



# PREVENTION MAKES CENTS

A Business Case for Increased Focus on  
Substance Misuse Prevention Efforts

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# ABOUT THIS DOCUMENT

## Background

Prevention Makes Cents was initially conceived during a February 2024 planning meeting of the Chicago Strategic Action Council - a collective impact initiative that works to address systemic barriers for pursuing prevention within the Chicago area. During that meeting, a number of collaborators recognized the need for a prevention “business case” while also recognizing the challenges that come with ONLY considering prevention from a business or “profit/loss” perspective. Prevention Makes Cents is the result of careful research, planning, and writing to ensure that the work of prevention is recognized outside of a purely profit/loss framework, while also highlighting the many net benefits this work brings to our communities.

## Contributors

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# EXECUTIVE SUMMARY

Prevention Makes Cents highlights the urgent need for increased investment in substance misuse prevention, emphasizing the economic and societal benefits of addressing Adverse Childhood Experiences (ACEs) alongside Substance Use Disorder (SUD). The prevalence of ACEs and SUD is substantial, significantly impacting public health, safety, and economic stability in Illinois. Each dollar invested in evidence-based prevention programs can save up to \$65 in future costs associated with substance misuse, as effective programs address risk factors for ACEs and SUD simultaneously (National Institute on Drug Abuse [NIDA], 2020a).

Substance misuse imposes heavy economic burdens through healthcare costs, workplace productivity losses, and criminal justice expenditures. In Illinois, these costs are considerable, with the opioid crisis alone consuming nearly 4% of the state's GDP in 2017. Additionally, ACEs contribute to increased risks of chronic illnesses, mental health disorders, and premature death—thereby costing the healthcare system billions annually.

Our policy recommendations prioritize investing targeted prevention programs to reduce the long-term impact of ACEs and SUD. Implementing these prevention measures will enhance public health, reduce substance misuse among youth, and contribute to safer communities. This strategy not only addresses the root causes of substance misuse, but also positions Illinois to save substantially on healthcare, legal, and social services expenditures.



# POLICY MEMO

## Overview

This memo outlines the critical need for Illinois to expand its focus on substance misuse prevention, with targeted interventions that also address ACEs. Research highlights that effective prevention programs yield significant cost savings, improve public health outcomes, and strengthen communities by reducing the risk factors associated with both ACEs and SUD.

## Background

In Illinois, high rates of substance misuse among youth and substantial costs associated with healthcare, legal interventions, and lost productivity underscore the urgency for prevention of ACEs. Abuse, neglect, and family dysfunction directly increase the risk of substance misuse, with further repercussions on mental health and socioeconomic outcomes. ACEs and SUD, when unaddressed, lead to sustained public costs and long-term negative impacts on individual lives and community stability.

## Recommendation

We recommend allocating additional resources to expand proven prevention programs, including Screening, Brief Intervention, and Referral to Treatment (SBIRT), which reduces healthcare usage and improves mental health. Prioritizing prevention enables the Illinois Department of Human Services to take a proactive approach in addressing ACEs and SUD, ultimately breaking the intergenerational cycle of trauma and addiction.

## Conclusion

Enhanced funding for prevention is a cost-effective, proactive step to reduce Illinois' societal and economic burdens associated with ACEs and substance misuse. Investing in these initiatives will safeguard the health of future generations, support high need populations, and promote long-term community resilience across the state.

