PREVENTING SUBSTANCE USE AMONG YOUNG ADULTS WITH DISABILITIES

In 2021, approximately 3.2 million or about 6.8 percent of people between the ages of 14 and 24 were living with a physical or mental disability.[1] Although data on young people with disabilities are limited,[2,3] recent evidence highlights the increased risk in this population for a host of health and other challenges, including higher rates of mental disorders and substance use disorders (SUDs).[4,5,6] Even so, young people with disabilities are less likely than young people without disabilities to receive prevention and treatment services for substance use.[7,8] Developing new prevention strategies and tailoring existing prevention education and tools to reduce potential substance use among young adults with disabilities can help support a healthy trajectory for this population during a period of transition.

This Advisory highlights the need for primary substance use prevention programs for young adults ages 18 to 25 with disabilities, and it provides guidance on designing and tailoring these programs to meet the needs of this population. It also describes factors that may affect the delivery of prevention services for young adults with disabilities. This Advisory does not aim to provide comprehensive information about how to address the needs of every type of disability. Rather, it aims to encourage substance use prevention staff to consider the unique needs and perspectives that young adults with disabilities may bring to their programs.

Key Messages

- To support the unique needs of young adults with disabilities, substance use prevention programs can apply principles from the disability field to proven prevention strategies for young adults. Specifically, prevention programs can:
    - Incorporate equity and accessibility into program practices and policies.[9,10]
    - Use trauma-informed approaches.[11]
    - Create accessible physical and supportive emotional environments.[12,13,14]
    - Be responsive to the needs of young adults with disabilities.[15]
    - Prioritize the importance of cultural responsiveness.[16]
    - Promote positive youth development.[17]
- Programs can integrate these key principles and approaches into evidence-based substance use prevention efforts, such as offering prevention education, incorporating healthy alternatives into the environment, screening for substance use, and implementing harm reduction strategies.
- Peer specialists or peer workers—professionals with lived experience who provide nonclinical support—can draw on their shared experiences to help young adults with disabilities adopt healthy behaviors, including avoiding substance use.[18]
- Caregivers are instrumental partners in care and can benefit from support through prevention education, resources about caregiving fatigue, and family support.[19,20,21]
- Building a network of community-based partners across multiple sectors and disciplines is essential to supporting effective substance use prevention efforts for young adults with disabilities.[9]

Understanding Disabilities and Substance Use Among Young Adults

Young adults 18 to 25 years of age are entering a developmental period that involves numerous social, emotional, and physical transitions and changes,[22,23] which in combination with growing independence and self-focus, can increase their risk for initiating or increasing substance use and future substance misuse or SUDs.[24,25]

Compared with rates of substance use among young adults who do not have disabilities, rates among those who do have disabilities are mixed, with some studies finding similar or lower rates[5,26] and other studies reporting higher rates.[27,28]

For example, higher rates of substance use have been observed in adults with sensory disabilities compared with adults without these disabilities.[29,30] Adults ages 18 to 59 who are Deaf or hard of hearing are more likely to use cannabis regularly and drink alcohol more heavily than hearing individuals. For adults ages 18 to 59, rates of substance use were 36 percent greater among those with vision loss and 37 percent greater among those with hearing loss than among their peers without a disability; rates of substance use among those with both hearing and vision loss were 18 percent greater than rates among peers who had only one such type of sensory disability.[30] Compared with adults ages 18 and older who have no disabilities, adults with cognitive disability are significantly more likely to use alcohol heavily; adults with cognitive and vision disabilities are both more likely to use cigarettes.[31]

The differences observed in substance use rates among young adults with versus without disabilities may result from the limited types of disabilities or substances studied.[25] More research is needed to better explain the association between the nature of the disability and substance use by young adults with disabilities.

