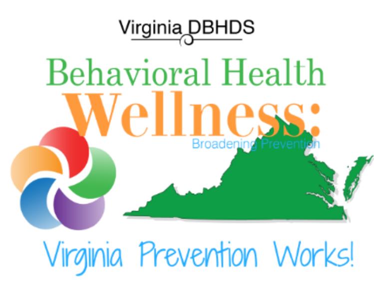
Virginia Substance Abuse Prevention Block Grant Annual Report

2021-22

OMNI

899 Logan Street, Ste 600
Denver, CO 80203
303.839.9422
omni.org



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2021-22

Submitted to:

Nicole Gore, Director, Office of Behavioral Health Wellness
Virginia Department of Behavioral Health and Developmental Services
December 2022

For More Information:

Cindy Vigil
cvigil@omni.org
303-839-9422 ext. 152

Eden Griffin
egriffin@omni.org
303-839-9422 ext. 154

Katie Gelman
kgelman@omni.org
303-839-9422 ext. 143

Project Team Members: Kim Anh Tran, Bianca Gonzalez-De La Rosa, Becca Ruiz, T Schweimler, Amanda Seibel, Jason Wheeler, Cheryl Winston.

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Virginia Substance Abuse Prevention Block Grant

Annual Report 2021-22: Executive Summary

The Substance Abuse Block Grant (SABG) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Virginia's Department of Behavioral Health and Developmental Services (DBHDS) Office of Behavioral Health Wellness (OBHW) distributes grant funds to 40 Community Services Boards (CSBs) across the commonwealth to plan, implement, and evaluate prevention activities aimed at preventing and/or decreasing substance use.

This report, prepared by OMNI Institute (OMNI), provides an overview of block grant prevention activities during the 2021-22 fiscal year. OBHW has contracted with OMNI since 2014 to evaluate Virginia's block grant activities and provide training and technical assistance (TA) to build evaluation capacity among Virginia's prevention workforce. OMNI is a nonprofit, social science consultancy that provides integrated research and evaluation, capacity building, and data utilization to accelerate positive social change.

Strategic Planning and Prevention Priorities

Since 2014, OMNI and OBHW have partnered to implement the Strategic Prevention Framework within block grant activities to provide program structure, build capacity for data-driven prevention, and promote sustainability. In 2017 and 2018, OMNI conducted a statewide needs assessment to identify prevention needs and determine program direction. From this effort, the following priority areas were identified:

Block Grant Prevention Priority Areas

Alcohol	Alcohol is the most used substance in Virginia with 25% of high school youth and 56% of adults consuming alcohol in the past 30 days.
Tobacco and Nicotine	23% of high school youth used tobacco or electronic vapor products in the past 30 days. 21% of adults used tobacco products in the past 30 days.
Mental Health and Suicide	1,202 suicides were recorded in Virginia in 2020, a rate of 14 per 100,000 persons. 16% of Virginia high school youth have considered suicide.

Data on high school youth from the 2019 Virginia Youth Survey. Data on adult substance use from the 2019-2020 National Survey on Drug Use and Health. Data on suicide rates from the Center for Disease Control, 2020.

2022 Needs Assessment Process

New legislative changes in Virginia have thrust emerging focus areas into the spotlight – Gaming and Gambling, and Marijuana. Considering these developments, CSBs began conducting local needs assessments in the fall of 2021 to understand the scope of these issues and the readiness of their local communities to address them. Each CSB was tasked with completing several components as part of the needs assessment process: an environmental scan on gaming and gambling; community readiness assessments for gaming and gambling, and for cannabis; and the implementation of the Virginia Young Adult Survey.

Environmental Scan	Measure the physical landscape around gaming and gambling
Community Readiness Assessment	Determine each community's level of knowledge, leadership and attitudes around gaming and gambling, and cannabis
Young Adult Survey	Comprehensive survey of 18–25-year-olds on a variety of subjects including substance use, mental health, and gambling.

Virginia Department of Behavioral Health & Developmental Services

Prevention Capacity

OMNI provides capacity building services to CSBs in addition to support around assessment, planning, implementation, and evaluation of prevention efforts. **In end of year reporting, CSBs indicated that they have ample capacity to implement their block grant prevention interventions.** CSBs agreed that they have experience collaborating with other organizations on relevant prevention interventions (40), experience with relevant prevention interventions (39), and capability to use data in prevention planning (38). However, over half of all CSBs (24) disagreed or strongly disagreed that they have enough staff and only 16 CSBs reported that they have enough fiscal/financial resources.

Loudon County Prevention Staff at 2022 Pride Fest

Additionally, CSBs indicated a greater focus on specific populations experiencing health disparities than the previous fiscal year. Of note, more CSBs this year than last year increased access to (28 vs. 23) and availability of (27 vs. 22) substance use prevention services for subpopulations experiencing disparities than the prior year.

Block Grant Priority Strategies

To impact Virginia's three prevention priority areas and reach desired outcomes, the OBHW team explored data from the 2017-18 needs assessment and selected key risk and protective factors underlying the priority areas that could be targeted through new or existing prevention strategies. Based on these discussions, OBHW selected five priority strategies and began requiring their implementation in 2020. Data from the priority strategies in this fiscal year are highlighted below.

Community Mobilization and Coalition Capacity Building

Coalitions mobilize communities and are key in supporting prevention efforts and disseminating prevention messages. This fiscal year, CSBs partnered with and created local coalitions to plan and implement prevention activities, collect data, engage in community outreach efforts, and nurture partnerships with community stakeholders to spread prevention messaging.

38 CSBs
led or facilitated coalitions

71
active coalitions

1,859
Coalition members

Lock and Talk Suicide Prevention and Awareness

CSBs implemented Lock and Talk efforts focused on suicide prevention through restricting access to lethal means, community and merchant education, and media messaging. Lock and Talk messaging acknowledges that suicide and overdose prevention are incomplete without knowledge of safe storage of lethal means and access to locking devices.

CSBs worked to expand Lock and Talk efforts to reach more diverse populations, including veterans, non-English speakers, and the LGBTQ+ community. Through community partnerships and coalitions, several CSBs expanded their reach to include populations that are often overlooked.

> "Lock and Talk has been the one initiative that has been "pandemic resistant!"" - Hanover CSB

40 CSBs
implemented Lock & Talk

35,883
Total devices distributed

1.8M
Total impressions/ reach

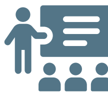
- **1,744,847** reached via social marketing
- **17,732** received lock boxes
- **11,371** received cable locks
- **7,545** reached through presentations
- **6,780** received trigger locks
- **101** gun retailers visited

Block Grant Priority Strategies

Mental Health Promotion and Suicide Prevention Trainings

Thirty-eight of 40 CSBs implemented mental health and suicide prevention trainings to over 16,000 people in their communities, more than doubling their reach from the prior year. This fiscal year, all CSBs were expected to implement Mental Health First Aid (MHFA) trainings. CSBs were also required to offer one of three suicide prevention trainings: Applied Suicide Intervention Skills Training (ASIST), Safe Talk, or Question. Persuade. Refer. (QPR).

38 CSBs
conducted trainings



642
trainings

16,516
people trained

30 CSBs
implemented campaigns

6.8M
impressions/ reach

Thirty CSBs implemented specific mental health promotion and suicide awareness activities through media campaigns, community events, and presentations, reaching millions of people.

Walk for a New Day! Gloucester County - MPNN CSB

Adverse Childhood Experiences (ACEs) Trainings

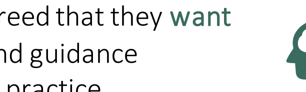
CSBs provided ACE Interface trainings to bring awareness of the impact of ACEs on health and behavior. The ACE Interface curriculum teaches participants about the biological, health, and social impacts of ACEs as well as strategies to support the health and well-being of community members.

36 CSBs
conducted trainings

341
Trainings/ presentations

9,348
people trained

After ACEs trainings, participants indicated high levels of learning and a desire to expand their knowledge and increase participation in ACEs efforts in their communities.



78% agreed or strongly agreed that they **want to seek more information** and guidance regarding trauma-informed practice.

79% indicated they *learned a lot* about **identifying and addressing ACEs** and ACEs' impact on brains and behavior.

77% agreed or strongly agreed that they **want to learn more** about the causes and effects of ACEs.

73% indicated they *learned a lot* about why their **community needs to get organized** and mobilized to identify and address ACEs.

Counter Tools Youth Retail Tobacco Prevention and Merchant Education

Though previously hindered by COVID-19 restrictions, CSBs returned to their in-person merchant education visit schedules and goals. Seventy percent of CSBs reported having met the Counter Tools goal of 100% visitation to participating merchants. The long-term relationships that have been formed between CSBs and retailers facilitated Counter Tools and merchant education strategies being perceived by retailers as informative and helpful in keeping up with the trends, and as opportunities to prevent underage tobacco, alcohol, and now vaping and marijuana use.

36 CSBs
provided education

4784
merchants visited

Virginia Young Adult Survey Data

The 2022 Virginia Young Adult Survey (YAS) collected responses from 5,339 young adults across the commonwealth with all but two localities represented. Responses come from a convenience sample so the participants may not be representative of the full young adult population in the state. Sub-group analyses were conducted to better understand the needs of various populations. Findings relevant to Virginia's priorities and emerging areas are outlined below. Additional YAS data will be added to the Virginia Social Indicator Study Dashboard (VASIS) in 2023.

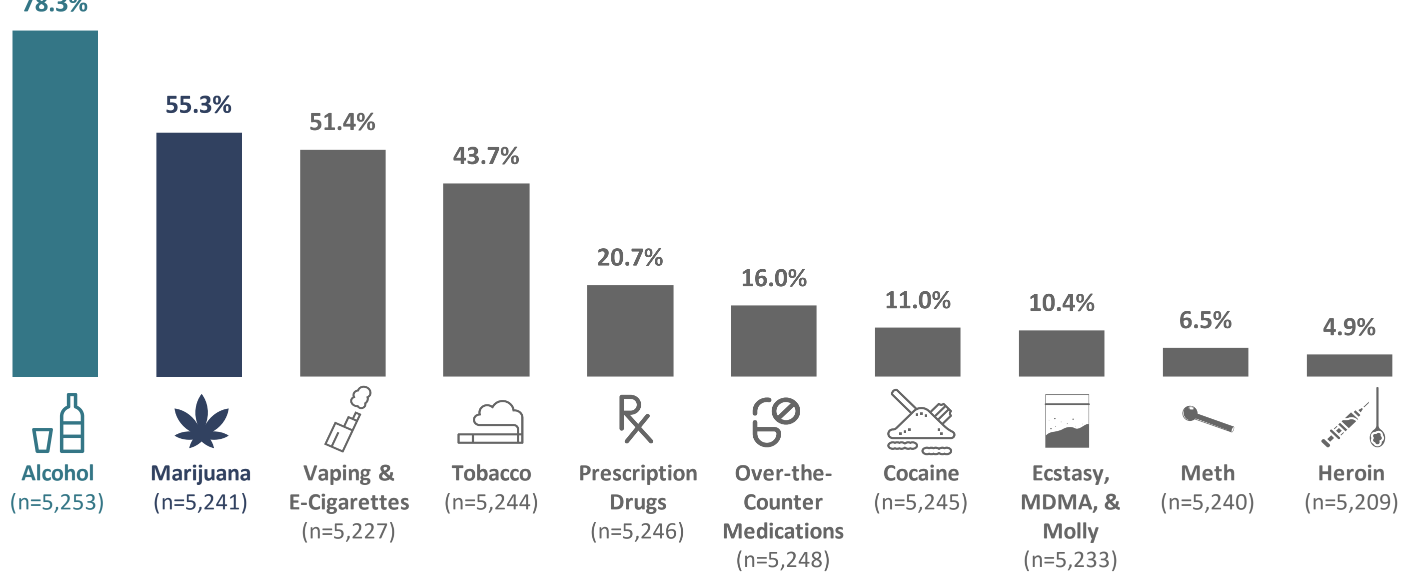
Substance Use Rates

Data related to substance use among young adults in Virginia are discussed below. These data will provide a general picture of the current state of substance use across the priority and emerging areas, as well as explore differences among sub-populations.

Lifetime Use

Young adults reported high rates of lifetime alcohol use(78.3%), confirming the need for prevention efforts still exists. Over half (55.3%) of young adults reported using marijuana at least once. The popularity of vaping and e-cigarettes in recent years, especially among youth and young adults, is clearly represented in this data. More young adults have reported using e-cigarettes or vaping devices (51.4%), which contain nicotine, than reported using tobacco (43.7%).

More than three quarters of Virginia young adults surveyed had used alcohol at least once in their lifetime, while more than half have used marijuana.



LGBQ+ young adults showed higher lifetime rates of use across all substances when compared to their peers.

