



K-12 Education: Most States Require Public Schools to Teach Substance Use Prevention

GAO-25-107647

Q&A

Report to Congressional Committees

September 29, 2025

Why This Matters

Substance use—when people use drugs, alcohol, or tobacco in ways that can harm themselves or others—remains a persistent problem in the United States. Substance use can result in negative consequences, including poor school performance and diminished mental health. Research suggests that prevention programs for school-aged children may help address substance use before it occurs.

The U.S. Departments of Education and Health and Human Services (HHS) and the Office of National Drug Control Policy manage most federal programs that can support substance use prevention activities in K-12 public schools and other settings. These agencies provide funds and informational resources to states and schools. According to the 2024 National Drug Control Strategy, such efforts should focus on preventing initial substance use and promoting good mental health among school-aged children. National efforts to address drug misuse have been included on GAO's High-Risk List since 2021.

Senate Report 118-84 includes a provision for us to examine the extent to which states require the use of evidence-based drug education and prevention programs in public schools, and how the federal government helps address challenges schools face implementing these programs. In this report, we provide information about states' approaches to substance use prevention programs in public schools, and the resources federal agencies offer to help public schools implement these programs. We surveyed all 50 states, Washington, D.C., and eight territories; 56 of the 59 state education agencies completed the survey. Throughout this report, we refer to the 56 respondents as "states."

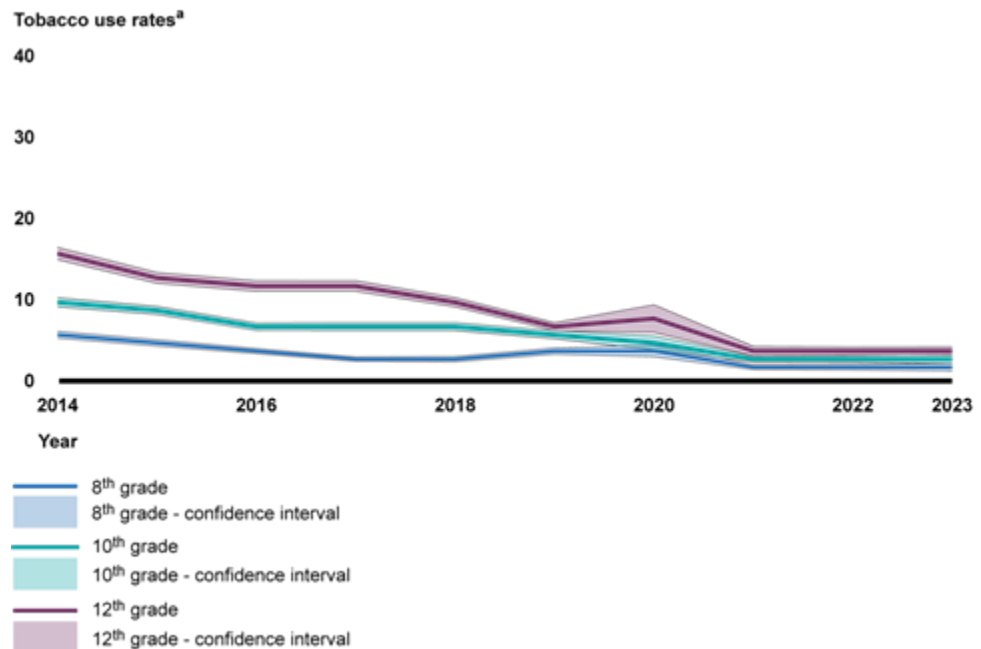
Key Takeaways

- According to our survey, most states (45 of 56) required public schools to teach about at least two substances in grades K-12, with 39 states teaching about all three (tobacco, alcohol, and drugs) in school year 2024–2025. Of the remaining 11 states, six did not have requirements for specific substances but had or were developing requirements that public schools teach about how substance use can affect students' health in grades K-12. The other five did not require public schools to teach about substance use prevention at all.
- Overall, 28 states reported that they provided information to school districts about evidence-based substance use prevention programs on state websites.
- Education, HHS, and the Office of National Drug Control Policy provide states, community coalitions, and school districts with grants and online information, such as webpages containing links to webinars and federal agency resources. These agencies also fund technical assistance centers that develop substance use prevention resources.

How have substance use rates among school-aged children changed over time?

Over the last 10 years, substance use has generally declined nationally among 8th, 10th, and 12th graders who were surveyed in data we analyzed from Monitoring the Future, a study funded by the National Institutes of Health (NIH) (see figs. 1–3).¹

Figure 1: Estimated Tobacco Use Rates Nationally Among 8th, 10th, and 12th Graders, 2014–2023