# BACKGROUND

## What are Substance Use Disorder and Co-Occurring Mental Health Disorders?

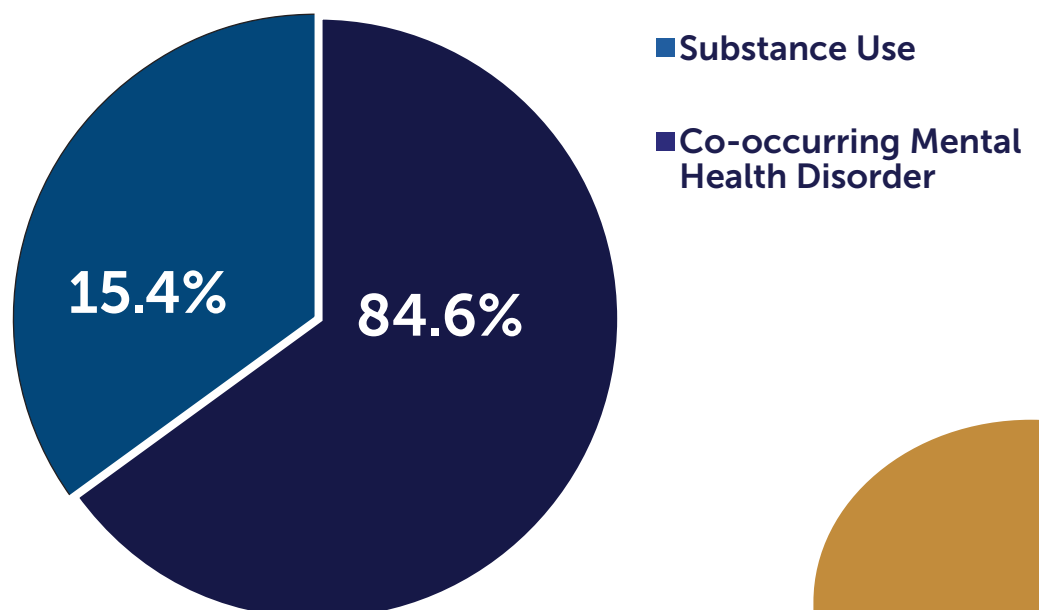
Substance Use Disorder (SUD) is a complex condition marked by the persistent use of alcohol, drugs, or other substances, even in the face of serious substance-related problems and adverse outcomes, affecting physical and mental well-being.

This disorder is identified by a collection of cognitive, behavioral, and physiological symptoms that show an individual's continued substance use despite significant issues (American Psychiatric Association, 2013).

SUD can lead to significant impairments in daily functioning and health, including the risk of overdose and chronic diseases, such as HIV and hepatitis C, heart infection, and skin infection (National Institute on Drug Abuse [NIDA], 2020b).

In the United States alone, 77 million people live with co-occurring substance use and mental health disorders. However, most of those who need treatment for these disorders do not receive it (Graph 1).

**Graph 1: Substance Use and Co-Occurring Mental Health Disorders**




## What are Adverse Childhood Experiences?

Adverse Childhood Experiences (ACEs) are events occurring during childhood (0-17 years) that may have potentially traumatic outcomes (CDC, 2024). ACEs are known to fall into three distinct but related categories: household, community, and environment. Repeated exposure to ACEs can disrupt brain development and increase the risk of long-term health and behavioral issues.

Household ACEs include, but are not limited to: physical, sexual, and/or emotional abuse; living with someone who has gone to prison or has a substance use or other mental health disorder; exposure to domestic violence; losing a loved one through divorce, abandonment, neglect, or death; and others (Manchester, 2024).

Community-level ACEs involve discrimination, lack of social capital, mobility, food scarcity, substandard schools and wages, poor housing quality, and affordability, among others. Environmental ACEs consist of record storms and heat levels, tornadoes and hurricanes, earthquakes, exposure to pandemics, to name a few (Pace Connection, 2023).

Some children experience multiple ACEs at once, and the more ACEs experienced by an individual child, the more likely they are to experience negative outcomes. Furthermore, epigenetic research shows that the trauma experienced with ACEs is passed down through generations (Wright and Schwartz, 2021).



**"ACEs are associated with a wide range of health problems that can persist throughout a person's lifespan, including an increased risk of substance misuse, serious emotional disturbances, and mental health disorders."**

(Strategic Prevention Technical Assistance Center)



## Are ACEs and Substance Use Related?

Approximately 61% of adults have experienced at least one adverse childhood event, while 16% have experienced four (4) or more ACEs (CDC, 2021a). A systematic review by Schäfer et al (2022) found that childhood trauma, particularly emotional abuse and neglect, was associated with an increased risk of developing substance use disorders, with a stronger association for cannabis and alcohol use disorders compared to other substances.

Childhood trauma significantly correlates with adolescent substance misuse, with over 83% of treated adolescents reporting trauma exposure, leading to higher rates of externalized symptoms, such as problematic substance use, which may “put adolescents at risk for recurrent trauma” (Darnell et al, 2020).