	BIPOC	LGBQ+	Trans and Gender Diverse
Alcohol		X	X
Marijuana	X	X	X
Vaping		X	X
Tobacco		X	
Prescription Drugs	X	X	X
Over-the-Counter Medications	X	X	X
Cocaine	X	X	
Ecstacy, MDMA, or Molly	X	X	X
Methamphetamine	X	X	
Heroin	X	X	

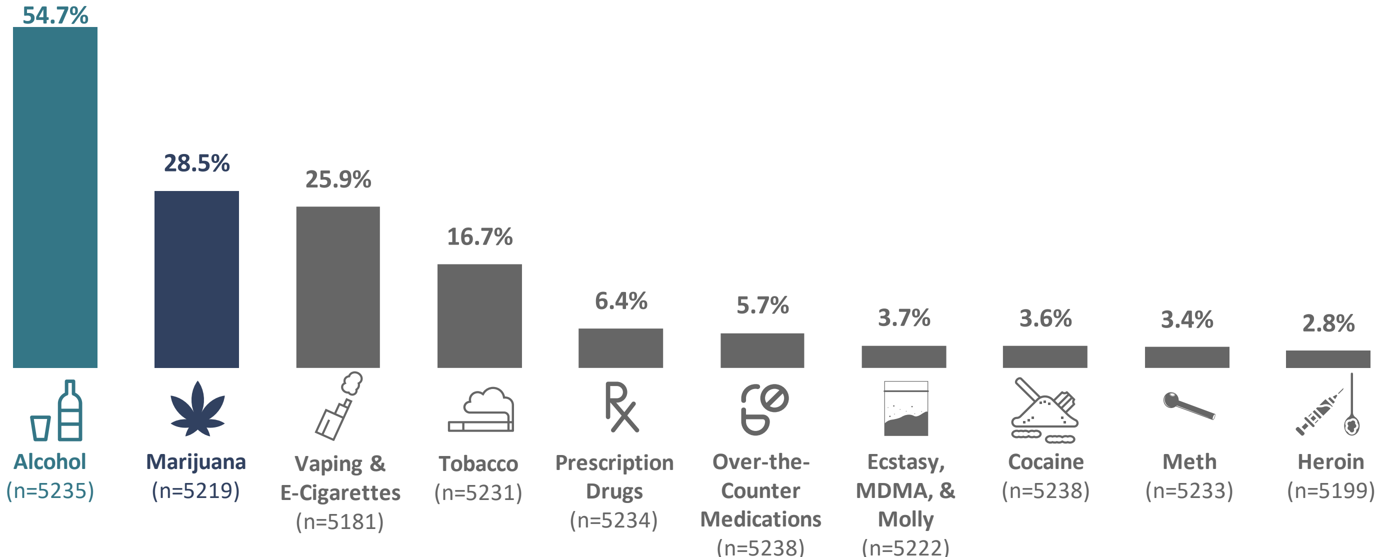
X = Higher Rate of Lifetime Use Compared to Peers

Block Grant Prevention Outcomes

Past 30-Day Substance Use

Participants were also asked about their substance use in the last 30-days, or past month. More than half of young adults surveyed had used alcohol in the past 30-days (54.7%), and more than a quarter had used marijuana (28.5%). 30-day alcohol use rates in the YAS were lower than the 58.33% reported by NSDUH in 2018-2019, whereas 30-day marijuana use rates were higher than the 20.26% reported by NSDUH. These results suggest that prevention efforts focused on alcohol may be contributing toward lower use, while there may be a greater need for prevention efforts focused on marijuana.

Over half of young adults surveyed have used alcohol within the last 30 days and over a quarter have used marijuana.



Age at First Use

Substances that seem to have the highest early initiation rates, meaning age of first use was 11 or younger, include over-the-counter medications (8.9%), methamphetamine (7.6%) and heroin (5.9%). This means that of those who reported over-the-counter medication use, about one in ten began when they were 11 years old or younger. Interestingly, vaping had the lowest early initiation rate with 1.4%.

Alcohol and marijuana use is more likely to begin between ages 15-17, while tobacco use is more likely to start between 18-20 years of age. Across all substances, initiation of use is most likely between the ages of 15 and 20.

	11 or younger	12 to 14	15 to 17	18 to 20	21 to 25
Alcohol (n=4,114)	3.6%	14.3%	**40.2%**	31.6%	10.4%
Tobacco (n=2,290)	4.6%	15.9%	34.5%	**37.1%**	7.9%
Marijuana (n=2,896)	2.1%	13.8%	**39.0%**	34.0%	11.2%
Vaping (n=2,689)	1.4%	8.6%	**40.6%**	38.1%	11.3%
Over-the-Counter Medications (n=838)	8.9%	15.3%	**36.4%**	28.3%	11.1%
Prescription Drugs (n=1,087)	4.0%	12.3%	35.7%	**36.4%**	11.6%
Cocaine (n=579)	3.8%	6.9%	23.1%	**45.6%**	20.6%
Ecstasy, MDMA, or Molly (n=544)	2.8%	7.7%	25.9%	**41.9%**	21.7%
Heroin (n=256)	5.9%	11.3%	24.6%	**30.9%**	27.3%
Methamphetamine (n=342)	7.6%	8.8%	24.9%	**38.3%**	20.5%

Mental Health and Suicide

13.3% of respondents reported having harmed themselves on purpose during the past 12 months, with LGBQ+ and trans and gender diverse respondents reporting far higher rates than their peers – 27.7% vs 8.1%, and 44.3% vs 11.5%, respectively. Respondents from these groups were also more likely to report having considered suicide during the past 12 months, as were BIPOC respondents. BIPOC respondents who considered suicide were significantly more likely to report having made a suicide attempt during the past 12 months than their peers.

1 in 2 respondents shared that they felt so sad or hopeless, almost every day for two weeks or more in a row over the last 12 months, that they stopped doing some usual activities. (n=5,024)

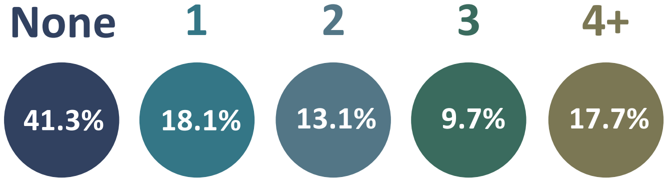
LGBQ+ and trans and gender diverse respondents were 2 or 3 times more likely to engage in self-harm and suicidal ideation behaviors compared to their peers.

Population		Engaged in self-harm?	Seriously considered suicide…?	…and made a plan for attempting Suicide?	…and attempted suicide?
Black, Indigenous, People of Color (BIPOC)	**BIPOC**	**13.2%**	**17.7%**	**51.1%**	**30.8%**
	Non-BIPOC	13.5%	16.9%	51.1%	17.6%
LGBQ+	**LGBQ+**	**27.7%**	**31.0%**	**53.8%**	**24.5%**
	Non-LGBQ+	8.1%	12.2%	12.2%	21.2%
Trans and Gender Diverse (TGD)	**TGD**	**44.3%**	**43.5%**	**53.8%**	**21.2%**
	Non-TGD	11.5%	15.7%	49.5%	23.0%

Adverse Childhood Experiences (ACEs)

YAS respondents were asked whether they had experienced a variety of ACEs. Less than half (41.3%) reported having experienced zero ACEs in childhood making the occurrence of ACEs in childhood more common than not. Experiencing four or more ACEs places an individual at extremely high risk of using substances. Almost one in five (17.7%) of young adults in Virginia reported having experienced four or more ACEs – the highest level of risk possible.

Over half (58.7%) of young adults reported having experienced at least one ACE before the age of 18.



N=4,620

Gaming and Gambling

In recognition of the legalization of gambling in Virginia, measures were included to allow for a better understanding of engagement in gaming and gambling activities, as well as impact of gaming and gambling on behaviors.

63.6% of young adults in Virginia who responded to the survey had participated in at least one gaming or gambling activity in the past 30 days.

Preoccupation with gaming or gambling throughout the day was the most common negative impact for respondents who participated in the past 30 days

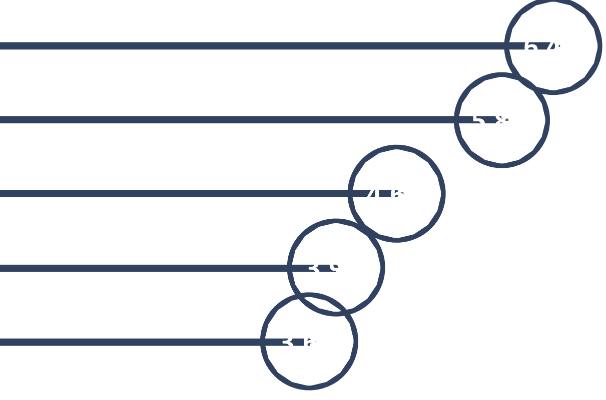
I spend a lot of time during the day thinking about gaming or gambling

My gaming or gambling time often interferes with my regular activities (e.g. school, work, socializing with friends or family)

My gaming or gambling has negatively affected my finances

I find I drink more alcohol when I game or gamble

I find that I use more tobacco/nicotine products when I game or gamble (e.g. smoke tobacco, vape, or chew)



Introduction

The Substance Abuse Block Grant (SABG) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Virginia's Department of Behavioral Health and Developmental Services (DBHDS) Office of Behavioral Health Wellness (OBHW) distributes grant funds to 40 Community Services Boards (CSBs) across the commonwealth to plan, implement, and evaluate prevention activities aimed at preventing and/or decreasing substance use.

This report, prepared by OMNI Institute (OMNI), provides an overview of block grant prevention activities during the 2021-22 fiscal year (July 2021 through June 2022). OBHW has contracted with OMNI since 2014 to evaluate Virginia's block grant activities and provide training and technical assistance (TA) to build evaluation capacity among Virginia's prevention workforce. OMNI is a nonprofit, social science consultancy that provides integrated research and evaluation, capacity building, and data utilization to accelerate positive social change.

Strategic Planning Process

Since 2014, OMNI and OBHW have partnered to implement the Strategic Prevention Framework[1] within block grant activities to provide program structure, build capacity for data-driven prevention, and promote sustainability. In 2017 and 2018, OMNI conducted a statewide needs assessment[2] to identify prevention needs and determine program direction. The assessment synthesized a broad array of national, state, and local secondary data sources to better understand the status and needs related to behavioral health in Virginia. The assessment also utilized primary data collection through facilitated discussions with the Statewide Epidemiological Outcomes Workgroup and OBHW staff. In addition, a SWOT (strengths, weaknesses, opportunities, and threats) analysis with local prevention staff to gather information and understand prevention priorities. From this effort, the following priority areas were identified:

Block Grant Prevention Priority Areas[3]

Alcohol	Alcohol is the most used substance in Virginia with 25% of high school youth and 56% of adults consuming alcohol in the past 30 days.
Tobacco and Nicotine	23% of high school youth used tobacco or electronic vapor products in the past 30 days. 21% of adults used tobacco products in the past 30 days.
Mental Health and Suicide	1,202 suicides were recorded in Virginia in 2020, a rate of 14 per 100,000 persons. 16% of Virginia high school youth have considered suicide.

[1] Substance Abuse and Mental Health Services Administration (2019). A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Use Prevention. https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

[2] OMNI Institute (2018). Virginia Statewide Substance Use and Behavioral Health Needs Assessment. https://vasisdashboard.omni.org/ExportFiles/VA%20Needs%20Assessment%20Report_August%202018_Final.pdf

[3] Data on high school youth from the 2019 Virginia Youth Survey. Data on adult substance use from the 2019-2020 National Survey on Drug Use and Health. Data on suicide rates from the Center for Disease Control, 2020.

To impact Virginia's three prevention priority areas and reach desired outcomes, the OBHW team explored data from the needs assessment and selected key risk and protective factors underlying the priority areas that could be targeted through new or existing prevention strategies. Based on these discussions, the OBHW team selected five priority prevention strategies to target alcohol use, tobacco use, and mental health and suicide prevention across the commonwealth. For more detailed information on the strategic planning process, please see the 2019 Strategic Planning Report produced by OMNI.[4]

Block Grant Prevention Priority Strategies

- Community Mobilization and Coalition Capacity Building
- Lock & Talk Suicide Prevention and Awareness
- Mental Health Promotion and Suicide Prevention Trainings
- Adverse Childhood Experiences (ACEs) Interface Trainings
- Counter Tools Youth Tobacco Prevention and Merchant Education

As a result of strategic planning, OMNI developed a statewide logic model for the 2020-2025 Block Grant funding period that details the shared relationships between the three priority areas, the risk and protective factors underlying these areas, the priority strategies selected to target those factors, and the desired short-term and long-term impacts of these strategies (See Appendix A). CSBs were required to implement all five priority prevention strategies, while also reserving some prevention funds to implement strategies focused on local priorities.

Evaluation Planning Process

Building on the success of the strategic planning process, OMNI developed a comprehensive process to support CSBs in creating individual prevention evaluation plans to monitor progress towards local and state outcomes. This process, known to CSBs as the "evaluation roadmap" integrates each community's logic model, measurement plan, and data entry plan into one document for ease of use in data entry and reporting. Each component of the roadmap is linked to the others and allows CSBs to organize their data to illustrate the prevalence of each priority area, demonstrate progress towards outcomes, and track implementation data. Each component of the roadmap is described in more detail below.

Logic Model
Illustrates the shared relationships between problem areas, strategies, activities, and outcomes. Is a visual representation of CSBs' prevention plans.

→

Measurement Plan
Organizes data sources used to measure progress toward desired outcomes identified in block grant logic models.

