICCPUD (SAMHSA)
- \$6 million for research into excessive alcohol use (CDC)

**Unlock the Power of Prevention!  
Fund SAMHSA and CDC Stop Act Programs at the  
Highest Possible Levels in FY 2025 and FY 2026!**

# Substance Use Prevention, Treatment and Recovery Services Block Grant

The Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) is the largest federal formula grant to state alcohol and drug authorities, amounting to over \$2 billion in FY 2024. The Block Grant supports substance use disorder prevention, treatment and recovery services within the states. **Federal statute requires states to direct at least 20% of the block grant toward primary prevention services. For FY 2024, the 20% set-aside is \$401.6 million.** The prevention set-aside represents the **single largest source of funding in each state's prevention system**, comprising 62% of the primary substance use prevention funding in states, U.S. territories and the District of Columbia.<sup>1</sup>

## How Substance Use Prevention, Treatment and Recovery Services Block Grant Set-Aside Funds Are Used

By statute, the SUPTRS Block Grant prevention set-aside must be spent on primary prevention services or services for individuals who have not been identified as needing treatment. In addition to general primary prevention efforts, states can use SUPTRS Block Grant prevention set-aside funds to target specific populations that may be at increased risk for developing a substance use disorder. States have the flexibility to use data to decide how to spend funds based on their unique needs. Categories include:

- Information Dissemination
- Education
- Alternatives
- Problem Identification
- Community-Based Processes
- Environmental

**Unlock the Power of Prevention!**  
**Fund the Substance Use Prevention, Treatment and Recovery Services Block Grant at the Highest Possible Levels in FY 2025 and FY 2026!**

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<sup>1</sup> National Association of State Alcohol and Drug Abuse Directors (2021 February). Substance Abuse Prevention and Treatment Block Grant. NASADAD. <https://nasadad.org/wp-content/uploads/2019/03/SAPT-Block-Grant-Fact-Sheet-Feb.-2021-FINAL.pdf>

# Address the Proliferation of Hemp-Derived Semi-Synthetic Cannabinoids by Ensuring the Miller Amendment is Included in the 2025 Farm Bill

In 2018, Congress passed a comprehensive agricultural policy bill called the Farm Bill. In this legislation, Congress legalized the sale and production of hemp. The 2018 Farm Bill defines hemp as the plant *Cannabis sativa* L., with a delta-9 concentration of not more than 0.3 percent on a dry weight basis. The Farm Bill does not mention other cannabinoids derived from hemp. This has led to the proliferation of other hemp-derived cannabinoids, such as delta-8 THC, which are cheap, widely available and marketed to attract young users.

The creation of these synthetic and semi-synthetic cannabinoids was not the intent of the 2018 Farm Bill. The immense variety and potency of these products—from delta-8 and delta-10 to the scores of synthetic and semi-synthetic cannabinoids—that are available makes regulation impossible because there is potential for an unlimited number of derivations of these products to be created.

CADCA supports the amendment to the Farm Bill sponsored by Rep. Mary Miller (R-IL-15<sup>th</sup>) included in the House version of the 2024 Farm Bill. The Miller Amendment would change the definition of hemp to specifically exclude semi-synthetic cannabinoids that have similar effects to delta-9 THC as well as quantifiable amounts of THC as determined by the Secretary of Agriculture in consultation with the Secretary of Health and Human Services. The Miller Amendment defines **hemp-derived cannabinoid products** as “any intermediate or final product derived from hemp, excluding industrial hemp that contains cannabinoids in any form as is intended for human or animal use through any means of application or administration, such as inhalation, ingestion, or topical application.”

## Why Hemp-Derived Intoxicating Cannabinoids Must be Banned Rather Than “Regulated”

1. These products are **widely accessible**, including to children and adolescents.
2. These products are **harmful**, and we won't know the full extent of these harms for many years.
3. If we don't know all the short-and-long-term harms from use, **we can't appropriately regulate them**.
4. States are **unable to “regulate” their way out of this problem** because these products are being innovated specifically to circumvent all regulations.

