



North Carolina's Public SUD Services & Supports for Youth

Kelly Crosbie, MSW, LCSW

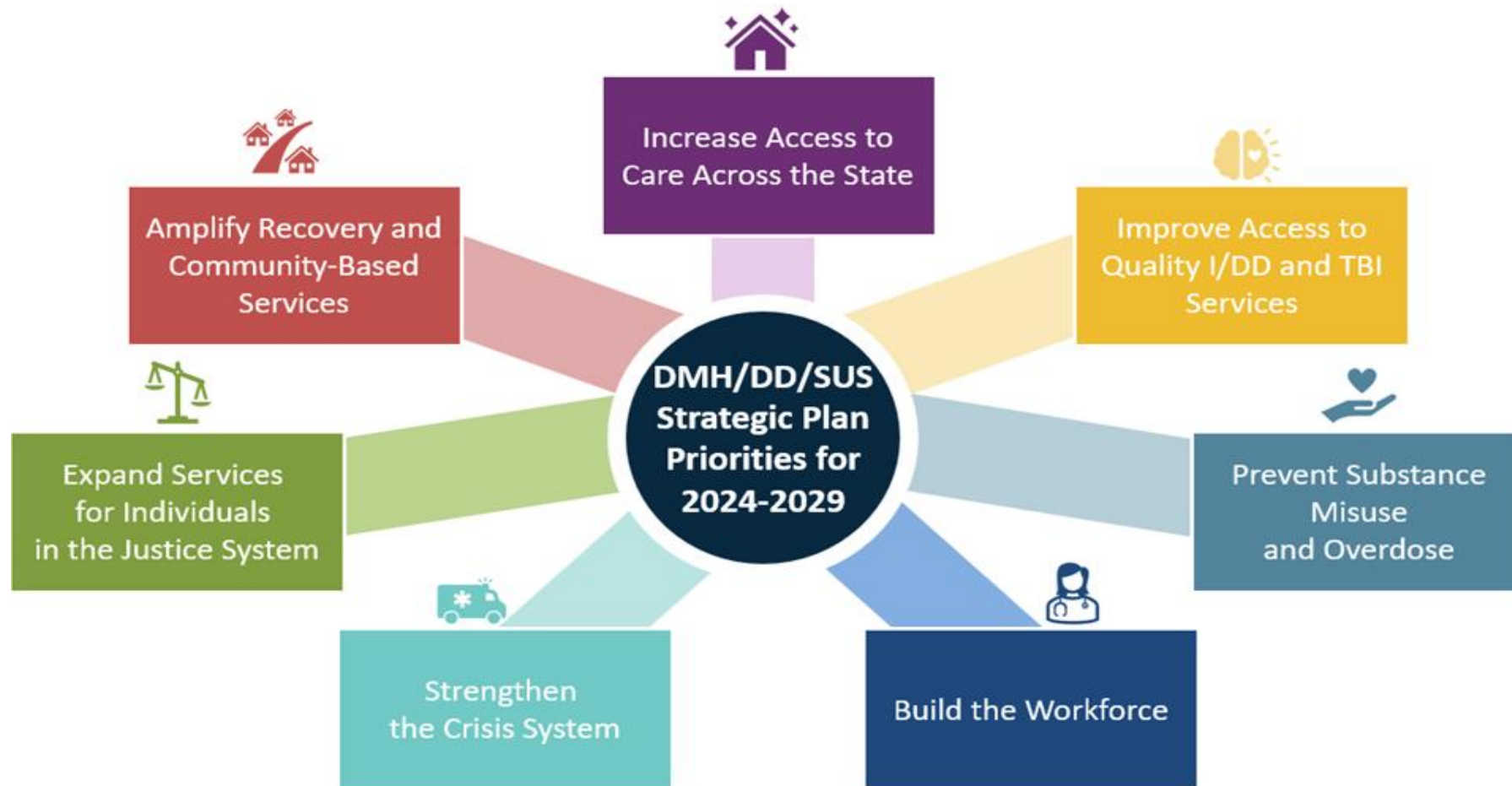
Assistant Secretary, Mental Health, Developmental Disabilities, and
Substance Use Services (DMHDDSUS)

Kelly Crosbie, MSW, LCSW, Asst Sec, DMH/DD/SUS



- 30 years in MH/SU/IDD Field
- 15 years in DHHS
- DMHDDSUS since Dec 2022
- Licensed Clinical Social Worker (LCSW)
- Person with lived experience

DMHDDSUS Strategic Priorities 2024-2029



Priority 3: Priority 3: Prevent Substance Misuse and Overdose



Goals

- **Increase Primary Prevention Engagement.** Delay initial substance exposure or use and deter access to substances that can be misused by children and adolescents, and use harm reduction strategies to prevent escalation and misuse in young adults.
- **Increase Access to Evidence Based SUD Treatment.** Increase timely access to SUD services, especially for geographies and populations with low penetration rates.



