

TAKE ACTION IN YOUR COMMUNITY



AWARENESS CAMPAIGNS ON UNDERAGE DRINKING. SUICIDE PREVENTION. MENTAL HEALTH.

POWERFUL PREVENTION MESSAGES FROM SAMHSA, in collaboration with the Ad Council, are raising awareness and expanding community outreach on three critical public health issues.

The national multimedia campaigns include “Talk Early. Talk Often. Get Others Involved.” on underage drinking; “Get Through Tough Times” on suicide prevention among youth age 13 to 17; and “Stories That Heal” on mental health issues among African Americans. The goal of each campaign is to help start conversations among parents and children, young people and their peers, and communities nationwide.

“By launching these media campaigns, our Agency is focusing on helping families, colleagues, friends, and individuals learn ways to talk about these issues and figure out ways to make a difference in someone’s life,” said SAMHSA Administrator Pamela S. Hyde, J.D.

A private, nonprofit organization, the Ad Council marshals talent from the advertising industry and business community to produce public service campaigns on behalf of Government agencies and nonprofit organizations. Each campaign includes print, television, and radio public service announcements (PSAs) as well as interactive and resource-rich Web sites with useful tools. Using research conducted with the various target audiences, SAMHSA and the Ad Council determined specific messages that would resonate most effectively and spur people to action. ▽

See pages 4 through 9 for specifics about each campaign.

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View

From the Administrator

What's in a Term? Considering Language in Our Field

Do you ever think about what you say when someone asks you to describe SAMHSA's work or to describe our field?

Do you ever use the words mental health, addictions, substance abuse, prevention, behavioral health, or substance use disorders? Were you ever asked to explain why you use the words you use to describe our field or SAMHSA's work?

Since arriving at SAMHSA, I have been asked to explain or stop using certain words. Obviously, people are listening closely to find out SAMHSA's priorities and how I will lead.

Below you'll see some of the terms I've heard about so far. Do they sound familiar to you?

WHAT WE AGREE ON

One thing everyone agrees on, including me, is that nearly every term we use is problematic. We need to find a way to talk about prevention, health, disorders, disease, addiction, illness, and recovery so that we can address the issues and not argue about what we mean. We definitely need to use "people first" language regardless of how we describe people with symptoms, illnesses, addictions, or diseases and how we label their status.

NO FAVORITES

To clear the air, I have no favorite term or terms. At times in my professional life, I led the charge on "people first" language, and I worked with other advocates to

change the words "patient" and "client" to "consumer" when that seemed cutting edge. I stood with individuals who wanted to be called addicts and with persons who just wanted to be called Joe or Jane. I worked with others to embrace the journey of recovery and the many individualized pathways that journey takes. I argued against the notion that simple behavior change could solve all this; that our field is the only place in which behavior out of the norm is what leads to treatment and services more than an individual's need. I also called people on their inappropriate use of language such as referring to a policy as "schizophrenic" or a person as a "lush." And I will continue to do so.

WHAT REALLY MATTERS

I know language matters. However, what really matters is that we not get

Terms I've Heard about So Far

On Mental Health

The term "mental health" leaves out mental illness, and we really need to focus on the latter.

"Mental illness" leaves out emotional well being and the growing science of prevention.

"Mental health" leaves out substance abuse and/or addictions while "behavioral health" misconstrues the disease nature of mental illness and addictions.

On Behavioral Health

"Behavioral health" implies a chosen behavior, easily stopped if a person just had enough willpower.

"Behavioral health" focuses too much on symptomological behaviors that people cannot control.

"Behavioral health" is a term that encompasses both substance abuse/addiction and mental illness/health.

“It is what we have in common, not what we may disagree on, that makes us strong as a field.”

—Pamela S. Hyde, J.D.

distracted, not fight among ourselves, and not make assumptions about motives or beliefs based on the current language we use. We need to engage in the discussion, but not write one another off when we do not agree. We need to ensure we are respectful of all people, whether they are pro-12 step, anti-psychiatry, service providers, or service recipients. It is what we have in common, not what we may disagree on, that makes us strong as a field.

Let’s have a discussion about terms we use. Let’s try to agree on terms we could use and terms we should absolutely not let anyone get away with using about our field or the people we serve on their road to recovery.

We need to communicate well together and with others, so we need to understand together “what’s in a term.”

—Pamela S. Hyde, J.D.

Let’s talk . . . Send your comments

Let’s have a discussion about the terms we use. Let’s try to agree on terms we could use and terms we should absolutely not use.

Your comments and suggestions are critical as we move this conversation forward. In addition, how can we engage others about this without being disrespectful or making assumptions about bad intentions?

Send comments to dialogue@samhsa.hhs.gov. We will provide some feedback about what you think in a future edition of *SAMHSA News*. By communicating well together and with others, we will understand together “what’s in a term.”



On Substance Use

“Substance use disorders” is too strong and does not recognize that a person can be abusing substances long before he/she can be characterized as having a disorder.

“Substance abuse” is too soft and does not recognize the nature of substance use disorders or the importance of prevention.

The medical model of “disease” is not consistent with the experience of people who believe they are simply unique individuals labeled for not conforming to this world’s expectations.