**Unlock the Power of Prevention!**  
**Ensure the Miller Amendment Is Included**  
**in the 2025 Farm Bill!**

# Support the Reintroduction of the Keeping Drugs Out of Schools Act

The *Keeping Drugs Out of Schools Act* was introduced in the last Congress as H.R. 5975. This is a critical piece of new legislation that aims to provide K – 12 youth with the education to protect them from the dangers of substance use. This bill would authorize a new \$7 million grant program for Drug-Free Communities (DFC) grantees to be able to apply for up to \$75,000 per year for 4 years of funding to partner with elementary, middle, and/or high schools in their community to plan, implement, and evaluate comprehensive school-based substance use prevention programming.

Effective school-based approaches to preventing substance use and misuse are necessary and cost-effective, yet they were almost entirely eliminated with the zeroing out of the Safe and Drug-Free Schools and Communities Program in FY 2010. The *Keeping Drugs out of Schools Act* is vital because it will prioritize school-based drug prevention while strengthening school/community linkages to address the polydrug epidemic currently facing our nation.

The list of sponsors and co-sponsors of the *Keeping Drugs Out of Schools Act* from last Congress is as follows:

## Senate Sponsors

- Senator Chuck Grassley (R-IA)
- Senator Jeanne Shaheen (D-NH)

## Original House Sponsors

- Representative Linda Sánchez (D-CA-38<sup>th</sup>)
- Representative Sheila Cherfilus-McCormick (D-FL-20<sup>th</sup>)
- Representative Angie Craig (D-MN-2<sup>nd</sup>)
- Representative Jasmine Crockett (D-TX-30<sup>th</sup>)
- Representative Marcy Kaptur (D-OH-9<sup>th</sup>)
- Representative William Keating (D-MA-9<sup>th</sup>)
- Representative Mike Lawler (R-NY-17<sup>th</sup>)
- Representative Raul Ruiz (D-CA-25<sup>th</sup>)
- Representative Shri Thanedar (D-MI-13<sup>th</sup>)

## House Co-Sponsors

- Representative Brian Fitzpatrick (R-PA-1<sup>st</sup>)
- Representative William Keating (D-MA-9<sup>th</sup>)
- Representative Seth Magaziner (D-RI-2<sup>nd</sup>)
- Representative Andrea Salinas (D-OR-6<sup>th</sup>)
- Representative Melanie Stansbury (D-NM-1<sup>st</sup>)

This bill NEEDS TO be reintroduced in both the House and the Senate in the new Congress. **If you meet with any of the members listed above please be sure to thank them for their past support and ask them to co-sponsor the bill again in the 119th Congress.** If your member of the House wants to co-sponsor the Keeping Drugs Out of Schools Act, please have them email Rachel Chasalow ([Rachel.Chasalow@mail.house.gov](mailto:Rachel.Chasalow@mail.house.gov)). If your senator wants to co-sponsor the bill, please have them reach out to Michael Kans ([Michael\\_Kans@shaheen.senate.gov](mailto:Michael_Kans@shaheen.senate.gov)) or Michael Perkins ([Michael\\_Perkins@judiciary-rep.senate.gov](mailto:Michael_Perkins@judiciary-rep.senate.gov)).

**Unlock the Power of Substance Use Prevention!**  
**Co-Sponsor the Keeping Drugs Out of Schools Act!**

# **Caution: Don't Support the SAFER Banking Act**

The Secure and Fair Enforcement Regulation (SAFER) Banking Act would allow banks to accept the federally illegal proceeds from the sale of marijuana. This will set a precedent to allow other federally illegal industries to gain access to the banking system. Additionally, granting marijuana businesses access to the banking system will make it easier for them to do business, exacerbating the negative consequences of marijuana proliferation, including increased traffic fatalities, youth use rates, ER visits and hospitalizations.

The SAFER Banking Act does not address the health concerns presented by today's high potency marijuana, and, contrary to the bill's intent, would allow international drug cartels to gain an even stronger foothold in the marijuana industry. Modern marijuana products can have up to 99.99% THC. 72% of adolescents who use marijuana use concentrates, which average 39%-69% THC.<sup>1</sup> Studies indicate that higher THC dosage can cause greater memory impairment and psychotic-like symptoms.<sup>2</sup>

Contrary to the intent of the bill, the SAFER Banking Act offers international drug cartels a new path to infiltrate the banking system. Cash from legal marijuana sales looks the same as cash from the sale of heroin, fentanyl and methamphetamine. Banks will be unable to tell the difference, meaning that cartels will be able to expand their money laundering operations.