Focused Interventions

Prevention

Establish a statewide program for evidence-based substance misuse prevention models, focusing on community-level initiatives that encourage socialization for teens.

Updated Naloxone Saturation Plan and Distribution

Revise the naloxone plan to enhance availability through funding, training support, and inclusion in crisis response team service definitions.

Office-Based Opioid Treatment (OBOT) Expansion

Expand the NC-PAL program to include MOUD support for physicians offering Office-Based Opioid Treatment (OBOT).

Collegiate Harm Reduction

Fund Collegiate Recovery Programs (CRPs) that support students in recovery through housing, dedicated staff, and regular recovery meetings.

Medications for Opioid Use Disorder (MOUD) Saturation Plan

Collaborate with providers to increase the availability of Medications for Opioid Use Disorder (MOUD) across more counties and programs.

Recovery Communities and Workplaces

Revamp prevention approaches to promote healthy communities and socialization for teens using evidence-based strategies.

Expand SUD Treatment Access for Adolescents

Target services for adolescents with tailored programs that integrate substance use treatment with existing mental health services.

Mobile Opioid Treatment Program (OTP) Implementation

Launch more mobile OTP units to improve access to opioid treatment for marginalized, homeless, rural, and underserved communities.

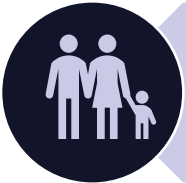
Prevention?

Prevention stops problems before they start. It builds strong kids, strong families, and strong communities.

Why Prevention Matters



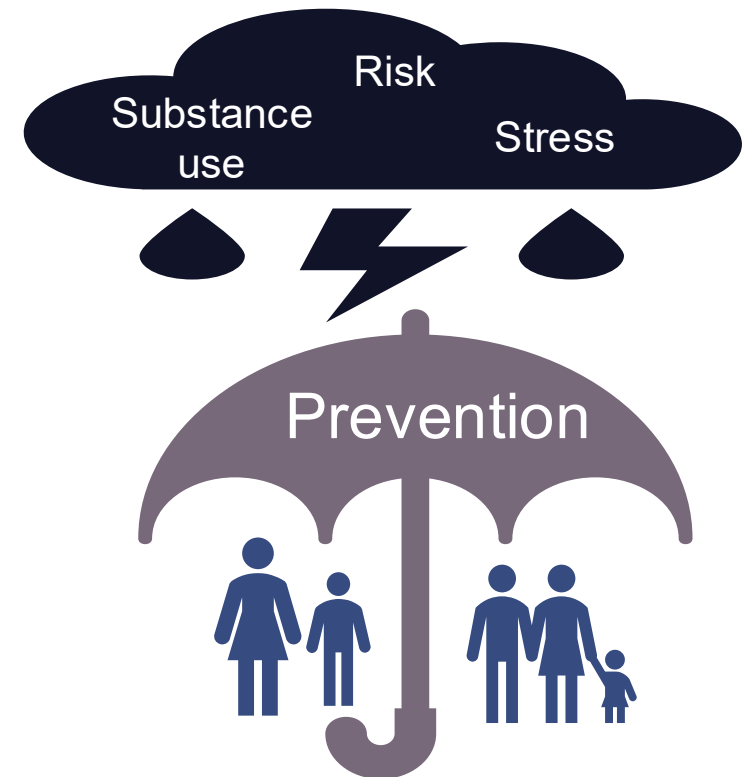
For Youth: Builds confidence and gives the tools to make healthy decisions and connect positively with friends.



For Parents: Helps kids make safer choices and resist peer pressure.



For Communities: Lowers overdoses, makes schools safer, and lowers health costs – everyone benefits.