On Recovery

“Recovery” is a term for substance abuse or addictions but is not well defined for mental illnesses.

“Recovery” means abstinence (including prescription medications).

“Recovery” is a journey. Some can be on a path to recovery or in recovery while using substances, taking medications, or experiencing symptoms of mental illness such as hallucinations, flat affect, or flight of ideas.

On Individuals

The term “consumer” is demeaning or does not work for the addictions world.

“Client” suggests a power/subordinate relationship.

“Patient” is too medical.

“Survivor” is real and yet too political, as if the system and treatment are dangerous in their own right.

TAKE ACTION

Helping Teens Through Tough Times

How do you build a national campaign to help address attempted suicides and suicidal ideation among teens? Getting the message right is the first step.

Accepting the challenge, SAMHSA, the Ad Council, and the Inspire USA Foundation went right to the source—teens age 13 to 17 in Chicago, Los Angeles, and Atlanta.

“Suicide is a preventable tragedy,” said SAMHSA Administrator Pamela S. Hyde, J.D. “That is why we have made it a top Agency priority to reduce the risk and increase the protective factors. This new public service advertising campaign is a critical step in raising awareness among young people that there are places where they can turn for help.”

In one-on-one interviews, teens revealed what they looked for when seeking help and support for personal difficulties. Ethnicities included Hispanic, African American, and Caucasian. Urban and suburban teens of both genders participated.

Overall, these young people expressed an interest and a willingness to:

- Engage with peers in an anonymous online space.
- Hear real stories and hopeful messages from real teens who made it through tough times.
- Learn ways to cope with tough times.

While causes of suicide vary, these tragic occurrences are preventable. Many teens face tough challenges, ranging from family conflict or relationship problems to mental health problems such as self-harm and depression. All these problems and more can escalate to situations where teens consider ending their own lives. With support and reliable resources, however, troubled teens can be empowered to start the process of coping with what’s going on in their lives.

“By listening to teens directly, we discovered an opportunity to use online and digital media to help teens cope with

personal and mental health issues,” said SAMHSA’s Mark Weber, Task Lead for the Agency’s Suicide Prevention Work Group and Associate Administrator for Communications. “Our key message to teens is ‘Relief is closer than you think.’ ”

POSITIVE OUTCOME

The desired outcome of the campaign? To convince teens they are not alone—especially teens who are stressed, depressed, or who may have considered suicide. This is achieved by sharing

Tools for Teens: Why ReachOut.com?

“Walk into any American high school classroom and the odds are that two of the young people before you will have attempted suicide over the past 12 months,” said Jack Heath, president of the Inspire USA Foundation. “Through our collaboration with SAMHSA and the Ad Council, the We Can Help Us campaign can bring a message of hope to literally millions of young Americans having a tough time.”

ReachOut.com integrates youth-generated, expert-reviewed information and real-life stories with opportunities to connect with others in a supportive, safe environment.

Tab by Tab . . .

Each tab—The Facts, Real Stories, We Can Help Us, Your Voice, and Get Help—offers new information for a teen to consider:

The Facts section contains dozens of information sheets on a variety of issues that teens might face, including anxiety or depression, drugs and alcohol, good health, friendships, and self-harm or suicide.

Real Stories are just that—first-person accounts from teens who have dealt with tough times and come through successfully.

We Can Help Us presents artistic videos and audio clips of teens telling their stories. Visitors are invited to add themselves to the “wall” by creating a “brick” containing their name and chosen artwork.

Your Voice offers teens the opportunity to get involved with **ReachOut.com**, either by reading and commenting on the blog, submitting their own story of struggle and triumph, or even becoming a contributing editor.

Get Help explains different ways teens can find help for themselves or a friend, such as calling a helpline or finding supportive people in their communities.

Each page on <http://us.reachout.com> includes a prominent call-out to SAMHSA’s National Suicide Prevention Lifeline at 1-800-273-TALK (8255), a resource for individuals who are in crisis and need immediate help and support.

To extend the reach of the PSA campaign to teens nationwide, the Ad Council and SAMHSA will be collaborating with Students Against Destructive Decisions (SADD), National Organizations for Youth Safety (NOYS), and a number of other youth and mental health organizations.

The campaign will also be promoted on social media channels including Facebook (<http://www.facebook.com/samhsa>, <http://www.facebook.com/ReachOutUSA>, <http://www.facebook.com/AdCouncil>) and Twitter (<http://www.twitter.com/samhsagov>, <http://www.twitter.com/AdCouncil>), as well as the Ad Council’s new social media site, <http://My.AdCouncil.org>.

stories of peers who have overcome similar struggles.

The positive, optimistic, and authentic tone on the Web site encourages young people to share their own stories, hear from other teens, and learn from those who made it through.

“Our campaign with SAMHSA and Inspire USA connects with teens by

identifying with the various challenges they are facing, while empowering them to cope by showing them how their peers have made it through,” said Peggy Conlon, president and CEO of the Ad Council. “These ads and our online resources will give teens hope, and this campaign has the potential to save many lives.”



Campaign Objective

To reduce the incidence of suicide and suicide attempts among troubled teens by conveying that they are not alone in their struggles with emotional and mental health problems.