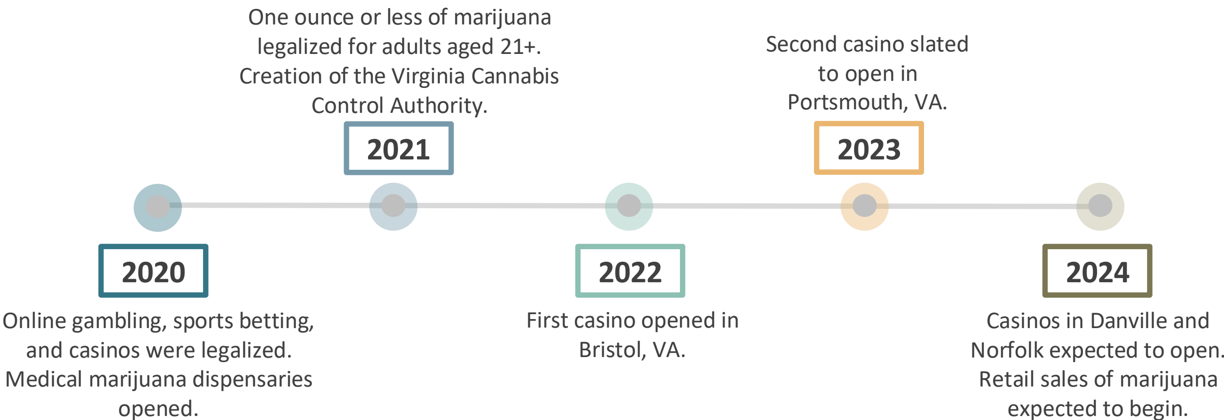
→

Data Entry Plan
Outlines how implementation data will be entered into the Performance Based Prevention System (PBPS) to meet grant requirements and inform progress.

[4] OMNI Institute (2019). Virginia Substance Abuse Prevention Block Grant Strategic Planning Report. https://vasisdashboard.omni.org/ExportFiles/VA%20strategic%20plan%20report_FINAL.pdf

2022 Needs Assessment Process

New legislative changes in Virginia have thrust emerging focus areas into the spotlight – Gaming and Gambling, and Marijuana. Considering these developments, CSBs began conducting local needs assessments in the fall of 2021 to understand the scope of these issues and the readiness of their local communities to address them.



Each CSB was tasked with completing several components as part of the needs assessment process: an environmental scan on gaming and gambling; community readiness assessments for gaming and gambling, and for cannabis; and the implementation of the Virginia Young Adult Survey.

Component	Description
Environmental Scan	Measure the physical landscape around gaming and gambling.
Community Readiness Assessment	Determine each community's level of knowledge, leadership and attitudes around gaming and gambling, and cannabis.
Young Adult Survey	Comprehensive survey of 18–25-year-olds on a variety of subjects including substance use, mental health, and gambling.

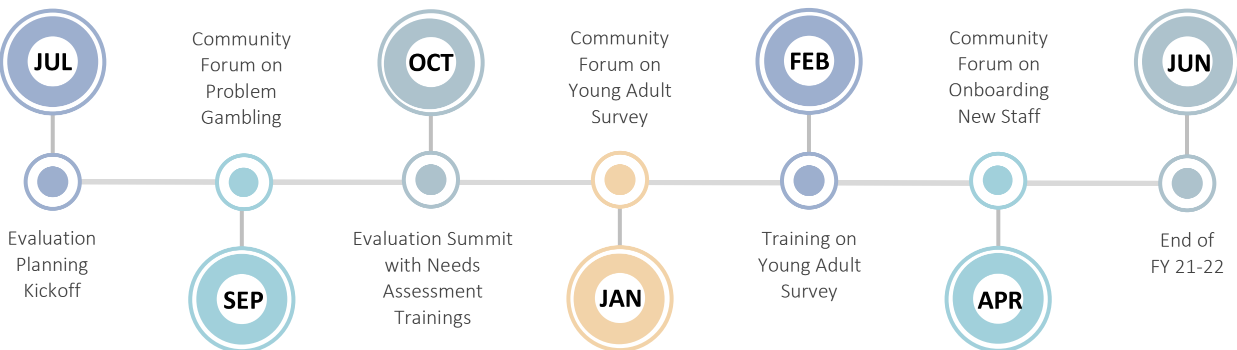
Between October 2021 and September 2022, each CSB completed components of the needs assessment within their localities. CSBs also connected with local partners to maximize outreach and recruitment for the Virginia Young Adult Survey in the spring of 2022. Over 5,000 young adults were recruited at colleges, recreation centers and local businesses to share their experiences and perspectives on substance use, mental health, and gaming and gambling. Results from the statewide survey effort are incorporated into this report.

OMNI synthesized and compiled the results of each completed Environmental Scan, and each Community Readiness Assessment, to provide a clearer picture of gaming and gambling, and cannabis across the commonwealth. Reports on each component can be requested by contacting OBHW.

Timeline of Evaluation Activities

During the 2021-22 fiscal year, OMNI worked with CSBs to support implementation of prevention strategies and their local needs assessments, provide TA around the needs assessment, data entry and

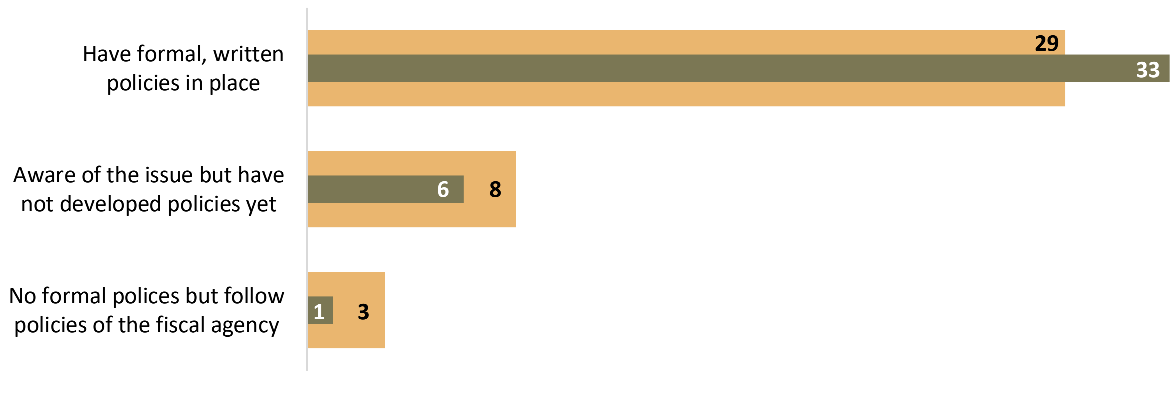
reporting requirements, and hosted events to provide ongoing discussions around timely CSB concerns. This includes providing monthly evaluation data to CSBs for both the ACEs and coalition assessments. In addition, OMNI received and approved implementation data in PBPS. The timeline below provides an overview of key activities that occurred in the 2021-22 fiscal year.



Prevention Capacity

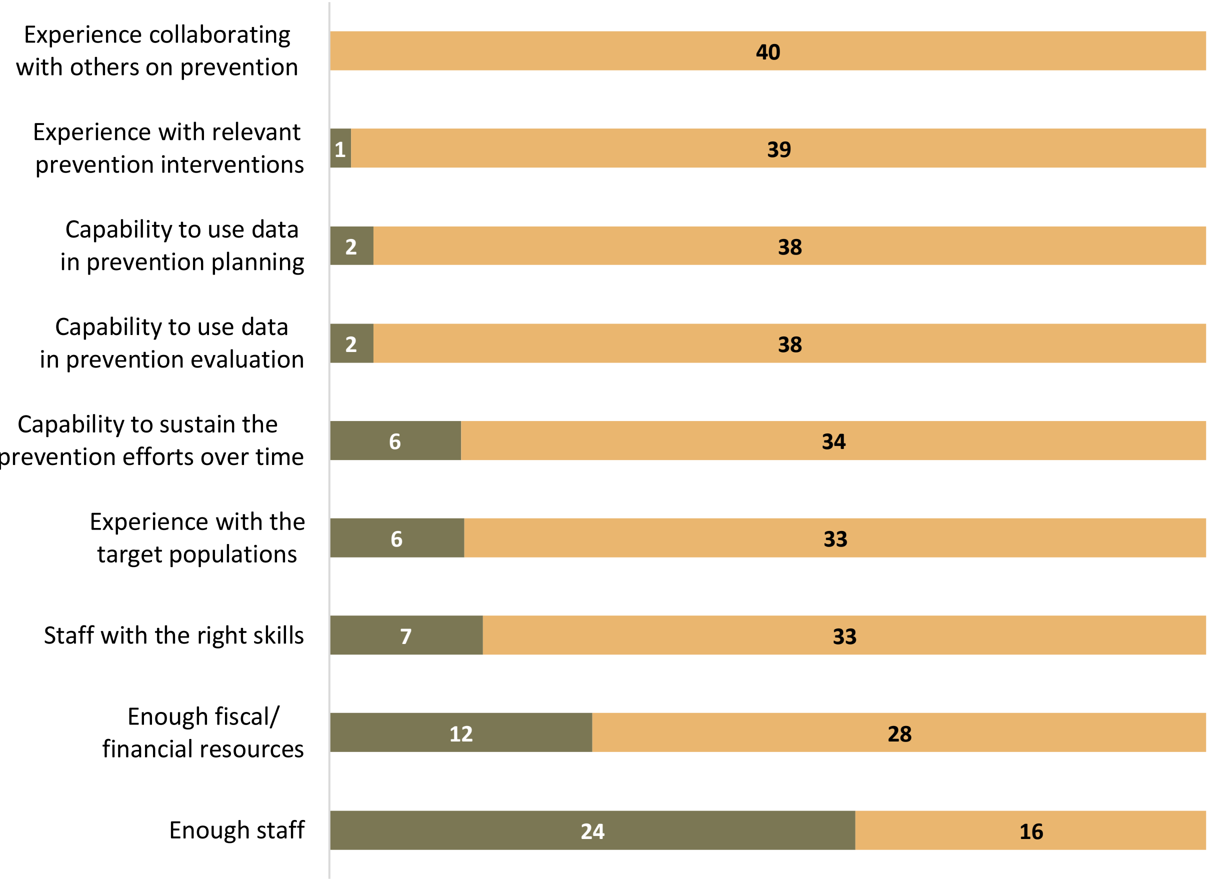
OMNI provides capacity building services to Virginia CSBs in addition to providing support around assessment, planning, implementation, and evaluation of prevention efforts. These efforts remain focused on promoting data literacy and supporting the prevention workforce in building necessary skills and relationships to effectively carry out their prevention efforts. In Block Grant (BG) Year 1 (FY20-21), OMNI developed an end-of-year survey of CSB staff to help assess the capacity of the prevention workforce across these areas, with some questions adapted from the Community Level Instrument[5]. This survey was repeated in FY21-22, with plans to repeat through all five years of the grant. Selected data from this survey are shared in this section to demonstrate the current capacity of the BG prevention workforce. In some cases, comparisons are noted for Year 1 and Year 2.

In FY21-22, more CSBs (33) reported having formal, written cultural competence policies in place than the prior year. Only one CSB reported that they follow policies of the fiscal agency, with just six sharing that they have not yet developed polices.



[5] Program Evaluation for Prevention Contract (PEP-C). (2014) Community-Level Instrument-Revised (CLI-R). https://www.samhsa.gov/sites/default/files/pfs-com-lev-inst.pdf

In FY21-22, CSBs continued to agree that they have ample capacity to implement their block grant prevention interventions. CSBs were asked how much they agreed or disagreed that their organizations have enough capacity in nine key areas to effectively implement their interventions. All 40 CSBs agreed that they have experience collaborating with other organizations on relevant prevention interventions. Nearly all agreed they have experience with relevant prevention interventions (39) and capability to use data in prevention planning (38). However, over half of all CSBs (24) disagreed or strongly disagreed that they have enough staff. This mirrors the FY20-21 data. Notably, 16 CSBs this year reported that they have enough fiscal/financial resources compared to just 12 the prior year.



"The Data to Action Resource Team (DART) is made up of individuals representing health, law enforcement, EMS, business, and more. It's committed to collecting and analyzing data on the impact of substance use and mental illness in Central Virginia. We're hopeful this data will inform the community, assist with identifying needs, aid with action plans, and help gain resources to address challenges." – **Horizon Behavioral Health CSB**

"We have lost key staff members and it has put an enormous strain on those filling in the gap. We are recruiting but struggling with getting candidates to accept the positions due to salary." – **Danville-Pittsylvania CSB**

In FY21-22, CSBs focused more on specific populations experiencing health disparities than the previous year. Health disparities subpopulations are specific demographic, language, age, socioeconomic status, sexual or gender identity, or literacy groups that experience limited availability of or access to substance use prevention services OR who experience worse substance use prevention outcomes. CSBs were asked to identify which of 14 health disparities-related activities they conducted during FY21-22. Some highlights below:

- Most CSBs (33) developed partnerships with agencies, organizations, or stakeholders to address disparities, considered disparities in prevention planning (28), and received training to increase their capacity in this area (29).

- **Of note, more CSBs this year than last year increased access to (28 vs. 23) and availability of (27 vs. 22) substance use prevention services for subpopulations experiencing disparities.**

- Half or more of CSBs implemented interventions specifically targeting subpopulations experiencing disparities (26), better-defined disparities subpopulations (20), and involved subpopulations experiencing disparities in activities like assessment and capacity building (23).

- Twenty CSBs adapted interventions to make them apply to subpopulations experiencing health disparities, with seven saying they evaluated changes in the number of individuals served or reached by subpopulations that face substance use health disparities. **This is notable, and evidence of building evaluation capacity among the CSBs**.