The SAFER Banking Act will allow international drug cartels to expand their operations in the United States. This legislation is counterproductive as our nation works to overcome polydrug and overdose epidemics.

**Unlock the Power of Prevention!**  
**Don't Support the Safer Banking Act!**

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1 Bidwell, L. C., Martin-Willett, R., & Karoly, H. C. (2021). Advancing the science on cannabis concentrates and behavioral health. *Drug and alcohol review*, 40(6), 900-913. <https://doi.org/10.1111/dar.13281>

2 Hines, L.A., Freeman, T.P., Gage, S.H., Zammit, S., Hickman, M., Cannon, M., Munafo, M., MacLeod, J. & Heron, J. (2020 May 27). Association of high-potency cannabis with mental health and substance use in adolescence. *JAMA Psychiatry*. doi: 10.1001/jamapsychiatry.2020.1035

# Tobacco and E-Cigarette Prevention: Fully Fund CDC's Chronic Disease Prevention and Health Promotion-Tobacco Program

To create positive community outcomes, we need to ensure that everyone – regardless of their race, age, or background – is protected from the harms of tobacco products. The 2024 Surgeon General's Report underscores the need for continued funding for programs that prevent tobacco use and reduce its health impacts, as tobacco remains the leading cause of preventable death and disease in the United States<sup>1</sup>. While smoking rates have declined overall, certain groups, including youth, are disproportionately impacted. Recognizing that a person who starts smoking as a teen is more likely to become a long-term customer, the tobacco industry invests heavily in marketing and designing products that appeal to young people.

**In fiscal year (FY) 2025, the House and Senate proposed to fund the CDC's Chronic Disease Prevention and Health Promotion – Tobacco program at \$246.5 million.** This funding is vital to the CDC's efforts to prevent and reduce the use of commercial tobacco products – the leading cause of preventable disease, disability and death in the United States.<sup>2</sup>

The CDC's Chronic Disease Prevention and Health Promotion – Tobacco program must be protected and funded at the highest possible levels in both FY 2025 and FY 2026 to support critical activities including:

- National partners that provide free resources to state tobacco programs and their local coalitions
- Core surveillance efforts, such as the flagship National Youth Tobacco Survey surveillance system which provides valuable data to state tobacco programs and their local coalitions
- The *Tips from Former Smokers* campaign, created by CDC-OSH, which has helped over 1 million Americans quit for good.
- Research and development of proven public health strategies that can be disseminated to the field to eliminate the harms of tobacco use, such as the tobacco control toolbox

\* When referring to tobacco, this includes commercial tobacco, which includes e-cigarettes and not the sacred and traditional use of tobacco by some Native American communities

## Unlock the Power of Prevention! Fully Fund the CDC's Chronic Disease Prevention and Health Promotion-Tobacco Program!

1 U.S. Department of Health and Human Services. (2024). *Eliminating tobacco-related disease and death: Addressing disparities*. U.S. Department of Health and Human Services, Office of the Surgeon General. <https://www.hhs.gov/sites/default/files/2024-sgr-tobacco-related-health-disparities-full-report.pdf>

2 Centers for Disease Control and Prevention. (2024 October 11). About the Office on Smoking and Health. *CDC National Center for Chronic Disease Prevention and Health Promotion*. <https://www.cdc.gov/nccdphp/divisions-offices/about-the-office-on-smoking-and-health.html#:~:text=Tips%20connects%20people%20who%20smoke,more:%20Tips%20Impact%20and%20Results>.

# Appropriations Priorities

The Fiscal Year (FY) 2025 appropriations process is **NOT** yet final, and the FY 2026 appropriations process is about to begin. This gives you the unique opportunity to advocate in your Hill meetings for the highest possible funding levels for **BOTH** FY 2025 and FY 2026.