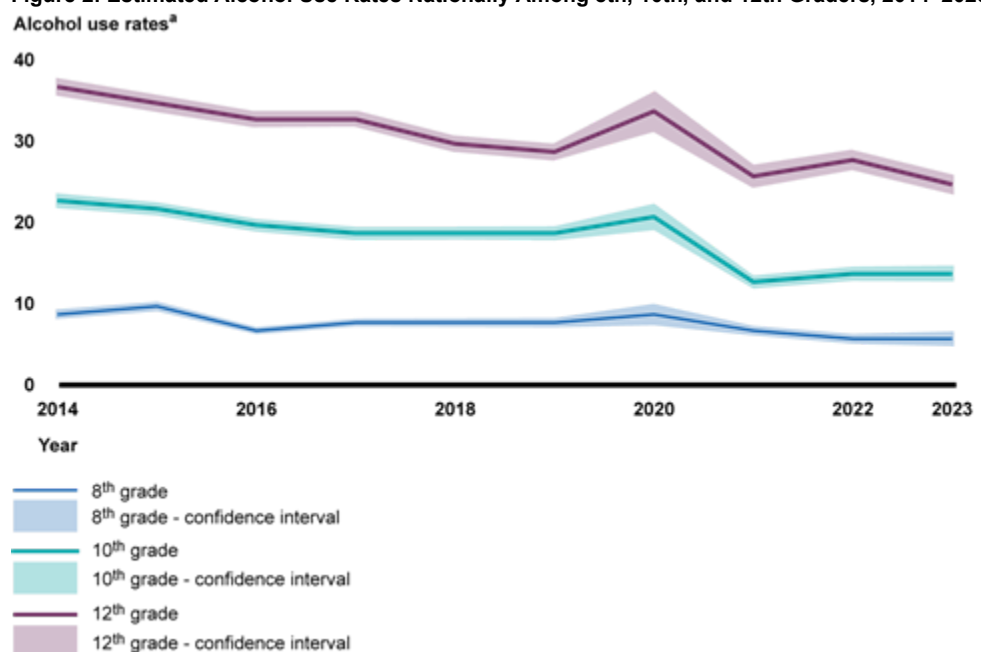


Source: GAO analysis of National Institutes of Health Monitoring the Future Data from 2014–2023. | GAO-25-107647

Note: Students are considered tobacco users if they report using at least one of the following forms of tobacco at least once within the last 30 days: cigarettes, large cigars, small cigars, small, flavored cigars, hookah tobacco, or smokeless tobacco. Tobacco use estimates have 95 percent confidence intervals within ± 1.7 percentage points.

^aTobacco use rates are based on the number of users per 100 students.

Figure 2: Estimated Alcohol Use Rates Nationally Among 8th, 10th, and 12th Graders, 2014–2023

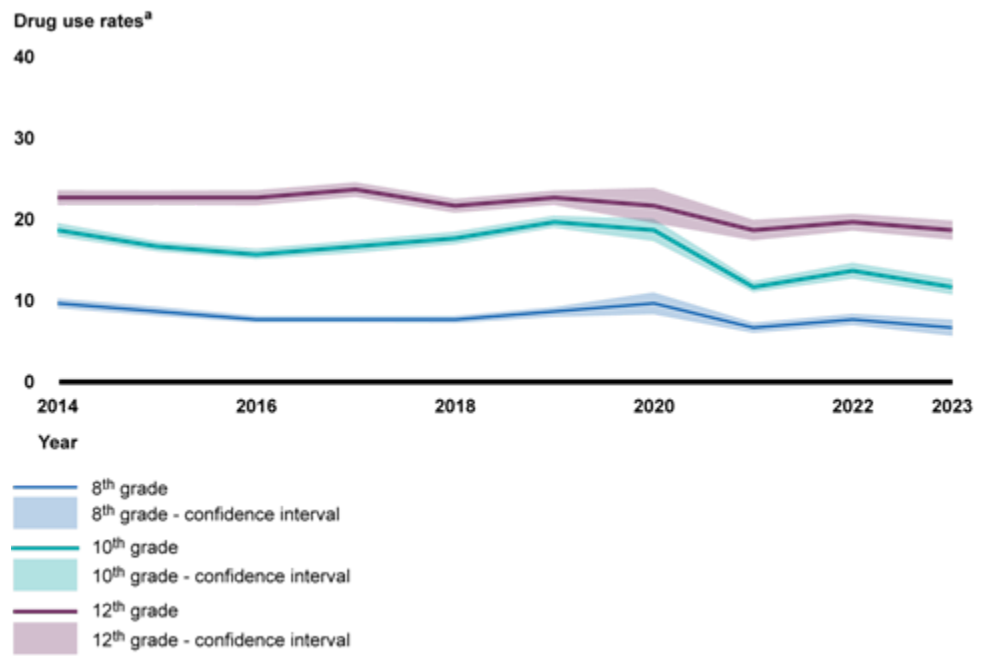


Source: GAO analysis of National Institutes of Health Monitoring the Future Data from 2014–2023. | GAO-25-107647

Note: Students are considered alcohol users if they report having at least one alcoholic drink within the last 30 days. These estimates have 95 percent confidence intervals within ± 2.6 percentage points.

^aAlcohol use rates are based on the number of users per 100 students

Figure 3: Estimated Drug Use Rates Nationally Among 8th, 10th, and 12th Graders, 2014–2023



Source: GAO analysis of National Institutes of Health Monitoring the Future Data from 2014–2023. | GAO-25-107647

Note: Students are considered drug users if they report using at least one of the following drugs at least once within the last 30 days: marijuana, LSD, psychedelics other than LSD, MDMA, crack, cocaine, amphetamines, methamphetamines, sedatives, tranquilizers, heroin, narcotics other than heroin, inhalants, or steroids. Drug use does not include misuse of prescription opioids, according to HHS officials. Eighth and 10th graders are asked about a different list of drugs when they participate in the Monitoring the Future survey, according to National Institutes of Health officials. All estimates in this figure have 95 percent confidence intervals within +/- 2.2 percentage points.