Compared with their peers who do not have disabilities, young adults with disabilities can face more challenges in education,[32] employment,[33] and relationships.[34,35] They also have higher exposure to conditions that can lead to increased likelihood of substance use, including:

- Living in poverty.[1]
- History of adverse life events or trauma.[36,37]
- Physical, emotional, or sexual abuse.[38,39]
- Stigma[40] and discrimination.[41]
- History of involvement with the child welfare[42] and juvenile justice systems.[43]
- Barriers to appropriate pain management.[44,45,46]
- Bullying.[47,48]
- Family history of substance use.[49]
- Increased prevalence of substance availability in the environment.[50]
- Social influences, such as conformity,[51] loneliness, and social isolation.[52]
- Communication challenges.[53]

Young adults with disabilities may also experience barriers to receiving quality health care, including SUD treatment, that meets their unique needs.[54,55] Barriers to entering or receiving health care, including SUD treatment, for people with disabilities include:
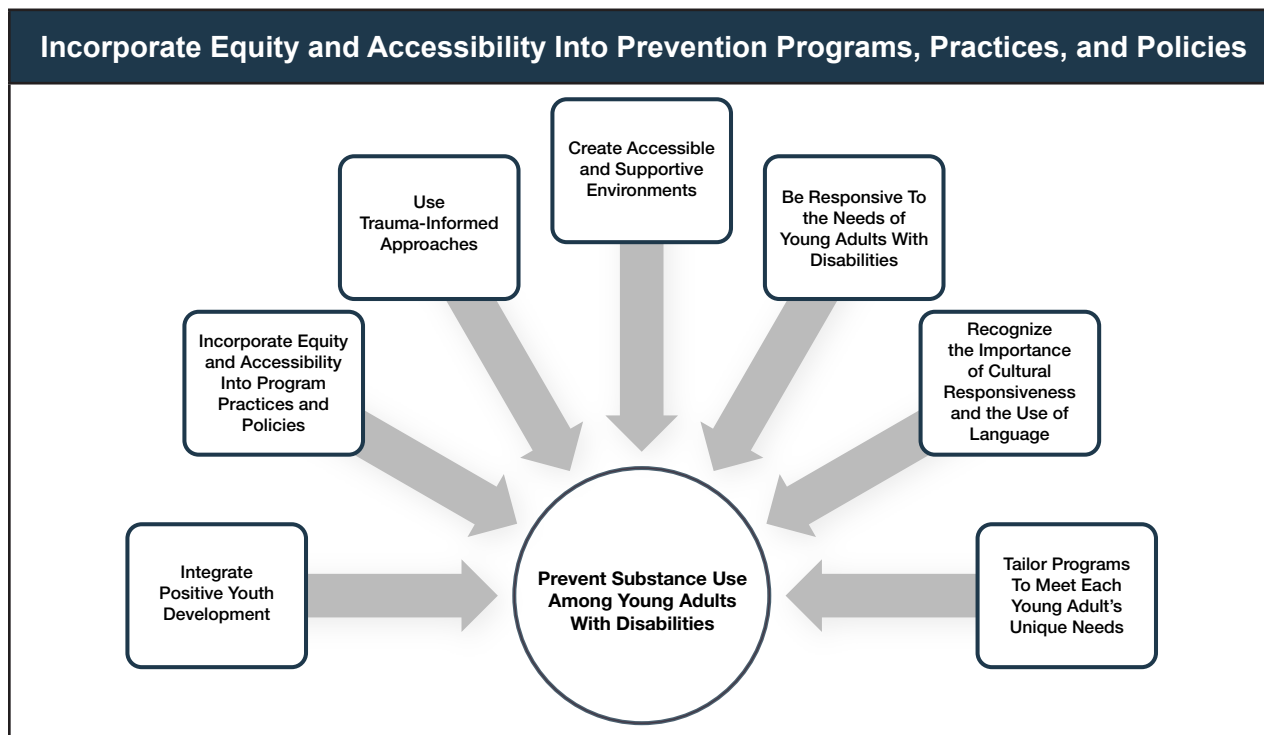
- Lack of specialized programs for diverse populations or for people with co-occurring conditions—including people with complex medical issues.[56]
- Stigma, particularly when a co-occurring mental disorder is present.[56]
- Limited access to accommodations or inaccessible treatment facilities (e.g., limited access to parking, entrances, interior spaces, transportation).[55,57]
- Limited access to communication resources for those with sensory disabilities (e.g., access to materials in Braille, large print, or other formats; sign language interpretation).[58,59]
- Lack of formal education or training to care for people with disabilities.[60]
- Lack of information about accessible programs available to them and in their area.[61]

