SURRY COUNTY OFFICE OF SUBSTANCE ABUSE RECOVERY

NSDUH Substate Data Comparative Analysis

Partners Behavioral Health Management Region

2016–2018 Baseline vs. 2021–2023 Current Period

Surry County, North Carolina

Prepared: May 2026
Source: SAMHSA National Survey on Drug Use and Health (NSDUH) | Tables 1–36

Introduction & Methodological Context

This report compares two National Survey on Drug Use and Health (NSDUH) substate data releases — the 2016–2018 period (published February 2021, analyzing Tables 1–32) and the 2021–2023 period (NSDUH_2206, analyzing Tables 1–36) — for the Partners Behavioral Health Management (BHM) catchment area, which includes Surry County and 14 surrounding North Carolina counties: Burke, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Union, and Yadkin.

NSDUH substate data uses a hierarchical Bayes small area estimation methodology drawing on three consecutive years of surveys. All figures represent annual average percentages with 95% confidence intervals. Because the Partners BHM region is large and geographically diverse, these estimates provide a statistical approximation applicable to Surry County but should be interpreted alongside local surveillance data, emergency department records, and community assessments.

The 2016–2018 data set contained 32 indicator tables; the 2021–2023 release expanded to 36 tables, adding co-occurring disorder indicators and opioid-specific measures. Where tables are directly comparable across periods, trend analysis is provided. Where indicators are new in 2021–2023, current-period context is offered. All comparisons are at the substate (Partners BHM) level with national and NC state benchmarks shown for context.

Summary Scorecard

8	5	12	3
Indicators Elevated Above National Average (2021–2023)	Indicators Worsened vs. 2016–2018 Baseline	Indicators Improved or Stable vs. Baseline	High-Priority Areas Requiring Targeted Intervention

Section 1 — Illicit Drug Use Indicators

Tables 1 & 6: Illicit Drug Use in the Past Month (Age 12+)

Annual Average % | Partners BHM Substate Region vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Overall Illicit Drug Use (Past Month)	~12.9%	10.97%	11.99%	15.95%
Illicit Drugs Excl. Marijuana (Past Month)	~3.5%	3.20%	2.96%	3.30%

Overall illicit drug use in the past month declined modestly in the Partners BHM region, from approximately 12.9% (2016–2018 estimate) to 10.97% in 2021–2023 — a positive trend. The region tracks below the national average (15.95%) and close to the NC state figure (11.99%). Illicit drug use other than marijuana remained virtually unchanged at approximately 3.20% versus the national 3.30%, suggesting that while marijuana use has eased, harder drug use patterns have not meaningfully changed.

▼ Improved vs. Baseline

Tables 2, 3, 4 & 5: Marijuana Use — Past Year, Past Month, Risk Perception & Initiation (Age 12+)

Annual Average % | Partners BHM Substate Region vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Marijuana Use, Past Year	~16%	13.61%	15.87%	20.93%
Marijuana Use, Past Month	~11%	9.43%	10.79%	14.54%
Perceived Great Risk (Once/Month)	~24%	20.30%	20.98%	20.85%
First Marijuana Use, Past Year (at-risk)	N/A	1.78%	2.00%	2.42%

Marijuana use remains the dominant illicit substance in the region but has declined notably. Past-year use was 13.61% in 2021–2023 versus an estimated ~16% in the 2016–2018 period. Past-month use stands at 9.43%, below both the national (14.54%) and NC (10.79%) rates. Perceived risk from monthly marijuana use declined from ~24% to 20.30%, now matching national and state averages. Marijuana initiation rates (1.78%) are also below NC (2.00%) and national (2.42%) levels, suggesting the region is not experiencing an outsized new-use pipeline.

▼ Below National & State Averages — Positive Trend

Tables 9, 13 & 14: Heroin, Prescription Pain Reliever & Opioid Misuse (Age 12+/18+)

Annual Average % | Partners BHM Substate Region vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Heroin Use, Past Year (18+)	~0.5%	0.43%	0.47%	0.36%
Rx Pain Reliever Misuse, Past Year	~3.5%	3.27%	3.14%	3.07%
Overall Opioid Misuse, Past Year	~3.7%	3.32%	3.32%	3.22%
Perceived Risk — Heroin Once/Twice	~83%	82.09%	82.17%	81.72%

Prescription pain reliever misuse (3.27%) and opioid misuse (3.32%) have persisted at above-state and above-national levels across both measurement periods. While heroin use appears to have slightly declined to 0.43%, the emergence of illicitly manufactured fentanyl (IMF) — not captured in NSDUH's heroin-specific questions — likely means opioid overdose risk is substantially underestimated by this data. The 2016–2018 report flagged this region as having elevated opioid risk, and that concern remains validated in 2021–2023. Sustained investment in medication-assisted treatment (MAT), naloxone distribution, and PDMP utilization is critical.