^aDrug use rates are based on the number of users per 100 students.

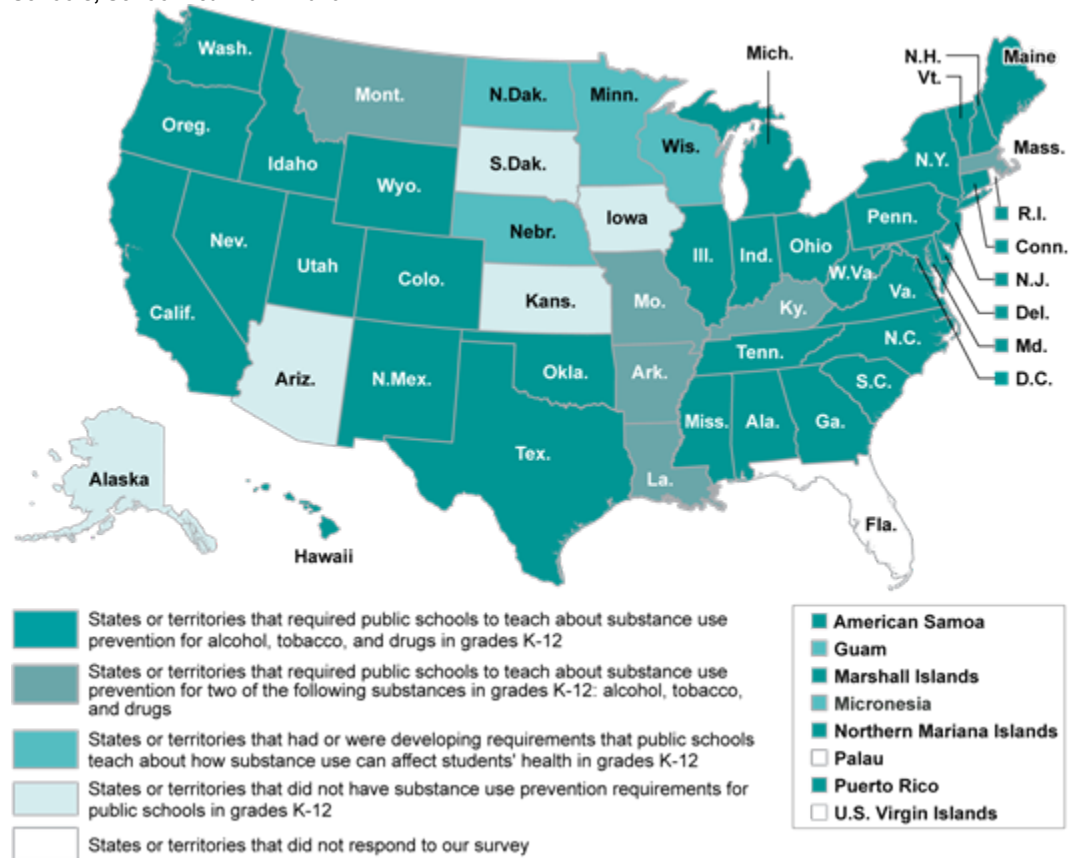
While use rates for tobacco, alcohol, and drugs have generally declined, school-aged children more commonly reported using drugs or alcohol than tobacco, as of 2023.

How many states require public schools to teach students about substance use prevention?

Overall, 45 of 56 states reported that they required public schools to teach about at least two substances in grades K-12, with 39 states teaching about all three (tobacco, alcohol, and drugs) in school year 2024–2025, according to our survey.² Of the remaining 11 states, six did not have requirements for specific substances but had or were developing requirements that public schools teach about how substance use can affect students' health in grades K-12. The other five did not require public schools to teach about substance use prevention at all (see fig. 4).

Schools in states that did not have such requirements may still engage in substance use prevention activities. For example, department of education officials in one state noted that although it did not require these activities, schools may have participated in substance use awareness campaigns. Further, even in states that require schools to teach substance use prevention, all students may not have received the instruction, for example, if the content was taught in an elective class rather than a required class.

Figure 4: States' Reported Requirements for Teaching About Substance Use Prevention in Public Schools, School Year 2024–2025



Source: GAO analysis of 2024–2025 survey data; map resources. | GAO-25-107647

Some states required public schools to teach about the prevention of specific drugs such as over the counter medications (30 states) or marijuana (24 states), according to our survey (see table 1).

Table 1: Specific Drugs For Which States Required Public Schools to Teach Prevention, School Year 2024–2025

Drug	Number of states
Over the counter medications	30
Opioids	26
Marijuana	24
Fentanyl	23
Prescription psychotherapeutic drugs	20
Heroin	18
Cocaine	16
Methamphetamines	15
Hallucinogens	14

Source: Analysis of 2024–2025 GAO survey data. | GAO-25-107647

Note: Fifty-six states and territories responded to our survey; Florida, Palau, and the U.S. Virgin Islands did not.

Even though most states required substance use prevention education in public schools in grades K-12, most 8th, 10th, and 12th graders nationwide reported that they did not receive it in school in 2023. According to the NIH-funded Monitoring the Future data from 2023 that we analyzed, an estimated 24 percent of 8th, 27 percent of 10th, and 21 percent of 12th graders reported receiving substance use prevention education in school.³

What topics related to substance use prevention do states require public schools to teach?