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Definitions

- **Accessibility:** "[T]he design, construction, development, and maintenance of facilities, information and communication technology, programs, and services so that all people, including people with disabilities, can fully and independently use them" (p. 3).[62]

- **The Americans With Disabilities Act (ADA):** A civil rights law that prohibits discrimination against people with disabilities in many areas of public life. See https://www.ada.gov for more information.

- **Cultural responsiveness:** "[A] set of behaviors, attitudes, and policies that…enable a system, agency, or group of professionals to work effectively in cross-cultural situations." It involves honoring and respecting "the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services" (p. xvii).[16]

- **Disability:** "The term 'disability' means, with respect to an individual—(A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment (p.14)."[63,64]

- **Equity:** "[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment" (p. 3).[62,]

- **Harm reduction:** "[A] practical and transformative approach that incorporates community-driven public health strategies—including prevention, risk reduction, and health promotion—to empower PWUD and their families with the choice to live healthier, self-directed, and purpose-filled lives. Harm reduction centers the lived and living experience of PWUD, especially those in underserved communities, in these strategies and the practices that flow from them" (p. 4).[65] (PWUD is an acronym for the phrase "people who use drugs.")

- **Peer specialist or peer worker:** A peer specialist (or peer worker) is any person with lived experience in recovery from problematic substance use, mental disorders, or both, who provides, in a professional or volunteer capacity, nonclinical recovery support to people in or seeking recovery. "Peer specialists (short for peer recovery support specialists) refers specifically to peer workers with some training, including those working in a professional capacity, whether certified or not. Peer workers who have received certification or credentialing to provide peer support services are commonly referred to as certified peer specialists" (p. xiv).[66]

- **Person-centered:** Person-centered approaches prioritize "the whole person by considering their multiple intersecting identities and qualities, rather than reducing them to a single attribute" (p. 1).[67]

- **Positive youth development:** An intentional, prosocial approach that engages youth in a manner that promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.[17]

- **Trauma:** "Trauma results from an event, series of events, or a set of circumstances an individual experiences as physically or emotionally harmful or threatening, which may have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. Traumatic events may be experienced by an individual, a generation, or an entire community or culture" (p. vii).[68]

- **Trauma-informed approach or care:** A trauma-informed program, organization, or system "realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization" (p. vii).[68]

- **Social determinants of health:** "[T]he conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (p. 1).[69]

- **Young adult:** A person between the ages of 18 and 25 years.

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Principles and Approaches for Designing Substance Use Prevention Efforts for Young Adults With Disabilities

Substance use prevention programs can use the following principles and approaches as a guide to create accessible and supportive environments with prevention strategies tailored to meet the individual needs of young adults with disabilities (see figure below).

Incorporate Equity and Accessibility Into Prevention Programs, Practices, and Policies

Create Accessible and Supportive Environments

Use Trauma-Informed Approaches

Be Responsive To the Needs of Young Adults With Disabilities

Incorporate Equity and Accessibility Into Program Practices and Policies

Recognize the Importance of Cultural Responsiveness and the Use of Language

Integrate Positive Youth Development

Prevent Substance Use Among Young Adults With Disabilities

Tailor Programs To Meet Each Young Adult's Unique Needs

Young adults with disabilities may face barriers in seeking support for substance use and may need help to overcome them. For example, programs can help this population overcome their fear of stigmatization or discrimination by[24]:

- Connecting them to peer support services.
- Normalizing asking for help.
- Ensuring that prevention services are inclusive, accessible, and welcoming.
- Facilitating positive experiences with program staff.
- Developing prevention services that have low barriers to entry, which can support positive attitudes toward help-seeking.