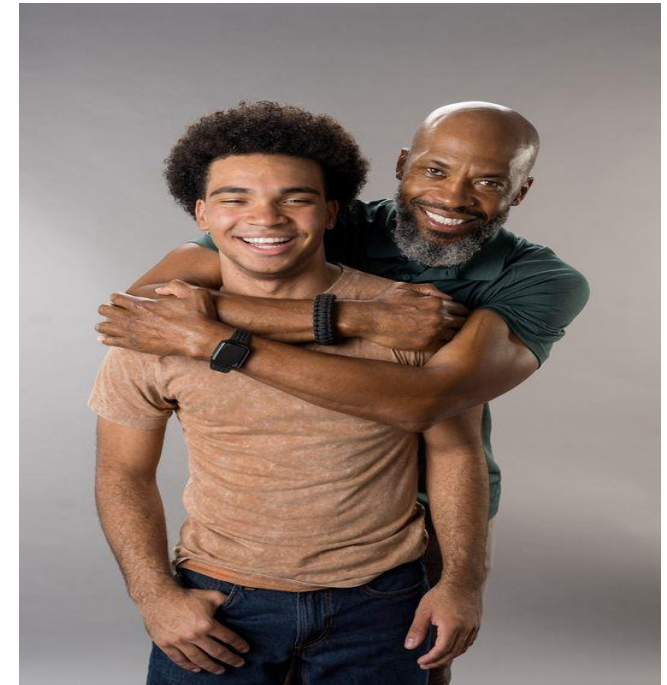
Why Should North Carolinians Care?

NC Data Highlights:

- Nearly **9,000 youth** are reached through youth prevention education programs in NC
- Campaigns have reached **6.5 million+ people**
- Prevention saves lives *and money* (\$1 spent = up to \$14 saved¹)

Why it Matters:

- **Parents:** Your child learns real skills to avoid vaping, drinking, or using medications without a prescription
- **Youth:** Are empowered to live and accomplish goals without substances holding you back
- **Communities:** Benefits from fewer emergency calls, safer neighborhoods, and healthier futures



¹Source: Central East PTTC September 26, 2024

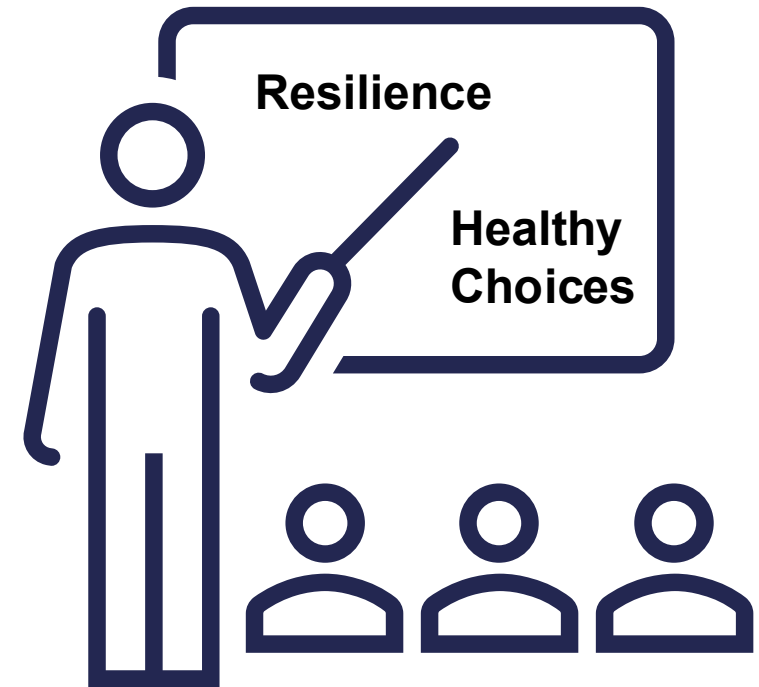
Reaching Youth Where They Are

459 new youth groups have been launched, with over 6,700 completions of programs like *Too Good for Drugs* and *Catch My Breath* .

92% of students said the programs helped them.

