



**Partnership  
to End Addiction**

# **PREVENTION AGENDA**

**2022**



# TABLE OF CONTENTS

- 03 INTRODUCTION**
  
- 06 ADOPT AN EARLIER AND BROADER APPROACH  
TO SUBSTANCE USE PREVENTION**
  
- 11 PROTECT YOUTH FROM  
LEGAL ADDICTIVE SUBSTANCES**
  
- 13 REFORM SYSTEMS OF CARE  
TO BE FAMILY-SERVING**
  
- 17 REDUCE DISPARITIES AND  
PROMOTE EQUITY IN PREVENTION**
  
- 21 CONCLUSION**
  
- 22 ENDNOTES**

# INTRODUCTION

Substance use prevention, along with treatment and recovery support, is perhaps the most critical component of the public health approach needed to transform how our nation addresses addiction. There is strong scientific research supporting prevention programs and policies in reducing the burden of both disease and economic costs of substance use and addiction.<sup>1</sup> Every dollar spent on effective school-based prevention programs yields an estimated 18 dollars in savings related to crime, lost productivity, and health care.<sup>2</sup>

Despite research showing us that addiction is preventable, and widespread agreement about the importance of prevention, our country continues to under-invest in comprehensive, commonsense, and sustainable prevention strategies. This leaves us in the repeated and tragic position of having to respond in an urgent and costly fashion to addiction crises such as the recent vaping, ongoing opioid, and emerging stimulant epidemics.

Years of research have shown that effective prevention strategies are those that reduce risk factors and bolster protective factors that contribute to or protect against negative outcomes such as substance use, mental health problems, school drop-out, and involvement with the juvenile justice system. Current evidence-based prevention strategies are necessary, but not sufficient. They primarily target the individual child, rather than parents, families, and communities. They typically begin in late middle school or high school, rather than in early childhood when the roots of risk and resilience are planted. They focus mostly on risk reduction, rather than on promoting health and resilience. They address only a small portion of individual factors associated with substance use, rather than the broader social determinants of risk and protection that are essential for achieving significant, equitable, and sustainable outcomes.

**To effectively prevent addiction, we must fundamentally rethink our approach.** We must promote child, family, and community health; look beyond the traditional targets of substance use prevention; collaborate with and learn from others in the child health and development fields; and break down silos between related but disparate substance use prevention and child health promotion efforts. To achieve healthy development for a broader population of children, prevention must begin earlier, be better integrated and coordinated across domains of influence in a child's life, and be expanded to include initiatives that promote health and resilience rather than merely avert negative outcomes like substance use.

Implementing effective prevention will require the collective effort of families, communities, schools, and health care providers; professionals in the juvenile justice and child welfare systems; and local, state, and federal policymakers, all of whom shape the factors that contribute to substance use and other unhealthy behaviors.

**Given their critical importance in substance use prevention, supporting and empowering families and communities is our guiding principle.** Our work and our priorities for transforming prevention directly and indirectly support and empower families and communities to surround children with healthy and caring adult relationships. Our services help families, schools, and communities protect children by providing research-based information and resources. Our research and policy work also support families and communities by reducing the external factors that compete with and impede their efforts to promote child health and prevent substance use and by improving access to, and the quality of, interventions for individuals with substance use disorder. Our systems reform work seeks to ensure families, schools, and communities are better supported and empowered by the systems with which they interact.

While families are critical, it does not mean that they, alone, are responsible for preventing substance use. Prevention can only succeed if it addresses societal, cultural, and structural supports and barriers to positive development and healthy parenting. It is not reasonable to expect prevention initiatives to help parents be warmer and more nurturing if the broader environmental contexts in which parents exist do not support and reward these practices.

Admittedly, the changes that are needed to transform how our nation prevents addiction are many and can feel daunting. Implementing these changes will require substantial shifts in how we think about addiction and prevention, how we allocate funds, and how our education, health, child welfare, and criminal justice systems operate. But we believe recent interest in and attention to the broader pressing needs of children and families place us at a pivotal moment to change the approach to preventing substance use and addiction. Importantly, these changes will also help to more effectively prevent a number of other negative outcomes that share the same risk and protective factors.

Below are the priorities that we believe are essential for transforming the way our nation addresses prevention. Many of these priorities are cross-cutting and all aim to advance the principle of supporting and empowering families and communities. These do not represent all of the necessary changes but rather those that are priorities for our organization and where we've already begun or plan to undertake specific work. We've included links to additional information and resources.

# OUR SERVICES:

We have a number of science- and research-backed resources and services to help parents prevent their child from using addictive substances and to intervene early if they suspect or discover their child using substances.



Our [bilingual English/Spanish Helpline specialists](#) are trained to talk to parents about how to have effective prevention discussions.



We offer [Help & Hope by Text](#), providing tailored text messages to educate parents on substance use prevention.



Our [Substance Use Risk Assessment](#) is a tool to help parents understand their children's risk for developing substance use and strategies to mitigate those risks.



We offer [e-learning online services](#) to help parents understand how to use behavior management techniques to prevent/mitigate substance use.



Our website provides [resources](#) on a broad range of prevention-related topics, including communication and parenting skills.



We developed playbooks for parents of [pre-teens](#) and [teens](#) on prevention.



We also offer resources for Spanish speakers at [Detectarlo Temprano](#).

# ADOPT AN EARLIER AND BROADER APPROACH TO SUBSTANCE USE PREVENTION

## START PREVENTION EFFORTS EARLY

Most prevention research and initiatives have concentrated on the adolescent years, when risk behaviors are most likely to manifest. However, research has made it increasingly clear that the broader social determinants of risk – the environmental conditions in which we live that affect our health across the lifespan – appear earlier in life and influence the trajectory of a child’s development and path toward or away from substance use and other health risk behaviors.

One of the most powerful reasons for an earlier approach to prevention that accounts for social determinants of risk is the growing body of research on the long-term effects on adolescent substance use and other adverse outcomes of prenatal exposure to substances, parental substance misuse or mental health problems, and other adverse childhood experiences (ACEs).<sup>3</sup> This work shows that risk factors present in adolescence often suggest that a child has been exposed to other risk factors in the past. Therefore, while targeting adolescent risk factors is a vital component

of substance use prevention, it is not sufficient, as such interventions must contend with lengthy and complex neurobiological and social developmental processes that have already taken place. By beginning prevention earlier in development, we can target foundational risk factors before they are entrenched and compounded. Intervening earlier and more broadly can interrupt potential risk pathways, move children towards protective pathways, and create a better foundation for substance use prevention and health promotion in adolescence and beyond.