▲ Prescription Opioid Misuse Persistently Elevated — Priority Area

Table 12: Methamphetamine Use in the Past Year (Age 12+)

Annual Average % | Partners BHM Substate Region vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Methamphetamine Use, Past Year	~0.70%	0.84%	0.68%	0.94%

Methamphetamine use in the Partners BHM region (0.84%) exceeds the NC state figure (0.68%) and has increased from the 2016–2018 estimate (~0.70%). The 2016–2018 report identified methamphetamine as an area of concern for the Surry County region, and the 2021–2023 data confirms this concern is worsening relative to the state baseline. Rural western NC has been documented as a methamphetamine-affected region in state surveillance data, and this NSDUH finding is consistent with that pattern. The co-occurrence of methamphetamine and opioid use (polysubstance use) creates compounded treatment complexity requiring specialized programmatic responses.

▲ Elevated Above State Average & Trending Up — Emerging Concern

Tables 7, 8, 10 & 11: Cocaine, Hallucinogens & Risk Perceptions (Age 12+)

Annual Average % | Partners BHM Substate Region vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Cocaine Use, Past Year	N/A	1.54%	1.63%	1.78%
Perceived Risk — Cocaine Once/Month	~68%	67.06%	66.96%	65.73%
Hallucinogen Use, Past Year	N/A	1.64%	1.78%	2.94%

Cocaine use (1.54%) and hallucinogen use (1.64%) in the Partners BHM region fall below state and national benchmarks. These substances were not flagged as primary concerns in the 2016–2018 review and remain at relatively low levels in 2021–2023. However, the increasing presence of fentanyl-adulterated cocaine nationally means that local cocaine users face elevated overdose risk beyond what use rates alone would suggest. Risk perception for cocaine remains reasonably high (67.06%), which is a protective factor.

▼ Below or At National Benchmark — Monitor for Fentanyl Adulteration Risk

Drug Use Indicators — Full Comparison Table

Indicator	BHM 2016–18	BHM 2021–23	NC 2021–23	US 2021–23	Trend
Illicit Drug Use, Past Month (12+)	~12.9%	**10.97%**	11.99%	15.95%	**▼ Improved**
Marijuana Use, Past Year (12+)	~16.0%	**13.61%**	15.87%	20.93%	**▼ Improved**
Marijuana Use, Past Month (12+)	~11.0%	**9.43%**	10.79%	14.54%	**▼ Improved**
Illicit Drug Excl. MJ, Past Month (12+)	~3.5%	3.20%	2.96%	3.30%	↔ Stable
Cocaine Use, Past Year (12+)	N/A	**1.54%**	1.63%	1.78%	**Below Avg**
Heroin Use, Past Year (18+)	~0.5%	0.43%	0.47%	0.36%	↔ Watch
Methamphetamine, Past Year (12+)	~0.70%	**0.84%**	0.68%	0.94%	**▲ Elevated**
Hallucinogens, Past Year (12+)	N/A	**1.64%**	1.78%	2.94%	**Below Avg**
Rx Pain Reliever Misuse, Past Year (12+)	~3.5%	**3.27%**	3.14%	3.07%	**▲ Above Nat/State**
Opioid Misuse, Past Year (12+)	~3.7%	**3.32%**	3.32%	3.22%	**▲ Persistently Elev.**
First Marijuana Use (at-risk, 12+)	N/A	**1.78%**	2.00%	2.42%	**▼ Below Avg**
Perceived Risk — MJ Once/Month (12+)	~24%	20.30%	20.98%	20.85%	↔ Stable
Perceived Risk — Heroin Once/Twice (12+)	~83%	82.09%	82.17%	81.72%	↔ Stable High
Perceived Risk — Cocaine Once/Month (12+)	~68%	67.06%	66.96%	65.73%	↔ Stable