Loudon County Prevention Staff at 2022 Pride Fest

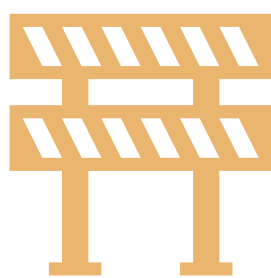
"We made a concerted effort to reach our Latino communities with trainings such as QPR and REVIVE. This was the first time in four years that we were able to train in Spanish due to staffing changes. We did this because data showed our Latino families were being greatly affected by overdoses and we noted an increase in mental health assessments at schools and our agency."
– Prince William CSB

39 CSBs reported stressful events such as COVID-19 acted as moderate or high barriers to their prevention activities. CSBs were asked to indicate which of 19 demographic, environmental, or cultural factors introduced barriers to their Block Grant prevention activities. They also shared the level of impact (low, medium, high) that each factor had in the past fiscal year. The average number of barriers reported across all CSBs was 18, an uptick from the prior year (13).

Twenty-six or more CSBs identified that every factor listed had at least some level of impact, whether low, medium, or high. The highest-impact barrier identified (stressful events) included COVID-19 and social/political unrest, which 39 CSBs indicated was a factor -- all of which said it had a high or medium impact. The response option for "other factors" outside of the list garnered additional challenges. Other listed barriers most frequently noted as having an impact are described below.

Number of CSBs Reporting Medium or High Impact for Common Barriers
• Stressful events affecting large portions of the target population, e.g., fires, hurricanes, COVID-19, or social/political unrest (39 CSBs)
• Cultural norms, attitudes, or practices favoring substance use and easy access to alcohol for underage youth (37 CSBs)
• Easy access to prescription drugs for nonmedical use (35 CSBs)
• High poverty rates/ low socioeconomic status (33 CSBs)

Several CSBs reported other types of barriers having an impact on their prevention work:



- Geographic barriers impacting partnerships
- Increase in violence broadcast on TV nightly
- Increased youth suicide and LGBTQIA+ discrimination
- Lack of recreational facilities for children
- Legalization of marijuana
- People seem exhausted, over-extended, and disconnected to each other
- Staff capacity and turnover/workforce shortages
- Area is saturated with the alcohol industry (wineries, breweries, and distilleries) negatively impacting cultural norms around alcohol use

Valley CSB staff at Mental Health America of Augusta/Blue Ridge Community College Mental Health Fair

Despite challenges over the year, CSBs were again notably resilient in the face of COVID-19-related stressors and barriers. CSBs worked to adapt their programs and strategies prioritize the safety of their communities and adhere to state and local pandemic restrictions. These adaptations included taking indoor events outdoors when possible, masking indoors, and utilizing virtual options when available.

> "The pandemic presented many challenges but with many creativities and a strong team we were able to restructure our team's mission and efforts to meet our goals and outcomes." **– Western Tidewater CSB**

Prevention Priorities

The following sections of the report describe the implementation and impact of the five priority strategies across the commonwealth during this fiscal year. Implementation data in these sections were drawn from the Performance Based Prevention System (PBPS) and narrative data were collected through an end-of-year reporting survey completed by CSB staff.

Community Mobilization and Coalition Capacity Building

Coalitions mobilize communities and are key in supporting prevention efforts and disseminating prevention messages. This fiscal year, CSBs partnered with and created local coalitions to plan and implement prevention activities, collect data, engage in community outreach efforts, and nurture partnerships with community stakeholders to spread prevention messaging.

38 CSBs led or facilitated coalitions

71 active coalitions

1,859 Coalition members

"We found that meeting via Zoom has increased our attendance because it is more convenient for our members. The [Twin County Prevention Coalition] increased its membership this year, updated its logo and brochure, and rebranded its social media and website. In doing so, they have seen an increase in their social media followers and post impressions…" **– Mt. Rogers Community Services**

CSBs and affiliated coalitions persevered in the "new normal" of the ongoing COVID-19 pandemic, welcoming a return to in-person interactions. Coalitions had success with increased opportunities for in-person community events, trainings, and workshops; most notably hosting Community Anti-Drug Coalitions of America (CADCA) or other guest speakers at events. CSBs and coalitions continued to bolster their online presence, as they had in the prior fiscal year due to COVID-19 restrictions. This year many coalitions and CSBs launched or rebranded their website or social media pages, sent out newsletters, and successfully maintained their online presences, seeing increases in followers. One-fourth of all CSBs reported recruitment, focused priorities, or other expansion of youth-led coalitions.

Coalitions shared stories of successfully conducting data-driven activities, such as strategic assessment of their community needs and identification of new priority areas like marijuana and problem gaming and gambling prevention. Coalitions also reported prioritizing diversity in their membership with a focus on LGBTQ+ member representation, and Spanish language support at in-person events and social media spaces for Latine/x communities. Several coalitions were awarded additional grants that allowed them to hire dedicated staff to support their work towards coalition goals. CSBs that were fully staffed were successful, while those with vacant positions, mostly due to COVID-19 impact, faced challenges in completing their coalition work.

Richmond Behavioral Authority CSB recognizes mental health during Men's Health Month

Stakeholder participation was critical in addressing community needs and spreading prevention messaging. CSBs leveraged partnerships with several types of community partners, organizations, and agencies to promote their prevention messaging and engage community members. Data from the end-of-year survey show that across CSBs, the following sectors had the highest engagement in BG activities: schools and school districts; businesses; youth groups and youth representatives; health care professionals and agencies; and mental health professionals and agencies. The sectors that were least engaged in BG activities were tribal groups; military; organizations serving the LGBTQ+ community; and courts and judiciary systems.

In the 2021-22 fiscal year, 14 CSBs implemented a Coalition Readiness and Effectiveness Assessment*. A total of 110 members across 17 coalitions assessed their coalition across 8 dimensions on a scale of 1 to 4 (with 1 indicating low readiness and 4 indicating high readiness).

Coalition members reported the highest levels of readiness in the domains of context and leadership, reflecting the ability of their coalitions to address their community's most critical issues and members' confidence in their leaders.

Domains of Coalition Readiness and Effectiveness	Average score (out of 4)
Context: To what extent is the coalition working on a critical issue that affects the community?	**3.51**
Structure: To what extent does the coalition have effective norms, information, support, and representative membership?	**3.36**
Leadership: To what extent do members perceive leadership to be effective, collaborative, knowledgeable, and skilled with communication, management, and problem-solving?	**3.47**
Membership: To what extent do members effectively work together and have a strong commitment to the coalition?	**3.31**
Process: To what extent does the coalition value member opinions and make effective decisions?	**3.41**
Results: To what extent has the coalition set specific, measurable goals and achieved them?	**3.31**
Maintenance: To what extent does the coalition revise plans and share information and results with members and the larger community?	**3.37**
Institutionalization: To what extent is the coalition integrated into the larger community, recognized, and consulted as an authority on the topic of focus by other organizations, legislative bodies, or government entities?	**3.29**

**It should be noted that though CSBs are encouraged to administer this assessment at any time to evaluate their coalitions' health, the assessment guidelines state it should be deployed every other year. Most CSBs completed the assessment during 2020-21, and thus did not collect and report assessment data during 2021-22.*

Lock and Talk Suicide Prevention and Awareness

CSBs implemented Lock and Talk efforts focused on suicide prevention through restricting access to lethal means, community and merchant education, and media messaging. Lock and Talk messaging acknowledges that suicide and overdose prevention are incomplete without knowledge of safe storage of lethal means and access to locking devices.

This fiscal year all CSBs participated in Lock and Talk efforts compared with only 37 CSBs in the prior fiscal year. With the increased number of in-person events, CSBs had more opportunities to share messaging with their communities. CSBs leveraged their time by adding a brief Lock & Talk presentation, informational materials, and/or devices to their other ongoing prevention efforts. Outside of events, CSBs continued to promote Lock and Talk through social media, billboards, and other media channels.

40 CSBs	**35,883**	**1.8 M**
implemented Lock & Talk	Total devices distributed	Total impressions/ reach

- **1,744,847** reached through social marketing campaigns
- **17,732** received lock boxes
- **11,371** received cable locks
- **7,545** reached through presentations
- **6,780** received trigger locks
- **101** gun retailers visited

> "Lock and Talk has been the one initiative that has been "pandemic resistant!""- **Hanover CSB**

CSBs worked to expand Lock and Talk efforts to reach more diverse populations, including veterans, non-English speakers, and the LGBTQ+ community. Through community partnerships and coalitions, several CSBs expanded their reach to include populations that are often overlooked. For veterans, CSBs partnered with coalitions and local organizations that focused on veterans to present on Lock and Talk efforts and distribute locking devices and information. To reach non-English speaking communities, CSBs conducted research on best practices to outreach to diverse populations and coalitions provided guidance to customize the materials to communities and their needs, such as offering multilanguage materials and resources. To raise awareness of Lock and Talk suicide prevention efforts in the LGBTQ+ community, CSBs participated in pride events and LGBTQ+ social clubs to share their messages.

Dickenson County youth at a community event in Bear Pen Pool where Lock and Talk messaging is displayed daily

Mental Health Promotion and Suicide Prevention Trainings

Thirty-eight of 40 CSBs implemented mental health and suicide prevention trainings to over 16,000 people in their communities, more than doubling their reach from the prior year. Expanding mental health supports and trainings aims to decrease substance use risk factors, prevent suicide, and promote positive mental health. This fiscal year, all CSBs were expected to implement Mental Health First Aid (MHFA) trainings. CSBs were also required to offer one of three suicide prevention trainings: Applied Suicide Intervention Skills Training (ASIST), Safe Talk, or Question. Persuade. Refer. (QPR).

38 CSBs
conducted trainings

642
trainings

16,516
people trained

CSBs implemented 11 different suicide prevention trainings, with Mental Health First Aid continuing to be the most-delivered training. QPR trainings nearly doubled from the prior year (66 to 114), with gains in most other curricula, including ASIST (from 3 to 20) and Safe TALK (from 6 to 35). Trainings reached all age ranges and sectors, including youth in schools and clubs, faith groups, first responders, colleges, seniors, fellow staff, and more.

Training Type	# of Trainings
Mental Health First Aid (MHFA)- Adult	255
Mental Health First Aid (MHFA)- Youth	128
Question. Persuade. Refer. (QPR)	114
Safe TALK	35
Applied Suicide Intervention Skills Training (ASIST)	20
SOS (Signs of Suicide)	20
More Than Sad	12
Talk Saves Lives	7
Crisis Intervention Team (CIT)	4
Other (Stress First Aid Training, Zero Suicide)	25

"We reached 470 people through Adult & Youth MHFA, SafeTALK, ASIST, and Talk Saves Lives. Participants included treatment providers, parents, first responders, elderly, higher education, veterans, businesses, and parks and rec staff." **– Blue Ridge CSB**

Remaining COVID-19 restrictions and staff limitations continued to pose challenges for training delivery, but CSBs were able to implement in-person trainings more regularly. Several CSBs noted this welcome change. For instance, Northwestern CSB shared that since communities are "opening up," they've seen "an unprecedented number of requests for suicide prevention trainings." Similarly, Rockbridge CSB notes that they continued to offer virtual trainings but also "moved back into in-person trainings and collaborated with other prevention

"We returned to in-person ASIST. Feedback included, *'One of the best classes I have taken!'* We were also able to provide in-person Signs of Suicide (SOS) lessons to over 5,000 7th & 10th graders."
– Chesterfield CSB

partners and CSBs to reach numerous individuals." However, CSBs recognize that mental health wellness challenges still prevail including social isolation, increased substance use, increased rates of depression and suicides that contribute to ongoing behavioral health issues in communities due to the COVID-19 pandemic.

CSBs are using data to adapt strategies to meet specific equity-related prevention and other needs in their communities. For instance, Eastern Shore CSB discovered that *"there was an increase in our community with adolescent suicides mostly occurring in the LGBTQIA+ youth population. These deaths were dismissed as 'teen behavior' and the community struggles to effectively address the social norms that lead to discrimination."* This opened the door to adapting strategies to better reach this population. Horizon CSB launched a six-week initiative in response to the increase in risk for mental health, suicide, and substance use during the COVID-19 pandemic by hiring community health workers to engage residents with the greatest needs. Each visit revealed *"emerging community needs, barriers to services including access to technology, lack of awareness of signs and symptoms of an emerging crisis, limited knowledge of available resources, stigmatization, as well as isolation."* Chesterfield CSB's Suicide Awareness and Prevention Coalition worked with OBHW to customize materials for their county and neighborhoods.

30 CSBs implemented campaigns

6.8M impressions/ reach

Thirty CSBs implemented specific mental health promotion and suicide awareness activities through media campaigns, community events, and presentations, reaching millions of people. Activities ranged from Facebook or website posts and other social media, broadcast media, and resource guide distribution, to community walks and events. Presentations were held at places of worship, senior centers, colleges, and more. Implementation with Behavioral Health Equity in mind was evident through presentations such as, "Mental Health in the Queer Community: Risk Factors and Giving Support" and "Anxiety and Depression among Seniors: When Is the Right Time To Seek Help?" Employee wellness presentations and targeted information sharing for managing grief and loss during the holidays demonstrate the breadth of reach in the community.

Walk for a New Day! Gloucester County - MPNN CSB

Regional collaboration helped expand the reach of suicide prevention messaging through virtual programming. Several CSBs from the Eastern region (Region 5) of Virginia reported participating in the sixth annual "Shatter the Silence" Regional Prevention and Awareness Conference in Hampton, VA. Region 5 CSBs also collaborated through a Regional Suicide Prevention Task Force on suicide prevention and Lock & Talk efforts. CSBs from the Central region (Region 4) of Virginia continued to partner to offer resources and training via the BeWellVA suicide prevention training plan and website. *"The website, together with social media outreach, have been wonderful tools in amplifying both CSB specific programming and regional resources."* (Hanover CSB). Richmond CSB is collaborating with the Region 4 SMVF Navigator to build community partnerships, offer suicide prevention, Lock and Talk, and cultural competency trainings for providers, and align resources for service members, veterans, and their families.