For FY 2025, the House and Senate have each proposed funding levels for the programs listed below. The amounts listed in the chart under the heading "FY 2025 CADCA Request", are the highest proposed levels included in either the House or Senate bill for each program. We are asking you to request these funding levels for each program in the final FY 2025 appropriations process.

For the FY 2026 appropriations process that will begin soon, please ask for the **HIGHEST POSSIBLE FUNDING LEVELS** for each of the programs listed below **and request that none of these programs be cut, consolidated, or eliminated.**

CADCA Priority Programs	FY 2025 CADCA Request - PLEASE ASK FOR THE FUNDING LEVEL IN THE TABLE BELOW	FY 2026 CADCA Request	
<i>Financial Services Appropriations Bill</i>			
Drug-Free Communities Program (ONDCP)	\$109 million (House and Senate)	<b>Highest Possible Funding Levels!</b>	
Comprehensive Addiction and Recovery Act Section 103 Enhancement Grants (ONDCP)	\$5.2 million (House and Senate)		
<i>Labor, Health and Human Services, Education Appropriations Bill</i>			
Center for Substance Abuse Prevention (SAMHSA): Programs of Regional and National Significance	\$246.9 million (Senate)		
Center for Substance Abuse Treatment (SAMHSA): Programs of Regional and National Significance	\$587.2 million (House)		
Substance Use Prevention, Treatment and Recovery Services Block Grant (SAMHSA)	\$2.5 billion (House)		
State Opioid Response Grants (SAMHSA)	\$1.6 billion (Senate)		
National Institute on Drug Abuse (NIDA)	\$1.6 billion (House)		
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	\$598.9 million (House)		
Centers for Disease Control and Prevention (CDC): Chronic Disease Prevention and Health Promotion - Tobacco	\$246.5 million (House and Senate)		
CDC Chronic Disease Prevention and Health Promotion - Excessive Alcohol Use	\$6 million (House and Senate)		
CDC Injury Prevention and Control - Opioid Overdose Prevention and Surveillance	\$507.6 million (Senate)		
<i>State, Foreign Operations and Related Agencies Appropriations Bill</i>			
State Department's International Narcotics Control and Law Enforcement Demand Reduction Program	\$29.8 million (House and Senate)		

**Unlock the Power of Prevention!**  
**Fund All Substance Use Prevention, Treatment, Recovery and Research Programs at the Highest Possible Levels in Fiscal Years 2025 and 2026!**



# Overview of CADCA Priority Federal Agencies

## Office of National Drug Control Policy (ONDCP)

- Drug-Free Communities (DFC) Program/National Anti-Drug Coalition Institute
- Comprehensive Addiction and Recovery Act (CARA) Section 103 Enhancement Grant Program
- High Intensity Drug-Trafficking Area (HIDTA)

## Department of Health and Human Services

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

- Center for Substance Abuse Prevention (CSAP)
- Center for Substance Abuse Treatment (CSAT)
- Center for Mental Health Services (CMHS)

### *National Institutes of Health (NIH)*

- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- National Institute on Drug Abuse (NIDA)

### *Centers for Disease Control and Prevention (CDC)*

- Chronic Disease Prevention and Health Promotion
  - Tobacco/Office on Smoking and Health
  - Excessive Alcohol Use
- Injury Prevention and Control
  - Opioid Overdose Prevention and Surveillance

### *Department of Transportation*

- National Highway Traffic and Safety Administration (NHTSA)