In addition to teaching substance use prevention education in public schools, most states required public schools to teach about behavioral health topics, including interpersonal skills (43 states) and psychological and physical wellness (42 states), according to our survey (see table 2). Research shows that teaching school-aged children about positive behaviors, such as how to cope with mental health challenges, can potentially discourage them from using substances.⁴

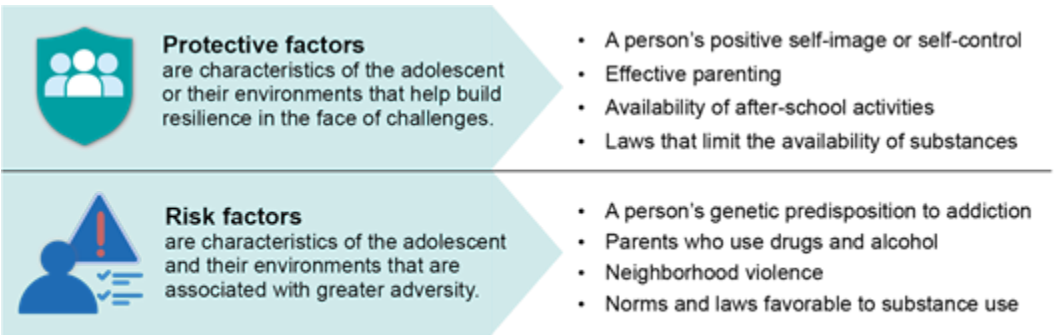
Table 2: Behavioral Health Topics Related to Substance Use Prevention That States Required Public Schools to Teach to Students, School Year 2024–2025

Behavioral health topics related to substance use prevention	Number of states
Interpersonal skills	43
Individual and peer behavior	42
Decision-making skills	42
Psychological and physical wellness	42
Problem-solving skills	41
Skills for resisting substance use (including general skills on resilience)	41
Conflict resolution	39
Coping with stress, anxiety, and anger	38

Source: Analysis of 2024–2025 GAO survey data. | GAO-25-107647

Note: Fifty-six states and territories responded to our survey; Florida, Palau, and the U.S. Virgin Islands did not. California and New York education officials we interviewed emphasized the importance of comprehensive approaches to substance use prevention that address students’ academic, physical, social, and emotional needs. One California official said substance use prevention in the state focused on decreasing risky behaviors and increasing positive behaviors, such as teaching students healthy ways to handle anxiety. Additionally, New York officials said substance use prevention was one of many supports provided to students in their state, including mental health, school safety, and health services. According to a Substance Abuse and Mental Health Services Administration (SAMHSA) fact sheet, protective factors—such as the availability of after-school activities—can protect against both substance use and risk factors (see fig. 5).

Figure 5: Examples of Protective Factors That Can Protect Against and Risk Factors That Can Contribute to Substance Use

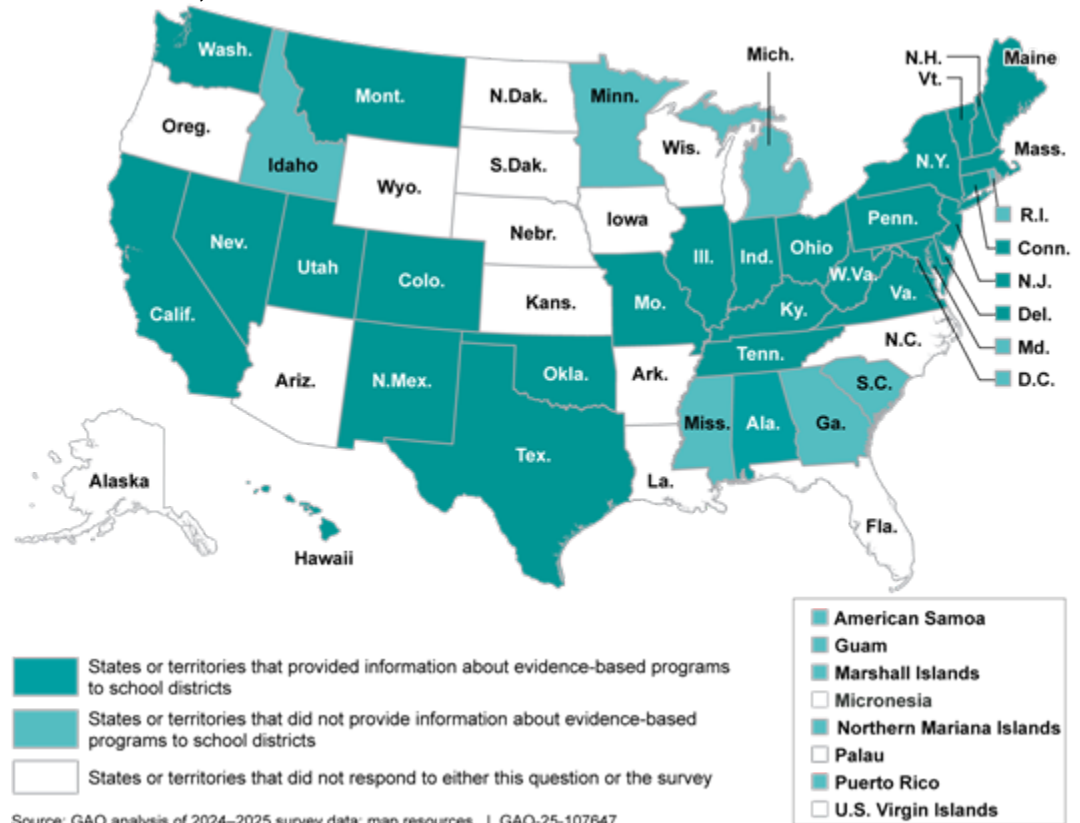


Source: GAO summary of Substance Abuse and Mental Health Services Administration Fact Sheet on Risk and Protective Factors and National Academies research; Adobe Stock (icons). | GAO-25-107647