Section 2 — Alcohol Use Indicators

Tables 15, 16 & 17: Adult Alcohol Use, Binge Drinking & Risk Perception (Age 12+)

Annual Average % | Partners BHM Substate Region vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Alcohol Use, Past Month	~44%	44.51%	44.84%	47.87%
Binge Alcohol Use, Past Month	~20%	20.12%	20.29%	21.67%
Perceived Risk — 5+ Drinks 1–2x/Week	~46%	44.04%	45.64%	44.37%

Current alcohol use in the Partners BHM region (44.51%) remains below both national (47.87%) and NC (44.84%) figures — consistent with the 2016–2018 pattern in which the region showed relatively lower alcohol consumption, potentially reflecting religious and cultural factors common in rural Piedmont/Foothills communities. Binge drinking at 20.12% also tracks below the national rate (21.67%). Perceived risk from heavy drinking (44.04%) is essentially at the national benchmark, suggesting adequate risk awareness in the adult population.

▼ Below National & State — Positive Pattern

Tables 18, 19, 20 & 28: Youth Alcohol Use, Binge Drinking, Risk Perception & AUD (Age 12–20)

Annual Average % | Partners BHM Substate Region vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Youth Alcohol Use, Past Month (12-20)	~12%	11.35%	12.88%	15.14%
Youth Binge Drinking, Past Month (12-20)	~7%	6.54%	7.31%	8.48%
Youth Perceived Risk — 5+ Drinks 1-2x/Wk	N/A	40.88%	42.28%	41.06%
Youth Alcohol Use Disorder (12-20)	N/A	4.55%	4.79%	5.66%

Youth alcohol use (12–20) in the Partners BHM region is 11.35% — below national (15.14%) and state (12.88%) rates. Youth binge drinking at 6.54% also falls below national (8.48%) and state (7.31%) figures. Youth alcohol use disorder (4.55%) is similarly below state and national benchmarks. Despite these favorable comparisons, underage drinking remains a prevention priority given the well-documented long-term risks associated with early initiation, including increased likelihood of developing alcohol use disorder in adulthood.

▼ Below National & State Benchmarks — Positive but Continue Prevention

Indicator	BHM 2016–18	BHM 2021–23	NC 2021–23	US 2021–23	Trend
Alcohol Use, Past Month (12+)	~44%	**44.51%**	44.84%	47.87%	↔ Stable/Below Natl
Binge Alcohol, Past Month (12+)	~20%	**20.12%**	20.29%	21.67%	↔ Stable/Below Natl
Perceived Risk — 5+ Drinks (12+)	~46%	44.04%	45.64%	44.37%	↔ Stable
Youth Alcohol Use (12–20)	~12%	**11.35%**	12.88%	15.14%	**▼ Below Benchmarks**
Youth Binge Drinking (12–20)	~7%	**6.54%**	7.31%	8.48%	**▼ Below Benchmarks**
Alcohol Use Disorder (12+)	~10%	**9.29%**	9.75%	10.43%	**▼ Below National**
Youth Alcohol Use Disorder (12–20)	N/A	**4.55%**	4.79%	5.66%	**Below National**

Section 3 — Tobacco Use Indicators

Tables 21, 22 & 23: Adult Tobacco & Cigarette Use (Age 12+) — PRIORITY CONCERN

Annual Average % | Partners BHM Substate Region vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Tobacco Product Use, Past Month	~24%	21.81%	20.70%	18.58%
Cigarette Use, Past Month	~21%	17.14%	16.44%	14.73%
Perceived Risk — 1+ Packs/Day	~65%	62.18%	66.10%	68.48%

This is a significant and persistent concern area. Tobacco product use in the Partners BHM region (21.81%) notably exceeds both the national average (18.58%) and NC state (20.70%). Cigarette use specifically (17.14%) exceeds both the national (14.73%) and state (16.44%) rates. Critically, perceived risk from heavy smoking (62.18%) is lower than both state (66.10%) and national (68.48%) averages — indicating inadequate risk awareness that may be sustaining high use rates. The 2016–2018 period similarly showed elevated tobacco use (~24% tobacco, ~21% cigarettes), and while absolute rates have declined, the region's gap above national benchmarks persists and represents an important driver of preventable chronic disease morbidity and mortality in Surry County.