Why these efforts matter:

- **Parents:** Youth in prevention programs are more likely to delay their first use of substances, boosting academic success
- **Youth:** These programs provide real-world skills like decision-making, resisting peer pressure, and how to handle stress
- **Communities:** Healthier kids now = a stronger workforce, less strain on the healthcare system, and safer communities in the future



Youth vs Young Adult Survey 2023 Substance Use (Ever)

Substance Type	Substance	Youth	Young Adult
Alcohol	Alcohol	15.5%	48.1%
Nicotine products	Cigarettes	16.7%	43.9%
	Nicotine vapes	11.5%	29.8%
	Smokeless tobacco	3.4%	9.0%
	Cigar products	2.4%	14.2%
	Oral nicotine products	1.8%	8.0%
	Medications	Prescription medication misuse	4.3%
OTC Medications		18.6%	22.3%
Cannabis-related products	Cannabis (pot, weed)	4.3%	20.3%
	CBD	1.7%	8.6%
	Delta 8/10/P	0.9%	6.1%
	Synthetic Cannabis	0.6%	3.3%
	Other legally available products	Kratom	7.2%
Inhalants		1.8%	6.2%
Steroids		0.7%	2.6%
Other not legally available products	Hallucinogens	1.2%	7.0%
	Cocaine	0.9%	5.8%
	Heroin or Fentanyl	0.9%	3.3%
	Methamphetamines	0.5%	2.7%
Polysubstance use	Polysubstance use	4.8%	23.5%

Youth and Young Adult Survey 2023-Access to Substances

Source	Alcohol	Cigarettes	Nicotine vapes	Prescription Medications	Cannabis
A friend	76.9%	44.2%	46.2%	5.3%	77.3%
A family member	2.8%	0.2%	0.3%	20.8%	2.0%
Someone else	3.8%	35.2%	40.4%	3.1%	18.9%
My own medication	--	--	--	62.4%	--
Took it without permission from a friend, family member, or someone else, or a home	12.4%	8.1%	6.3%	8.4%	1.5%
Bought it from a specialty store	2.9%	6.8%	6.3%	--	0.2%
Bought from a supermarket, discount store, grocery store, or warehouse store	0.4%	2.6%	2.6%	--	--
Bought from a convenience store or gas station	0.1%	2.6%	0.9%	--	--
Bought from a restaurant, bar, or club or at public event	0.3%	0.2%	0.4%	--	--
Took it without permission from a store or public event (or healthcare organization)	0.5%	0.20%	0.0%	0.0%	--

NC & U.S. Cannabis Use, CUD, and ED Trends

Indicator	North Carolina (NC DETECT 2022)	National (2020–2024)
Cannabis-related ED visits (all ages)	38,638 ED visits statewide	<i>National surveillance does not publish a single annual number; cannabis-related ED visits rising in multiple states</i>
Highest ED visit rates (NC)	Highest in ages 19–24 (74.19 per 10,000)	Nationally, 15–24-year-olds account for >90% of youth/young adult cannabis ED visits
Pediatric cannabis ED impact	NC pediatric exposures not publicly reported; NC DETECT indicates increasing youth ED burden	Pediatric edible exposures rose 1,375% nationally from 2017 → 2021; weekly ED visits doubled during COVID
Psychiatric & medical admissions	32.4% admitted (23.4% medical, 9% psychiatric)	National trends show rising cannabis-related psychiatric presentations (psychosis, CHS, panic)
Daily or near-daily use (young adults)	NC data unavailable post-2020	10% daily, 29% monthly, 42% annually among ages 19–30

Sources: NC DETECT (2022 cannabis burden data); CDC National Syndromic Surveillance (2020–2023); NPDS Pediatric Edible Exposure Report (2023); NIDA Monitoring the Future Panel Study (2023–2024); ScienceDirect (Adult CUD prevalence, 2024)

NC Youth & Young Adult Cannabis Indicators

Indicator	NC Youth (Middle & High School)	NC Young Adults (18–25)
Past 30-day cannabis use	13.9% (high school); 3–4% (middle school)	22.4%
Lifetime cannabis use	29.1% (high school)	n/a
Perceived ease of access	~65% say easy/very easy	Higher than youth (NSDUH)
Primary sources of access	Friends <21 (65%), friends 21+ (12.3%), someone else (18.9%), retail (2%)	Social access remains dominant
Perceived risk/harm	36–40% believe regular use has moderate/great risk	Decreasing in line with national trends

SOURCE: North Carolina Youth Risk Behavior Survey (YRBS) 2023; North Carolina Youth & Young Adult Prevention Survey (Wake Forest School of Medicine, 2024); SAMHSA NSDUH State Estimates 2022–2023; North Carolina FY2025 Prevention Block Grant Evaluation Report (PIRE), p. 29

Identified Priority Substances for NC

DMH/DD/SUS has identified the following substances as a priority according to data on substances most commonly used among youth and adults: *nicotine products, alcohol, marijuana, and misuse of medications (prescriptions and over-the-counter).*