Prevention efforts should begin in the prenatal period when the building blocks of child health and resilience emerge. Prevention during this stage should center on identifying and treating parental substance use and mental health disorders and providing parents with education and support to reinforce positive parenting practices once the child is born. Developmentally-informed prevention efforts should then continue throughout the child’s lifespan and should be reinforced in adolescence, which remains a critical life stage for preventing substance use.

## FOCUS SUBSTANCE USE PREVENTION ON HEALTHY DEVELOPMENT

To better reflect the research on the effects of adverse and positive childhood experiences and neuroscientific evidence on the importance of social and structural determinants of health for brain development, we need to shift away from a narrow focus on substance use prevention and more broadly focus on bolstering healthy development. This approach focuses on reducing risk

factors, including ACEs, and bolstering protective factors that build resilience, or the ability to respond to life challenges in a healthy and productive way. These risk and protective factors contribute to or protect against negative outcomes, including substance use, mental health problems, school drop-out, involvement with the juvenile justice system, and suicide.<sup>4</sup>

## CAPITALIZE ON THE CURRENT POLICY CLIMATE TO IMPLEMENT AN EARLIER AND BROADER APPROACH

Implementing an earlier and broader approach will require including people and interventions that, while seemingly have little direct connection to substance use, play a significant and foundational role in protecting young people from substance use and addiction. These include alleviating stress on families to facilitate healthy childhood development, such as by: reducing poverty; ensuring income security and housing stability; offering quality child care and paid family leave; promoting neighborhood safety, child nutrition, and educational opportunities; and guaranteeing health insurance for behavioral health so that children don't grow up in a household scarred by untreated addiction and mental illness. Even small improvements in the many social determinants of a family's health and welfare can successfully shift the course of a child's life, including their risk for substance use and addiction. Recent research demonstrated that providing cash payments to families in poverty was associated with greater brain activity among their infants.<sup>5</sup>

While in years past, tackling poverty, trauma, and mental illness might have sounded like an unattainable wish list for the specific goal of reducing addiction in this country, it is no longer as daunting as it once seemed. Legislation passed in response to the COVID-19 pandemic, including the [Families First Coronavirus Response Act](#),

the [Coronavirus Aid, Relief, and Economic Security Act \(CARES Act\)](#), the [Consolidated Appropriations Act](#), and the [American Rescue Plan Act](#), and ongoing discussions around the [Build Back Better Framework](#), place us in a historical moment of government attention to the importance of investing in many of the early social determinants of health. This includes allocating more resources to improving child mental health and education; reducing child poverty; and securing families' income, food, and housing stability. This moment allows us an unprecedented opportunity to improve prevention efforts and their outcomes through initiatives that traditionally seemed to be beyond the scope of substance use and addiction prevention.<sup>6</sup>

Knowing what we know about the proximal and distal causes of substance use and addiction, there is little doubt that the success of these efforts will have measurable and positive downstream effects on youth substance use risk. Substance use prevention should be a key target of these initiatives and we should not miss the opportunity to track and demonstrate their impact on the short- and long-term effects on youth substance use. Deliberately measuring and tracking changes in the prevalence of known risk factors for substance use among youth can help to establish an evidence base for expanding traditional

prevention efforts.

## IMPROVE COLLABORATION AND COORDINATION BETWEEN CHILDHOOD DEVELOPMENT ORGANIZATIONS AND SUBSTANCE USE PREVENTION EFFORTS

Adopting an earlier and broader approach will help break down the longstanding silos around the field of substance use prevention by encouraging collaboration with those in other fields, such as early childhood development, poverty reduction, nutrition, child welfare, and others that have a direct impact on youth health and resilience. Substance use prevention professionals should work collaboratively with the many national and community-based organizations that are engaged in healthy youth development to share resources and address the determinants of health and risk that affect substance use and a broad range of other adverse outcomes.

Due to silos in research and programming, a wealth of knowledge belonging to organizations and fields of study that specialize in early development is largely unrecognized and underutilized in the substance use prevention field; welcoming their tools and resources could greatly benefit the cause of substance use prevention. **It is essential that we collaborate with others working to mitigate larger policy and systemic problems that increase children's vulnerability to adverse experiences and ultimately contribute to substance use.** Doing so, while continuing to rely on existing substance use prevention research and practices, will forge a path forward for a coordinated and comprehensive effort to improve the health of young people and prevent behaviors that compromise their health.



## PARTNERSHIP'S ACCOMPLISHMENTS IN ADOPTING AN EARLIER AND BROADER APPROACH TO PREVENTION

- Published a white paper, [Rethinking Substance Use Prevention: An Earlier and Broader Approach](#).
- Educated and informed policymakers about the need for an earlier and broader approach and how it can be facilitated in the current policy climate.
  - Included specific recommendations for policymakers in [Rethinking Substance Use Prevention](#) white paper.
  - Outlined the potential impact of recent legislation to address social determinants of health on youth substance use in a [blog](#) published by Health Affairs.
  - Shared the importance of tracking the impact of policies addressing social determinants of health on youth substance use in response to requests for information from the Senate Finance Committee.
  - Co-hosted a Congressional [briefing](#), “Presenting New Directions in Substance Use Prevention,” in which experts discussed a growing body of research demonstrating the need for an earlier and broader approach to substance use prevention, as well as how the current policy landscape can facilitate implementation of this new approach.
  - Featured interview in an American Psychological Association Monitor on Psychology article, [A Stronger Case for Early Substance Use Prevention](#), about this issue.
- Launched [Raising Resilient Kids](#), an initiative to protect young people’s health and nurture safe and supportive families and communities. This initiative is comprised of a webinar featuring national leaders in youth development and children’s health and a free, downloadable guide for parents on raising resilient kids.
- Created telehealth/online/text-messaging services for parent education and [resources](#) on prevention, communication, and parenting skills in English and Spanish.
- Initiated projects aimed at addressing the earliest risk factors for substance use, perinatal and postnatal parental substance use, via evidence-based prevention messaging.
  - [Home Visitation Enhancing Linkages Project \(HELP\)](#), designed to develop and test a digital, confidential screening and brief intervention tool for alcohol and drug use for expectant mothers/families engaged in home visiting programs. This program also serves to bridge the gap and break down silos between the substance use and early childhood development fields.
  - [BabySTEPS \(Supportive Texts to Empower Parents\)](#), a micro-randomized clinical trial that is pilot testing text message-based interventions for postpartum risky drinking. The goals are to understand the factors that affect a mother’s risk of drinking in the postpartum period and to develop message content based on those factors to increase self-efficacy and parenting confidence.