Adverse Childhood Experiences (ACEs) Trainings

CSBs provided ACE Interface trainings to bring awareness of the impact of ACEs on health and behavior. The ACE Interface curriculum teaches participants about the biological, health, and social impacts of ACEs and traumatic childhood events as well as strategies to support the health and well-being of community members. Experiencing a higher number of ACEs has been associated with a number of adverse health outcomes, with those who experience four or more ACEs being at the highest risk. Many CSBs reported adding ACEs trainers or ACEs masters to continue to increase their reach. As a result, there were an additional 46 trainings and 1,421 more participants this year compared to last year. In addition, the ACEs Collaborative Group made up of 12 CSBs across the commonwealth continued to work together to bring more trainings to their communities.

36 CSBs
conducted trainings

341
Trainings/ presentations

9,348
people trained

Mount Rogers ACEs Trainers

This fiscal year, while many trainings continued to be virtual to reach across each CSBs catchment area, they also had more in-person opportunities as the COVID-19 pandemic restrictions reduced. After participants completed an ACEs training, they shared reflections of how the training will help them in their own life and community.

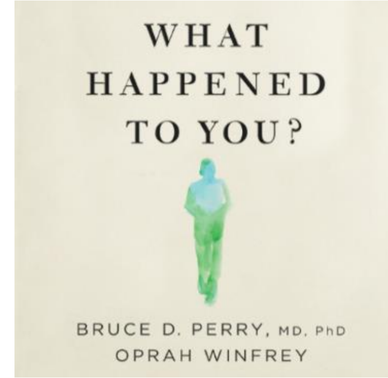


Image of "What Happened to You?" book cover

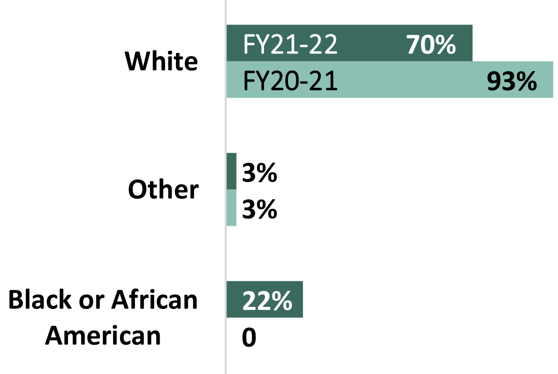
In addition to ACEs trainings, CSBs expanded the trauma informed care network continuum by holding guided discussions through ACEs focused books presentations. CSBs expanded their community engagement by hosting book clubs and community presentations or conferences. Several CSBs reported distributing copies of the book "What Happened to You" by Dr. Bruce Perry and Oprah Winfrey in their communities. Southside CSB also held a conference with Dr. Bruce Perry, an expert on trauma work. By sharing ACEs related information in non-traditional learning settings, the community was able to engage and learn about such an important topic.

"We used the 'What Happened to You' book to lead our discussions. We distributed over 1500 books out to these groups. In the jail groups, the participants were requesting books be spent to family members so they could work on these experiences together."
– **Highlands CSB**

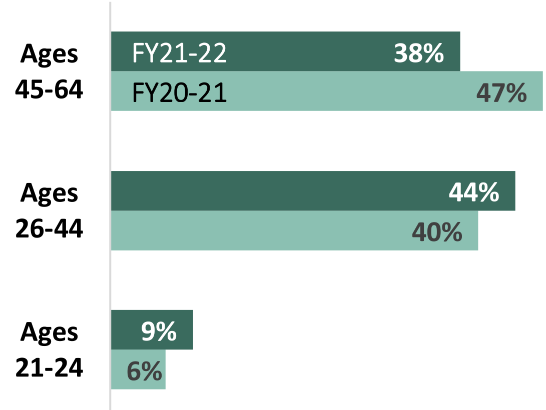
The ACEs Post-Training Evaluation Survey is helping provide insight into how learning about ACEs can impact participants' daily interactions. CSBs continued to use the ACEs Post-Training Evaluation Survey, with successful completion by 2,180 participants across 186 trainings. ACEs Training Evaluations are administered via the survey platform Qualtrics in both English and Spanish and collect information on the participants' training experience and learnings. Only 23% of total ACEs training participants completed the evaluation survey. The data below includes trainings funded by both Block Grant and the State Opioid Response Grant.

Although most participants who completed the survey identified as white and a woman, ACEs training audiences have diversified in the last year. Although there was not a significant shift in the dominant gender identity of those that took the ACEs training, there was a shift in ethnicity and age in the past year. Last year 93% of participants identified as white whereas this year, only 70% identified as white. In addition, there was also a slight trend in training younger populations. These shifts demonstrate CSBs commitment to diversifying the ACEs Training efforts to train all their communities in their area.

One-fifth of participants were Black or African American



Participants in 2021-22 were younger than those from the prior year



After ACEs trainings, participants indicated high levels of learning and a desire to expand their knowledge and increase participation in ACEs efforts in their communities.

"I want to do a little explanation for my 8th graders about how their brains work at this age, to help them understand that there are physiological reasons why they think/feel/act the way they do sometimes." **-ACEs training participant**

78% agreed or strongly agreed that they want to seek more information and guidance regarding trauma-informed practice.

77% agreed or strongly agreed that they want to learn more about the causes and effects of ACEs.

79% indicated they *learned a lot* about identifying and addressing ACEs and ACEs' impact on brains and behavior.

73% indicated they *learned a lot* about why their community needs to get organized and mobilized to identify and address ACEs.

Counter Tools Youth Retail Tobacco Prevention and Merchant Education

Though previously hindered by COVID-19 restrictions, CSBs returned to their in-person merchant education visit schedules and goals.

36 CSBs provided education

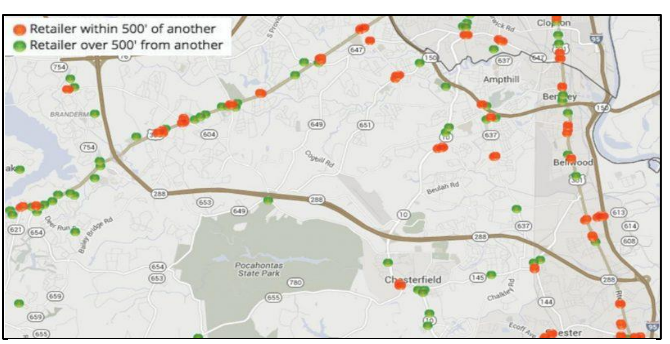
4784 merchants visited

Seventy percent of CSBs reported having met the Counter Tools goal of 100% visitation to participating merchants. Educating retailers reduces the amount of access underage youth have to tobacco and nicotine. The long-term relationships that have been formed between CSBs and retailers facilitated Counter Tools and merchant education strategies being perceived by retailers as informative and helpful in keeping up with the trends, and as opportunities to prevent underage tobacco, alcohol, and now vaping and marijuana use. CSBs mentioned that many retailers were receptive to the education and resources they provided, and that merchants "took the time to talk." Several CSBs, Arlington and Prince William County for example, employed youth in their merchant education visits, which proved to be effective and welcomed by vendors. Other CSBs trained new staff on the Counter Tools initiative, including community member volunteers.

> "A retailer in [our catchment area] dedicated the last years of his life to ensure that his employees would be hyper vigilant about underage youth purchases of tobacco. His store was a repeat violator, but the merchant education visit triggered a full-blown effort to stop that trend. He did not want cancer to be part of anyone's future. His store was not on the violator's list for the past two years." **– New River Valley Community Services**

Tobacco 21 laws and Counter Tools merchant education activities complemented each other in preventing underage tobacco use.

In July 2019, the commonwealth raised the state minimum age of sale of tobacco products from 18 to 21 years of age, in part to address the rapid growth of vaping among teens. Shortly after, the minimum age was raised to 21 at the federal level. In addition to the required Counter Tools merchant education surveys and conversations, CSBs promoted the social norm that stores do not sell tobacco products to persons under 21, by reminding merchants of the Tobacco 21 law and encouraging them to raise awareness of the law to customers. CSBs supported retailers by answering their questions about the change in laws and assisting them in navigating significant backlash from customers who still believe they should have access to tobacco prior to their 21st birthday.



CSBs use catchment maps, like this one for Chesterfield Community Services, to understand the density of tobacco retailers in their catchment areas. Image courtesy of Countertools.org (2022)

Prevention Outcomes

Through their planning, capacity building, and implementation efforts, all Virginia CSBs worked toward common goals set by OBHW through the strategic planning process and the 2020-25 statewide logic model. Throughout the five-year funding period, CSBs are focused on implementing the five required strategies, as well as any additional priorities identified at the community level, and achieving short-term outcomes associated with those efforts. CSBs continue to monitor progress towards mid-term and long-term outcomes on an annual basis, allowing them to keep current with any changing needs and emerging trends. Desired long-term outcomes at the state level are presented below, along with the most recent data available related to those outcomes.[6]

Desired Outcomes	Current Indicators
Alcohol	
Decrease in youth alcohol use Decrease in young adult binge drinking	**25.4%** of VA high school youth in reported drinking alcohol in the past 30 days **36.1%** of VA young adults ages 18-25 report binge drinking in the past month
Tobacco/Nicotine	
Decrease in youth tobacco/nicotine use Decrease in adult tobacco/nicotine use	**5.5%** of VA high school youth report smoking cigarettes in the past 30 days **19.9%** of VA high school youth report using a vaping product in the last 30 days **17.9%** of VA adults ages 18+ report cigarette use in the past month
Mental Health/Suicide	
Decrease in youth suicide attempts Decrease in youth deaths by suicide Decrease in adult deaths by suicide	**7.0%** of VA high school youth have attempted suicide in the past year **16.7 per 100,000** youth and young adults ages 15-24 died by suicide in VA **17.2 per 100,000** adults aged 18+ died by suicide in VA

[6] Data on high school youth from the 2019 Virginia Youth Survey. Data on adult substance use from the 2018-2019 National Survey on Drug Use and Health (NSDUH). Data on suicide rates from 2020 Centers for Disease Control and Prevention data.

Virginia Young Adult Survey Data

With emerging trends in behavioral health and wellness, including those related to Virginia policy changes around gaming and gambling and recreational marijuana use, significant data gaps have been identified that limit capacity at the state and CSB level to engage in data-driven decision-making and evaluation activities. To bridge this gap and contribute to a greater body of data around behavioral health and wellness, CSBs conducted a statewide survey to better understand the behaviors and attitudes of young adults ages 18 to 25. The Young Adult Survey was originally developed by OMNI in conjunction with the Virginia State Epidemiological Outcomes Workgroup (SEOW) in 2016 and administered to selected communities as a part of Virginia's Partnerships for Success (PFS) grant funded by SAMHSA from 2015-2020.[7] OBHW decided to administer the survey statewide in FY2021-22 to gather this valuable data from all CSBs. The survey was modified to improve cultural responsiveness and to add questions pertaining to emerging areas of interest such as gaming and gambling. Each CSB was responsible for administering the survey in their catchment area.

The 2022 Virginia Young Adult Survey (YAS) collected responses from 5,339 young adults across the commonwealth with all but two localities represented. Responses come from a convenience sample so the participants may not be representative of the full young adult population in the state. Sub-group analyses were conducted to better understand the needs of various populations. Findings relevant to Virginia's priorities and emerging areas are outlined below. Additional YAS data will be added to the Virginia Social Indicator Study Dashboard (VASIS) in 2023.

Substance Use Rates

Data related to substance use among young adults in Virginia are discussed below. These data will provide a general picture of the current state of substance use across the priority and emerging areas, as well as explore differences among sub-populations.