Target Audience

13- to 17-year-olds

Collaborators

SAMHSA
Ad Council
Inspire USA Foundation

Campaign URL

ReachOut.com
Online Resources
National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org

<http://www.reachout.com>

TAKE ACTION

Mental Illness & African Americans: Initiative Raises Awareness

Stories That Heal, a national public service advertising campaign created by SAMHSA, the Ad Council, and the Stay Strong Foundation, seeks to spread the word to young African Americans that it's okay to talk about depression, anxiety, and other mental health problems.

According to SAMHSA data, in 2008, 6.0 percent of African Americans age 18 to 25 had serious mental illness in the past year. Less than half of these (44.8 percent) received treatment in the past year.

"Raising understanding of and attention to these issues within the African American community will provide greater opportunities for those needing help to receive effective mental health services," said A. Kathryn Power,

M.Ed., Director of SAMHSA's Center for Mental Health Services (CMHS).

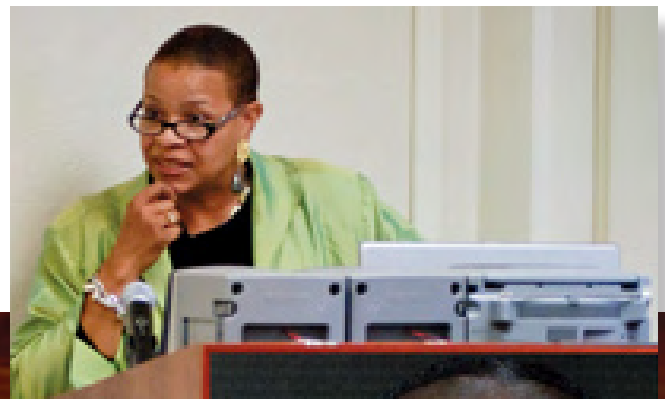
"The campaign focuses on the ongoing issues of negative attitudes and misunderstanding about mental health problems," said Paolo del Vecchio, M.S.W., CMHS Associate Director for Consumer Affairs, at Howard University on February 23, 2010. The campaign launch was simulcast to colleges and universities around the country.

At the campaign launch, spokesperson Terrie M. Williams (right) addressed a live audience at Howard University. Viewers nationwide at Historically Black Colleges and Universities tuned in via video feed. Watch the launch footage at <http://www.storiesthatheal.samhsa.gov>.

"We know that social support and social acceptance are key factors in promoting recovery from mental health problems," he said.

PERSONAL STORIES

According to Mr. del Vecchio, the campaign is designed to encourage young adults to share their strength by stepping up and talking openly about



Campaign Objective

To promote recovery from mental health problems within the African American community by encouraging, educating, and inspiring young people to talk openly.

Target Audience

18- to 25-year-olds

Collaborators

SAMHSA
Ad Council
Stay Strong Foundation

Online Resources

What a Difference a Friend Makes
<http://www.whatadifference.samhsa.gov>

<http://www.StoriesThatHeal.samhsa.gov>

mental health problems. The central message is “Share Ourselves: Healing Starts with Us.”

The campaign’s Web site, <http://storiesthatheal.samhsa.gov>, contains five powerful and empowering stories from African Americans who have experienced difficult times and overcome them with the help of their families, friends, and communities.

For instance, author and activist Thabiti Boone witnessed his mother’s failed suicide attempt when he was just 12 years old. He talks about how that day’s events affected him well into adulthood, causing him to experience depression and unresolved, powerful emotions.

In another video, Susan L. Taylor, editor-in-chief emeritus of *Essence* magazine, relates how her mother’s depression trickled down—that Ms. Taylor came to believe she was somehow responsible for her mother’s condition.

In each of the five stories—the three others feature a recording artist, a former gang member, and a police officer—the narrators emphasize the power of speaking the truth in helping them to overcome their mental health problems.

Whether they talked to a doctor and received counseling or medication, or if they connected with a family member or friend, each narrator broke out of the crippling sense of isolation and loneliness that mental illness can cause.

SPREAD THE WORD

In addition to the personal story videos, the Stories That Heal Web site offers radio, print, and outdoor public service announcements bearing messages such as “Depression doesn’t have to keep us down.”

Links to resources such as SAMHSA’s National Suicide Prevention Lifeline also are provided.

“Every day, so many of us wear the ‘mask’ of wellness that hides our pain from the world,” said Terrie M. Williams, M.S.W., co-founder of the Stay Strong Foundation. “Now is the time to identify and name our pain—minus the myths and the stigmas—and seek the help so many of us need.”

To view the videos and download the PSA materials, visit <http://storiesthatheal.samhsa.gov>.

—By Kristin Blank

Substance Use among Black Young Adults

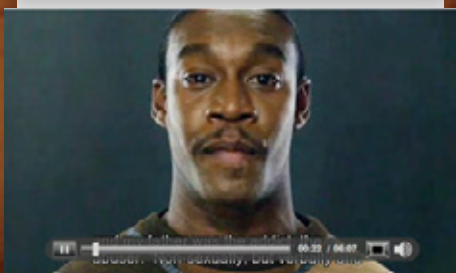
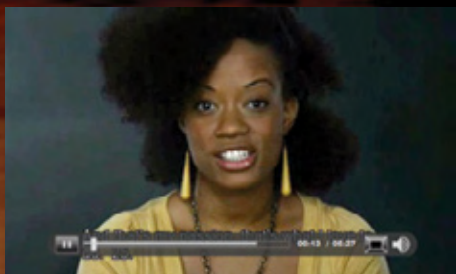
Though the use of drugs and alcohol continues to be an issue in the African American community, a new report from SAMHSA reveals some promising data about black young adults age 18 to 25.