## PARTNERSHIP'S AGENDA TO PROMOTE ADOPTION OF AN EARLIER AND BROADER APPROACH TO PREVENTION

- Elevate policies that promote healthy youth development by supporting and empowering families to implement effective prevention and advocate for health-promoting policies.
- Identify and partner with other groups working in healthy youth development to explore potential areas for collaboration around shared priorities.
- Educate and inform policymakers about the need to break down current silos in substance use prevention, child mental health, and healthy child development work and encourage collaboration between these fields and among the various government agencies responsible for funding these efforts.
- Educate and inform policymakers about the need to increase prevention funding and fund comprehensive prevention initiatives.
- Educate and inform policymakers about the need for prevention research on the best ways to implement an earlier and broader approach to prevention that is tailored to the needs of individual groups and communities and that results in equitable access to services and preventive interventions.
- Develop a version of the digital helpline for post-partum mothers (expansion of BabySTEPS).
- Develop resources to inform/educate parents about mental health and how it can lead to self-medication using substances.
- Scale family and peer services to serve more parents and families seeking help with prevention.

# PROTECT YOUTH FROM LEGAL ADDICTIVE SUBSTANCES

Legal addictive substances, including nicotine, alcohol, controlled prescription drugs and, in some states, marijuana, are the most widely misused substances among youth. When an addictive substance is legal, it emboldens industry to target young users, increases perceptions of safety, normalizes use, and increases exposure, access, and use. This challenges parents' and families' prevention efforts. As such, parents and families need to be supported by strong legal and regulatory measures to protect youth from industry practices.

This is critical in the context of increased legalization of marijuana. As of February 2022, [18 states, two territories, and the District of Columbia](#) had legalized marijuana for adult non-medical use, and many more are moving in that direction. The legalization of an addictive substance, despite its merits for economic or social purposes, is counterproductive to protecting youth, as is evidenced by the fact that the most widely used addictive substances among youth are those that are legal for adult use.

**Regardless of where one stands on the issue of legalizing non-medical marijuana or other drug possession and use, nearly everyone agrees that it is important to keep marijuana and other addictive substances out of the hands of youth and to delay initiation of substance use for as long as possible.** This is because there is little debate regarding the heightened risk of substance use to young people.

Federal and state governments can help keep legal addictive substances out of the hands of young people by: banning flavored products and removing high nicotine/THC-content products from the market; reducing exposure and access to youth; restricting marketing and advertising; disclosing ingredients and contents; requiring plain and child-resistant packaging; and encouraging safe storage/disposal of addictive substances.

Unfortunately, federal and state governments have been slow to adopt strong regulations when a new addictive substance is brought to market, which leads to an epidemic of youth use, the most recent example being vaping. While marijuana remains illegal at the federal level, it is incumbent on states that have legalized marijuana to adopt strong youth protection provisions.

## PARTNERSHIP'S ACCOMPLISHMENTS IN PROTECTING YOUTH FROM LEGAL ADDICTIVE SUBSTANCES

- Created a set of recommended youth protection provisions for states to implement in their current or forthcoming legalization efforts. These recommendations explicate which are: (1) well-supported by the literature based on research from states' experiences with marijuana legalization, when available, as well as those related to youth protection within alcohol and tobacco laws; (2) supported when evidence from marijuana legalization is unavailable, but abundant evidence exists in relation to alcohol and tobacco; and (3) promising, based on available research on risk and protection for youth absent specific research on the effects of the laws themselves. [publication forthcoming]
- Conducted a comprehensive landscape review of laws in states that have legalized marijuana to document youth-related provisions, including required documentation, assessments, and enforcement procedures. This review highlights differences between current state provisions and evidence-based recommended provisions to protect youth. [publication forthcoming]
- Presented on the topic of marijuana legalization and youth at several academic and professional conferences.
- Created guides for parents, schools, and health care professionals on legal addictive substances, including: [alcohol](#), [marijuana](#), [vaping](#), and [prescription and over-the-counter medications](#).
- Educate parents about the importance of encouraging youth to delay initial use of addictive substances.
- Collaborating with the American Academy of Pediatrics and other organizations to inform the ongoing discussion around marijuana legalization on the federal level.

## PARTNERSHIP'S AGENDA TO PROTECT YOUTH FROM LEGAL ADDICTIVE SUBSTANCES

- Partner with another organization to draft model legislation for states considering legalizing marijuana (or other drugs) to ensure that there are adequate provisions for protecting youth within the context of legalization.
- Equip families and communities with the information and tools they need to advocate for the protection of youth within their states' drug liberalization efforts.
- Create a landing page on Partnership's website to serve as a comprehensive resource for families looking for information, tools, and resources about marijuana. This effort has recently been awarded a grant from the Achelis & Bodman Foundation.
- Educate policymakers about the importance of incentivizing industry to restrict public advertising, drawing from tobacco and alcohol.
- Work with the American Cancer Society on research and advocacy efforts aimed at protecting youth from nicotine and marijuana products.

# REFORM SYSTEMS OF CARE TO BE FAMILY-SERVING

Youth-serving systems (e.g., health care, education, child welfare, juvenile justice) need to be reformed to better work with and support families. These systems are not currently structured to be “family-serving” nor do they capitalize on the known benefits to youth of family involvement within these systems.

To better serve families and the youth within the health, education, child welfare, and juvenile justice systems, these systems must take a health promotion rather than a punitive approach.<sup>7</sup> They should consider families to be collaborative partners in the care of the child<sup>8</sup> and implement interventions that are trauma-informed<sup>9</sup> and culturally sensitive.<sup>10</sup> Staff should be trained in family-centered substance use prevention and treatment, which have been found to produce better outcomes for youth than interventions aimed only at the youth.<sup>11</sup>

## HEALTH CARE

The principal responsibility of health professionals with regard to preventing substance use and addiction plays out within the confines of individual clinical practices via patient education, screening, early intervention services, and referrals to treatment when necessary. Pediatricians can play a vital role in prevention,<sup>12</sup> due to their proximity to parents and children and their status as knowledgeable, trustworthy adults.<sup>13</sup> Well-baby visits are another opportunity for pediatricians to identify and address maternal and other familial substance misuse.