▲ Persistently Elevated Above National Benchmark — Highest-Priority Modifiable Risk

Tables 24 & 25: Youth Tobacco & Cigarette Use (Age 12–20)

Annual Average % | Partners BHM Substate Region vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Youth Tobacco Use, Past Month (12-20)	~5%	4.32%	4.61%	5.17%
Youth Cigarette Use, Past Month (12-20)	~3%	2.60%	2.85%	3.33%

Youth tobacco use in the Partners BHM region (4.32%) is below the national (5.17%) and NC (4.61%) rates — a more positive picture than adult tobacco. Youth cigarette use at 2.60% is also below both national (3.33%) and NC (2.85%) figures. This suggests that while adult tobacco use is persistently elevated, youth are not initiating at comparably high rates. However, nicotine vaping (excluded from these NSDUH tobacco measures) remains a significant unmeasured risk in this age group, and current favorable youth tobacco metrics should not create false reassurance given the national youth vaping epidemic.

▼ Below National Benchmarks — Watch for Nicotine Vaping Gap

Indicator	BHM 2016–18	BHM 2021–23	NC 2021–23	US 2021–23	Trend
Tobacco Use, Past Month (12+)	~24%	**21.81%**	20.70%	18.58%	**▲ Above Natl & State**
Cigarette Use, Past Month (12+)	~21%	**17.14%**	16.44%	14.73%	**▲ Above Natl & State**
Perceived Risk — 1+ Pack/Day (12+)	~65%	**62.18%**	66.10%	68.48%	**▼ Low Risk Perception**
Youth Tobacco Use, Past Month (12–20)	~5%	**4.32%**	4.61%	5.17%	**Below Benchmarks**
Youth Cigarette Use, Past Month (12–20)	~3%	**2.60%**	2.85%	3.33%	**Below Benchmarks**

Section 4 — Substance Use Disorder Indicators

Tables 26, 27 & 29: Overall SUD, Alcohol Use Disorder & Drug Use Disorder (Age 12+)

Annual Average % | Partners BHM Substate Region vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Total Substance Use Disorder	~17%	14.04%	15.10%	17.03%
Alcohol Use Disorder	~10%	9.29%	9.75%	10.43%
Drug Use Disorder	~8%	6.69%	7.55%	9.33%

Overall SUD in the Partners BHM region (14.04%) is below the national (17.03%) and NC (15.10%) rates. This partly reflects lower marijuana and alcohol SUD rates relative to national averages. Alcohol use disorder (9.29%) and drug use disorder (6.69%) are similarly below both state and national benchmarks. While this appears positive, it must be contextualized: the region's high rates of opioid misuse and tobacco use, combined with limited treatment access in rural areas, may mean that disorder rates do not fully capture the burden of harmful use. Continued monitoring of these SUD rates alongside treatment utilization data is recommended.

▼ Below National Benchmarks — Continue Monitoring with Local Data

Tables 30 & 31: Pain Reliever Use Disorder & Opioid Use Disorder (Age 12+)

Annual Average % | Partners BHM Substate Region vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Pain Reliever Use Disorder, Past Year	~2.0%	1.94%	2.01%	1.89%
Opioid Use Disorder, Past Year	~2.3%	2.02%	2.21%	2.06%

The 2016–2018 report flagged the Partners BHM region as having elevated risk for opioid use disorder. In 2021–2023, opioid use disorder (OUD) stands at 2.02% — slightly below NC (2.21%) but near the national figure (2.06%). Pain reliever use disorder (1.94%) is near-national (1.89%) but slightly elevated versus the prior period estimate. Combined with the elevated prescription pain reliever misuse rates documented in Section 1, these figures confirm that opioids remain a primary, sustained concern for the Surry County region. This data does not capture fentanyl-related OUD, which likely understates actual OUD prevalence in the community.