Rates of past-month and binge alcohol use were considerably lower among this population than the national average of young adults (48.6 versus 61.1 percent and 25.3 versus 41.6 percent, respectively).

In addition, past-month illicit drug use among black young adults was slightly lower than the national average (18.7 versus 19.7 percent).

This study is part of a series of reports examining substance use patterns among different ethnic, racial, and demographic groups in America.

To find out more statistics about African Americans and substance use, download *Substance Use among Black Adults* at <http://oas.samhsa.gov/2k10/174/174SubUseBlackAdultsHTML.pdf>.



On the campaign Web site, find real-life stories and resources—including videos, PSAs, posters, and links—to help in the mental health recovery process. Share these materials with your community to open up lines of communication and put an end to the feelings of shame and isolation often experienced by people living with mental illnesses.



TAKE ACTION

Underage Drinking Prevention Begins with a Conversation

When do kids start thinking about alcohol? In eighth grade? “Not my son,” says a parent in one of the new public service announcements (PSAs) from SAMHSA and the Ad Council. In the PSA, the parent is talking about a life-size mannequin. The message? “Real kids are curious about alcohol.”

“SAMHSA’s new public awareness campaign emphasizes that it’s never too early to talk to children about the dangers of alcohol,” said Frances M. Harding, Director of the Agency’s Center for Substance Abuse Prevention (CSAP). “The campaign’s Web site shows parents how to take action.”

“Parents with kids in middle school may think that they don’t have to deal with underage drinking until their children reach high school,” said Heidi Arthur, senior vice president for campaigns at the Ad Council.

However, according to SAMHSA’s 2008 National Survey on Drug Use and Health (NSDUH), adults age 21 or older who started using alcohol before age 15 were almost six times as likely to have alcohol dependence or abuse than adults who first used alcohol at age 21 or older (15.1 percent vs. 2.6 percent).



MISCONCEPTIONS

So, why don’t parents take underage alcohol use more seriously? According to the Ad Council, the reasons for the lack of urgency are complex.

Denial. Parents often turn to the “other people’s children” belief when someone mentions teenage drinking. Their child may get good grades or play

sports, leading to a false sense of security among parents.

“No big deal.” Parents also may underestimate the seriousness of underage alcohol use, thinking that it’s not harmful if their children drink a little or at family functions.

Hypocrisy. And then there’s the “psychology of hypocrisy.” Many parents

Town Hall Meetings Continue To Expand

What is your community doing about underage drinking? This spring and summer, nearly 1,800 communities are holding close to 2,000 town hall meetings where community leaders, parents, teens, educators, law enforcement, and others come together to discuss the problem.

Dozens of these gatherings are led by youth, and others include the participation of a governor’s spouse.

SAMHSA works with national, state, and local organizations to sponsor the town hall meetings to promote the *U.S. Surgeon General’s National Call to Action to Prevent and Reduce Underage Drinking*.

How big is the problem? SAMHSA data show that:

- More than 10 million young people age 12 to 20 are current alcohol drinkers.
- Approximately 17.4 percent of underage youth engaged in binge drinking during the past month.
- Alarmingly, 16.7 percent of youth age 18 to 20 have driven under the influence of alcohol in the past year.

Online Widget & Message Board

At <http://www.stopalcoholabuse.gov/townhallmeetings>, event organizers will find a countdown “widget,” an online application

that displays specific event information and a countdown timer directly on an organization’s Web page or blog.

In addition, event organizers can connect with each other on an online discussion board to share ideas about what worked and challenges they faced. These tools will help the meetings improve and grow.

Learn More

For more information, visit <http://www.stopalcoholabuse.gov/townhallmeetings>, where you’ll find a planning toolkit, how-to fact sheets, and customizable promotional materials so that you can plan your own town hall meeting. ▾

who drank alcohol as teens may not know how to answer when their children ask why they can't drink if mom or dad did.

TOOLS FOR PARENTS

Enter SAMHSA's new underage drinking prevention campaign, which uses the digital landscape to reach parents. Visit <http://www.stopalcoholabuse.gov> to learn more.

The campaign gives parents concrete tools and tips for talking with their children about alcohol, even though such conversations are not easy.

Conversation Starters. Parents will find sample answers for several tough questions, including:

- “You drink alcohol—why can't I?”
- “Did you drink alcohol when you were a child?”
- “What if my friends ask me to drink?”

Action Plan. Answer three simple questions and get more tailored advice on talking to children about alcohol. The questions are:

- Is your child a boy or a girl?
- How old is your child?
- Have you talked to your child about drinking?

The resulting action plan includes three categories: When To Talk, How To Talk, and Other Things You Can Do.

For more information, visit <http://www.stopalcoholabuse.gov>.