For young adults with disabilities who have limited knowledge about behavioral health services, prevention program staff can provide education and awareness[24] and encourage self-compassion, self-advocacy,[70] and resilience.[71,72] Prevention efforts can also can help people with disabilities face challenges related to their disability and the stigma and discrimination they may encounter,[70] improve their confidence and coping skills,[71] and lessen their risk for substance use.[72]

Advancing Equity and Accessibility

Substance use prevention specialists can take steps to ensure that their programs integrate equity; accessibility; and culturally informed, person-first, inclusive services, to help young adults with disabilities feel that their perspectives are represented.[9,10] Programs can accomplish this integration by[73]:

- Taking steps to create an environment that is welcoming, inclusive, and responsive to the unique needs of this population.

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- Reviewing internal policies, practices, and programming to remove language that is not inclusive of people with disabilities and adopting language that promotes inclusion.
- Considering how young adults with disabilities prefer to receive their health information and providing messages in accessible formats to best reach this population.
- Surveying young adults with disabilities and their families to learn more about specific supports that they need and to understand what they view as gaps that prevention programs may need to address.
- Working with disability advocates and young adults with disabilities at every phase of program development (i.e., planning, design, implementation, monitoring, evaluation) to ensure programs are accessible, inclusive, and representative of their needs.

By examining program records and evaluating program data, prevention service providers and program administrators can explore who is accessing their prevention services and better understand how to tailor these services. Programs can also internally assess how they are advancing access and equity for young adults with disabilities and support their participation in relevant training and educational opportunities. Specifically, programs can evaluate[12,13,14]:

- How substance use affects young adults with disabilities differently than their peers without disabilities. For example, programs can ask participants about their individual needs.
- Their compliance with specific laws and rules that protect people with disabilities (e.g., the ADA, the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act).
- Their capacity to ensure access by meeting the physical and communication needs of young adults with disabilities.

A key aspect of addressing the needs of young adults with disabilities is creating environments that can support their varying needs (see the sidebar below).

Strategies for Improving Accessibility for Various Types of Disabilities

Substance use prevention specialists can use the following select considerations to improve program accessibility for young adults with specific types of disabilities.

People who are blind or have low vision[74]:
- Post signs and offer materials in Braille, large print, or other formats.
- Offer low-vision optical devices.
- Provide auditory versions of printed materials and qualified readers that can read text aloud.
- Consider the lighting needs of those with visual impairments.[75]

People who are Deaf or hard of hearing[76]:
- Offer sign language interpretation; remind others to take turns speaking and to look directly at the person who is Deaf rather than at the interpreter.
- Offer assistive listening devices.
- Provide written materials for important information.

People with cognitive and developmental disabilities[77]:
- Simplify and repeat directions, questions, and important points, and use concrete action steps.
- Create easy-to-understand handouts and forms that give key information visually.
- Minimize noise and visual distractions.
- Offer more frequent but shorter programs.

People with sensory processing disabilities[74]:
- For people with tactile defensiveness, inform or ask before touching them.[78]
- For people with tactile seeking behaviors, provide opportunities to address sensory processing needs by offering fidget spinners, stress balls, and stretchy bands.[79]
- For people with proprioceptive processing issues who may be highly sensitive to movement and pressure[80]:
  - Give verbal cues to describe the environment and risks.
  - Warn others in the program about sensitivities to touch, movement, or pressure.