## What is Prevention?

During a 2024 meeting of Illinois Regional Substance Use Prevention Integration Centers (RSUPICs) grantees, the question was asked: How would you describe what prevention means to you? Here is what they said:

- “Creating awareness and knowledge and tools about issues to create a healthier future.”
- “Prevention means creating the conditions where all people have the best opportunity to live a healthy life.”
- “Creating awareness and knowledge and tools about issues to create a healthier future.”
- “Prevention means creating the conditions where all people have the best opportunity to live a healthy life.”
- “Taking steps to create awareness to avoid problems or negative outcomes before they occur.”
- “Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders.”

The grantees highlighted some pivotal aspects to prevention, leading us to learn that substance misuse prevention aims to delay the initial use of alcohol and other drugs and decrease substance misuse among people of all ages to promote healthy and thriving communities.

# UNDERSTANDING THE PROBLEM

## Substance Misuse and the Adolescent Brain

Substance misuse during adolescence can have severe consequences on brain development, as this period is marked by ongoing structural and functional changes, especially in regions responsible for decision-making and impulse control (Sawyer et al, 2018). Research indicates that early exposure to substances like alcohol and drugs can disrupt this developmental process, leading to long-term cognitive deficits and increased vulnerability to mental health disorders (Spear, 2018). These changes are associated with declines in academic performance, social difficulties, and mental health issues later in life (Johnston et al, 2022).

## Rates of Substance Use Among Illinois Youth

Funded by the Illinois Department of Human Services (IDHS), the Illinois Youth Survey (IYS) is a self-report survey administered in school settings and is designed to gather information about a variety of health and social indicators including substance use patterns and attitudes of Illinois youth.

The 2024 IYS data reveals significant patterns in youth substance use, reflecting both ongoing trends and emerging concerns. While alcohol use among adolescents continues to decline, other substances remain prevalent. In the past year, 18% of 8th graders, 26% of 10th graders, and 37% of 12th graders reported alcohol use. E-cigarette use also remains an issue, with 5% of 8th graders, 9% of 10th graders, and 12% of 12th graders having used an e-cigarette or vaping product in the last year. Marijuana use was reported by 3% of 8th graders, 9% of 10th graders, and 18% of 12th graders, highlighting the need for continued intervention.

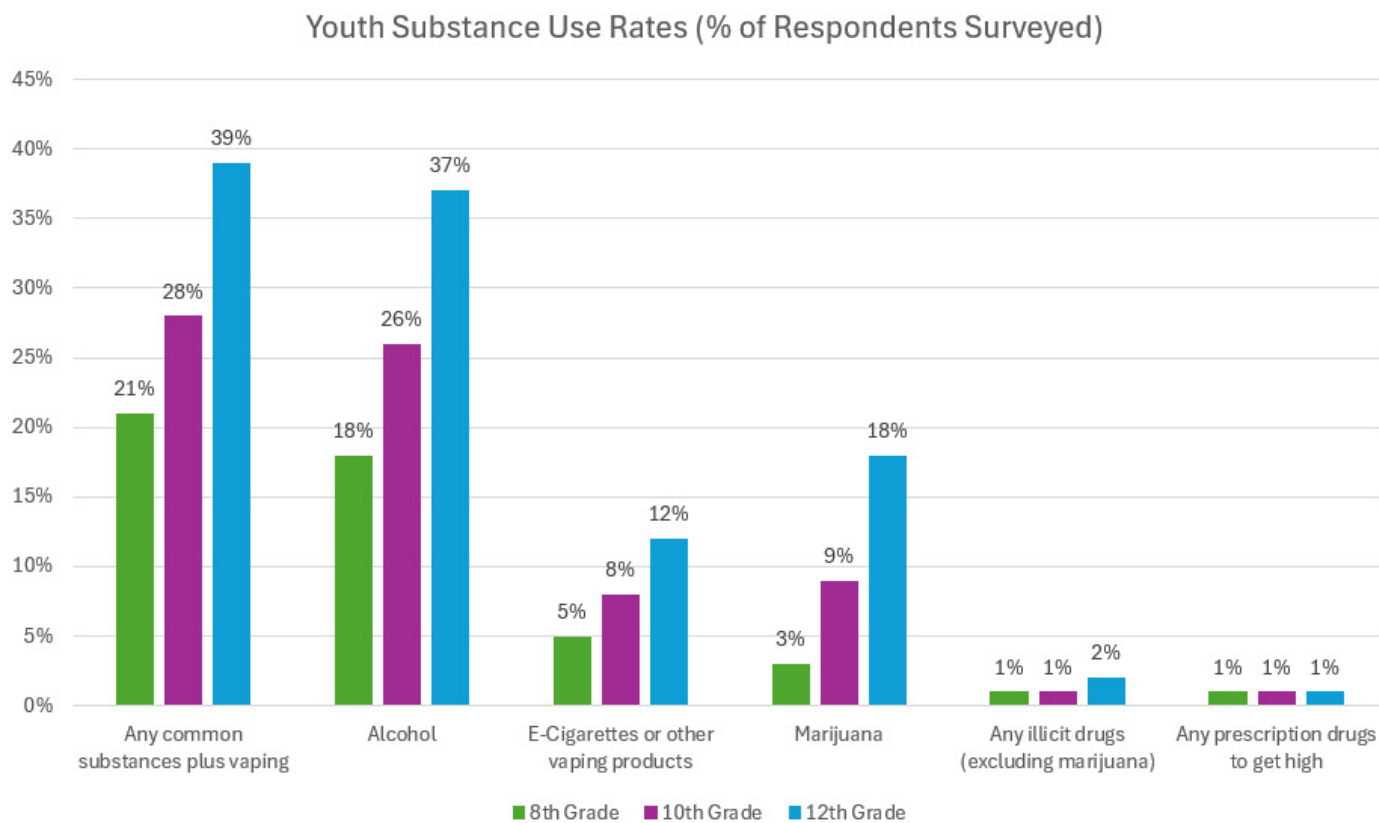
Even though some of these percentages may appear small, the real number of students they represent is alarming. Among students who reported using illicit substances (excluding marijuana) in the past year, 1% of 8th graders, 3% of 10th graders, and 6% of 12th graders admitted to use.