Lifetime Use

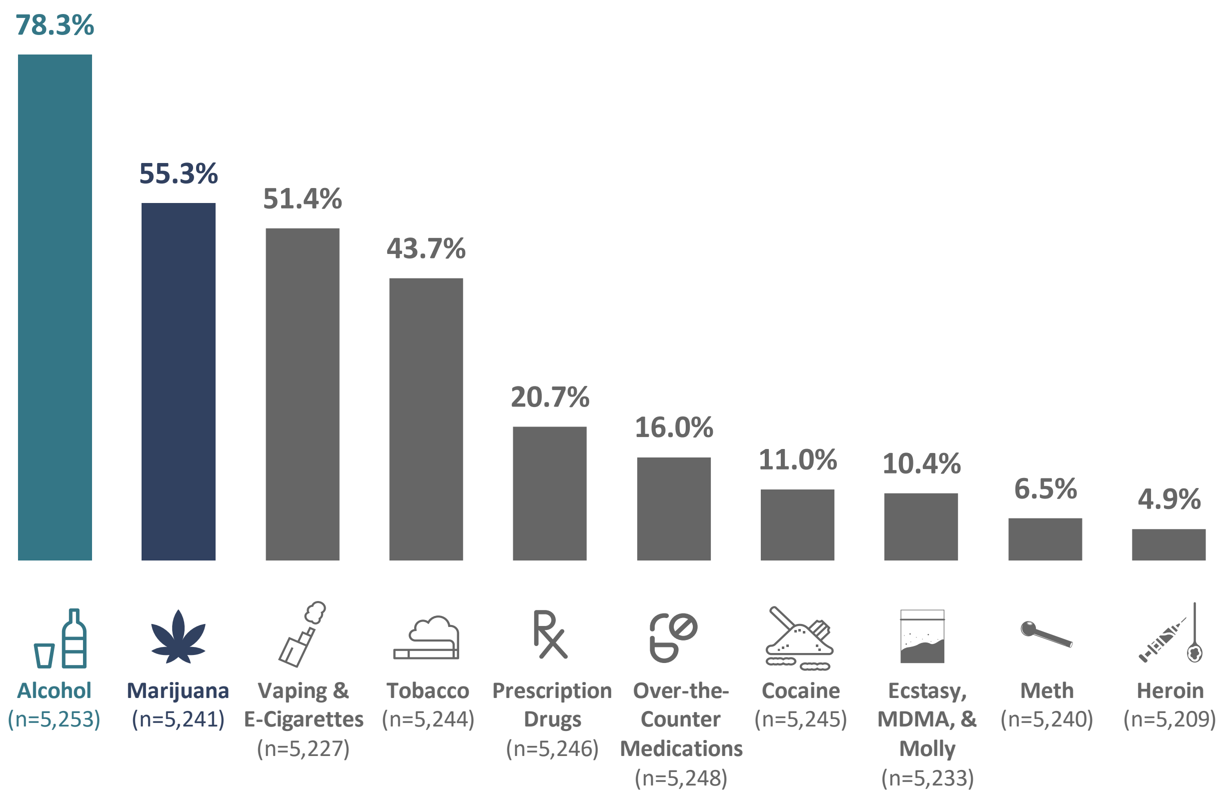
Young adults reported high rates of lifetime alcohol use (78.3%), confirming the need for prevention efforts still exists. Over half (55.3%) of young adults reported using marijuana at least once. The popularity of vaping and e-cigarettes in recent years, especially among youth and young adults, is clearly represented in this data. More young adults have reported using e-cigarettes or vaping devices (51.4%), which contain nicotine, than reported using tobacco (43.7%).

Although there is not an available comparison for lifetime use rates in a nationally representative dataset, data from the National Survey on Drug Use and Health (NSDUH) includes past year use rates for these and other substances. Past year marijuana use among Virginia young adults from the NSDUH 2018-2019 data is reported at 32.9%, which is considerably lower than the 55.3% rate reported in the YAS for lifetime use.[8]

[7] Information on prior administrations of the YAS can be found in the 2020 PFS Annual Report, available at https://datadashboard.omni.org/VASIS/ExportFiles/2019-20%20PFS%20Annual%20Report_FINAL.pdf

[8] Data from the 2018-2019 National Survey on Drug Use and Health, available at https://www.samhsa.gov/data/sites/default/files/reports/rpt32805/2019NSDUHsaeExcelPercents/2019NSDUHsaeExcelPercents/2019NSDUHsaePercents.pdf

More than three quarters of Virginia young adults surveyed had used alcohol at least once in their lifetime, while more than half have used marijuana.



Lifetime use rates for illicit substances, including cocaine (11%), methamphetamines (6.5%) and heroin (4.9%) were all higher than expected, especially when compared to past year use rates available via the NSDUH data. Past year cocaine use among Virginia adults aged 18-25 years was 5.2% - half of the rate reported by the YAS data for lifetime use. Similarly, 0.33% of 18–25-year-olds used heroin in the past year according to the NSDUH data, while 4.9% of YAS respondents reported lifetime use. Past year use of methamphetamines reported by NSDUH were 0.58% for Virginia young adults compared to 6.5% lifetime use in the YAS data. To put these values into perspective, YAS data suggest that 1 in 10 Virginia young adults have used cocaine, and 1 in 20 have used heroin at some point in their lives.

While these large discrepancies in use rates are noteworthy, any comparisons between the YAS and NSDUH data should be made cautiously for several reasons. First, it is important to note that the NSDUH and YAS are measuring two different constructs—lifetime use and past year use. It is likely that lifetime use rates may be higher than past year use rates simply because the span of time under consideration is much larger. Second, the NSDUH data are from 2018-2019, whereas the YAS data were collected in 2022—meaning that the discrepancies could point to a worrisome trend of higher substance use in recent years. Lastly, the YAS data were gathered from a convenience sample whereas the NSDUH data are representative of all Virginia young adults, which means that the YAS may have sampled young adults that simply have higher substance use rates than the general population of young adults in Virginia.

Much of the prevention work across Virginia focuses on curbing underage use of alcohol, binge drinking among youth and adults, and soon, underage use of marijuana. While these efforts have been broad,

consisting of media messaging campaigns and educational outreach, there is more room for impact, especially among delaying use of alcohol until age 21. Almost two-thirds of young adults under the age of 21 reported using alcohol in their lifetimes, while 44.3% reported using marijuana.

Young adults under the legal age of 21 for alcohol and marijuana still reported high rates of lifetime usage.

65.1% of underage respondents reported **alcohol use** in their lifetime

44.3% of underage respondents reported **marijuana use** in their lifetime

When examining lifetime substance use in Virginia among young adults, it became clear that specific sub-populations reported higher use rates than the entire young adult population. Respondents identifying as LGBQ+ individuals reported higher instances of use across all substances, while those identifying as BIPOC or trans and gender diverse only reported higher use rates across some substances. Tobacco was used at a higher rate among LGBQ+ young adults, but not across BIPOC or trans and gender diverse populations. Outreach efforts focusing on LGBQ+ youth and young adults may need to be increased to combat this trend and provide supports.

LGBQ+ young adults showed higher lifetime rates of use across all substances when compared to their peers.

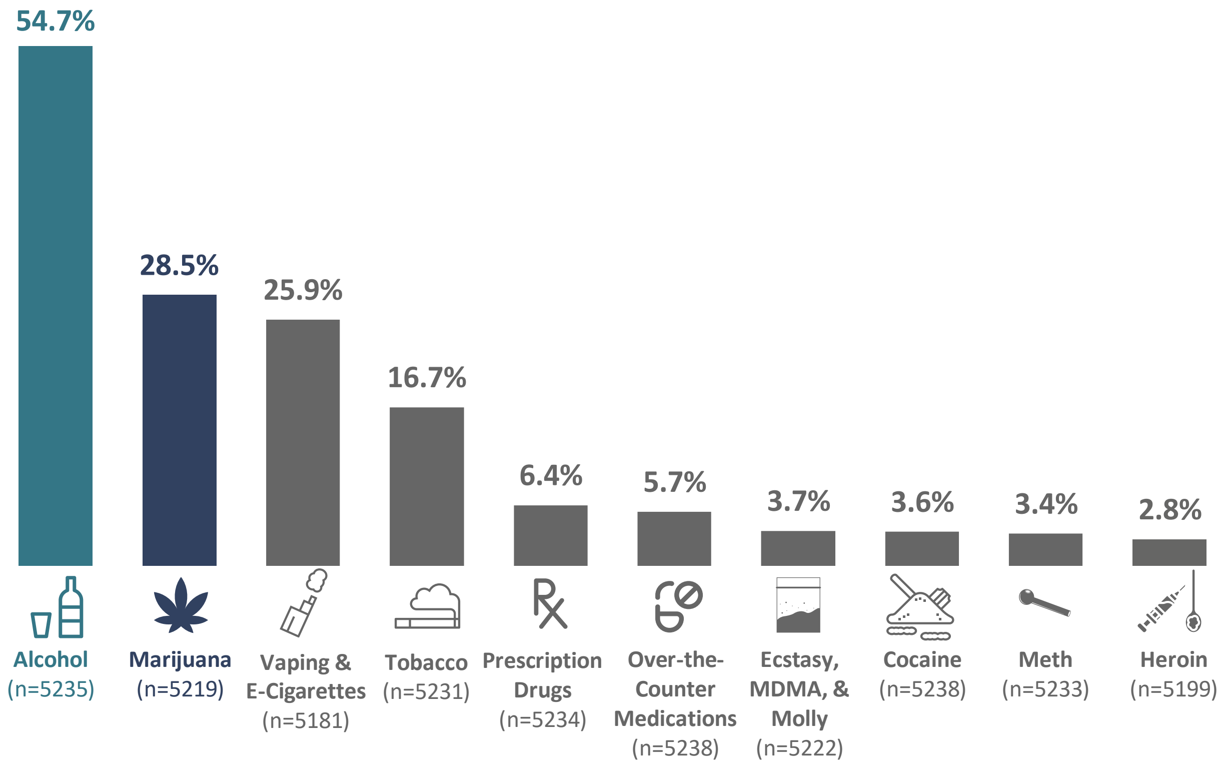
	BIPOC	LGBQ+	Trans and Gender Diverse
Alcohol		X	X
Marijuana	X	X	X
Vaping		X	X
Tobacco		X	
Prescription Drugs	X	X	X
Over-the-Counter Medications	X	X	X
Cocaine	X	X	
Ecstacy, MDMA, or Molly	X	X	X
Methamphetamine	X	X	
Heroin	X	X	

X = Higher Rate of Lifetime Use Compared to Peers

Past 30-Day Substance Use

Participants were also asked about their substance use in the last 30-days, or past month. More than half of young adults surveyed had used alcohol in the past 30-days (54.7%), and more than a quarter had used marijuana (28.5%). 30-day alcohol use rates in the YAS were lower than the 58.3% reported by NSDUH in 2018-2019, whereas 30-day marijuana use rates were higher than the 20.3% reported by NSDUH. These results suggest that prevention efforts focused on alcohol may be contributing toward lower use, while there may be a greater need for prevention efforts focused on marijuana.

Over half of young adults surveyed have used alcohol within the last 30 days and over a quarter have used marijuana.

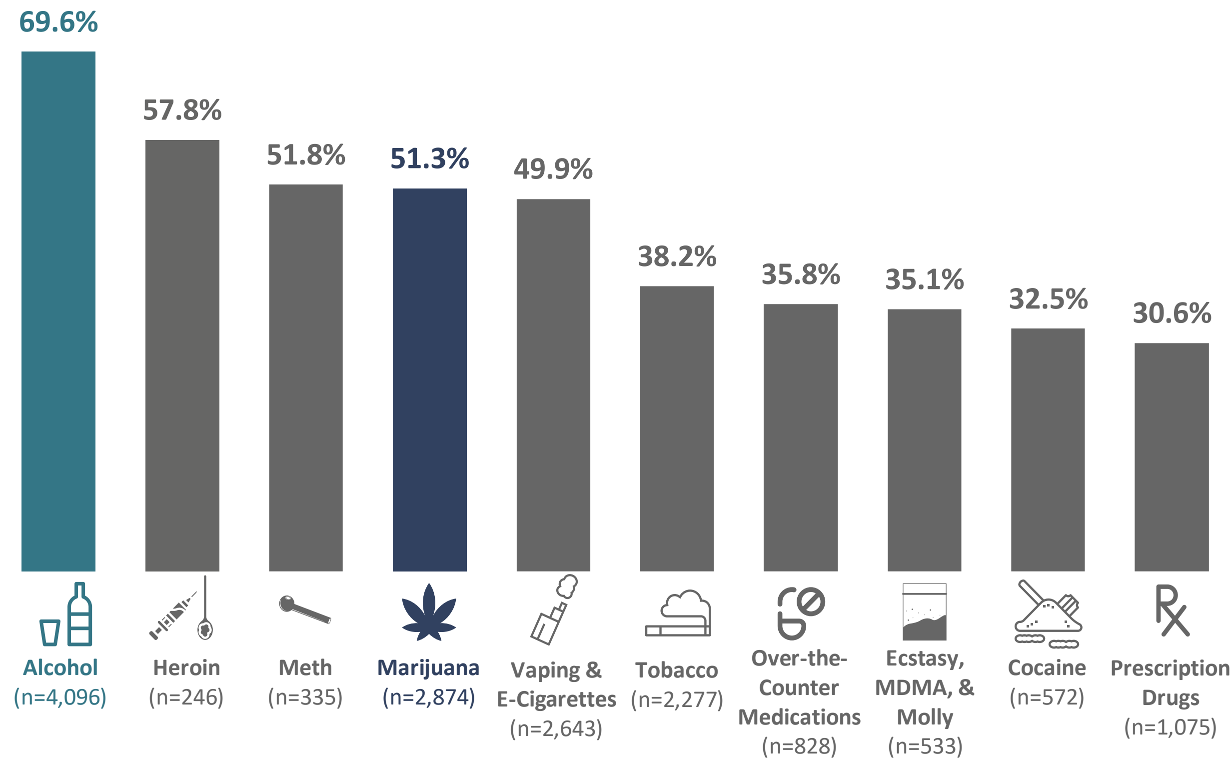


Tobacco product use in the past month via NSDUH (30.6%) was higher than 30-day use rates for tobacco products in the YAS data (16.7%), potentially reflecting a positive trend toward decreased tobacco use among young adults. However, the NSDUH does not provide a 30-day use rate for vaping products, which were used by 25.9% of young adults in the YAS.

Although the NSDUH does not include 30-day use rates for prescription drugs, ecstasy, cocaine, methamphetamines, or heroin, they do provide a 30-day use rate for illicit drug use excluding marijuana (6.2%). This rate is higher than the average 30-day rate for illicit substance use excluding marijuana in the YAS (4.1%). These data are encouraging for the prevention community and may speak to the impact of efforts aimed at decreasing illicit substance use among Virginia young adults.