Table 1: Reported Youth (ages 13-20) Substance Use in Last 30 Days, 2025

Substance	Youth Rate
Nicotine vapes	17.8%
Alcohol	16.8%
Cigarettes	13.3%
Cannabis (pot, weed)	6.6%
Prescription medications	4.7%

Source: 2025 North Carolina Youth and Young Adult Survey Results

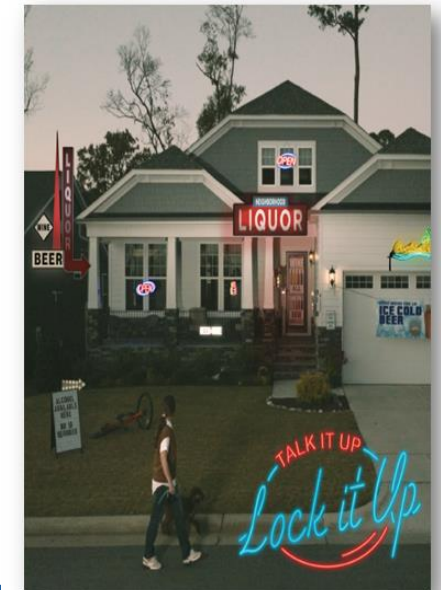
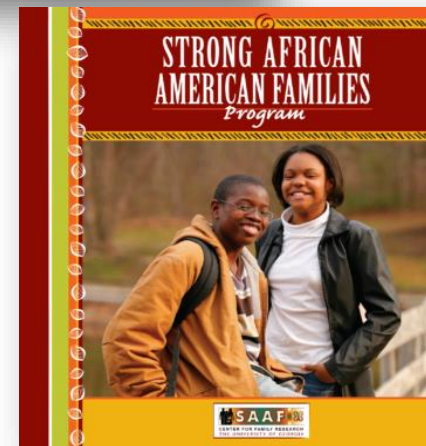
Table 2: Substance Use by Adults in Past Month, Average Annual Percentages, 2023 and 2024

Substance	Adults (26+)
Tobacco Product Use in Past Month (not including vaping)	22.19%
Binge Alcohol in Past Month	19.85%
Marijuana Use in Past Month	11.03%
Nicotine Vaping	7.60%

Source: [SAMHSA National Survey on Drug Use and Health \(NSDUH\) 2023 and 2024 in North Carolina](#)

Core NC Prevention Strategies

- **Prevention Education** – evidenced-based programs
- **Statewide Prevention Campaigns**
- **Community-based Processes** – ongoing collaborative initiatives with statewide and community ATOD prevention groups and coalitions
- **Environmental Strategies**- communication campaigns, alcohol and prescription drug secure storage initiatives, local policy and retailer education
- **Synar** – reduce retail tobacco access to minors
- **Prevention Block Grant**
 - 20% of our total Substance Use Federal Block Grant (approximately \$9 million/year in prevention dollars)
 - Serve all 100 counties with funding



Substance Use Disorder In NC (Prevalence)

Estimated Numbers of Persons with a Substance Use Disorder in NC

62,812 (7.42%)
adolescents
ages 12-17

286,025
(23.34%) adults
ages 18-25

1,095,292
(14.54%) adults
ages 26+

Prevalence Source: SAMHSA, Center for Behavioral Health Statistics and Quality, Results from the the 2023 NSDUH Detailed Tables, published July 2024