### *State Department*

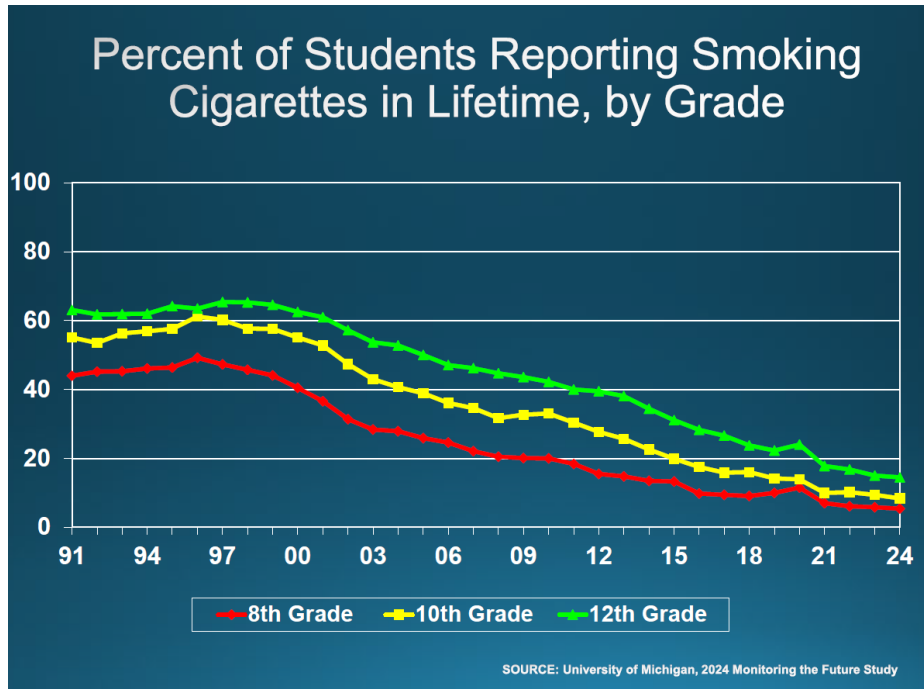
- International Narcotics Control and Law Enforcement (INL) Demand Reduction Program

# PREVENTION WORKS

Long-term declines in adolescent alcohol use and cigarette smoking are major prevention accomplishments

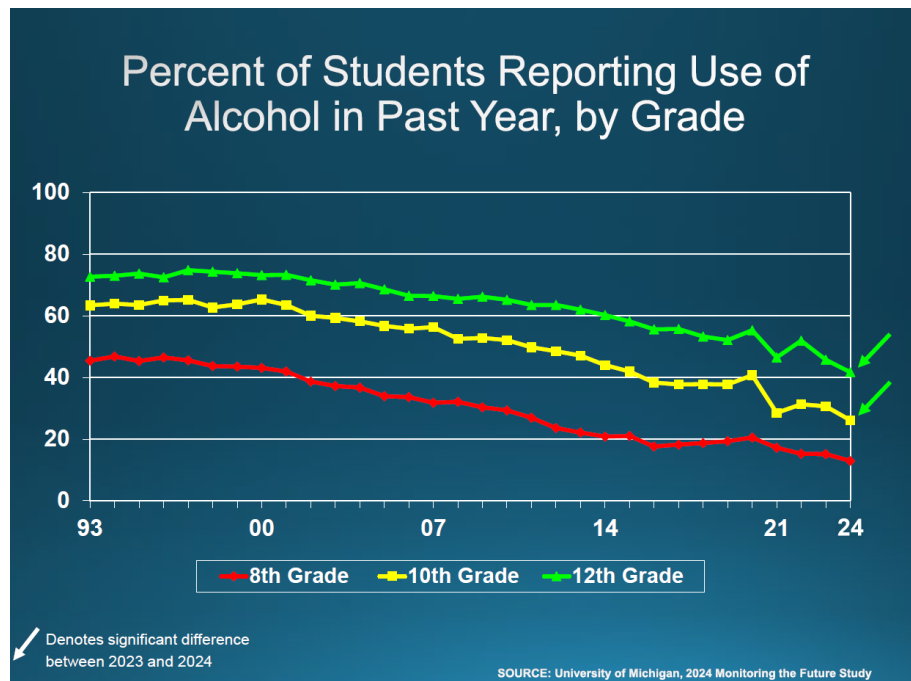
## Percent of Students Reporting Smoking Cigarettes in Past Month

*In all three grades prevalence has dropped at least fourfold since the mid-1990s and is at historic lows*