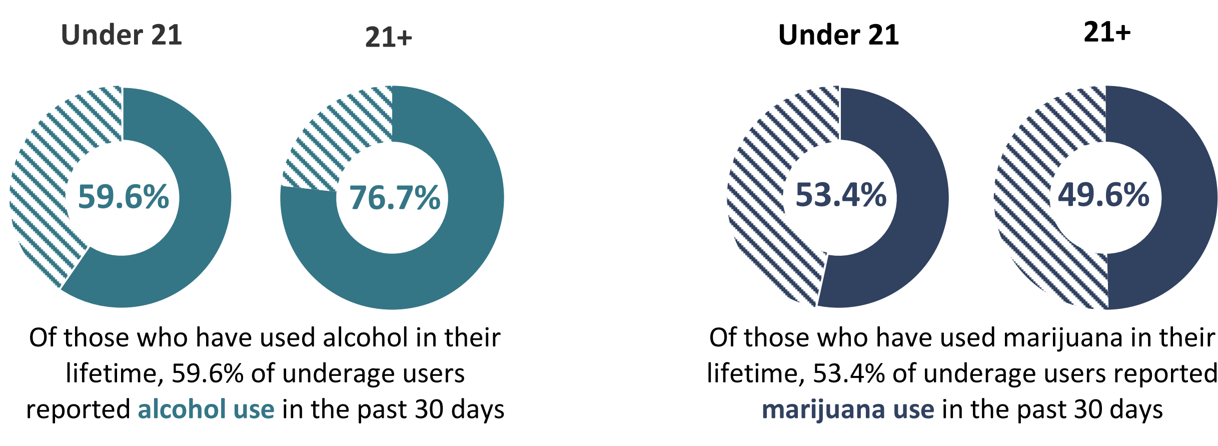
Among respondents who reported using substances at least once in their lifetime, 30-day use rates were higher than for the overall sample. The data are clear that young adults who have ever used alcohol, are continuing to use alcohol (69.6%). The same trend was also present for marijuana, with over half (51.3%) of lifetime users reporting use within the past 30-days.

When focusing only on young adults who reported lifetime use, more than two-thirds used alcohol in the last 30 days and more than half used marijuana.



Most alarming in the YAS data are the rates of past 30-day use rates for lifetime users of heroin (57.8%) and methamphetamine (51.8%). While lifetime use of these substances was reported at much smaller levels than alcohol and marijuana, lifetime users of these substances have past 30-day use rates in line with those more common substances. This means that of those who reported ever using heroin or methamphetamine, more than half had used these substances recently.

When examining underage alcohol use, of those young adults who were 18-20 years old at the time of YAS data collection, and who had reported using alcohol at some point in their lives, almost 60% had used alcohol in the past 30-days. This rate was lower than those of legal drinking age (76.7%), but not by much. For marijuana, the opposite proved true. There was a slightly higher past 30-day use rate for those under the legal age of 21 (53.4%) compared to those considered to be of legal age (49.6%).



Age at First Use

Young adults who reported using substances during their lifetime were asked to share at what age they first started using substances. This is important data for prevention workers, as they can target their strategies and interventions prior to when most youth are introduced to certain substances. By knowing that alcohol use often begins when youth are between 15 to 17 years old (40.2%), they can enhance outreach and educational efforts to middle and early high school students.

Substances that seem to have the highest early initiation rates, meaning age of first use was 11 or younger, include over-the-counter medications (8.9%), methamphetamine (7.6%) and heroin (5.9%). This means that of those who reported over-the-counter medication use, about one in ten began when they were 11 years old or younger. Interestingly, vaping had the lowest early initiation rate with 1.4%. Most young adults who reported vaping in their lifetimes began when they were 15 to 17 (40.6%) or 18 to 20 (38.1%) years of age.

Alcohol and marijuana use is more likely to begin between ages 15-17, while tobacco use is more likely to start between 18-20 years of age. Across all substances, initiation of use is most likely between the ages of 15 and 20.

	11 or younger	12 to 14	15 to 17	18 to 20	21 to 25
Alcohol (n=4,114)	3.6%	14.3%	**40.2%**	31.6%	10.4%
Tobacco (n=2,290)	4.6%	15.9%	34.5%	**37.1%**	7.9%
Marijuana (n=2,896)	2.1%	13.8%	**39.0%**	34.0%	11.2%
Vaping (n=2,689)	1.4%	8.6%	**40.6%**	38.1%	11.3%
Over-the-Counter Medications (n=838)	8.9%	15.3%	**36.4%**	28.3%	11.1%
Prescription Drugs (n=1,087)	4.0%	12.3%	35.7%	**36.4%**	11.6%
Cocaine (n=579)	3.8%	6.9%	23.1%	**45.6%**	20.6%
Ecstasy, MDMA, or Molly (n=544)	2.8%	7.7%	25.9%	**41.9%**	21.7%
Heroin (n=256)	5.9%	11.3%	24.6%	**30.9%**	27.3%
Methamphetamine (n=342)	7.6%	8.8%	24.9%	**38.3%**	20.5%

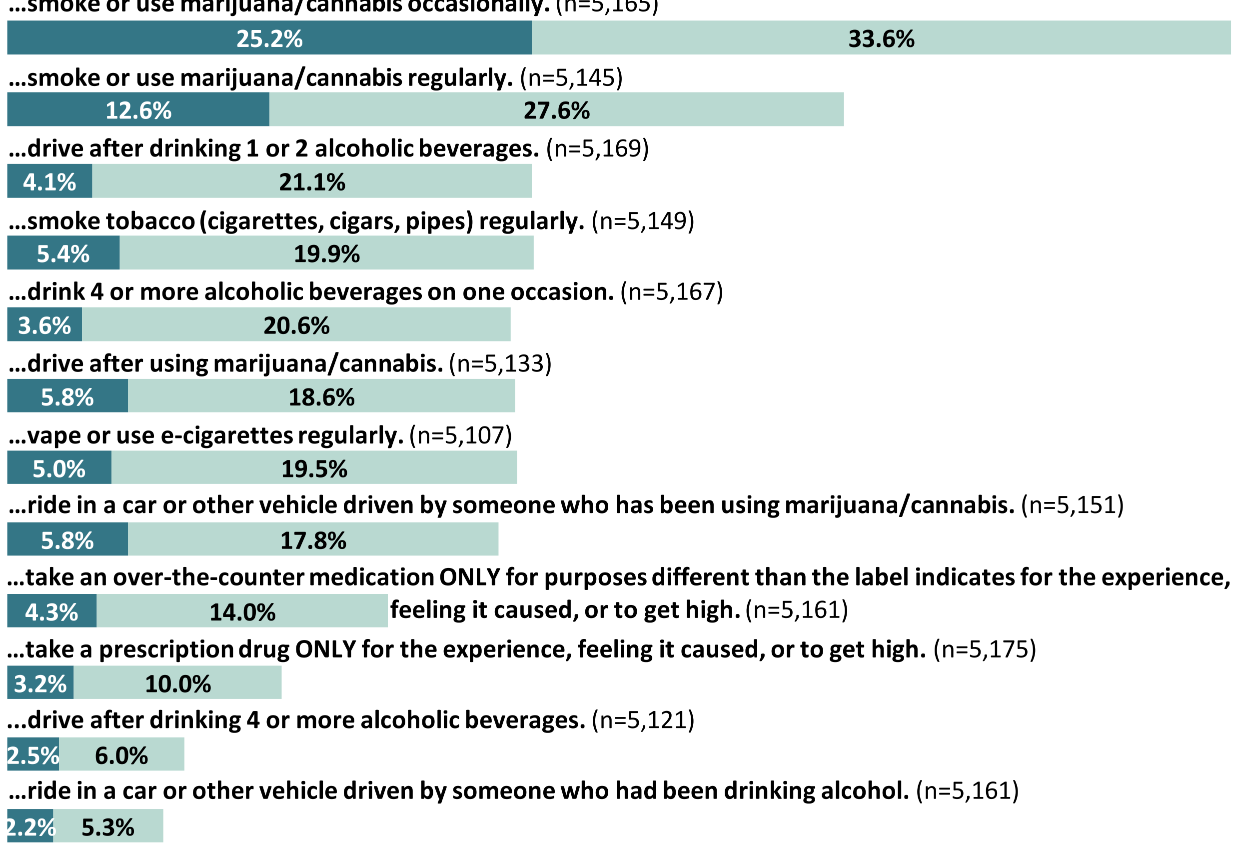
Perceptions of Risk and Peer Use

A strong indicator of future substance use is our understanding of all potential risks or harm associated with use. If a person does not believe that something will harm them, they will see less reason to avoid the behavior or action. Prevention strategies often focus on the physical, emotional, and mental health impacts of use as a way to educate and deter community members from using substances. For substances that are legal, such as alcohol, tobacco and marijuana, these efforts emphasize responsible usage – not driving while under the influence or not binge drinking.

YAS respondents were asked several questions regarding their perception of risk associated with specific behaviors. These questions were asked of all participants, regardless of whether they had indicated lifetime use. Occasional marijuana use was seen as the least risky activity among respondents, with 55.8% indicating slight or no risk. The perceived risk level increased for regular marijuana use, with 40.2% of young adults reporting slight or no risk. Very few participants (8.5%) reported low risks associated with riding in a car with someone who had been drinking alcohol. The YAS data showed that almost 85% associated moderate or great risk with riding with a driver who had been drinking alcohol.

Young adults see marijuana (occasional or regular use) as less risky than alcohol. Drinking and driving was seen as less risky than riding in a car with a driver who had been drinking.

What percent of respondents think there is no risk or only slight risk of people harming themselves, physically or in other ways, when they…



Findings also clearly indicated a disconnect between individual alcohol use and perceptions of peer use. Respondents perceive their peers to consume alcohol at much greater volumes during a night out than they do in reality. 37.7% of respondents think their peers drink five or more alcohol behaviors on a night out, while only 13.6% of respondents shared that they drink this amount personally when going out.

Young adults believe peers are drinking more alcohol during a night out than they themselves report drinking.

Over the course of 4 or 5 hours, when partying at a bar, club, or social gathering how many alcoholic beverages…	…do respondents typically consume?	…do respondents think their peers consume?
None	32.6%	8%
1 or 2	26.3%	12.9%
3 or 4	23%	36.9%
5 of more	13.6%	37.7%

Mental Health and Suicide

1 in 2 respondents shared that they felt so sad or hopeless, almost every day for two weeks or more in a row over the last 12 months, that they stopped doing some usual activities. (n=5,024)

13.3% of respondents reported having harmed themselves on purpose during the past 12 months, with LGBQ+ and trans and gender diverse respondents reporting far higher rates than their peers – 27.7% vs 8.1%, and 44.3% vs 11.5%, respectively. Respondents from these groups were also more likely to report having considered suicide during the past 12 months, as were BIPOC respondents. BIPOC respondents who considered suicide were significantly more likely to report having made a suicide attempt during the past 12 months than their peers.

LGBQ+ and trans and gender diverse respondents were 2 or 3 times more likely to engage in self-harm and suicidal ideation behaviors compared to their peers.

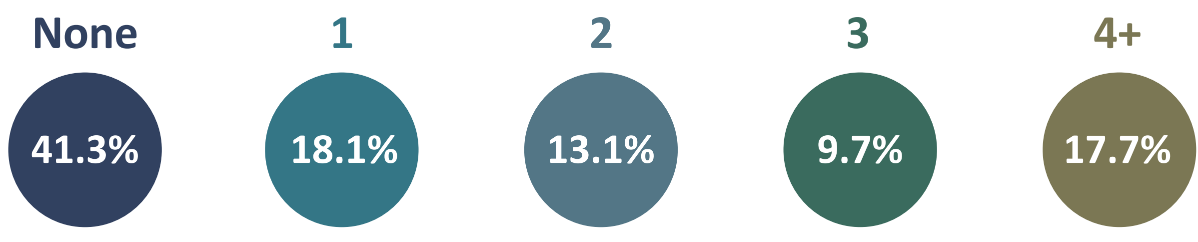
Population		Engaged in self-harm?	Seriously considered suicide…?	…and made a plan for attempting Suicide?	…and attempted suicide?
Black, Indigenous, People of Color (BIPOC)	BIPOC	13.2%	17.7%	51.1%	30.8%
	Non-BIPOC	13.5%	16.9%	51.1%	17.6%
LGBQ+	LGBQ+	27.7%	31.0%	53.8%	24.5%
	Non-LGBQ+	8.1%	12.2%	12.2%	21.2%
Trans and Gender Diverse (TGD)	TGD	44.3%	43.5%	53.8%	21.2%
	Non-TGD	11.5%	15.7%	49.5%	23.0%

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences refer to events and life experiences youth under the age of 18 live through that can cause traumatic, lasting physical, mental and emotional impacts. Having a parent who uses substances, being physically abused, or growing up with food insecurity are all examples of ACEs. The more ACEs a person has experienced, the higher their risk for many health and behavioral issues, including substance use. Prevention of children living through ACEs will decrease the likelihood for substance use in the future.

YAS respondents were asked whether they had experienced a variety of ACEs situations. Less than half (41.3%) reported having experienced zero ACEs in childhood making the occurrence of ACEs in childhood more common than not. Experiencing four or more ACEs places an individual at extremely high risk of using substances. Almost one in five (17.7%) of young adults in Virginia reported having experienced four or more ACEs – the highest level of risk possible.

Over half (58.7%) of young adults reported having experienced at least one ACE before the age of 18.