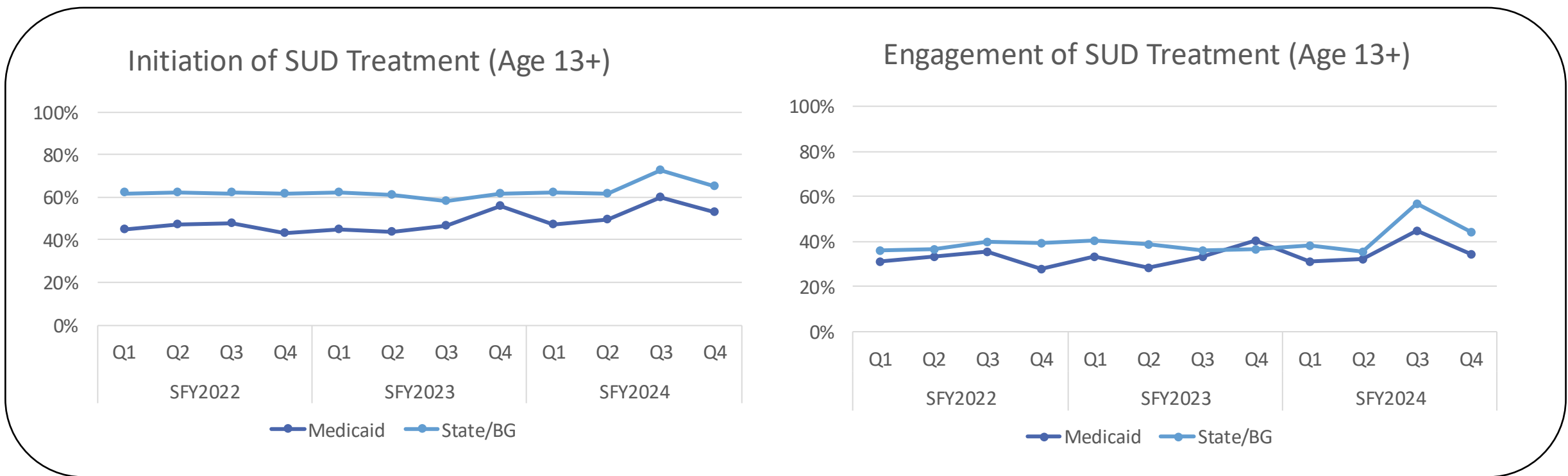
Population Data: NC Office of State Budget and Management (OSBM). July 2025 population estimates. Updated: 1/15/25

NC System Performance – Service Access

For persons with substance use disorder to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports.

Initiation is measured as the percent of persons starting a new episode of care for SUD who receive a 2nd service for a related diagnosis within 14 days of the first service. **Engagement** is measured as the percent of persons who met the initiation criteria receive an additional 2 visits within the next 30 days.

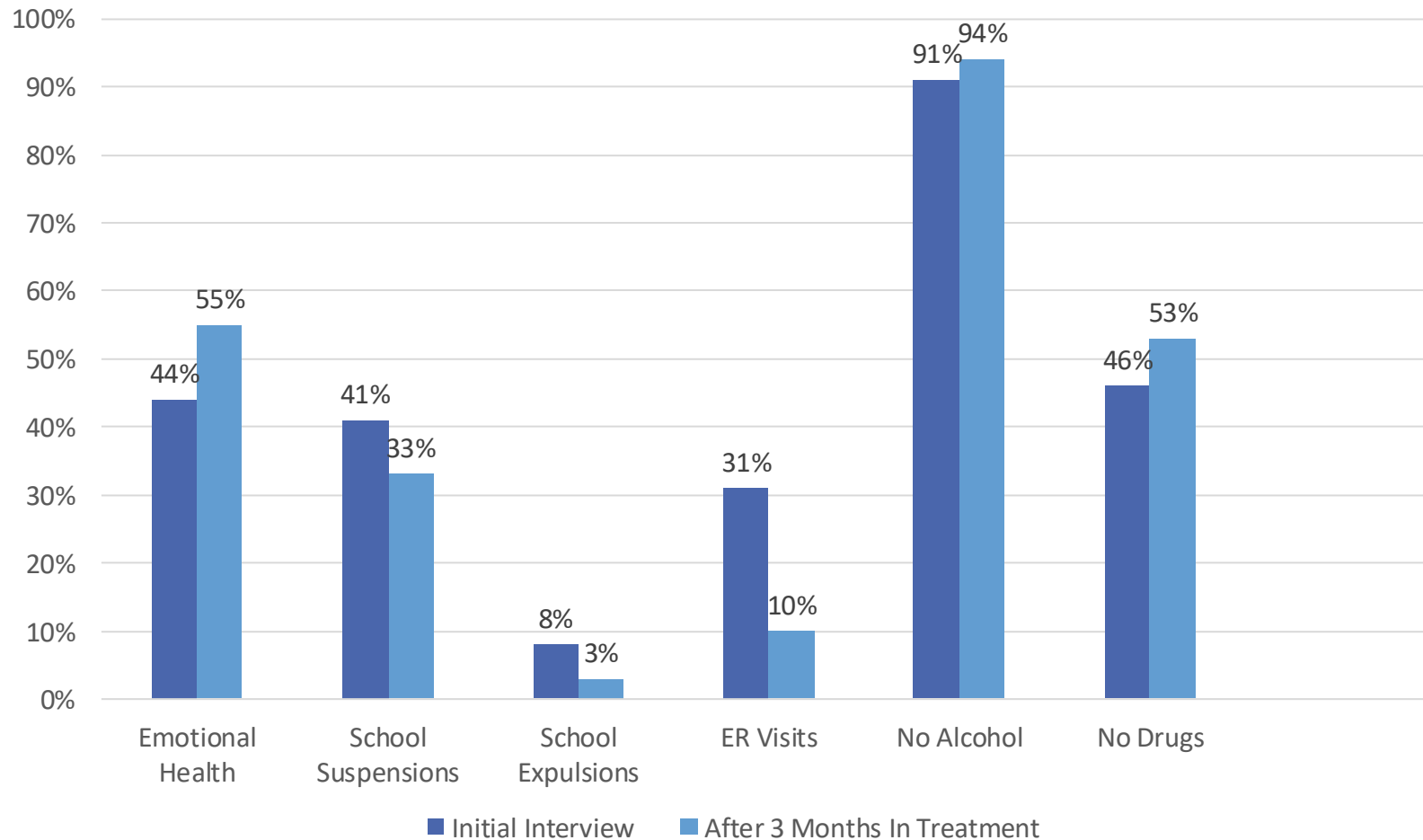
Initiation and engagement are nationally accepted measures of access. In 2022, the national average for initiation was 45%. North Carolina has annually performed better. The national average for engagement was 14.9% and North Carolina has consistently performed higher.