## Percent of Students Reporting Use of Alcohol in Past Year

*Alcohol use continues to decline*



Source: Monitoring the Future Study, 2024

# CHALLENGES REMAIN

## Prevalence of Past Year Drug Use Among 12<sup>th</sup> Graders

2024 Monitoring the Future Study Prevalence of Past Year Drug Use Among 12 <sup>th</sup> graders			
Drug	Prev.	Drug	Prev.
Alcohol	41.7	Cough Medicine*	2.8
Marijuana/Hashish	25.8	Adderall*	2.5
Vaping, Any	25.5	Amphetamines*	2.3
Vaping Nicotine	21.0	Hookah	2.0
Vaping MJ	17.6	Inhalants	1.9
Delta-8	12.3	Snus	1.9
Alcohol w/ Caffeine	9.9	Sedative/Tranquilizers*	1.2
Nicotine pouches	5.9	OxyContin*	1.1
Hallucinogens	3.7	Cocaine	0.9
Hall other than LSD	3.6	Ketamine	0.9
Small Cigars	3.1	LSD	0.8

\* Nonmedical use Categories not mutually exclusive

Source: Monitoring the Future Study, 2024



### Alcohol and American Society: A Complex Relationship

Alcohol-related problems among adults and adolescents—which result from drinking too much, too fast, or too often—are among the most significant public health issues in the United States and internationally. For example:

- The Alcohol-Related Disease Impact (ARDI) application estimates that each year there are more than 178,000 deaths (approximately 120,000 male deaths and 59,000 female deaths) attributable to excessive alcohol use, making alcohol one of the leading preventable causes of death in the United States, behind tobacco, poor diet, physical inactivity, and illegal drugs.<sup>1,2</sup>
- Alcohol misuse costs the United States about \$249 billion per year.<sup>3</sup>
- In the United States, approximately 28.9 million people had alcohol use disorder (AUD) in 2023.<sup>4</sup>
- Globally, alcohol misuse is the seventh-leading risk factor for premature death and disability.<sup>5</sup>



### The National Institute on Alcohol Abuse and Alcoholism's Valuable Contribution

The National Institute on Alcohol Abuse and Alcoholism (NIAAA), a component of the National Institutes of Health, is the lead federal agency for research on alcohol. NIAAA's mission is to generate and disseminate fundamental knowledge about the adverse effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including AUD, across the lifespan. NIAAA is the largest funder of alcohol research in the world, with an integrated and multidisciplinary program that includes genetics, basic and clinical research, neuroscience, epidemiology, prevention, and treatment.

NIAAA's broad research portfolio focuses on health topics that touch the lives of almost every family and community across America, such as:

- Why some people develop AUD
- How alcohol misuse affects individuals and society
- How underage drinking impacts brain development in adolescents
- How we can improve prevention, treatment, and recovery programs



Importantly, the institute's demanding scientific approach generates results that are unbiased, methodologically sound, and trustworthy—making NIAAA the definitive source for science-based information about alcohol and health for individuals, communities, policymakers, and health care providers.

In the alcohol prevention and treatment field, there are more lifesaving tools available today than ever before, thanks largely to the determined and uncompromising efforts of the talented researchers supported by NIAAA.

Looking forward, NIAAA will continue to work toward a greater understanding of alcohol's effects on health and society—an understanding that will help more people live long and healthy lives.

**For more information, please visit: [niaaa.nih.gov](https://niaaa.nih.gov)**

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), many (but not all) NSDUH estimates from 2023 are comparable with estimates from 2022 and updated 2021 estimates. However, 2021–2023 estimates are not comparable with 2020 or prior years' estimates. Please see the 2023 NSDUH [Frequently Asked Questions](#) and section 2.3.4 of the [2023 Methodological Summary and Definitions report](#) for more details.

According to the Centers for Disease Control and Prevention (CDC), due to scientific updates to ARDI, estimates of alcohol-attributable deaths or years of potential life lost generated in the current version of ARDI should not be compared with estimates that were generated using the ARDI default reports or analyses in the ARDI Custom Data Portal prior to February 29, 2024.