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> **People with any type of disability:**
> - Create environments that are supportive and accessible (e.g., ramps, clear pathways, entrances and exits with doorknob grips or handles and automatic door openers).[81]
> - Offer frequent breaks.[82]
> - Ensure transportation is easily accessible.[83]
> - Ensure access for those with service animals or mobility aids.[84,85]

Developing Culturally Responsive, Disability-Aware, Trauma-Informed Programs

Young adults with disabilities represent a vast diversity of races, ethnicities, social backgrounds, experiences, and cultures.[85] Many of them have experienced the trauma of discrimination,[41,86] stigma,[40,86] or violence,[38,39] especially those from underserved communities. Because trauma and discrimination are associated with substance use,[87,88] substance use prevention programs can respond to the needs of young adults with disabilities by integrating culturally responsive and trauma-informed approaches.

- **Culturally responsive substance use prevention services.**[89] Each young adult with a disability brings their own perspective, culture, race, ethnicity, gender identity, and sexual orientation. Programs can recognize these differences and incorporate culturally appropriate knowledge, language, understanding, and attitudes related to disability services into their prevention services.
- **Responsiveness to the needs of those with disabilities.** Prevention programs can help ensure that young adults with disabilities receive services that meet their unique needs by providing their staff with educational and training opportunities to acquire the knowledge, skills, and abilities that will allow them to be responsive. Program staff can develop a deep knowledge of disabilities, allowing them to provide supports that address barriers to receiving integrated, accessible care. Examples of competencies include demonstrating knowledge of how disability and social determinants of health may affect an individual, providing patient-centered care, and engaging the patient and caregivers skillfully in the supported decision-making process.[15]
- **Trauma-informed substance use prevention services.**[89] Incorporating trauma-informed approaches into substance use prevention services allows programs to recognize and address trauma as a risk factor for substance use. Trauma-informed care is a strengths-based approach grounded in an understanding of and responsiveness to the impact of trauma.[11] Substance use prevention specialists can use their knowledge of young adulthood, disabilities, and trauma-informed care principles to create or adapt programs that:
  - Recognize that young adults may have experienced trauma during their lifetime.
  - Acknowledge that trauma can increase the risk for substance use, especially when young adults face additional challenges associated with transitioning to adulthood.
  - Train staff to become trauma aware when providing substance use prevention services.
  - Create an environment responsive to the needs of young adults with histories of trauma.

Adopting Positive Youth Development as a Foundational Approach

Positive youth development is an effective, intentional approach that engages youth and young adults within their communities, schools, organizations, peer groups, and families.[17,90] It focuses on this population's strengths and promotes positive outcomes by developing opportunities, relationships, and supports. Programs can leverage the foundations of the positive youth development approach to incorporate the voices of young adults with disabilities into substance use prevention efforts. Engaging young adults with disabilities in program design, implementation, and evaluation requires both intention and flexibility.[91] Intentional engagement strategies include supportive coaching to ensure younger participants understand the topics and how they can contribute meaningfully, and ongoing mentorship that focuses on development and fosters young adults' perception that their opinions matter.

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Substance Use Prevention Strategies for Young Adults With Disabilities

Despite some evidence of increased risk for substance use among some young adults with disabilities,[3,28] there are few evidence-based substance use prevention programs designed for this population.[3,92,93] Additionally, some young adults with disabilities were unhappy with the prevention programs available to them, as they did not feel that the programming was effective, engaging, or applicable to their experiences.[94] Some limited studies of substance use prevention programs in youth with disabilities have informed the strategies that the following sections of this Advisory discuss.[95,96] However, most are drawn from evidence demonstrating positive outcomes in youth without disabilities, where there is a larger evidence base.[24,93,97]

By incorporating the key principles and approaches this Advisory has described thus far, programs can tailor substance use prevention strategies to meet the unique needs of young adults with disabilities. To develop or further tailor programs, additional research is needed to supplement existing, limited studies of substance use prevention in this population.