Amplifying the Message



The new public awareness materials represent the second phase of a campaign that first launched in 2005 with the tagline, “Start Talking Before They Start Drinking.”

The first round of PSAs featured very young children talking about having problems with alcohol later in life because they started drinking in their teens.

See <http://www.stopalcoholabuse.gov/multimedia/starttalking.aspx>.



Campaign Objective

To urge parents to speak with their children about the importance of avoiding alcohol.

Target Audience

Parents of 11- to 15-year-olds

Online Resources

Underage Drinking Prevention Portal:
<http://www.stopalcoholabuse.gov>
 SAMHSA's Too Smart To Start program
<http://www.toosmartostart.samhsa.gov>
 National Teach-In <http://www.toosmartostart.samhsa.gov/community/teachin/Default.aspx>

Outcome

To delay onset and reduce underage drinking

<http://www.stopalcoholabuse.gov>

Sober Truth

Underage Drinking

Grantees Reveal Sober Truth

Reducing alcohol use among young people is the goal of SAMHSA's Sober Truth on Preventing Underage Drinking (STOP) program. Funded through SAMHSA's Center for Substance Abuse Prevention (CSAP), the program helps existing community coalitions across the Nation work to develop effective strategies tailored to reach not only youth but also families.

Launched in 2008, the STOP program now supports 102 grantees.

ENVIRONMENTAL FACTORS

STOP grantees are communities that have already mobilized, built capacity, and developed a comprehensive strategy for

reducing youth substance abuse under the Drug Free Communities grant program, which is directed by the White House Office of National Drug Control Policy in partnership with SAMHSA. The 4-year STOP grants allow these communities to expand their efforts and focus specifically on underage drinking.

Grantees focus on changing the culture around them rather than specific individuals, using strategies from the 2007 *Surgeon General's Call to Action to Prevent and Reduce Underage Drinking*.

"Prevention science tells us that effective, comprehensive, substance abuse prevention strategies focus not

only on strengthening the resilience of young people, but also on changing the conditions that surround them," explained Jayme S. Marshall, M.S., Chief of the Community Grants and Emerging Issues Branch at CSAP. "Environmental factors work toward shaping the acceptability of substance use, the availability of substances, and the consequences of using illegal substances, which include alcohol and tobacco for minors."

The coalitions use a wide variety of strategies to tackle their underage drinking problems (see grantee stories).

In some communities, for example, the goal is simply to raise people's awareness.

Grantees

Connecticut: Empowering Young People

Who are the best messengers for underage drinking prevention messages? For a Connecticut coalition called ERASE (East of the River Action for Substance Abuse Elimination), the answer is young people themselves.

"Evidence shows that a peer-to-peer message is far more powerful than someone speaking at someone else," said Executive Director Bonnie W. Smith, M.P.H. "When young people send the message not to drink, it's very powerful."

A grant from SAMHSA's STOP program has allowed the coalition to strengthen its ongoing work with middle and high schoolers. The coalition's strategy is to teach leaders from its youth coalition—Peers Are Wonderful Support (PAWS)—how to use data to identify specific problems, develop a media campaign, and examine policies at schools and elsewhere.

These students attend a leadership training in the fall where they engage in team-building activities, learn about

existing media campaigns to adapt for their communities, and learn skills such as using social media to get their messages out.

With funding from ERASE, they then develop a plan for the school year. Activities might include a daily school announcement, a community forum, or a local media campaign.

In the spring, students come together again for a conference on substance abuse and related issues. Over the summer, ERASE sends them to the Mothers Against Drunk Driving annual "power camp" to recharge for the upcoming school year.

"We're trying to build the capacity of these groups," explained Ms. Smith. The success of the youth program is spilling over into ERASE's work with adult volunteers, she added. "These young people have done so well they inspire the adults in a way I never expected." ▽

Ohio: Educating Adults

Cincinnati loves its festivals, says Mary F. Haag, R.N., Vice President for Coalition Strategies at the Coalition for a Drug-Free Greater Cincinnati. But in addition to being celebrations of the diverse heritages on the Ohio and Kentucky banks of the Ohio River, the events also end up being "celebrations" of alcohol.

"These are family events," said Ms. Haag. "But what kind of message was it sending when the norm is that every event has to have alcohol at it?"

Such norms had resulted in some shocking statistics: According to the coalition's survey of 7th to 12th graders, on average children in greater Cincinnati have their first drink when they are just 13 years old.

Thanks to a STOP program grant, the coalition is now working hard to change those norms. And because festivals play such a big part in the local culture—there's one every weekend, said Ms. Haag—that's where the coalition is focusing its initial efforts.



“Underage drinking is a tremendous public health problem endangering young people and others. These STOP grantees are helping SAMHSA effect real change.”

—Frances M. Harding, Director
SAMHSA’s Center for Substance Abuse Prevention

“There are some communities where parents are still supplying alcohol to young people or see alcohol use as a rite of passage,” said Ms. Marshall. “In those areas, coalitions are trying to help people understand that youth drinking is dangerous.” Coalitions are also enlisting the help of young people themselves.

Other coalitions are trying to change their communities’ attitudes and norms by changing practices, such as putting new restrictions on alcohol use by adults attending youth sporting events. Others are re-evaluating existing laws and policies, such as changes in judicial punishments for youth alcohol violations.