<sup>1</sup> CDC. Alcohol and Public Health: Alcohol-Related Disease Impact. [Table]. Annual average for United States 2020–2021 alcohol-attributable deaths due to excessive alcohol use, all ages. [cited 2024 Mar 13]. Available from: [https://nccd.cdc.gov/DPH\\_ARDI/Default/Report.aspx?T=AAM&P=F1F85724-AEC5-4421-BC88-3E8899866842&R=EACE3036-77C9-4893-9F93-17A5E1FEBE01&M=7F40785C-D481-440A-970F-50EFBD21B35B&F=&D=](https://nccd.cdc.gov/DPH_ARDI/Default/Report.aspx?T=AAM&P=F1F85724-AEC5-4421-BC88-3E8899866842&R=EACE3036-77C9-4893-9F93-17A5E1FEBE01&M=7F40785C-D481-440A-970F-50EFBD21B35B&F=&D=)

<sup>2</sup> Pilar MR, Eyster AA, Moreland-Russell S, Brownson RC. Actual causes of death in relation to media, policy, and funding attention: examining public health priorities. *Front Public Health*. 2020;8:279. PubMed PMID: [32733836](#)

<sup>3</sup> Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 national and state costs of excessive alcohol consumption. *Am J Prev Med*. 2015;49(5):e73–e79, 2015. PubMed PMID: [26477807](#)

<sup>4</sup> SAMHSA, Center for Behavioral Health Statistics and Quality. 2023 National Survey on Drug Use and Health. Table 5.9A—Alcohol use disorder in past year: among people aged 12 or older; by age group and demographic characteristics, numbers in thousands, 2022 and 2023. Available from: <https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables>

<sup>5</sup> GBD 2016 Alcohol Collaborators. Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*. 2018;392(10152):1015–35. PubMed PMID: [30146330](#)



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Updated September 2024

# Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP)

## OUR VISION:

- We envision a future where individuals, families, and communities are healthy and thriving.

## WHAT WE DO:

- We provide leadership and collaborate across sectors to advance prevention across the lifespan.
  - We aim to prevent substance use initiation, prevent the progression of substance use, and prevent and reduce substance use-related harms.

## HOW WE DO IT:

- We use data, prevention science, communication, collaboration, and strategic program investments:

**Grants** — funding (to states, territories, jurisdictions, tribes, communities) to develop and implement comprehensive prevention strategies:

### *Substance Use Prevention:*

- [Substance Use Prevention, Treatment, and Recovery Services Block Grant \(SUPTRS BG\)](#)
  - Funds all 50 states and other jurisdictions — with at least 20% of funds for primary prevention of substance use. States also must comply with the Synar Amendment — enforcing laws and policies prohibiting the sale and distribution of tobacco products to people under age 21.
- [Strategic Prevention Framework – Partnerships for Success \(SPF-PFS\)](#)
  - Critical prevention investment to build capacity at the state, tribal, territorial, and community levels to prevent initiation and progression of substance use.
- [Sober Truth on Preventing Underage Drinking \(STOP Act\)](#)
  - Focuses on preventing and reducing underage alcohol use among communities that are current or former Drug-Free Communities (DFC) program coalitions.
- **Tribal Behavioral Health ([Native Connections](#))**
  - Aims to prevent substance use and overdose, and suicide; reduce the effects of trauma; and promote mental health and well-being among tribal youth through age 24.
- **Minority AIDS Initiative ([Prevention Navigator](#))**
  - Provides substance use and HIV and other infectious disease prevention services.
- **Minority AIDS Initiative ([Substance Use Disorder Prevention and Treatment Pilot](#))**
  - Provides substance use, HIV, and hepatitis prevention and treatment services.
- [Syndemic Approach to Preventing HIV and Substance Use Among Racial and Ethnic Minority Communities \(SAP\)](#)
  - Advances equity in health outcomes among certain populations experiencing disparities related to HIV/AIDS, other infectious diseases, and substance use and substance use disorders.
- [Strategic Prevention Framework for Prescription Drugs \(SPF Rx\)](#)
  - Aims to raise awareness about dangers of fake pills purchased over social media or other unknown sources, and works with pharmacy and medical communities on risks of overprescribing.

### **Technical Assistance and Training — including:**

[Prevention Technology Transfer Center \(PTTC\) Network](#) • [Strategic Prevention TA Center \(SPTAC\)](#) • [Single State Authorities Technical Assistance](#) • [Tribal Training and Technical Assistance Center](#) • [Native Connections Training & Technical Assistance](#) • [National Center of Excellence for Tobacco-Free Recovery](#)

**Drug-Free Workplace Programs** – Addresses drug use in federally regulated industries, and by federal employees.

**Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD)** – Provides national leadership in federal policy and programming to support state and community activities that prevent and reduce underage drinking.