Substance Use Prevention Education and Information Dissemination

Prevention education typically uses a twofold approach to teach young people essential skills that help them either avert or minimize substance use or misuse.[98] Skills may include resisting pressure to use substances or making healthier choices and engaging in healthy activities. Prevention education that focuses on young adults delivers positive messages about healthy behaviors and attitudes; messages are designed to address misconceptions that normalize substance use behaviors.[24]

Screening, education, and empowerment are effective approaches to delivering substance use prevention education to young adults.[99] These programs can provide prevention education that addresses inaccurate beliefs—for example, countering the notion that substance use is more common and acceptable among peers by providing data about use among peers. Some aspects of substance use prevention education include:

- Basic information about substance use, including causes of SUDs.
- The effects of substance use on the well-being of young adults with disabilities.
- Skills building and social skills development to support the prevention of substance use.

Perhaps most importantly, tailored education on substance use may be more likely to reach young adults with disabilities.[100] One substance use prevention intervention for youth and young adults with intellectual disabilities offered prevention education that was adapted to the recipient's level of intellectual disability, using games, visual support, and daily life experiences.[100] This program offered support for setting individual long-term goals and showed how small steps could move participants closer to their goals.[100] It also helped participants identify thoughts and feelings that preceded substance use so that they could make an alternative choice.[100] This information was used to create a personalized plan that helped participants develop coping skills to change their behavior.[100]

Using Technology for Substance Use Prevention Among Young Adults With Disabilities

Many young adults get information from and communicate via the internet and smartphones.[101] Thus, some programs that address substance use prevention are now harnessing digital platforms, such as virtual reality, smartphones, video games, web-based interventions, and telehealth.[102] The effectiveness of these technologies and tools varies, but there are some data on web-, game-, and virtual reality-based substance use prevention interventions for young people.[102] If tailored, some of these technologies and tools may help programs engage more young adults with disabilities.

Young adults are also likely to receive and share information via social media.[96,98] Programs may want to consider developing social media campaigns to share substance use prevention information using communication tailored to young adults with disabilities. For more information, see the Substance Abuse and Mental Health Services Administration (SAMHSA) *Social Media Platform Overview and Tips.*

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Providing Healthy Alternatives to Substance Use

Incorporating healthy alternatives to substance use where young adults with disabilities live, work, and socialize may be an effective approach to preventing substance use.[24,98] This approach offers education about positive alternatives to substance use and has been shown to be effective in reducing substance use in young adults.[98] Offering healthy alternatives provides young adults with opportunities to build healthy relationships, have fun, meet friends, and develop new skills in a substance-free environment. Healthy alternatives that integrate skills building may also help young adults with disabilities reinforce the importance of a healthy, substance-free environment. Examples of activities that could be adapted include adaptive art classes, disability-inclusive group exercise, and volunteer work.

Counseling as Prevention
Mental and behavioral issues associated with substance use among young adults with an intellectual disability include depression, anxiety, and frequent rule breaking and aggression.[103] Person-centered counseling approaches may include motivational interviewing and cognitive–behavioral therapy techniques, such as psychoeducation about participants' personality profiles and training behavioral and cognitive coping skills. These approaches were effective in substance use prevention in young adults, irrespective of the level of their baseline behavioral problems.[103] For more information about motivational interviewing and cognitive–behavioral therapy techniques, see *Tailoring Trauma-Focused Cognitive Behavioral Therapy for Youth With Developmental Disabilities and Their Caregivers* and *SAMHSA Treatment Improvement Protocol (TIP) 65: Counseling Approaches to Promote Recovery From Problematic Substance Use and Related Issues*.

Screening, Brief Intervention, and Education for Substance Use

Screening for substance use is an evidence-based prevention method for young adults.[24] Programs use a validated screening tool to assess substance use risk, followed by a brief intervention based on the results of the screening. Programs can offer tailored feedback about screening results, specific advice based on identified concerns, and support for developing individual goals.[24] Screening can also act as a catalyst for education about substance use. For example, if young adults with disabilities screen negative for substance use, they can still receive education about SUDs and risk factors. Alternatively, if screening identifies a substance use issue, referral to SUD treatment should occur. Programs should conduct screening on a voluntary, informed-consent basis in keeping with a culturally responsive, trauma-informed approach. It is important to adapt screening interventions to meet the specific needs of young adults with disabilities.