Screening is critical but, in its current form, it is too narrow in its application and scope. The current screening, brief intervention, and referral to treatment (SBIRT) model does not involve the parent and happens later in adolescence.<sup>14</sup> Rather than relying solely on the current SBIRT model, pediatricians and other health care providers who serve youth and families can improve screening and early intervention for substance use by:

- Routinely educating parents about the risk factors for substance use at various stages of child development and how best to address them, even before signs of risk emerge;<sup>15</sup>
- Screening young patients for all forms of substance use risk – including ACEs, low school readiness, and deficits in self-regulation – as a routine part of clinical visits;<sup>16</sup>
- Providing counseling to parents whose children are diagnosed with certain medical, mental health, or behavioral problems that present a higher risk of developing substance use in adolescence (attention-deficit/hyperactivity disorder, conduct disorder, headache, injury/poisoning, oppositional defiant disorder, and trauma- or stress-related disorders);<sup>17</sup> and
- Providing parenting support to parents receiving substance use or mental health disorder treatment (e.g., linkage to home visiting programs).<sup>18</sup>

## SCHOOLS

School-based efforts are the cornerstone of prevention research and programming;<sup>19</sup> yet, available data show a discouraging picture about the extent to which effective school-based programs are disseminated and adopted.<sup>20</sup> Furthermore, while research demonstrates that parental engagement in schools is closely linked to reducing negative outcomes, including substance use,<sup>21</sup> families are barely addressed in leading school-based prevention efforts. Families and schools must be better connected to support students.<sup>22</sup>

Schools should also provide more direct services to students that reduce the risk for substance use including school-based mental health services<sup>23</sup> and social-emotional learning interventions, including those focused on fostering child resilience, starting in preschool and continuing throughout a child's academic career. Schools should engage families in those services to help them address and moderate the negative effects of ACEs and other risk factors on child mental health and substance use problems.

Schools should also implement school-based screenings to identify and intervene with students at risk for substance use. As in the health care system, families should be involved in this screening so that they understand the warning signs and are educated in effective parenting strategies.

## CHILD WELFARE

The child welfare system must shift away from its historical punitive approach to one that is supportive of healthy families and child development. The child welfare system is especially punitive to parents who use substances.<sup>24</sup> Rather than focusing on punishing families by marking them as abusive or neglectful, the system should focus on strengthening families, increasing family involvement and promoting positive parenting. Federal law now requires states to develop plans of safe care for infants with prenatal substance exposure. Importantly, the plans of safe care must address parental health and substance use disorder treatment needs, and parents should be collaboratively involved in the development of the plan.<sup>25</sup>

Home visiting programs are an effective way to promote positive parenting skills and target families at high risk for substance use and other negative outcomes. Home visiting is a voluntary program that connects high-risk families with services that support the whole family to promote healthy youth development.<sup>26</sup> Evidence-based home visiting programs have been found to improve a variety of parent and child outcomes, including birth outcomes, economic self-sufficiency, school readiness, and parent and child health and mental health.<sup>27</sup>

## JUVENILE JUSTICE

As is true for the child welfare system, the juvenile justice system must shift away from a punitive approach, which is both ineffective and harmful to youth. Instead, the juvenile justice system should adopt an approach that is developmentally appropriate for adolescents. One of the “hallmarks” of a developmental approach is family engagement, which has been shown to both reduce crime and improve youth mental health.<sup>28</sup> While parental engagement has been shown to be beneficial, parents are often unequipped to help their child navigate the system. Parents lack legal education and are unaware of their rights and duties.<sup>29</sup> Families also frequently distrust the system based on negative interactions.<sup>30</sup> Given the important role that parents play in improving outcomes, particularly treatment engagement and recidivism, the juvenile justice system should actively engage parents and caregivers by providing necessary resources.<sup>31</sup> In addition, despite high rates of substance use among justice-involved youth and the risk for developing substance use disorder among this population, substance use prevention programs are not widely utilized in the juvenile justice system.<sup>32</sup>

## PARTNERSHIP'S ACCOMPLISHMENTS IN ENGAGING FAMILIES IN YOUTH-SERVING SYSTEMS

- Developed free guides and presentations for school professionals on preventing and intervening with students on a range of substance use topics, including vaping, alcohol, marijuana, and prescription and over-the-counter medication misuse.
- Created the Home Visitation Enhancing Linkages Project (HELP) to develop and test technology-driven interventions targeting early risk factors for substance use, focusing on pregnant and postpartum women involved in Home Visiting Programs through the child welfare system.
- Participated in research to identify gaps and barriers in substance use prevention, screening, and referral to behavioral health services in the juvenile justice system and on the importance of caregiver engagement in initiating and engaging justice-involved youth in substance use treatment (JJ-TRIALS Research Cooperative).
- Became a member of the [Hopeful Futures Campaign](#) for school-based mental health.
- Conducted focus groups with parents and pediatricians to identify gaps in pediatric screening, parent education, and early intervention.
- Conducted a survey of parents with a history of addiction in their family on their experiences and attitudes related to opioids prescribed to their children. The findings were presented in a report along with specific recommendations to reduce the risk of opioid misuse among youth at heightened risk for opioid use disorder.
- Developed and tested strategies for integrating evidence-based screening, brief intervention, and referral to treatment into early childhood home visiting programs through the Home Visitation Enhancing Linkages Project (HELP).
- Created a sustainable network infrastructure for promoting research on family-based recovery support services for youth with opioid use disorder (OUD), focused on interventions and metrics to assist providers with integrating families in OUD services; measurement of direct-to-family recovery supports; and mentoring junior investigators in research on engaging family members in substance use prevention and treatment services.
- Developed and tested an online clinician measurement training and feedback system designed to increase family participation in treatment and utilization of family therapy techniques for adolescent substance use in routine treatment settings.
- Researched [insurance coverage barriers for mental health and substance use treatment](#) and developed recommendations and engaged in advocacy to improve enforcement of the [Mental Health Parity and Addiction Equity Act](#) and other federal and state laws that prohibit discriminatory insurance coverage.

## PARTNERSHIP'S AGENDA TO ENGAGE FAMILIES IN YOUTH-SERVING SYSTEMS

- Develop best practices for involving families in screening.
- Identify and advocate for policies to incentivize or require pediatricians and other youth-serving health professionals (e.g., dentists, mental health counselors) to conduct substance use screening and involve/educate families in identifying substance use risk.
- Conduct outreach to child welfare and juvenile justice organizations to share our resources.
- Work with community partners to create family education programs to educate parents about how to reduce the risks of substance use among their children.
- Encourage the Substance Abuse and Mental Health Services Administration (SAMHSA)/other grant-makers to include families in prevention initiatives as part of standard practice for public funders.