N=4,620

When examining sub-populations to get a better understanding of who is experiencing such high rates of ACEs, it became very clear that LGBQ+ and trans and gender diverse individuals are disproportionately experiencing more ACEs than their peers. LGBQ+ respondents were more than twice as likely to report experiencing four or more ACEs (30.2%) compared to their non-LGBQ+ peers (13.3%). Their non-LGBQ+ peers were more than twice as likely to have experienced no ACEs in childhood or adolescence (48%) compared to LGBQ+ peers (22.9%). Trans and gender diverse respondents were more than 2.5 times more likely to report experiencing four or more ACEs (41.5%) than their non-trans and gender diverse peers (16.5%). Non-trans and gender diverse young adults also reported almost three times the level of no ACEs experiences (42.8%) compared to their trans and gender diverse peers (15%). These data may speak to the need for more focused resources and prevention efforts on LGBQ+ and trans and gender diverse populations.

LGBQ+ and Trans and Gender Diverse young adults experience higher rates of ACEs in childhood.

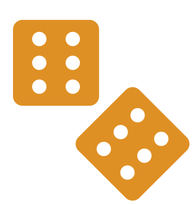
BIPOC and White young adults report similar rates of ACEs.

Number of ACEs Reported:		0	1	2	3	4+
Black, Indigenous, People of Color (BIPOC)	BIPOC (n=1,762)	41.4%	19.1%	13%	9.7%	16.8%
	Non-BIPOC (n=3,108)	40.1%	17.8%	13.5%	9.5%	19.1%
LGBQ+	LGBQ+ (n=1,247)	22.9%	18%	15.6%	13.3%	30.2%
	Non-LGBQ+ (n=3,373)	48%	18.1%	12.2%	8.3%	13.3%
Trans and Gender Diverse (TGD)	TGD (n=260)	15%	15.4%	14.2%	13.8%	41.5%
	Non-TGD (n=4,360)	42.8%	18.3%	13%	9.4%	16.5%

Gaming and Gambling

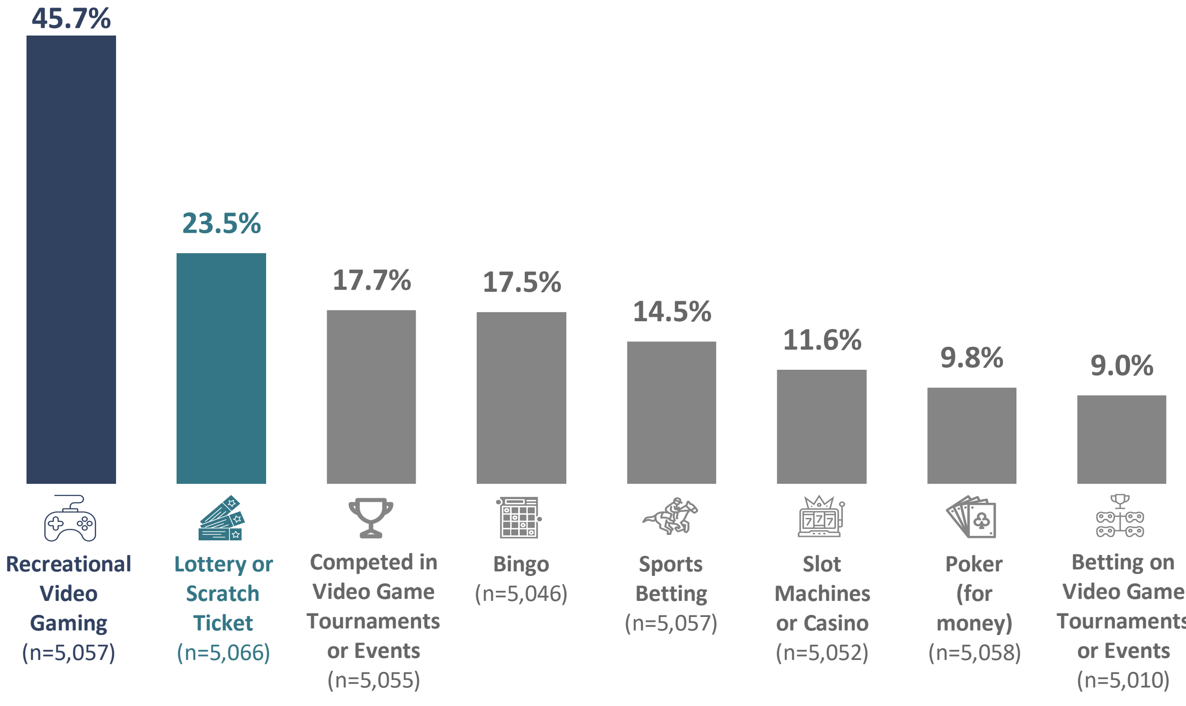
In recognition of the legalization of gambling in Virginia, measures were included to allow for a better understanding of engagement in gaming and gambling activities, as well as impact of gaming and gambling on behaviors. To date, there was very little existing data on gaming and gambling behaviors, especially among young adults. Virginia has legalized several gaming and gambling outlets, such as sports betting and casinos, with multiple casinos in development across the commonwealth.

Gaming, including video games, often have gambling or gambling-like components incorporated into the game itself as way for the video game producer to increase profits. This might include paying fees or making purchases within games for opportunities to win strategic gameplay, like special abilities, advanced avatars or coins.



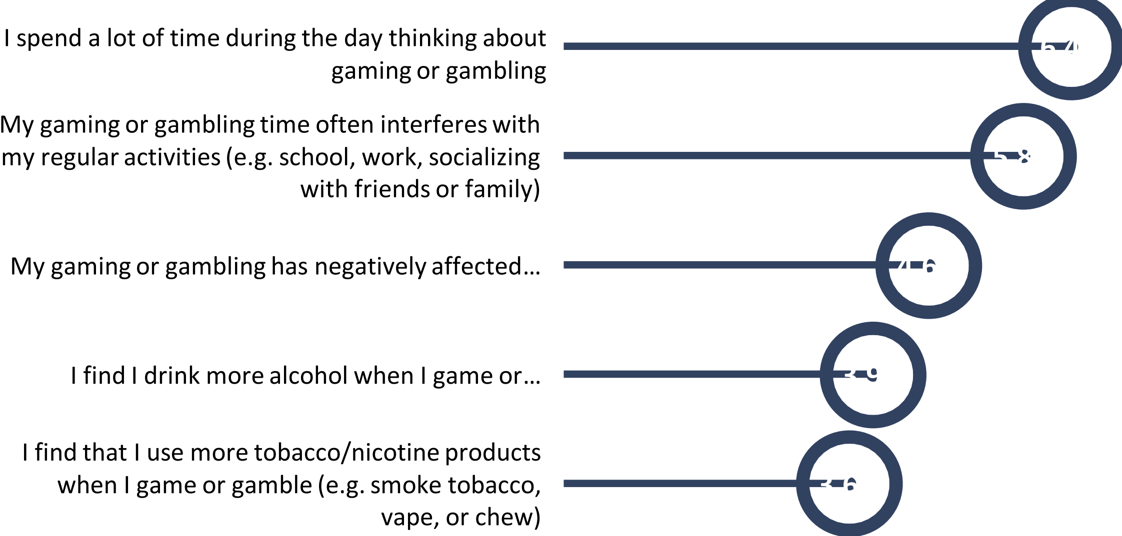
63.6% of young adults in Virginia who responded to the survey had participated in at least one gaming or gambling activity in the past 30 days. This could have included participating in video games, buying lottery tickets, playing bingo or sports betting. With almost two-thirds of young adults participating in gaming and gambling activities, it is commonplace and might be considered 'normal' behavior. Data show that 15.6% of respondents play video games recreationally daily or almost daily, with 2.8% competing in video game tournaments and 1.6% betting on online gaming tournaments daily or almost daily. It will be interesting to see if the level of gambling in casinos or using slot machines (11.6%) changes as at least three more casinos plan to open by 2025.

Almost half of respondents participated in video games in the past 30 days, while almost a quarter had purchased lottery tickets.



63.9% of respondents indicated at least one area where gaming or gambling had impacted their daily life – however, not all impacts were negative. 1 in 10 respondents (10.6%) who had participated in a gaming or gambling activity in the past 30 days shared that gaming or gambling helps them build or maintain social connections and friendships. This again illustrates how common gaming and gambling is for young adults, and how it may be ingrained in social and cultural norms. For example, bingo games to support charity organizations, or video game consoles being marketed as a holiday gift, especially to youth.

Preoccupation with gaming or gambling throughout the day was the most common negative impact for respondents who participated in the past 30 days.



Gaming and gambling remain emerging topics, and prevention efforts are newly forming in Virginia and elsewhere, as laws continue to evolve. Further study may be required to understand how best to frame prevention efforts for maximum impact.

Sustainability

All 40 CSBs worked on developing a partnership structure that will continue to function into the future. In FY21-22, all 40 CSBs again reported that they are working in one or more ways to ensure that prevention intervention activities and outcomes can be sustained in their communities. **Overall, in building sustainability, CSBs reported doing more related activities this year (167) than the year before (163)**.

Worked to develop a partnership structure that will continue to function into the future (40 CSBs)

Worked to ensure prevention intervention activities are incorporated into the missions/goals and activities of other organizations (33)

Leveraged, redirected, or realigned other funding sources or in-kind resources (27)

Worked to gain formal adoption of prevention intervention activities into other organizations' practices (27)

Worked to ensure that prevention staff positions are folded into other organizations (21)

Worked to implement local level laws, policies, or regulations to guarantee continuation of intervention (13)

Additional or other work was done (6)

Additional ways that CSBs worked to support their sustainability included attending town hall meetings, building community awareness via social media, and collaborating with other agencies. One CSB noted that they help build prevention capacity of other organizations. Another restructured their coalition's governance and added working committees. Thirteen CSBs also noted they developed a plan to sustain progress made in addressing substance use-related health disparities into the future.

Appendix A: Virginia Block Grant Logic Model 2020-25

	PROBLEM	TARGETED RISK FACTORS	STRATEGIES	IMPACT
ALCOHOL	*1 in 4 VA high school youth report drinking alcohol in the past 30 days (VYS, 2017)* *1 in 3 VA young adults report binge drinking in the last month (NSDUH, 2018)*	**LOW PERCEPTION OF RISK OF USE** **EARLY ONSET OF USE**	**COALITION DEVELOPMENT** Bringing together community leaders and stakeholders for collective action **ACES TRAININGS** Understanding the impacts of adverse childhood experiences	**DECREASE IN YOUTH ALCOHOL USE** **DECREASE IN YOUNG ADULT BINGE DRINKING**
TOBACCO/NICOTINE	*1 in 6 VA adults report smoking cigarettes (BRFSS, 2017)* *1 in 15 VA high school youth report smoking cigarettes currently, while 1 in 9 report currently using a vaping product. (VYS, 2017)*	**LOW PERCEPTION OF RISK OF USE** **EARLY ONSET OF USE**	**COALITION DEVELOPMENT** Bringing together community leaders and stakeholders for collective action **COUNTER TOOLS** Developing responsible retailer practices **ACES TRAININGS** Understanding the impacts of adverse childhood experiences	**DECREASE IN YOUTH TOBACCO/NICOTINE USE** **DECREASE IN ADULT TOBACCO/NICOTINE USE**
MENTAL HEALTH/SUICIDE	*1 in 14 VA high school youth have attempted suicide in the past year (VYS, 2017)* *9.9 out of 100,000 youth ages 15-19 died by suicide in VA in 2019. (America's Health Rankings, 2019)* *13.8 out of 100,000 adults died by suicide in VA in 2019. (America's Health Rankings, 2019)*	**HIGH RATES OF DEPRESSION/SADNESS** **HIGH RATES OF SUICIDAL THOUGHTS**	**SUICIDE PREVENTION TRAININGS** Recognizing and addressing signs of suicide **COALITION DEVELOPMENT** Bringing together community leaders and stakeholders for collective action **ACES TRAININGS** Understanding the impacts of adverse childhood experiences **LOCK AND TALK** Suicide prevention through lethal means restriction	**DECREASE IN YOUTH SUICIDE ATTEMPTS** **DECREASE IN YOUTH DEATHS BY SUICIDE** **DECREASE IN ADULT DEATHS BY SUICIDE**

Appendix B: YAS Sub-Group Breakdown

Sub-Group	Identities included in this sub-group	Comparison Group	# respondents from sub-group	% of total sample
BIPOC	Respondents who selected at least one of the following identities: • American Indian or Alaska Native • Asian or Asian American • Black, African, or African American • Middle Eastern or North African • Native Hawaiian or Other Pacific Islander • More than once race • Hispanic or Latino/Latino/Latinx	Respondents who **only** selected the following: • White • Not Hispanic or Latino/Latina/Latinx	1,976	**37%**
LGBQ+	Respondents who selected at least one of the following identities: • Asexual/Aromantic • Bisexual • Gay • Lesbian • Pansexual • Queer • Questioning • Prefer to self-identity	Respondents who **only** selected the following: • Heterosexual or straight	1,339	**25%**
Student	Respondents who selected at least one of the following identities: • College Student – full-time • College Student – part-time • High School student	Respondents who **did not** selected any of the following: • College Student – full-time • College Student – part-time • High School student	2,627	**49%**

Transgender and Gender Diverse	Respondents who selected at least one of the following identities: • Agender • Genderfluid • Non-Binary/Genderqueer • Questioning • Trans Woman, Transfeminine, MTF (AMAB) • Trans Man, Transmasculine, FTM (AFAB) • Two-Spirit/Third Gender • Prefer to self-identify	Respondents who **only** selected one or more of the following: • Man • Woman • Cisgender Man • Cisgender Woman	272	**5%**
Under 21	Respondents ages 18 through 20	Respondents ages 21 through 25	2,351	**44%**