How do states support school districts’ use of evidence-based programs for substance use prevention?

Overall, 28 states reported that they provided information to school districts about evidence-based substance use prevention programs on state websites, according to our survey (see fig. 6).⁵

Figure 6: States That Provided Information About Evidence-Based Substance Use Prevention Programs to School Districts, School Year 2024–2025



For example, New York maintains a list of evidence-based substance use prevention programs appropriate for different age ranges that schools and others can use, according to officials from the state's Office of Addiction Services and Supports. Officials said teachers can implement programs such as the Good Behavior Game, which trains teachers to help children build resiliency and self-regulation skills. This can result in improved student behaviors and emotional symptoms, according to a study on the program.⁶

In what ways do selected states support school districts' substance use prevention efforts?

California and New York officials said their states support school districts' substance use prevention efforts by helping them administer federal and state surveys as well as substance use prevention programs.

Surveys. California and New York state agencies help school district officials collect data for HHS’s Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System and state surveys.⁷ These surveys gather data about school-aged children’s health-related behaviors. For example, New York collects county-level data on 7th to 12th graders’ health problems, including underage drinking and substance use.

Data from these surveys guide state and school district approaches to substance use prevention, according to California and New York officials. California officials told us that they publicize their state survey data to highlight substance use trends in the state. They also use these data to inform collaboration with school districts. For example, officials said data that monitor adolescent rates of chronic sadness can inform conversations among officials about how substance use affects mental health. New York officials told us that school districts use survey data to identify challenges and address community needs.

Programs. The California Department of Public Health oversees several state initiatives addressing behavioral health and substance use prevention, including

marijuana prevention, that school districts can use, according to officials. Additionally, state officials told us its Department of Education promotes substance use prevention for school-aged children by providing health education and evidence-based program resources. These initiatives and resources can help students develop healthy behaviors and learn about the consequences of substance use. For example, the California Department of Education’s Project Cal-Well is a mental health initiative designed to provide student mental health screenings, access to counseling services, and resources to help public schools build comprehensive mental health systems.⁸

New York State’s Office of Addiction Services and Supports addresses substance use prevention in schools, according to officials. For example, the office funds prevention services through 145 providers, including community-based organizations, school districts, and local government agencies. These providers use data to develop strategies for youth in school settings to decrease risk factors that contribute to substance use and increase protective factors. In addition, the office expanded a program where providers work with teachers and school administrators to integrate substance use prevention programs into their lesson plans. This program aims to prevent substance use and promote mental health wellness in school-aged children.

What federal grants are available to states and communities to support substance use prevention in public schools?

Education, HHS, and the Office of National Drug Control Policy administer grant programs that can be used to support substance use prevention in public schools, among other things (see table 3 for selected grant programs).⁹

Table 3: Selected Federal Grant Programs That Can Support Substance Use Prevention in Public Schools			
Agency	Grant program	Type of grant	Appropriated funds, fiscal year 2025 ^a
Department of Education	Student Support and Academic Enrichment Program	Formula	\$1.38 billion
Department of Health and Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA)	Substance Use Prevention, Treatment, and Recovery Services (Substance Use) Block Grant	Block	\$2 billion ^b
HHS/SAMHSA	Project AWARE (Advancing Wellness and Resiliency in Education)	Discretionary	\$140 million
HHS/SAMHSA	Strategic Prevention Framework-Partnerships for Success Program	Discretionary	\$125 million
Office of National Drug Control Policy	Drug-Free Communities Support Program	Discretionary	\$109 million

Source: GAO summary of agency documents. | GAO-25-107647

^aFunding for fiscal year 2025 is the same as it was for the previous fiscal year because Congress passed a full-year continuing resolution for fiscal year 2025 that included funding for these programs.

^bUnder the Substance Use Block Grant statute, states must spend at least 20 percent of their funding for substance use prevention activities. According to SAMHSA officials, the total amount that all states received was about \$1.9 billion and at least \$379 million was spent on these activities in fiscal year 2025.

Education provides formula grants to states through its Student Support and Academic Enrichment Program and the Stronger Connections Grant program.

- States are required to award at least 95 percent of their Student Support and Academic Enrichment Program grants to school districts.¹⁰ Districts use these funds for activities that improve conditions for student learning, including those relating to substance use prevention. In a 2020 report on the program, Education noted that in 18 states, some school districts used a portion of their funds for substance use prevention.¹¹
- States also receive Stronger Connections Grants for activities that support student health and safety.¹² States award these funds to school districts, which use the funds for activities such as substance use prevention.