With approximately 150,000 students per grade level in Illinois, these statistics translate into 1,500 eighth graders, 4,500 tenth graders, and 9,000 twelfth graders engaging in illicit substance use.



This data underscores the importance of continued investment in prevention efforts, school-based education, and community interventions to mitigate substance use among Illinois youth.

**Graph 2: Substance Use as Percentage of Students, Illinois Youth Survey 2024**



During the past year in the Illinois, nearly 20,000 students ages 13-18 used an illicit substance (marijuana excluded). More than 7% of 12-17 year olds in the United States need treatment for a SUD. Only 3.5% receive such treatment, leaving thousands of children without the assistance, resources, support, and care they need (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023b).

## Illinois Adolescent Alcohol and Marijuana Trends

Adolescent substance use in Illinois mirrors national trends, highlighting a pressing need for intervention. According to the Youth Risk Behavior Survey (YRBS), 13% of Illinois high school students consumed alcohol before age 13, slightly below the national average of 15% (Centers for Disease Control and Prevention [CDC], 2024). Additionally, 22% of Illinois students currently drink alcohol, matching the national rate of 22.7%, with 11% engaging in binge drinking compared to the national average of 10.5%. Marijuana use also remains significant, with 27.5% of Illinois students reporting lifetime use, closely aligned with the national figure of 27.8%.

Current marijuana use stands at 15% in Illinois, comparable to the national average of 15.8%. These statistics underscore the urgent need for targeted prevention programs to address early substance use and promote healthier behaviors among adolescents. Regarding specific Adverse Childhood Experiences (ACEs), in 2024 the CDC the found the following:

- 34.4% reported experiencing emotional abuse
- 26.7% reported household substance misuse
- 24.6% reported parental separation
- 17.0% reported domestic violence
- 16.9% reported physical abuse
- 16.3% reported mental illness
- 11.0% reported sexual abuse
- 7.6% reported parental incarceration

These statistics paint a sobering picture of the challenges many individuals face in their formative years. With over a third of people reporting experiences of emotional abuse and significant portions affected by household substance misuse, parental separation, and other adverse experiences, it is clear trauma is a widespread reality.

## Rates of ACEs

Many people report experiencing ACEs. In fact, data from all 50 states and Washington, DC show that 64% of people experienced at least once adverse childhood experience, while 17% experienced four (4) or more ACEs (CDC, 2021b).

Furthermore, “ACEs were highest among women, persons aged 25-34 years, non-Hispanic American Indian or Alaska Native adults, non-Hispanic multiracial adults, adults with less than a high school education, and adults who were unemployed or unable to work” (Swedo et al, 2023).