Data Source: Data is provided quarterly by the LME/MCOs as a part of the DMHDDSUS Quarterly Performance Measure Report.

NC Recovery Potential (Youth)

Prior to Treatment (Initial Interview) & 3-Months After Being Treatment
For Youth In SUD Treatment









Positive outcomes give hope for resilience to youth and families.

In calendar year 2024 youth in SUD treatment reported:

- Improved emotional health
- Fewer school suspensions
- Fewer school expulsions
- Fewer emergency room visits
- Less alcohol use
- Less drug use







Expanding Treatment & Recovery Supports (Ages 16–25)

-  SOR-funded pilot programs for youth and young adults with opioid or stimulant use disorders
-  Providers: HIGHTS and Kellin Foundation
-  Integrated within existing systems of care
-  Insurance-blind approach to reduce barriers
-  Covers services not available through traditional funding
-  Designed to improve access, reduce disparities, and inform sustainable models






Housing Supports for Young Adults (Ages 18–24)

- 🏠 Housing supports funded through SOR supplemental funding
- 💠 Center for Prevention Services – housing and recovery supports
- 🧑 Project CARA – housing supports for women in recovery
- ✅ Improves treatment engagement and recovery outcomes
- 🌱 Promotes stability, wellness, and community integration







Juvenile Justice Behavioral Health Partnerships (JJBH)

-  Statewide partnerships connecting justice-involved youth to Substance Use and Mental Health services
-  Screening and referral for identified needs
-  Comprehensive assessment and care coordination
-  Family-centered engagement and support
-  Access to evidence-based treatment
-  Recovery-oriented services and supports

JJBH Treatment & Support Services

-  Substance Use Block Grant funding supports local provider contracts
-  Single Assessor Model improves timely access and coordination
-  Evidence-based practices including Seeking Safety, Seven Challenges, and SPARCS
-  Treatment, engagement, and recovery support services
-  Focus on improved outcomes for justice-involved youth

Substance Use Services in Juvenile Detention Centers

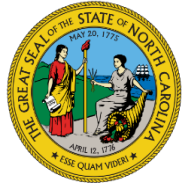
-  Community clinicians provide services within JDCs
-  Comprehensive Substance Use assessments
-  Evidence-based treatment interventions
-  Transition planning and linkage to community care
-  Partnership with DJJDP to identify needs and improve access
-  Supports successful reentry and recovery

Collegiate Recovery Programs

Supporting recovery and reducing harm for college students in NC.

- NC DHHS first began funding 6 schools in 2015, this number has grown to 18, including 5 HBCUs and 2 Minority Serving Institutions
- Funds support staffing, sober events, conferences, dedicated program spaces, and student activities.
- NC leads the nation in supporting its students who are in or seeking recovery with a total of over 30 programs across the state, including 5 community colleges.
- As of 2023, North Carolina has been awarded 6 Association of Recovery in Higher Education (ARHE) honors, including Staff of the Year (3), Student of the Year, Champion Award for Student Support, and a Lifetime Achievement Award.





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