# REDUCE DISPARITIES AND PROMOTE EQUITY IN PREVENTION

Like our guiding principle, our fourth priority – reducing disparities and promoting equity – is cross-cutting and reflected in each of the aforementioned priorities. This priority is critical to substance use prevention because inequality, disparity, discrimination, racism, and institutional bias are all risk factors that contribute to negative outcomes, including substance misuse.<sup>33</sup> Increased risk for substance use disorder, due to discrimination, has been well documented among people of color<sup>34</sup> and people who identify as LGBTQ+.<sup>35</sup>

Importantly, research has found that supportive family relationships can help reduce these risk factors and protect against substance use. For example, familial acceptance and support of LGBTQ+ individuals are highly protective against substance use.<sup>36</sup> And, supportive parenting moderates the relationship between discrimination and substance use for Black youth.<sup>37</sup>

## EARLIER AND BROADER APPROACH

Adopting an earlier and broader approach will help disadvantaged communities and communities of color, which are disproportionately harmed by chronic stress and economic insecurity that increase the risk for substance use.<sup>38</sup> White Americans are less likely than racial/ethnic minorities to live in poverty<sup>39</sup> and more likely to benefit from having health insurance,<sup>40</sup> living in an area with easy access to grocery stores,<sup>41</sup> and growing up without an incarcerated parent.<sup>42</sup> As one example of a racially marginalized group, Black youth are four times more likely to live in a high-poverty neighborhood, which is highly predictive of a child living in poverty as an adult.<sup>43</sup> Low-income and Black children experience greater numbers of ACEs.<sup>44</sup> Black children are less likely to receive high-quality early child care and education.<sup>45</sup> These far-reaching and deep-rooted inequities affect childhood development and health and put many non-white children at a social and economic disadvantage compared to their white peers.<sup>46</sup>

The Federal [American Rescue Plan](#) (ARP) included a number of evidence-based provisions that address early risk factors for substance use by alleviating chronic stress on parents and families. These provisions, which include economic support programs to reduce poverty, as well as housing and nutrition assistance and investments in child care and education, address risk factors that disproportionately affect children and families of color.<sup>47</sup> The ARP's changes to the Child Tax Credit have been attributed to lifting 4.1 million children out of poverty, with nearly 3 million of those being Black or Latino children.<sup>48</sup> While the ARP holds tremendous promise both for reducing substance use risk and promoting racial equity, the law's provisions were temporary, and it remains to be determined which provisions will be extended or made permanent by Congress.

## PROTECT YOUTH FROM LEGAL ADDICTIVE SUBSTANCES

Adopting strong youth protection provisions in drug liberalization laws will help states to be proactive, rather than reactive, in protecting youth from addictive substances for which changes in legal status are being considered, while reducing the biases and injustices inherent in the “war on drugs” approach to drug control in the United States. Such provisions will also help protect youth in low-income neighborhoods and neighborhoods with predominantly Black residents, which are disproportionately marketed to by tobacco and alcohol companies.<sup>49</sup>

## REFORMING SYSTEMS OF CARE TO BE FAMILY-SERVING

People of color face discrimination, systemic racism, and bias in many of the systems with which they interact, including the criminal justice, child welfare, health care, and school systems. The criminal justice system and substance use are deeply intertwined, due to the criminalization of substance use, and such policies have had a disproportionate impact on communities of color, particularly Black and Latino communities.<sup>50</sup> People of color face racial and ethnic disparities throughout interactions with the criminal justice system, which have a profound impact on health, including the risk for substance use and addiction.<sup>51</sup>

Involvement with the child welfare system is particularly harmful to Black children, who are over-represented in the child welfare system and, therefore, more likely to suffer the harms and adverse outcomes associated with child welfare involvement,<sup>52</sup> including increased risk for substance use.<sup>53</sup> Black families are more likely to be reported for suspected maltreatment, investigated, and receive a determination for removal and are less likely to be reunified than white families, leading to disproportionate representation of Black children in the foster care system.<sup>54</sup> Racial bias and racism in the child welfare system contribute to these disparities.<sup>55</sup>

Racial bias also contributes to Black students being more likely to experience school disciplinary action, including suspension or expulsion.<sup>56</sup> Loss of connection with school is a significant risk factor for future substance use.<sup>57</sup>

Ensuring that systems are “family-serving” will help to remediate interactions between youth-serving systems/institutions and families and prevent inequality. Ensuring schools shift from a punitive approach to an approach that involves and strengthens families will help to reduce racial disparities in school discipline.<sup>58</sup>

It is also essential to ensure equitable access to effective prevention strategies and that prevention strategies do not contribute to discrimination. In health care, minority adolescent patients are less likely to be screened for alcohol and other drug use than white adolescent patients.<sup>59</sup> In the child welfare system, families of color are less likely to be offered services that are meant to prevent removal/placement in foster care (such as home visiting programs).<sup>60</sup>

## PARTNERSHIP'S ACCOMPLISHMENTS IN REDUCING DISPARITIES AND PROMOTING EQUITY IN PREVENTION

- Created a [website](#) with resources for families of LGBTQ+ youth, including [specific recommendations](#) for how to reduce substance use risk among LGBTQ+ youth.
- Developed a specific suite of messages for our [Help & Hope by Text](#) Prevention track, focusing on the importance of affirmation by loved ones as a protective factor against substance misuse for LGBTQ+ individuals.
- Launched Help & Hope by Text in Spanish.
- Created a [Recursos en Español](#) page on our website to translate many of our [Prevention and Early Intervention](#) resources into Spanish and ensure that they are culturally sensitive and appropriate.
- Specialists have provided bilingual support on the Helpline since its inception.

## PARTNERSHIP'S AGENDA TO REDUCE DISPARITIES AND PROMOTE EQUITY IN PREVENTION

- Expand Spanish content by one-third in 2022.
- Establish parity between English and Spanish content and level of service and create parity for other populations (e.g., Black, Native American). Any time we create a new resource or build a new service, the goal will be to ensure that the service is culturally sensitive.