Ports et al (2020) highlighted the intergenerational impact of ACEs, as children of parents with high ACE scores were more likely to experience ACEs themselves, perpetuating the cycle of trauma and increasing the risk of Substance Use Disorders (SUDs) across generations.

Using data from the 2017 Illinois Behavioral Risk Factor Surveillance System, Zounffa, Howland, and Siani (2023) found that in Illinois, 58.5% of adults reported experiencing one or more ACEs.



## Economic Impact of Substance Misuse and ACEs

Substance misuse and ACEs exact a heavy toll on society, far beyond their immediate personal effects. In 2017, studies of US hospitals found that costs for treating substance use disorders in emergency and inpatient settings surpassed \$13 billion. For instance, expenses for inhalant-related conditions were around \$4 million, while costs for alcohol-related disorders exceeded \$7.6 billion (Peterson et al, 2021).

The economic impact of ACEs adds another layer to this burden. Research estimates that ACEs cost around \$581 billion annually in Europe and \$748 billion in North America (Bellis et al, 2019). A report by the California Surgeon General indicates that ACEs cost the state \$112.5 billion annually (Bhushan et al, 2020). Preventive measures not only improve individual and community well-being but also reduce the long-term financial strain on healthcare, social services, and the economy.

Beyond direct healthcare and social costs, ACEs also have long-term economic effects by limiting educational attainment and workforce participation. Individuals who experience ACEs are more likely to struggle with academic achievement, leading to lower lifetime earnings and decreased economic mobility.

In addition to these direct healthcare expenses, substance misuse contributes to substantial indirect costs. Many individuals affected by substance misuse miss work due to hangovers, withdrawal, or the need to seek drugs, which leads to reduced productivity. When present, their performance may be impaired, forcing employers to incur extra expenses related to recruitment, training, and replacing staff. In fact, 38-50% of all workers' compensation claims are related to the use of drugs and alcohol in the workplace (Tennessee DLWD,

n.d.). Loss of productivity extends beyond the workplace, affecting overall economic output and placing additional strain on social support systems.

In the United States, the cost of childhood trauma alone is estimated at about \$428 billion per year, driven by increased healthcare needs, reduced productivity, and a greater strain on the criminal justice system. The prevalence of this issue is stark: over 90% of juvenile detainees and up to 95% of incarcerated adults have experienced trauma (Tripodi et al, 2020). Those who experience ACEs are also more likely to develop chronic health issues, with childhood trauma dramatically increasing the risk for seven out of 10 of the leading causes of death in the United States. Those with high exposure face triple the lifetime risk of heart disease and lung cancer, and a 20-year reduction in life expectancy (University of Montana, n.d.).

These figure, from billions in medical treatment and lost productivity to the deep economic impacts of ACEs, underscore the critical need for effective prevention and early intervention strategies. Addressing childhood trauma is not only a moral imperative but also a sound economic investment.

Addressing these issues can help alleviate the heavy financial and social burdens, ultimately leading to healthier, more resilient communities. By implementing comprehensive support systems, including educational programs and community based interventions, we can mitigate these negative effects.



## Actual Impacts of Expenses Related to Juvenile Delinquency and Crimes

The economic impact of juvenile delinquency and associated crimes is significant, encompassing direct costs such as law enforcement, legal proceedings, and incarceration, as well as indirect costs including lost productivity and long-term societal impacts. For instance, the Justice Policy Institute (2014) reported that the United States spends approximately \$8 billion annually on juvenile corrections alone.

Furthermore, juveniles who engage in criminal activities often face disrupted education and diminished employment prospects, perpetuating a cycle of economic disadvantage. Longitudinal studies have demonstrated that individuals with a history of juvenile delinquency are more likely to engage in adult criminal behavior, further burdening the criminal justice system and society (National Institute of Justice, 2017).

Investing in prevention programs can mitigate these costs by reducing the incidence of juvenile delinquency and its long-term repercussions, ultimately fostering safer communities and more productive citizens. These programs, ranging from early childhood education and family support services to mentorship initiatives and mental health interventions, play a crucial role in addressing risk factors before they escalate into criminal behavior. By providing high-need youth with positive role models, academic support, and access to mental health resources, we can help them develop essential life skills, emotional resilience, and a sense of belonging.