SAMHSA provides funds to states through its Substance Use Prevention, Treatment, and Recovery Services (Substance Use) Block Grant; its objective is to help plan, implement, and evaluate activities that prevent and treat substance use. For this grant, states must spend a minimum of 20 percent of their funding for primary prevention activities, which can include school-based strategies. Examples of discretionary grants to states, communities, and others to support substance use prevention include:¹³

- Project AWARE (Advancing Wellness and Resiliency in Education), which SAMHSA administers, helps grantees develop an infrastructure that can sustain school-based mental health programs and services, according to SAMHSA officials. These officials noted that grantees leverage partnerships to implement mental health promotion, awareness, prevention, intervention, and resilience activities to ensure that school-aged children can access and connect to appropriate and effective behavioral health services. For example, SAMHSA officials told us that one state used some of its Project AWARE grant to implement an evidence-based program that taught school-aged children how to make decisions and problem solve, among other skills.
- The Drug-Free Communities Support Program—which officials told us is managed through a partnership between the Office of National Drug Control Policy and the Centers for Disease Control and Prevention—funds community coalitions by establishing and building collaboration among various community sectors, including schools. One Office of National Drug Control Policy official said that 99 percent of all community coalitions worked with at least one public school.

Education officials told us that they have not evaluated the effectiveness of its grant programs noted above. They said it would be difficult to evaluate the Student Support and Academic Enrichment Program's effectiveness because these funds can be used for multiple activities. There are no statutory or regulatory requirements for Education to evaluate the Student Support and Academic Enrichment Program.

In contrast, HHS officials told us that while the Substance Use Block Grant statute does not require the program to be evaluated, Congress has directed HHS to report on it. Since calendar year 2023, HHS has submitted two reports to Congress on the Substance Use Block Grant, according to officials. In addition, Office of National Drug Control Policy officials told us its Drug-Free Communities Support Program is evaluated annually. Each year, this office publishes a report, which details program goals and the extent to which coalitions met those goals. GAO plans to issue a report on the Office of National Drug Control Policy's Drug-Free Communities Support Program in fall 2025.

What resources do federal agencies offer to states and communities about substance use prevention for school-aged children?

Education and HHS offer resources about substance use prevention to states and communities, including websites with recorded webinars and a registry of evidence-based practices.

Webinars. Education lists multiple webinars on its Preventing and Reducing Youth and Young Adult Substance Misuse webpage. For example, one webinar on the webpage is a two-part series on fentanyl focused on what the drug is and why it is dangerous, and the steps that schools and communities have taken to prevent its use.

Resource center. SAMHSA’s Evidence-Based Practices Resource Center provides information about incorporating evidence-based practices into communities or other settings, such as public schools. Prevention professionals, educators, policymakers, and others can search for resources aimed at specific populations, including children and youth. This center lists resources about substances like e-cigarettes (vaping) and marijuana focused on school-aged children.

Thirty-eight states reported that they used this resource center, and almost all of them (35 of 38 states) found this center to be moderately to extremely useful, according to our survey. For example, officials from one state noted that they have used SAMHSA’s Evidence-Based Practices Resource Center as part of their work, and the state’s education department linked to this resource from its website.

Media campaigns. SAMHSA’s “Talk. They Hear You.”® Underage Drinking Campaign helps parents and caregivers, educators, and others prevent underage drinking and substance use. The campaign’s website provides educators with strategies, such as talking to students using personal stories about not using alcohol or drugs. The campaign also has several television, radio, and print public service announcements, such as printed posters.¹⁴ Officials from the Centers for Disease Control and Prevention said it has a youth-focused campaign called “Free Mind,” which focuses on mental health and drug use awareness.

Other resources. The Centers for Disease Control and Prevention’s What Works in Schools program promotes health and well-being for middle and high school students. The program emphasizes creating a safe and supportive school environment. In one study, the results suggested that the program may reduce some drug use.¹⁵

How do federal agency technical assistance centers support substance use prevention efforts in public schools?

Education, HHS, and the Office of National Drug Control Policy fund technical assistance centers that create and distribute substance use prevention resources. These centers also provide training to stakeholders (see table 4).

Table 4: Federal Agency Technical Assistance Centers That Support Substance Use Prevention Efforts in Public Schools

Agency	Technical assistance center	Purpose
Department of Education	Title IV, Part A Technical Assistance Center	Provide support to state education agencies for implementing the Student Support and Academic Enrichment Program, the Stronger Connections Grant program, and activities relating to student health and safety.
Department of Education	National Center on Safe Supportive Learning Environments	Provide information and technical assistance to states, school districts, and other entities on improving school climate and conditions for learning.

Agency	Technical assistance center	Purpose
Department of Health and Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA)	Prevention Technology Transfer Center Network	Help communities implement and deliver substance use prevention programs and provide training and technical assistance to people that work in substance use prevention, including school staff.
HHS/SAMHSA	Strategic Prevention Technical Assistance Center	Help grantees develop the knowledge and skills needed to plan, assess, implement, evaluate, and retain substance use prevention policies, practices, and programs that best support states and communities' ability to engage with partners to achieve expected behavioral health outcomes. According to staff, the technical assistance center also helps communities engage with school districts.
Office of National Drug Control Policy	A Division for Advancing Prevention and Treatment	Support communities and High Intensity Drug Trafficking Area regional offices to integrate evidence-based strategies into training and technical assistance. Of the 33 regional offices, about half are involved in substance use prevention in public schools, according to officials.