A coalition in California has even enlisted the help of local builders. “Locked medicine cabinets and locked cabinets for alcohol are built right into the homes they’re building,” said Ms. Marshall.

DATA: STATE ESTIMATES

Just as the underage drinking strategies used by states vary, so do the challenges faced by each. A recent short report from SAMHSA’s National Survey on Drug Use and Health reveals state-level data on underage alcohol use and youth self-purchase of alcohol.

Underage alcohol use. Rates of underage past-month alcohol use were

among the lowest in Utah (13.7 percent) and among the highest in North Dakota (40.6 percent) and Vermont (40.4 percent).

Youth self-purchase of alcohol. The percentages of past-month drinkers age 12 to 20 who bought their own alcohol were among the lowest in Alaska (3.1 percent) and New Mexico (3.7 percent) and among the highest in Louisiana and the District of Columbia (both at 18.8 percent).

For more, download *State Estimates of Underage Alcohol Use and Self-Purchase of Alcohol* at <http://oas.samhsa.gov/2k10/180/180UAD.htm>. ↙

Training for festival planners will include responsible beverage service. They in turn will work with local law enforcement to host their own trainings for volunteers. “We want festival planners to serve alcohol responsibly,” explained Ms. Haag. “We’re encouraging an environment that’s safe and healthy for kids and families.”

Festival volunteers aren’t the only adults the coalition is focusing on. A social marketing campaign attempts to change norms more broadly. “The campaign targets parents and our community as a whole,” said Ms. Haag.

In addition, a television ad called “There’s Nothing Cute about Underage Drinking” depicts 13-year-olds drinking in a bar and includes scrolling prevention messages. This year the campaign is branching out to include billboards, as well as theater and print ads. ↙

Wisconsin: Focusing on University Students

Neighborhoods surrounding the University of Wisconsin-Platteville didn’t need statistics to know there was a serious underage drinking problem among the students.

Students in off-campus houses would host parties attracting hundreds of students. And those parties were more than just loud, said Kathy A. Marty, M.S.Ed., Director of the SAFE (Safe Actions for Everyone) Grant County Coalition. Students under the influence would also trespass in neighbors’ yards, break lawn ornaments, and race off in their cars when the police arrived.

With support from SAMHSA’s STOP program, the coalition took action, launching Neighborhood Watch programs to keep an eye on communities near campus. The coalition also trained police officers in the sheriff’s office. This Underage Drinking Task Force now responds to complaints, breaks up parties, and issues citations. When its members aren’t on “party patrol,” they are busy checking for fake IDs in bars or

patrolling the area’s riverside beaches and community events.

Underage students caught drinking do have an alternative to a ticket and fine, however. First offenders can opt to participate in a voluntary program called Fresh Start, which uses an evidence-based curriculum to challenge the beliefs and attitudes that contribute to high-risk alcohol use. “We want to educate, too, not just penalize,” said Ms. Marty.

To encourage alternatives to drinking, the coalition also challenges students to host the best nonalcoholic party each spring. Cash awards are given to the winner.

The coalition even managed to get the state legislature involved: Legislators passed a law allowing universities to take disciplinary action even when underage drinking occurs off campus.

These efforts are really paying off, said Ms. Marty. At homecoming, usually a rowdy, hard-drinking time, the campus was unusually quiet. “Students know now that the Task Force can be called in, and they can get a ticket.” ↙



Fiscal Year 2011 Budget Expands Community Prevention

SAMHSA recently presented its Fiscal Year (FY) 2011 Congressional Justification, which outlines a budget request totaling \$3.7 billion.

A net increase of \$110 million over FY 2010, the FY 2011 budget includes \$1 billion, an increase of \$23 million, for the prevention and treatment of mental illness; and \$2.5 billion, an increase of \$55 million, for substance abuse prevention and treatment.

“Under this budget, we will provide more prevention, treatment, and recovery support services,” said SAMHSA Administrator Pamela S. Hyde, J.D. “We are collaborating with other HHS agencies and with ONDCP to strengthen our public health infrastructure.”

The budget is a big step forward for SAMHSA’s work to reduce the impact of substance abuse and mental illness on America’s communities. Funding increases are slated to expand treatment opportunities, support efforts to decrease overall health care costs by effective use of screening for alcohol use and other potentially addictive behaviors, keep young children healthy, and prevent suicide.

PROGRAM INCREASES

SAMHSA’s Congressional Justification expands several promising programs:

Access to Recovery. The budget includes \$109 million, an increase of \$10 million over FY 2010, to support states and tribes in providing a choice of

treatment opportunities for individuals with substance use disorders. The additional funding will support up to 4 new grants.

More than 80 percent of clients receiving services through this program abstained from substance use in FY 2009.

Screening, Brief Intervention, and Referral to Treatment. Early identification and interventions can decrease total health care costs by impeding progression to addiction.

The budget provides \$37 million, an increase of \$8 million, for substance abuse and mental health screening and interventions within general medical and primary care settings.

This funding level supports a pilot project to better equip primary health

Funding for Established Programs and New Initiatives

Substance Abuse Prevention and Treatment Block Grant. The budget includes \$1.8 billion, the same level as FY 2010, for this program. These grant funds are the cornerstone of substance abuse-related programs for states and territories. They are used by 60 jurisdictions to plan, implement, and evaluate substance abuse prevention and treatment services, including approximately 2 million client admissions annually.