# WHAT CAN WE DO?

## 1. Increase Investment in Prevention of SUD and ACEs

Greater investment in prevention programs targeting SUD and ACEs can address the root causes of substance misuse. Evidence-based strategies, such as early intervention, trauma-informed care, and school-based prevention programs, not only reduce substance use among youth but also mitigate the long-term health and societal impacts of ACEs. Enhanced funding ensures comprehensive support, including mental health services, family education, and community outreach, creates healthier and more resilient populations.

## 2. Do Nothing: Maintain Status Quo

Choosing to maintain the current focus on prevention would likely perpetuate existing trends in substance misuse and the long-term consequences of ACEs. Without increased resources, the system will continue to face challenges in addressing the growing needs of vulnerable populations. This approach risks higher healthcare costs, diminished productivity, and enduring cycles of trauma and substance use, placing an unnecessary burden on individuals, families, and public systems. Maintaining the status quo also overlooks the opportunity to implement proven interventions that could transform outcomes for at-risk youth.



# PREVENTION DOES MAKE CENTS

This policy brief advocates for prioritizing substance use prevention, particularly addressing ACEs and SUD. It highlights the complex nature of SUD and the significant impact of ACEs on the development of substance use. The prevalence of ACEs is substantial, with many experiencing multiple traumatic events, leading to long-term negative outcomes including mental health issues and chronic diseases. The economic burden of ACEs and SUD is immense, with billions spent annually on healthcare, lost productivity, and criminal justice costs. Investing in prevention programs can result in significant cost savings and improve public health. Effective prevention requires addressing both ACEs and SUD simultaneously due to their interrelated nature.

Policy recommendations include increasing investment in prevention programs targeting both issues and developing comprehensive strategies that integrate efforts across healthcare, education, and community services. Prevention efforts are cost-effective, producing a return of up to \$65 per every dollar invested (National Institute on Drug Abuse [NIDA], 2020a). Further, prevention efforts can work to prevent both ACEs and substance misuse among youth.

## Conclusion

Conclusively, this policy brief makes a compelling argument for the increased focus on substance use prevention by addressing the root causes. By investing in prevention efforts, we can not only reduce the prevalence of substance misuse among youth, but also mitigate the long-term economic and social costs associated with these issues. The dual approach of targeting both ACEs and substance misuse can lead to healthier communities and substantial financial savings, making it a sound investment for policymakers and stakeholders.