### **Campaigns and Events** — including:

- [“Talk. They Hear You.”<sup>®</sup>](#)
  - ▶ Helps parents, educators, and community members prevent underage drinking and other substance use, with an app, podcast, videos, discussion starters, PSAs, and Parents Night Out.
- [Screen4Success](#)
  - ▶ 10-minute online screening (for youth and adults) — to look for signs of risk and help find support.
- [Communities Talk](#)
  - ▶ Offers resources to plan a local event — including stipends — to over 11,000 events since 2006.
- [SAMHSA’s Prevention Day](#)
  - ▶ The largest federal gathering dedicated to advancing the prevention of substance use.
- [National Prevention Week](#)
  - ▶ Celebrates prevention initiatives across the country, with planning tools and #MyPreventionStory.
- [Substance Use Prevention Month](#)
  - ▶ Showcases prevention’s positive effects on communities across the country.
- [Voices of Youth](#)
  - ▶ Promotes youth and young adults as agents of change.

### **Publications** — such as:

[Strategic Prevention Framework](#) (also in [Spanish](#)) • [Prevention Core Competencies](#) • [Focus on Prevention Substance Misuse Prevention for Young Adults](#) • [Selecting Best-Fit Programs and Practices](#) • [Community Engagement](#) • [Overdose Prevention and Response Toolkit](#)

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# CDC Alcohol Program

## Key points

- CDC's Alcohol Program measures the impact of excessive alcohol use and related harms in the United States.
- The program also develops resources to help people drink less and to help communities and states create healthier environments that support individuals in drinking less.

## Overview

### Our mission

To prevent excessive alcohol and its impact in states and communities through public health surveillance, partnerships, and applied research for translation into public health practice.

### The Alcohol Program works to reduce excessive alcohol use and related illness, injury, and death by:

- Measuring the effects of excessive alcohol use and its harms in the United States.
- Providing resources for states and communities to use proven strategies to prevent alcohol-related harms.
- Sharing clear information about how reducing excessive alcohol use can improve health and well-being.
- Expanding state and local efforts to understand alcohol use and its impact across different groups.
- Partnering on national initiatives to lower alcohol-related harms and improve public health.

## Why it's important

Excessive alcohol use is a leading cause of preventable death in the United States.

It harms both those who drink and those around them, causing unnecessary illness, injury, and death.

## Examples of what funded organizations do

### [CDC-funded organizations](#) work to lower rates of excessive alcohol use and its harms by:

- Starting or expanding state alcohol programs.
- Working with advisory groups to coordinate efforts to address alcohol use impacts on communities.
- Combining efforts to lower excessive alcohol use with other public health priorities, like cancer and drug overdose prevention.
- Studying and sharing findings on the impacts of excessive alcohol use.
- Partnering with community coalitions to share data that can be used for public health action.

[Subscribe](#) to the "Alcohol Program" emails for updates from CDC on alcohol research and resources to improve health and well-being.

## What we do

### The Alcohol Program:

- Supports the [Alcohol-Related Disease Impact \(ARDI\) tool](#) to estimate U.S. deaths from excessive alcohol use.
- Conducts research and shares [resources](#) about effective [strategies](#) for creating healthier environments that support people in drinking less.
- Implements a [campaign](#) to encourage individuals to [drink less](#) to improve their quality of life, relationships, and health.
- Provides a [website](#) to support people in drinking less.
- [Funds organizations](#) to help states collect data on drinking patterns and related harms.
- Works with partners to apply strategies that prevent excessive alcohol use in communities.

## Recent study findings

### We study the impact of excessive alcohol use and alcohol-related harms to help people live safer and healthier lives. Our recent studies have shown that:

- In the United States, there are about [178,000 deaths](#) each year from excessive alcohol use.
- Among U.S. adults aged 20-49, an estimated [1 in 5 deaths](#) are from excessive alcohol use.
- Limiting alcohol use can lower the risk of [cancer](#).
- U.S. adolescents regularly encounter [alcohol ads](#).
- Using [minimum pricing policies](#) to make small increases to the lowest cost alcohol products could reduce drinking and save lives.







CADCA®