▲ OUD Near/Above National — High Priority with Fentanyl Context

Indicator	BHM 2016–18	BHM 2021–23	NC 2021–23	US 2021–23	Trend
Substance Use Disorder (12+)	~17%	**14.04%**	15.10%	17.03%	**▼ Below National**
Alcohol Use Disorder (12+)	~10%	**9.29%**	9.75%	10.43%	**▼ Below National**
Drug Use Disorder (12+)	~8%	**6.69%**	7.55%	9.33%	**▼ Below National**
Pain Reliever Use Disorder (12+)	~2.0%	**1.94%**	2.01%	1.89%	↔ Near National
Opioid Use Disorder (12+)	~2.3%	**2.02%**	2.21%	2.06%	↔ Near National / Watch

Section 5 — Mental Health Indicators

Tables 28/32 & 33: Any Mental Illness & Serious Mental Illness (Age 18+) — Notable Improvement

Annual Average % | Partners BHM vs. Benchmarks — Critical Period-Over-Period Change

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Any Mental Illness (AMI), Past Year	22.12%	21.77%	21.72%	22.98%
Serious Mental Illness (SMI), Past Year	6.76%	4.86%	5.32%	5.80%

This finding represents the most striking comparison across the two periods. In 2016–2018, the Partners BHM region showed elevated AMI (22.12%) and SMI (6.76%) rates — both flagged as significant risk factors above state and national levels in the original report. By 2021–2023, AMI stands at 21.77% (now below the national figure of 22.98%), while SMI has dropped substantially to 4.86% — now below both NC (5.32%) and national (5.80%). This improvement in SMI may reflect expanded behavioral health access through the Partners BHM LME/MCO, improved service integration, and greater mental health awareness in the region. National increases in AMI during the COVID-19 era make the region's relative improvement even more notable.

▼ SMI Significantly Improved — Now Below State & National — Notable Achievement

Table 32/36: Major Depressive Episode in the Past Year (Age 18+) — Dramatic Improvement

Annual Average % | Partners BHM vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Major Depressive Episode (MDE)	8.89%	7.85%	8.58%	8.59%

Major depressive episode showed the most dramatic positive change across the two periods. In 2016–2018, the Partners BHM region's MDE rate was 8.89% — elevated above NC (7.92%) and the US (7.17%), and flagged in the original review. By 2021–2023, the region's MDE rate has declined to 7.85%, now below both NC (8.58%) and the national figure (8.59%), which actually increased during the COVID-19 era. This reversal — from one of the highest-risk substate indicators to now performing better than both state and national benchmarks — represents a significant regional achievement in behavioral health outcomes. Identification of which specific programs drove this improvement is strongly recommended to protect and sustain these gains.

▼ Major Improvement — Now Below Both NC & National — Document & Protect

Tables 34 & 35: Co-occurring SUD & Mental Illness (Age 18+) — New 2021–2023 Indicators

Annual Average % | Partners BHM vs. Benchmarks

Indicator	BHM 2016-18	BHM 2021-23	NC 2021-23	US 2021-23
Co-occurring SUD + Any Mental Illness	N/A	6.94%	7.53%	8.03%
Co-occurring SUD + Serious Mental Illness	N/A	2.33%	2.52%	2.71%

These indicators were newly added in the 2021–2023 data set and have no prior-period comparison. Co-occurring SUD and Any Mental Illness in the Partners BHM region (6.94%) is below NC (7.53%) and national (8.03%) rates. Co-occurring SUD and Serious Mental Illness (2.33%) is also below NC (2.52%) and national (2.71%) figures. While these rates are below benchmarks, they represent a substantial population in absolute terms requiring integrated, dual-diagnosis treatment approaches. The region's improvement in mental health outcomes may partly reflect investments in integrated SUD/MH service models, and continued prioritization of co-occurring disorder capacity will be essential.

▼ Below Benchmarks — Integrated Dual-Diagnosis Care Required

Mental Health Indicator	BHM 2016–18	BHM 2021–23	NC 2021–23	US 2021–23	Trend
Any Mental Illness, Past Year (18+)	**22.12%**	**21.77%**	21.72%	22.98%	↔ Slight Improvement
Serious Mental Illness, Past Year (18+)	**6.76%**	**4.86%**	5.32%	5.80%	**▼ Significant Improvmnt**
Major Depressive Episode, Past Year (18+)	**8.89%**	**7.85%**	8.58%	8.59%	**▼ Now Below NC & US**
Co-occurring SUD & AMI (18+)	N/A	**6.94%**	7.53%	8.03%	**Below Benchmarks**
Co-occurring SUD & SMI (18+)	N/A	**2.33%**	2.52%	2.71%	**Below Benchmarks**

Section 6 — Key Observations for Surry County

⚠ **Observation 1: Tobacco Use Remains a Persistent, Elevated Burden**

Tobacco product use (21.81%) and cigarette use (17.14%) in the Partners BHM region consistently exceed national and state benchmarks across both data periods. Critically, perceived risk from heavy smoking (62.18%) is lower than both state (66.10%) and national (68.48%) averages, suggesting inadequate risk awareness. Tobacco-related disease is the leading preventable cause of death in North Carolina, and Surry County's persistent elevation amplifies chronic disease burden. Comprehensive tobacco cessation programming is among the highest-priority interventions for the region.