## References

- American Addiction Centers. (2024). The effects of substance abuse in the workplace.
- American Psychiatric Association, DSM-5 Task Force (2013) Diagnostic and statistical manual of mental disorders: DSM-5™ (5th ed) American Psychiatric Publishing, Inc.
- Bellis, MA, Hughes K, Ford K, Rodriguez GR, Sethi D, & Jonathon Passmore (2019) Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: A systematic review and meta-analysis *The Lancet*, 4(10), E517-E528.
- Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812.
- Brook, R A, Kleinman, N L, & Beren, I A (2021) Disability and workers' compensation trends for employees with mental disorders and SUDs in the United States *The mental health clinician*, 11(5), 279–286.
- Carise, D (2021) How much does addiction cost employers – And how can employers help address and prevent substance abuse? Recovery Centers of America.
- Centers for Disease Control and Prevention (2024) About adverse childhood experiences Retrieved from Adverse Childhood Experiences (ACEs).
- Centers for Disease Control and Prevention (2021a) Adverse childhood experiences (ACEs): Preventing early trauma to improve adult health Retrieved from CDC Vital Signs.
- Centers for Disease Control and Prevention (2021b) We can prevent childhood adversity: The science of adverse childhood experiences (ACEs) shows we can improve people's lives and help them thrive Retrieved from CDC Violence Prevention, VetoViolence.
- Center for Prevention and Development. (2024). Illinois youth survey 2024 frequency report: Other Urbana/Suburban. University of Illinois, CPRD, School of Social Work, Champaign, IL.
- Darnell, D, Flaster, A, Hendricks, K, Kerbrat, A, & Katherine Anne Comtois (2019) Adolescent clinic populations and associations between trauma and behavioral and emotional problems *Psychol Trauma*, 11(3): 266-273. doi: 10.1037/tra0000371.
- Gilad, M, & Gutman, A (2019) The tragedy of wasted funds and broken dreams: An economic analysis of childhood exposure to crime and violence *University of Illinois Law Review*.
- Institute of Medicine (US) Committee on Prevention of Mental Disorders; Mrazek PJ, Haggerty RJ, editors *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. Washington (DC): National Academies Press (US); 1994. 2, *New Directions in Definitions*.
- Johnston, L D, Miech, R A, O'Malley, P M, Bachman, J G, Schulenberg, J E, & Patrick, M E (2022) Monitoring the Future national survey results on drug use 1975–2021: Institute for Social Research Ann Arbor: University of Michigan.
- "Kitsap County Department of Human Services. (2021).
- Manchester University, NHS Foundation Trust (2024) Adverse childhood experiences (ACEs) and attachment Retrieved from Child and Adolescent Mental Health Services (CAMHS).
- Mersky, J. P., Choi, C., Lee, C. P., & Janczewski, C. E. (2021). Disparities in adverse childhood experiences by race/ethnicity, gender, and economic status: Intersectional analysis of a nationally representative sample *Child Abuse & Neglect*, 117, 105066.
- Miller, T. and Hendrie, D. *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis*, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008.
- National Institute on Drug Abuse. (2020a) Preventing Drug Misuse and Addiction: The Best Strategy. Retrieved from <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/preventing-drug-misuse-addiction-best-strategy> on 2026, May 8
- National Institute on Drug Abuse (2020b) Drug Misuse and Addiction.
- National Safety Council (2024). Implications of drug use for employers.
- Peterson, C, Li, M, Xu, L, Mikosz, C A, & Luo, F (2021) Assessment of annual cost of substance use disorder in US hospitals *JAMA Network Open*, 4(3), e210242.
- Ports, K. A., Ford, D. C., Merrick, M. T., & Guinn, A. S. (2020). Chapter 2 - ACEs: Definitions, measurement, and prevalence. In G. J. G. Asmundson & T. O. Afifi (Eds.), *Adverse childhood experiences* (pp. 17–34). Academic Press.
- Pringle, JE (2018) Screening, Brief Intervention, and Referral to Treatment in the Emergency Department *Medical Care*, 56(2), 146-152.
- Ramirez M, Bedford R, Sullivan R, et al. (2013). Toxicology testing in fatally injured workers: Five years of Iowa FACE cases. *Int J Environ Res Public Health*, 10(11), 6154–6168.
- Reidhead M, & Billings S. (2019). The economic cost of the opioid crisis: A state-by-state comparison. Missouri Hospital Association.
- Sawyer, S M, Azzopardi, P S, Wickremarathne, D, & Patton, G C (2018) The age of adolescence *The Lancet Child & Adolescent Health*, 2(3), 223-228.
- Schäfer, S K, Kunzler, A M, Kalisch, R, Tüscher, O, & Lieb, K (2022) Trajectories of resilience and mental distress to global major disruptions *Trends in Cognitive Sciences*, 26(12), 1171-1189.
- Spear, L P (2018) The adolescent brain and age-related behavioral manifestations *Neuroscience & Biobehavioral Reviews*, 70, 182-190.
- Strategic Prevention TA Center (n.d.). ACEs and substance misuse prevention.
- Substance Abuse and Mental Health Services Administration (2023). Prevention of substance use and mental disorders.
- Substance Abuse and Mental Health Services Administration (2023b) Results from the 2021 National Survey on Drug Use and Health.
- Swedo EA, Aslam MV, Dahlberg LL, et al. (2023). Prevalence of adverse childhood experiences among US adults, 2011–2020. *MMWR Morb Mortal Wkly Rep*, 72, 707–715.
- Tennessee Department of Labor and Workforce Development. (n.d.). Drug-free workplace program: About the program.
- Tripodi, S., Curley, E., & Ross, S. (2020). Traumatic experiences before incarceration in county jail [PDF]. Florida State University Institute for Justice Research and Development.
- University of Montana Center for Children, Families & Workforce Development. (n.d.).
- Wright EM, & Schwartz JA. (2021). The influence of adverse childhood experiences on mental health in early adulthood: A gene × environment × sex interaction. *Child Abuse & Neglect*, 114.
- Zounffa HC, Howland J, & Saini S. (2023). Prevalence of adverse childhood experiences (ACEs) from the 2017 Illinois BRFSS using principal component analysis. Illinois Department of Public Health.

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