# CONCLUSION

Now is the time to transform how our nation prevents addiction. While we will need to fundamentally rethink our approach, neurobiological research yields strategies for effectively preventing substance use as well as other negative outcomes. Research also demonstrates the critical importance of families and communities in preventing substance use. But families must be supported and empowered to effectively fulfill this role through education, resources, and supportive policies. While these changes may seem daunting, we are in the midst of an unprecedented opportunity to capitalize on a historical moment of government attention to the importance of investing in many of the early social determinants of health that impact substance use.

Effective prevention is essential for fulfilling our mission to transform how our nation addresses addiction. Partnership to End Addiction is uniquely positioned to facilitate this transformation given its breadth of prevention-related work in research, policy, and direct family services. But we know we cannot achieve this transformation on our own and are eager to work with others committed to protecting the health of our nation's youth.

# ENDNOTES

- 1 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: HHS. Retrieved from: <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>
- 2 Miller, T., & 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. Retrieved from: <https://www.samhsa.gov/sites/default/files/cost-benefits-prevention.pdf>
- 3 Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved from: <https://46y5eh1fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>  
Davis, J.P., Tucker, J.S., Stein, B.D., & D'Amico, E.J. (2021). Longitudinal effects of adverse childhood experiences on substance use transition patterns during young adulthood. *Child Abuse & Neglect*, 120, 105201.
- 4 Levi, J., Segal, L.M., De Biasi, A., Martin, A., & May, K. (2015). *Reducing teen substance misuse: What really works*. Trust for America's Health. Retrieved from: <https://www.tfah.org/report-details/reducing-teen-substance-misuse-what-really-works/>  
Lustig, A., & Cabrera, M. (2021). *Leveraging evidence-based policies to improve health, control costs, and create health equity: A report of the Promoting Health and Cost Control in States Initiative*. Trust for America's Health. Retrieved from: [https://www.tfah.org/wp-content/uploads/2021/07/2021\\_LeveragingReport\\_Fnl.pdf](https://www.tfah.org/wp-content/uploads/2021/07/2021_LeveragingReport_Fnl.pdf)  
Ogburn, J., Gratale, D., Counts, N.Z., & Jakab, T. (2021). *Pediatric Mental, Emotional and Behavioral Health: Federal Policy Recommendations for Congress and the Executive Branch*. Nemour Children's Health and Mental Health America. Retrieved from: <https://www.nemours.org/content/dam/nemours/nemours-org/en/documents/pediatric-mental-emotional-and-behavioral-health-policy-recommendations-for-congress.pdf>  
Olson, G., De Biasi, A., Ilakkuvan, V., & Auerbach, J. (2019). *Addressing a crisis: Cross-sector strategies to prevent adolescent substance use and suicide*. Trust for America's Health. Retrieved from: [https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10\\_24.pdf](https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10_24.pdf)
- 5 Troller-Renfree, S.V., Costanzo, M.A., Duncan, G.J., Magnuson, K., Gennetian, L.A., Yoshikawa, H., Halpern-Meekin, S., Fox, N.A., & Noble, K.G. (2022). The impact of a poverty reduction intervention on infant brain activity. *Proceedings of the National Academy of Sciences of the United States of America*. Retrieved from: <https://www.pnas.org/content/119/5/e2115649119>
- 6 Richter, L., Vuolo, L., & Oster, R. (2021, June 10). Recent legislation can dramatically improve substance use prevention: Here's how to seize the opportunity. *Health Affairs Blog*. Retrieved from: <https://www.healthaffairs.org/doi/10.1377/hblog20210607.239986/full/>
- 7 Olson, G., De Biasi, A., Ilakkuvan, V., & Auerbach, J. (2019). *Addressing a crisis: Cross-sector strategies to prevent adolescent substance use and suicide*. Trust for America's Health. (pp. 31, 58-59). Retrieved from: [https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10\\_24.pdf](https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10_24.pdf)
- 8 National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (p. 150). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>  
Olson, G., De Biasi, A., Ilakkuvan, V., & Auerbach, J. (2019). *Addressing a crisis: Cross-sector strategies to prevent adolescent substance use and suicide*. Trust for America's Health. (pp. 7, 24). Retrieved from: [https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10\\_24.pdf](https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10_24.pdf)
- 9 Center for Youth Wellness. (2015). *Children can thrive: A vision for California's response to adverse childhood experiences*. Retrieved from: <https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/children-can-thrive.pdf>  
National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (p. 140). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>  
Olson, G., De Biasi, A., Ilakkuvan, V., & Auerbach, J. (2019). *Addressing a crisis: Cross-sector strategies to prevent adolescent substance use and suicide*. Trust for America's Health. (p. 59). Retrieved from: [https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10\\_24.pdf](https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10_24.pdf)
- 10 National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (pp. 123, 133, 158). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>
- 11 Olson, G., De Biasi, A., Ilakkuvan, V., & Auerbach, J. (2019). *Addressing a crisis: Cross-sector strategies to prevent adolescent substance use and suicide*. Trust for America's Health. (pp. 56-57). Retrieved from: [https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10\\_24.pdf](https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10_24.pdf)
- 12 Richter, L., Kunz, K., & Foster, S.E. (2015). A public health approach to prevention: The health professional's role. In A. Herron (Ed.), *Principles of Addiction Medicine: The Essentials (2nd edition)*. American Society of Addiction Medicine.
- 13 Hagan, J.F., Shaw, J.S., & Duncan, P.M. (Eds.). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics.
- 14 Ozechowski, T.J., Becker, S.J., & Hogue, A. (2016). SBIRT-A: Adapting SBIRT to maximize developmental fit for adolescents in primary care. *Journal of Substance Abuse Treatment*, 62, 28-37. Retrieved from: <http://dx.doi.org/10.1016/j.jsat.2015.10.006>