Mental Health Block Grant. The budget provides \$421 million for the Community Mental Health Block Grant. States and territories have significant flexibility to target services supported through this funding stream to their unique needs, including infrastructure, service delivery, planning, and evaluation to develop comprehensive community-based mental health service delivery systems.

Safe Schools/Healthy Students. The Agency collaborates with the Departments of Education and Justice through local

partnerships to implement best practices for education, justice, law enforcement, and mental health services through the Safe Schools/Healthy Students program. The budget includes \$95 million, the same as FY 2010, for the prevention of youth violence. SAMHSA-supported interventions foster early childhood development of mental and physical health, reduce or delay the onset of emotional and behavioral problems, and treat children with serious emotional disturbances.

HIV/AIDS Among Minorities. The budget includes \$117 million to reduce health disparities in minority communities by delivering high-quality substance abuse, mental health, and HIV prevention and treatment services.

Two New Initiatives

Examples of important new SAMHSA programs include the following:

Establishing Prevention Prepared Communities. The budget includes \$23 million for a new initiative to implement comprehensive, evidence-based community prevention programs that serve young people during their at-risk years. This new program also funds grants to states for community prevention specialists to assist in the activation of these programs.

Community-Level Early Warning System. To detect the emergence of new drug threats and assist in identifying the public health and safety consequences of drug abuse, funding is earmarked in the budget to design and test a community-level early warning system under the “Program Management and Data Collection” category. ▲

care physicians and other health care providers to screen for, diagnose, and treat a broad range of substance abuse disorders.

Project LAUNCH. The budget includes \$37 million for Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), an increase of \$12 million for new grants to enable communities to conduct evidence-based prevention and wellness interventions focused on children.

Suicide Prevention. The budget dedicates \$54 million, an increase of \$6 million, to prevent suicide. The budget continues to invest in activities authorized by the Garrett Lee Smith Memorial Act. These activities support intervention and prevention strategies in schools, institutions of higher education, juvenile justice systems, and other youth support organizations.

The budget increases the capacity of the national hotline, which routes calls across the country to a network of certified local crisis centers. Each center can link callers to local emergency, mental health, and social service resources.

Criminal Justice. The budget includes \$56 million to expand the treatment capacity of drug courts, an increase of \$13 million. Drug courts use close supervision, drug testing, sanctions, and incentives to ensure adherence to treatment plans to help break the cycle of drug abuse.

States and localities are increasing the use of drug courts to facilitate recovery and reduce recidivism effectively.

Children's Mental Health Services. The budget provides \$126 million, an increase of \$5 million, for grants to states and localities to support the development of comprehensive, community-based, age-appropriate systems of care for children and adolescents with serious emotional disturbances.

Program Management and Performance Measures. The budget includes \$136 million, an increase of \$34 million, for the administration of SAMHSA

SAMHSA Budget Authority by Activity (dollars in millions)				
	2009	2010 Omnibus	2011	2011 +/- 2010 Omnibus
Substance Abuse:				
Substance Abuse Block Grant	1,779	1,799	1,799	-
<i>PHS Evaluation Funds (non-add)</i>	79	79	79	-
Programs of Regional and National Significance				
Treatment	412	453	487	+34
<i>PHS Evaluation Funds (non-add)</i>	9	9	9	-
Prevention	201	202	223	+21
Prescription Drug Monitoring	2	2	2	-
Subtotal, Substance Abuse	2,394	2,455	2,510	+55
Mental Health:				
Mental Health Block Grant	421	421	421	-
<i>PHS Evaluation Funds (non-add)</i>	21	21	21	-
PATH Homeless Formula Grant	60	65	70	+5
Programs of Regional and National Significance	344	362	374	+13
Children's Mental Health Services	108	121	126	+5
Protection and Advocacy	36	36	36	-
Subtotal, Mental Health	969	1,005	1,028	+23
Program Management				
Program Management	100	102	136	+34
<i>PHS Evaluation Funds (non-add)</i>	23	23	23	+1
St. Elizabeths Hospital	1	1	-	-1
Data Evaluation	3	-	-	-
Program Level, Total	3,466	3,563	3,674	+110
Less Funds Allocated from Other Sources:				
PHS Evaluation Funds	-132	-132	-132	-1
Budget Authority, Total	3,335	3,432	3,541	+110
FTE	528	549	553	+4

Source: U.S. Department of Health and Human Services Web site, "Budget in Brief," at <http://www.hhs.gov/asrt/ob/docbudget/2011budgetinbrief.pdf> (page 43, PDF format).

programs and the support of national data collection efforts. The majority of this increase will support data collection and analysis, including increased costs associated with ongoing efforts as well as enhancing data collection on drug-related emergency room visits.

For the complete 2011 budget, visit <http://www.samhsa.gov>. ◀

Read More . . .

SAMHSA's Congressional Justification is available at http://www.samhsa.gov/Budget/FY2011/SAMHSA_FY11CJ.pdf.