⚠ **Observation 2: Prescription Opioid Misuse and Opioid Use Disorder Remain Priority Concerns**

Prescription pain reliever misuse (3.27%) and opioid misuse (3.32%) have persisted at above-state and above-national levels across both measurement periods. While heroin use appears to have slightly declined, the emergence of illicitly manufactured fentanyl (IMF) — not captured in NSDUH's heroin-specific questions — likely means the opioid overdose risk in the region is substantially underestimated by this data. Sustained investment in medication-assisted treatment (MAT), naloxone distribution, and prescription drug monitoring program (PDMP) utilization is critical.

⚠ **Observation 3: Methamphetamine Use Elevated Above State Baseline & Trending Upward**

Methamphetamine use (0.84%) exceeds the NC state figure (0.68%) and has increased from the 2016–2018 period (~0.70%). Rural western NC has been documented as a methamphetamine-affected region in state surveillance data, and this NSDUH finding is consistent with that pattern. The co-occurrence of methamphetamine and opioid use creates compounded treatment complexity. Programs addressing stimulant use disorder, which lacks FDA-approved medications, require expanded behavioral treatment capacity.

✓ **Observation 4: Mental Health Outcomes Show Notable, Measurable Improvement**

The most striking positive finding in this comparison is the significant reduction in Serious Mental Illness (from 6.76% to 4.86%) and Major Depressive Episode (from 8.89% to 7.85%), with the region now performing better than state and national averages on MDE — a reversal from the 2016–2018 findings that flagged these as elevated risks. This likely reflects expanded access to behavioral health services through Partners BHM and represents an area of genuine, measurable progress. These gains must be protected and sustained through continued investment in community mental health infrastructure.

✓ **Observation 5: Youth Substance Use Metrics Are Favorable Across All Categories**

Across alcohol, tobacco, and illicit drug use measures for youth ages 12–20, the Partners BHM region tracks at or below state and national benchmarks. Youth binge drinking (6.54%), youth tobacco use (4.32%), and youth alcohol use (11.35%) are all below national rates. This represents a strength that should be credited to prevention programming and community protective factors. However, nicotine vaping — excluded from these tobacco measures — represents a significant blind spot and likely gap in this positive picture for youth.

ℹ **Observation 6: Fentanyl and Synthetic Opioids Create a Critical Measurement Gap**

NSDUH does not specifically capture illicitly manufactured fentanyl (IMF) use. Given that NC overdose death data shows fentanyl as the primary driver of opioid overdose fatalities, the region's opioid risk

profile as captured by NSDUH substantially understates the true harm being experienced in Surry County. Local emergency department data, overdose surveillance reports, and naloxone deployment data must be used to supplement these NSDUH findings for a complete picture of opioid risk.

Observation 7: Co-occurring Disorder Rates Require Integrated Service Models

Newly captured in the 2021–2023 data, approximately 6.94% of adults 18+ in the region have both a substance use disorder and any mental illness. This population requires integrated, dual-diagnosis treatment that addresses both conditions simultaneously. The region's improvement in mental health outcomes may partly reflect investments in such integrated models. Continued prioritization of co-occurring disorder treatment capacity — and tracking of these new NSDUH indicators in future releases — will be essential.

Section 7 — Strategic Recommendations

The following evidence-based recommendations are offered for the Surry County Office of Substance Abuse Recovery, informed by the comparative NSDUH data analysis above.

Priority 1: Strengthen Opioid Crisis Response with Fentanyl-Era Adaptation

Expand naloxone distribution to include fentanyl test strips and high-dose formulations. Maintain and grow medication-assisted treatment (buprenorphine, methadone) access points across the county. Advocate for sustained PDMP use and prescriber education in primary care settings. Partner with emergency departments to capture real-time overdose data that supplements NSDUH estimates. Consider mobile harm reduction services for rural areas of Surry County with limited clinic access. Ensure that opioid response programming explicitly addresses fentanyl and polysubstance use patterns.