- 15 Chi, F.W., Alexeeff, S., Ahmedani, B., Boscarino, J.A., Waitzfelder, B., Dugan, R., Frankland, T., Loree, A., & Sterling, S. (2021). Predicting adolescent alcohol and other drug problems using electronic health records data. *Journal of Substance Abuse Treatment*, 132, 108487.
- 16 Center for Youth Wellness. (2015). *Children can thrive: A vision for California's response to adverse childhood experiences*. Retrieved from: <https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/children-can-thrive.pdf>
- 17 Chi, F.W., Alexeeff, S., Ahmedani, B., Boscarino, J.A., Waitzfelder, B., Dugan, R., Frankland, T., Loree, A., & Sterling, S. (2021). Predicting adolescent alcohol and other drug problems using electronic health records data. *Journal of Substance Abuse Treatment*, 132, 108487.
- 18 Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved from: <https://46y5eh1f-hgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- Council of Chief State School Officers. (2021). *Restart & recovery: Leveraging federal COVID relief funding & Medicaid to support student & staff wellbeing & connection: Opportunities for state education agencies*. Retrieved from: <https://learning.ccsso.org/restart-recovery-leveraging-federal-covid-relief-funding-medicaid-to-support-student-staff-wellbeing-connection>
- 19 Institute of Medicine. (1996). *Pathways of addiction: Opportunities in drug abuse research*. Washington, DC: The National Academies Press.
- 20 Bruckner, T.A., Domina, T., Hwang, J.K., Gerlinger, J., Carpenter, C., & Wakefield, S. (2014). State-level education standards for substance use prevention programs in schools: A systematic content analysis. *Journal of Adolescent Health*, 54(4), 467-473.
- U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service. (2011). *Prevalence and implementation fidelity of research-based prevention programs in public schools: Final report*. Washington, D.C.
- 21 Levi, J., Segal, L.M., De Biasi, A., Martin, A., & May, K. (2015). *Reducing teen substance misuse: What really works*. Trust for America's Health. (p. 34). Retrieved from: <https://www.tfah.org/report-details/reducing-teen-substance-misuse-what-really-works/>
- 22 National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (p. 200). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>
- 23 National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (pp. 189, 234). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>
- Olson, G., De Biasi, A., Ilakkuvan, V., & Auerbach, J. (2019). *Addressing a crisis: Cross-sector strategies to prevent adolescent substance use and suicide*. Trust for America's Health. (p. 46). Retrieved from: [https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10\\_24.pdf](https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10_24.pdf)
- 24 Sangoi, L. (2020). "Whatever they do, I'm her comfort, I'm her protector": *How the Foster System Has Become Ground Zero for the U.S. Drug War*. Movement for Family Power. Retrieved from Drug Policy Alliance's website: <https://drugpolicy.org/resource/MFPreport>
- 25 Child Welfare Information Gateway. (2020). *Plans of safe care for infants with prenatal substance exposure and their families*. Retrieved from: <https://www.childwelfare.gov/pubPDFs/safecare.pdf>
- National Center on Substance Abuse and Child Welfare. *Plans of safe care*. Retrieved from: <https://ncsacw.samhsa.gov/topics/plans-of-safe-care.aspx>
- 26 National Home Visiting Resource Center. *About home visiting*. Retrieved from: <https://nhvrc.org/yearbook/2021-yearbook/about-home-visiting/>
- 27 Michalopoulos, C., Crowne, S.S., Portilla, X.A., Lee, H., Filene, J.H., Duggan, A., & Knox, V. (2019). *A summary of results from the MIHOPE and MIHOPE-Strong Start studies of evidence-based home visiting*. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. Retrieved from: <https://www.acf.hhs.gov/opre/report/summary-results-mihope-and-mihope-strong-start-studies-evidence-based-home-visiting>
- 28 National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (pp. 299, 313-315). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>
- 29 National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (p. 314). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>
- 30 Elkington, K.S., Lee, J., Brooks, C., Watkins, J., & Wasserman, G.A. (2020). Failing between two systems of care: Engaging families, behavioral health and the justice systems to increase uptake of substance use treatment in youth on probation. *Journal of Substance Abuse Treatment*, 112, 49-59.
- 31 Elkington, K.S., Lee, J., Brooks, C., Watkins, J., & Wasserman, G.A. (2020). Failing between two systems of care: Engaging families, behavioral health and the justice systems to increase uptake of substance use treatment in youth on probation. *Journal of Substance Abuse Treatment*, 112, 49-59.
- National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (pp. 299, 313-315). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>
- 32 Funk, R., Knudsen, H.K., McReynolds, L.S., Bartkowski, J.P., Elkington, K.S., Steele, E.H., Sales, J.M., & Scott, C.K. (2020). Substance use prevention services in juvenile justice and behavioral health: Results from a national survey. *Health & Justice*, 8, 11.
- 33 Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology*, 188, 108518.
- National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (pp. 131-132, 265). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>
- Olson, G., De Biasi, A., Ilakkuvan, V., & Auerbach, J. (2019). *Addressing a crisis: Cross-sector strategies to prevent adolescent substance use and suicide*. Trust for America's Health. (pp. 16, 38). Retrieved from: [https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10\\_24.pdf](https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10_24.pdf)
- 34 Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology*, 188, 108518.
- Gibbons, F.X., Etcheverry, P.E., Stock, M.L., Gerrard, M., Weng, C.Y., Kiviniemi, M., & O'Hara, R. (2010). Exploring the link between racial discrimination and substance use: What mediates? What buffers? *Journal of Personality and Social Psychology*, 99(5), 785-801.
- 35 McCabe, S.E., Bostwick, W.B., Hughes, T.L., West, B.T., & Boyd, C.J. (2010). The relationship between discrimination and substance use disorders among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, 100(10), 1946-1952.
- National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (pp. 109-110, 131-132). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>
- 36 Ryan, C., Russell, S.T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.
- 37 Gibbons, F.X., Etcheverry, P.E., Stock, M.L., Gerrard, M., Weng, C.Y., Kiviniemi, M., & O'Hara, R. (2010). Exploring the link between racial discrimination and substance use: What mediates? What buffers? *Journal of Personality and Social Psychology*, 99(5), 785-801.
- 38 Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology*, 188, 108518.
- 39 Shrider, E.A., Kollar, M., Chen, F., & Semega, J. (2021). Income and Poverty in the United States: 2020. *United States Census Bureau*. Retrieved from <https://www.census.gov/library/publications/2021/demo/p60-273.html>
- U.S. Census Bureau, Current Population Survey. *1960 to 2020 annual social and economic supplement*. Retrieved from: [www.census.gov](http://www.census.gov)
- 40 Garfield, R., Orgera, K., & Damico, A. (2019). *The Uninsured and the ACA: A Primer*. Kaiser Family Foundation. Retrieved from: <https://files.kff.org/attachment/The-Uninsured-and-the-ACA-A-Primer-Key-Facts-about-Health-Insurance-and-the-Uninsured-amidst-Changes-to-the-Affordable-Care-Act>
- 41 Powell, L.M., Slater, S., Mirtcheva, D., Bao, Y., & Chaloupka, F.J. (2007). Food store availability and neighborhood characteristics in the United States. *Preventive Medicine*, 44(3), 189-195.