Source: GAO summary of technical assistance center websites and interviews with center staff and agency officials. | GAO-25-107647

Many resources are targeted to specific entities, such as state education agency officials who administer Education's formula grants and community coalitions. Examples include:

- The Prevention Technology Transfer Center Network developed a three-part webinar series on evidence-based programs: (1) what they are and why they are important, (2) how to choose an evidence-based program that meets community needs, and (3) five best practices for implementing evidence-based programs.
- The Strategic Prevention Technical Assistance Center has a tool to help grantees collaborate. One example focuses on an Idaho town that implemented a youth leadership council. This example shows how the council engaged youth and collaborated on strategies to build a culture focused on prevention.

Agency Comments

We provided a draft of this report to the U.S. Departments of Education and Health and Human Services and the Office of National Drug Control Policy for review and comment. Education did not have any comments on the report. HHS and the Office of National Drug Control Policy provided technical comments, which we incorporated as appropriate.

How GAO Did This Study

State survey. We administered a survey to state educational agency officials in all 50 states, Washington, D.C., and eight territories from November 2024 to March 2025. The survey posed questions about a range of topics, including whether states require instruction about tobacco, alcohol, and drug prevention in public schools and at what grade levels; and instruction about specific substance use prevention and healthy behavior topics. Of the 59 state agencies surveyed, 56 completed the questionnaire. We conducted pretests with officials from three states to check for the clarity of the questions and the flow of the survey. We revised the survey based on feedback from those pretests.

We reviewed responses for completeness and for adherence to survey logic rules (e.g., when questions are displayed only when a respondent provides a specific answer to a previous question). We found responses to be complete,

clear, and sufficiently reliable for the purposes of this analysis. We used the survey data to calculate numbers and proportions of states that have substance use education requirements. We also calculated state use rates of federal resources and how helpful they found them.

Data analysis. We analyzed data from the NIH-funded Monitoring the Future survey. The University of Michigan administers this annual survey taken by a nationally representative sample of 8th, 10th, and 12th graders about their beliefs, attitudes, and behaviors relating to substance use. We used data from 2014–2023, the most recent 10 years available at the time of our analysis, to estimate 30-day use rates of nicotine/tobacco products, alcohol, and drugs, including methamphetamines and opioids. A student was considered a user if they reported having used a substance at least once during the previous 30 days. Additionally, we estimated the proportion of students in each grade who reported receiving drug education in school.

We conducted a thorough review of data documentation and electronic data testing and determined the data were sufficiently reliable for the purposes of this analysis. All estimates in this analysis are based on the number of users per 100 students and are subject to sampling error since a sample—even a representative one—approximates the population from which it is drawn. We express our confidence in the precision of our estimates as a 95 percent confidence interval (e.g., plus or minus 2.6 percentage points). This is the interval that would contain the actual population value for 95 percent of the samples that could have been drawn.

Document review. We reviewed documents and resources from Education, HHS, the Office of National Drug Control Policy, and related technical assistance centers. Using this information, we identified grant programs and resources that addressed substance use prevention for school-aged children. We confirmed with agency officials that these are the only grant programs focused on substance use prevention in public schools. We then searched websites for those resources using key words and phrases, such as tobacco prevention or drug prevention, and recorded what we found.

We reviewed the grant programs and resources to make sure they could be used for substance use prevention in public schools. We identified the resource, its type, and described it. We also reviewed relevant federal laws and regulations as well as related reports from GAO, the Congressional Research Service, and other entities.

Interviews. We interviewed officials from Education, HHS, and the Office of National Drug Control Policy. We also interviewed technical assistance center staff and knowledgeable stakeholders. We asked these groups about grant programs and resources that support substance use prevention and about challenges they faced, among other topics.

We also interviewed officials from state departments of education, public health, and other agencies in two states—California and New York. We spoke with these officials to obtain information about how selected state agencies support school districts' substance use prevention efforts. We also asked the officials about how they collaborate and the challenges they face in supporting school districts' substance use prevention efforts, among other topics. We selected these states based a variety of factors, including whether states require substance use prevention in public schools, the percent of a state's population living in rural areas, the percent of illicit drug use by 12-to-17-year-olds, and recommendations from knowledgeable stakeholders, among other criteria.

We conducted this performance audit from June 2024 to September 2025 in accordance with generally accepted government auditing standards. Those

standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

List of Addressees

The Honorable Shelley Moore Capito
Chair
The Honorable Tammy Baldwin
Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
United States Senate

The Honorable Robert Aderholt
Chairman
The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
House of Representatives

We are sending copies of this report to the appropriate congressional committees, and the Secretary of Education, the Secretary of Health and Human Services, and the Director of the Office of National Drug Control.

GAO Contact Information

For more information, contact: Jacqueline M. Nowicki, Director, Education, Workforce, and Income Security at NowickiJ@gao.gov.

Public Affairs: Sarah Kaczmarek, Managing Director, Media@gao.gov.

Congressional Relations: A. Nicole Clowers, Managing Director, CongRel@gao.gov.