Priority 2: Launch or Intensify Comprehensive Tobacco Cessation Programming

The persistently elevated tobacco use (21.81% vs. 18.58% national) represents a significant, modifiable health burden. Implement evidence-based tobacco cessation interventions in healthcare settings, workplaces, and community venues. Target risk perception messaging — the region's lower perceived risk from heavy smoking (62.18%) is a key behavioral barrier that cessation campaigns should address. Coordinate with the NC Quitline resources and explore Medicaid incentive programs for tobacco cessation given the region's population. Consider integration of tobacco cessation into SUD treatment programs, as tobacco use is highly co-occurring with other substance use disorders.

Priority 3: Develop Methamphetamine-Specific Treatment Capacity

With methamphetamine use elevated above the state baseline and trending upward from the 2016–2018 period, the region must invest in behavioral treatment capacity specifically for stimulant use disorder. Contingency management — the most evidence-supported approach for stimulant use disorder — should be explored within existing treatment infrastructure. Train the behavioral health workforce on polysubstance use patterns given the increasing co-occurrence of methamphetamine and opioid use in rural communities. Pursue state and federal funding specifically earmarked for stimulant use disorder programs.

Priority 4: Protect and Sustain the Mental Health Gains

The dramatic improvement in Serious Mental Illness (6.76% → 4.86%) and Major Depressive Episode (8.89% → 7.85%) rates represents a significant regional achievement. Conduct a program review to identify which specific interventions, service expansions, or workforce investments drove this improvement, and document these findings for replication and advocacy purposes. Advocate to maintain the Partners BHM LME/MCO infrastructure that has supported these outcomes. Continue investment in integrated SUD/mental health treatment for the estimated 6.94% of adults with co-occurring disorders.

Priority 5: Address the Nicotine Vaping Data Gap for Youth

NSDUH tobacco measures exclude nicotine vaping, creating a significant blind spot for youth risk assessment given the national youth vaping epidemic. Supplement this data with the NC Youth Risk Behavior Survey (YRBS), local school district data, emergency department records, and community needs assessments that capture e-cigarette and vaping use among adolescents in Surry County. Current favorable youth tobacco metrics should not create false reassurance. Include youth nicotine vaping prevention in school-based programming regardless of NSDUH data limitations.

Priority 6: Maintain and Document Prevention Programming Supporting Favorable Youth Metrics

Youth alcohol, tobacco, and illicit drug use metrics are generally below state and national benchmarks — an important success across the region. Identify and formally document which prevention programs, school-based initiatives, community protective factors, or policy environments are contributing to this sustained positive outcome. Ensure these programs are adequately funded and not vulnerable to budget reductions. Consider expanding successful models and sharing best practices with neighboring counties and through the Partners BHM regional network.

Methodological Notes & Data Limitations

Important Methodological Considerations

1. Baseline Approximations: All 2016–2018 figures referenced for Partners BHM represent estimates reported in the February 2021 Surry County review document. Some 2016–2018 baseline figures are approximate as individual table-level data were presented as 95% CI upper bounds in the original summary rather than point estimates for all indicators. Trend assessments in this report are directional and should be confirmed with formal statistical testing.

2. Regional vs. Local: The Partners BHM catchment area includes 15 counties (Surry County and 14 surrounding North Carolina counties: Burke, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, and Yadkin). Local Surry County estimates may deviate from the substate average. These data should be supplemented with Surry County-specific surveillance data.

3. Fentanyl Undercount: NSDUH does not specifically capture illicitly manufactured fentanyl (IMF) use. Heroin-specific and opioid misuse questions do not capture IMF exposure, meaning opioid risk in this region is likely substantially underestimated by these data.

4. Nicotine Vaping Exclusion: NSDUH tobacco product estimates do not include nicotine vaping/e-cigarettes. Youth tobacco metrics may present an overly favorable picture given the high national prevalence of youth vaping.

5. Methodological Updates: Direct statistical comparison of point estimates across periods should be interpreted cautiously due to methodological updates between survey releases and changes in questionnaire design.

Data Sources: SAMHSA, Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2016, 2017, 2018 (Substate Release, February 2021) and 2021, 2022, 2023 (NSDUH_2206 Substate Release). Partners Behavioral Health Management Catchment Area, North Carolina.