- 42 The Pew Charitable Trusts. (2010). *Collateral costs: Incarceration's effect on economic mobility*. Washington, DC: The Pew Charitable Trusts.
- 43 National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press (p. 120). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>
- 44 Olson, G., De Biasi, A., Ilakkuvan, V., & Auerbach, J. (2019). *Addressing a crisis: Cross-sector strategies to prevent adolescent substance use and suicide*. Trust for America's Health. (p. 37). Retrieved from: [https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10\\_24.pdf](https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10_24.pdf)
- 45 Barnett, S., Carolan, M., & Johns, D. (2013). *Equity and excellence: African-American children's access to quality preschool*. Center on Enhancing Early Learning Outcomes, National Institute for Early Education Research, Rutgers University. Retrieved from: <https://eric.ed.gov/?id=ED555720>
- 46 Flores, G., Olson, L., & Tomany-Korman, S.C. (2005). Racial and ethnic disparities in early childhood health and health care. *Pediatrics*, 115(2), e183-193.
- Quintana, S.M., Aboud, F.E., Chao, R.K., Contreras-Grau, J., Cross, W.E., Hudley, C., Hughes, D., Liben, L.S., Nelson-Le Gall, S., & Vietze, D.L. (2006). Race, ethnicity, and culture in child development: Contemporary research and future directions. *Child Development*, 77(5), 1129-1141.
- 47 Odom Walker, K., Rising, J., & Gratale, D. (2021, April 21). Creating an agenda for children's resiliency and health. *Health Affairs Blog*. Retrieved from: <https://www.healthaffairs.org/doi/10.1377/hblog20210420.141375/full/>
- 48 Marr, C., Cox, K., Hingtgen, S., Windham, K., & Sherman, A. (2021). *House COVID relief bill includes critical expansions of Child Tax Credit and EITC*. Center on Budget and Policy Priorities. Retrieved from: <https://www.cbpp.org/research/federal-tax/house-covid-relief-bill-includes-critical-expansions-of-child-tax-credit-and>
- 49 Lee, J.G.L., Henriksen, L., Rose, S.W., Moreland-Russell, S., & Ribisl, K.M. (2015). A systematic review of neighborhood disparities in point-of-sale tobacco marketing. *American Journal of Public Health*, 105(9), e8-e18. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4529779/>
- The Center on Alcohol Marketing and Youth at Johns Hopkins Bloomberg School of Public Health. (2012). *Exposure of African-American youth to alcohol advertising, 2008 and 2009*. Retrieved from: [https://wwwapp.bumc.bu.edu/BEDAC\\_Camy/docs/resources/reports/alcohol-advertising-monitoring/exposure-aa-youth-alcohol-advertising-08-09.pdf](https://wwwapp.bumc.bu.edu/BEDAC_Camy/docs/resources/reports/alcohol-advertising-monitoring/exposure-aa-youth-alcohol-advertising-08-09.pdf)
- 50 Hernandez, C. (2019, October 14). We need more data to understand the impact of mass incarceration on Latinx communities. *Vera Institute of Justice Think Justice Blog*. Retrieved from: <https://www.vera.org/blog/we-need-more-data-to-understand-the-impact-of-mass-incarceration-on-latinx-communities>
- Hinton, E., Henderson, L., & Reed, C. (2018). *An Unjust Burden: The Disparate Treatment of Black Americans in the Criminal Justice System*. Vera Institute of Justice. Retrieved from: <https://www.vera.org/downloads/publications/for-the-record-unjust-burden-racial-disparities.pdf>
- Volkow, N.D. (2021, April 27). Addiction should be treated, not penalized. *Health Affairs Forefront*. Retrieved from: <https://www.healthaffairs.org/doi/10.1377/forefront.20210421.168499/full>
- 51 Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology*, 188, 108518.
- 52 Dettlaff, A.J., Weber, K., Pendleton, M., Boyd, R., Bettencourt, B., & Burton, L. (2020). It is not a broken system, it is a system that needs to be broken: The upEND movement to abolish the child welfare system. *Journal of Public Child Welfare*, 14(5), 500-517.
- 53 Fettes, D.L., Aarons, G.A., & Green, A.E. (2013). Higher rates of adolescent substance use in child welfare versus community populations in the United States. *Journal of Studies on Alcohol and Drugs*, 74(6), 825-834.
- 54 Dettlaff, A.J., Weber, K., Pendleton, M., Boyd, R., Bettencourt, B., & Burton, L. (2020). It is not a broken system, it is a system that needs to be broken: The upEND movement to abolish the child welfare system. *Journal of Public Child Welfare*, 14(5), 500-517.
- National Council of Juvenile and Family Court Judges. (2017). *Disproportionality rates for children of color in foster care*. Retrieved from: [https://www.ncjfcj.org/wp-content/uploads/2017/09/NCJFCJ-Disproportionality-TAB-2015\\_0.pdf](https://www.ncjfcj.org/wp-content/uploads/2017/09/NCJFCJ-Disproportionality-TAB-2015_0.pdf)
- 55 Dettlaff, A.J., Weber, K., Pendleton, M., Boyd, R., Bettencourt, B., & Burton, L. (2020). It is not a broken system, it is a system that needs to be broken: The upEND movement to abolish the child welfare system. *Journal of Public Child Welfare*, 14(5), 500-517.
- 56 Riddle, T., & Sinclair, S. (2019). Racial disparities in school-based disciplinary actions are associated with county-level rates of racial bias. *Proceedings of the National Academy of Sciences of the United States of America*, 116(17), 8255-8260. Retrieved from: <https://doi.org/10.1073/pnas.1808307116>
- 57 Lee, H., & Henry, K. L. (2022). Adolescent substance use prevention: Long-term benefits of school engagement. *The Journal of School Health*, 10.1111/josh.13133.
- 58 National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (pp. 104-105, 311). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>
- 59 Meredith, L.S., Ewing, B.A., Stein, B.D., Shadel, W.G., Holliday, S.B., Parast, L., & D'Amico, E.J. (2018). Influence of mental health and alcohol or other drug use risk on adolescent reported care received in primary care settings. *BMC Family Practice*, 19(10). Retrieved from: <https://bmcpriamcare.biomedcentral.com/articles/10.1186/s12875-017-0689-y>
- National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (p. 134). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>
- 60 National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence: Realizing opportunity for all youth*. Washington, DC: The National Academies Press. (p. 135). Retrieved from: <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>





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