Staff Acknowledgments: In addition to the contact named above, Sara Schibanoff Kelly (Assistant Director), Scott Spicer (Assistant Director), Robin Marion (Analyst in Charge), Joanna Carroll, Christina Lowe Cuthbertson, Brian Schwartz, and Jackson Young made key contributions to this report. Also contributing to this report were Youjin Chung, Jean McSween, Mimi Nguyen, Julie Phipps, James Rebbe, Meg Sommerfeld, and Julia Vieweg.

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Endnotes

¹The National Institute on Drug Abuse funds the Monitoring the Future survey. This is a long-term study conducted annually in the U.S. The survey collects data on the behaviors, attitudes, and values, including substance use trends, of Americans from adolescence through adulthood.

²Florida, Palau, and the U.S. Virgin Islands did not respond to our survey. Our survey asked states about their substance use prevention requirements for the following grade bands (or individual grades within the bands): kindergarten–5th grade, 6th–8th grade, and 9th–12th grade.

³Substance use prevention education rates are per 100 students. Substance use prevention education estimates have 95 percent confidence intervals within +/- 4.4 percentage points.

⁴Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Focus on Prevention*, HHS Publication No. (SMA) 10-4120 (Rockville, Md.: revised 2020).

⁵Using evidence-based strategies to improve outcomes is a long-standing goal for federal programs. There is no single federal definition for what constitutes an evidence-based program. HHS officials said they do not identify what evidence-based programs are for a block grant they administer because the grant allows states flexibility in how funds are spent. Education officials told us that all programs authorized by the Elementary and Secondary Education Act must follow the definition in statute based on three tiers. The act defines these tiers as (1) strong evidence from at least one well-designed and well-implemented experimental study, (2) moderate evidence from at least one well-designed and well-implemented quasi-experimental study, or (3) promising evidence from at least one well-designed and well-implemented correlational study with statistical controls for selection bias. 20 U.S.C. § 7801(21).

⁶Depeng Jiang, Rob Santos, Wendy Josephson, Teresa Mayer, and Leanne Boyd, "A Comparison of Variable- and Person-Oriented Approaches in Evaluating a Universal Preventive Intervention," *Prevention Science*, vol. 19 (2018): 738–747, <https://doi.org/10.1007/s1121-018-0881-x>.

⁷The Youth Risk Behavior Surveillance System is a national survey of 9th to 12th graders conducted biennially by HHS's Centers for Disease Control and Prevention (CDC). Its primary purpose is to monitor health-risk behaviors among youth and young adults. Forty-five states, including California and New York, help collect Youth Risk Behavior Survey data, according to CDC officials.

⁸Project Cal-Well is funded through a SAMHSA Project AWARE (Advancing Wellness and Resiliency in Education) grant.

⁹Formula grants are noncompetitive awards based on a predetermined formula, typically established in statute, and are provided to eligible applicants, such as states, that meet specified criteria outlined by statute or regulation. Block grants, a type of formula grant, typically address a national purpose but give states or local grantees the flexibility to adapt funded activities to fit the state or local context. Discretionary grants are generally awarded on a competitive basis for specified projects that meet eligibility and program requirements.

¹⁰School districts receiving an allocation of \$30,000 or more must use at least 20 percent of their allocations to support student safety and health activities. See 20 U.S.C. § 7116(e)(2)(D).

¹¹U.S. Department of Education, Office of Planning, Evaluation and Policy Development, *Student Support and Academic Enrichment Grants: A First Look at Activities Supported Under Title IV, Part A* (Washington, D.C.: 2020). In October 2024, Education officials told us that a new study on the Student Support and Academic Enrichment Program would be published in winter 2024–2025. In April 2025, Education officials explained that the contract associated with this work was in the process of being terminated. The report was under review by officials from Education's Institute of Education Sciences. In July 2025, officials noted the department planned to publish the report in early fall 2025.

¹²The Stronger Connections Grant was established in 2022, and \$1 billion in funds are available through September 30, 2026. In addition, Education officials told us that the School Safety National Activities program can support substance use prevention in public schools.

¹³SAMHSA has two additional discretionary grants that can be used to support substance use prevention in public schools, according to officials. The Strategic Prevention Framework-Partnerships for Success Program grants provide funding to both states and communities. SAMHSA officials told us that this grant focuses on preventing substance use before it starts by supporting communities and states as they develop and implement evidence-based prevention strategies. In addition, the Sober Truth on Preventing Underage Drinking Act (STOP Act) program allows flexibility for grant recipients to support alcohol prevention efforts in public schools, according to officials.

¹⁴GAO, *Office of National Drug Control Policy: Experts' Views on Developing and Evaluating Media Campaigns Intended to Prevent Drug Misuse*, GAO-25-107845 (Washington, D.C.: July 30, 2025). This report presents information from a GAO forum on preventing drug misuse through national media campaigns. Experts said that to develop effective media campaigns, these campaigns need to consider the audience, content, and people delivering the message, and test those messages before launching the campaign. Experts also said that to evaluate whether campaigns are effective, these campaigns need to define the intended outcome, select qualified evaluators, and decide when and how to measure campaign effectiveness.

¹⁵Leah Robin, Zachary Timpe, Nicolas A. Suarez, Jingjing Li, Lisa Barrios, and Kathleen A. Ethier, "Local Education Agency Impact on School Environments to Reduce Health Risk Behaviors and Experiences Among High School Students," *Journal of Adolescent Health*, vol. 70, no. 2 (2022): 313–321.