Young Adults With Disabilities: Child Welfare and Juvenile Justice Involvement
As young adults with disabilities age out of child-focused service systems, such as child welfare or foster care, they may face a gap in services and support.[104] Prevention program staff may need to familiarize themselves with these systems. For information about the child welfare system, see *What is Child Welfare? A Guide for Behavioral and Mental Health Professionals*. For information about challenges facing youth aging out of foster care, see Young Adults Formerly in Foster Care: Challenges and Solutions. For resources on the criminal and juvenile justice systems, see SAMHSA's Criminal and Juvenile Justice webpage.

Incorporating Harm Reduction Strategies

Harm reduction, which uses evidence-based practices, includes prevention, treatment, recovery, and health promotion and can reduce, stop, or delay progression of substance use to an SUD, as well as prevent other harms associated with substance use.[65] For example, harm reduction services can[65,105]:

- Prevent substance misuse, overdose, and injury.
- Reduce overdose deaths and infectious disease transmission.

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- Promote physical, mental, and social well-being.
- Offer low-barrier options for accessing SUD treatment.

Although engagement of young adults in harm reduction is limited,[106] harm reduction strategies may be useful for this population, including among those with disabilities. Examples of harm reduction strategies include[65,105]:

- Reducing stigma associated with substance use and co-occurring disorders.
- Providing overdose education and offering opioid overdose-reversal medications (e.g., naloxone).
- Providing needs-based syringe service programs.
- Providing drug-checking education and resources (e.g., fentanyl and xylazine test strips).

Prevention programs that provide harm reduction services to young adults with disabilities may need to tailor materials, information, and accommodations to meet their needs. Educating caregivers or families of young adults with disabilities—especially young adults with intellectual disabilities who may lack understanding—about harm reduction approaches can help them support their loved ones.

Engaging Peer Specialists as Partners in Prevention

Peer specialists or peer workers—young adults with lived experience—can draw on their own experiences with disabilities and substance use or misuse to help their peers mitigate factors associated with increased risk of substance use.[18] Peer specialists can serve as educators, facilitators, role models, mentors, or resource navigators.[66] They also collaborate and build connections with social service agencies, local businesses, and other organizations that can support young adults with disabilities at risk of substance use.[66] Peer specialists can connect these young adults to resources and offer ongoing support and help with service navigation. Moreover, young adults with lived experience can identify developmentally appropriate screening and self-care strategies for their peers, who may be more receptive to prevention advice from someone in their cohort.[107]

Adapting peer support for young adults with disabilities requires attention to the particular needs of this diverse, varied population.[108] For example, peer specialists may require cross-training and ongoing supervision and support to work with people whose disabilities differ from their own.

Supporting and Empowering Caregivers To Prevent Substance Use

As young adults with disabilities exit pediatric- and school-based supports and transition into the adult-centered healthcare system, they may face barriers to receiving transition services.[19] Furthermore, parents and caregivers receive less support during this transition and experience increased caregiving responsibilities, with attendant emotional distress and stress.[19] These caregivers have critical knowledge of their loved one's needs, including how to promote healthy behaviors and prevent substance use.

To support caregivers during this transition, prevention program staff can:

- Engage caregivers to learn more about their challenges, needs, and beliefs about what is important in supporting the young adult.[20,21]
- Offer opportunities to include caregivers in prevention education and skills development (e.g., modeling drug refusal and healthy behaviors, building communication skills, practicing conflict management and resolution)[18] and to gather their input on ways to tailor materials to meet their and their loved one's needs (e.g., through surveys, focus groups, or recruiting caregivers to work groups).[92]
- Connect caregivers to peer support from other parents of children with the same disability to help them identify resources, strategies, and perspectives; such connections have been shown to help parents of youth with disabilities during the youth's transition into adult-centered services.[19]

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Resources and Tools

The following resources can support prevention specialists who work with people who have disabilities.

Creating Accessible and Supportive Environments for People With Disabilities

- ADA Checklist for Existing Facilities
- Centers for Disease Control and Prevention (CDC) Disability & Health Resources for Facilitating Inclusion and Overcoming Barriers
- Centers for Medicare & Medicaid Services Modernizing Health Care to Improve Physical Accessibility: A Primer for Providers

Developing Competencies To Address the Needs of People With Disabilities

- Alliance for Disability in Health Care Education Core Competencies on Disability for Health Care Education
- CDC Become a Disability A.L.L.Y. — Information for Healthcare Providers

Becoming Culturally Responsive

- Prevention First Delivering Culturally Responsive Prevention Services
- SAMHSA *TIP 59, Improving Cultural Competence*

Trauma-Informed Care

- SAMHSA *Practical Guide for Implementing a Trauma-Informed Approach*
- Administration for Children and Families Resources Specific to People With Disabilities

Positive Youth Development

- Youth.gov Positive Youth Development
- VIA Institute on Character Inventory of Strengths for Youth
- SAMHSA Voices of Youth Initiative

Screening Tools for Substance Use

- National Institute on Alcohol Abuse and Alcoholism (NIAAA) *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*
- Screen4Success
- SAMHSA Screening, Brief Intervention, and Referral to Treatment
- U.S. Department of Veterans Affairs Alcohol Use Disorders Identification Test

Harm Reduction

- SAMHSA Harm Reduction Page
- SAMHSA Harm Reduction Framework

Peer Support

- SAMHSA *Core Competencies for Peer Workers in Behavioral Health Services*
- SAMHSA *TIP 64, Incorporating Peer Support Into Substance Use Disorder Treatment Services*
- SAMHSA *National Model Standards for Peer Support Certification*

Young Adults With Disabilities

- Youth.gov Youth Topics, Disabilities
- Seattle University Center for Change in Transition Services Transition Planning Resources
- The Arc of the United States
- Raising Special Kids Empowering Voices: Introducing the Engaging Families & Young Adults Program

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Data on Disabilities

- Center for Research on Disability Annual Disability Statistics Collection
- CDC Data and Statistics on Disability and Health

Substance Use

- SAMHSA Substance Use Disorders in People With Physical and Sensory Disabilities
- SAMHSA Substance Misuse Prevention for Young Adults
- SAMHSA *Advisory, Mental and Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities*
- SAMHSA *Substance Use Prevention Resources for Youth and College Students*
- SAMHSA Technology Transfer Centers Program
- U.S. Drug Enforcement Administration Campus Drug Prevention
- NIAAA Rethinking Drinking: How Does Alcohol Affect Your Health?
- Washington State Department of Health, Office of Healthy Communities *Youth With Disabilities Risk Factors for Alcohol, Tobacco and Drug Use Data Monograph*
- The Recovery Village Substance Use & Intellectual Disabilities

Family and Caregivers

- SAMHSA Parent and Caregiver Resources
- The Family Café
- Family-Run Executive Director Leadership Association
- National Federation of Families
- National Center on Substance Abuse and Child Welfare series on Harm Reduction in the Context of Child Well-Being
- American Association on Intellectual and Developmental Disabilities Family Support: Joint Position Statement of AAIDD and The Arc
- SAMHSA Communities Talk to Prevent Alcohol and Other Drug Misuse: Addressing Substance Misuse Among Transition-Age Youth Not Attending College

Community Support

- SAMHSA Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System
- SAMHSA Strategic Prevention Technical Assistance Center
- SAMHSA Prevention Technology Transfer Center Network
- Administration for Community Living (ACL) Centers for Independent Living
- ACL Aging and Disability Resource Centers

Funding Opportunities

- SAMHSA Substance Use Prevention, Treatment, and Recovery Services Block Grant program website
- SAMHSA Strategic Prevention Framework—Partnerships for Success for States
- Health Resources & Services Administration Grants website
- Bureau of Justice Assistance Funding website
- Financing & Grants for Substance Abuse Treatment

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SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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