For more detailed information about the President's FY 2011 budget, visit <http://www/hhs.gov/asrt/ob/docbudget/2011budgetinbrief.pdf>. ▶

Treatment Update: Uninsured Workers, Free Treatment

Households across America are talking about health insurance coverage these days. According to SAMHSA's 2008 National Survey on Drug Use and Health (NSDUH), the most common reason why people with substance use problems do not seek treatment is the financial burden resulting from a lack of health insurance, insurance without a behavioral health benefit, or insufficient means to pay for treatment.

Two reports from SAMHSA's Office of Applied Studies examined data dealing with substance abuse treatment need among uninsured workers as well as free substance abuse treatment.

UNINSURED WORKERS

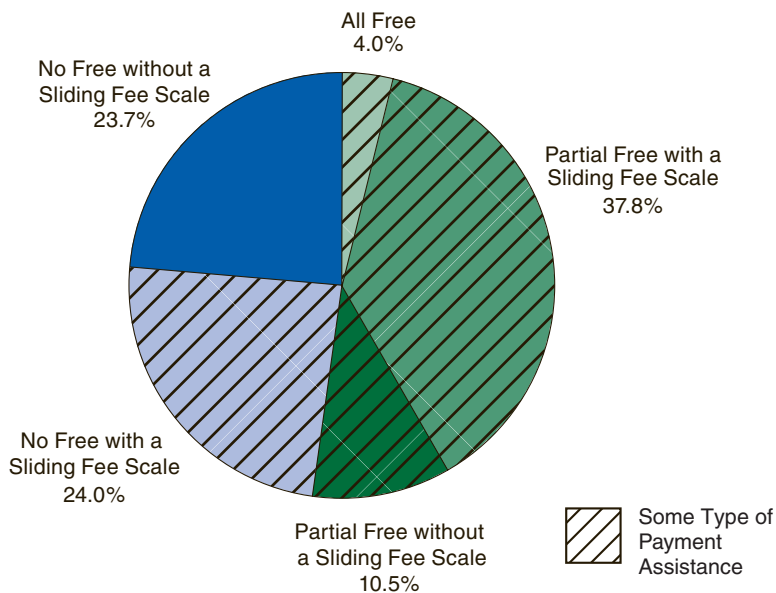
More than 18.4 million full-time employees age 18 to 64 (15.5 percent of the full-time adult workers in that age range) had no health insurance coverage, according to data averaged for 2007 and 2008.

An estimated 3.0 million uninsured full-time workers (16.3 percent) needed substance use treatment in the past year. Specifically, 13.3 percent needed alcohol use treatment, 5.6 percent needed illicit drug use treatment, and 2.7 percent needed both alcohol and illicit drug use treatment.

But of the uninsured workers who needed substance use treatment in the past year, only 12.6 percent (378,000 persons) received treatment at a specialty facility.

For more, download *Substance Use Treatment Need among Uninsured*

Substance Abuse Treatment Facilities, by Whether Facility Offers Some Type of Payment Assistance: 2008



Note: Percentages may not sum to 100 percent due to rounding.
Source: 2008 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Workers at <http://oas.samhsa.gov/2k10/177/177EmpNoInsHTML.pdf>.

FREE TREATMENT

According to N-SSATS, some facilities offer substance abuse treatment at no charge or a sliding fee scale based on income and other factors (see chart).

SAMHSA data show that private nonprofit organizations operated the majority of facilities offering “all free” care and “partial free” facilities (73.8 and 68.1 percent, respectively). Among facilities offering “no free” care, approximately

equal percentages were operated by private for-profit (46.9 percent) and private nonprofit (46.4 percent) organizations.

Facilities offering “all free” care (51.6 percent) were more likely than those in the “partial free” (30.5 percent) or “no free” (20.6 percent) groups to offer non-hospital residential care.

Read the full report from the National Survey of Substance Abuse Treatment Services, *Free Substance Abuse Treatment*, at <http://oas.samhsa.gov/2k10/202/202FreeTx2k10Web.pdf>. ↴

Finding Free Treatment

Individuals seeking free treatment and those making referrals for some clients may use SAMHSA's Substance Abuse Treatment Facility Locator at <http://findtreatment.samhsa.gov>. To locate facilities offering free or reduced cost services, select from the “Payment Assistance” options when designing your search.



New Evidence-Based Practices KITs

Supported Employment, Integrated Treatment for Co-Occurring Disorders

Part of the Knowledge Information Transformation (KIT) series, two new Evidence-Based Practices KITs are available from SAMHSA's Center for Mental Health Services (CMHS). One is on Supported Employment, and one is on Integrated Treatment for Co-Occurring Disorders. Available in CD/DVD or online (PDF) formats, these KITs are for states, communities, and organizations interested in moving best practices into the field.



Supported Employment: Fulfillment, Healing, Self-Sufficiency

For many people, having a job is a source of pride and a means of providing for oneself. For people with mental illness, being in the working world offers the same satisfactions, and can be one of the steps to recovery. Supported Employment (SE) helps people with serious mental illnesses obtain competitive work and provides supports that ensure success. The primary goal of Supported Employment is to find a natural fit between individuals and jobs. SE services are integrated with comprehensive mental health treatment, and follow-along supports are continuous.

The KIT provides practitioners with tools that will help them set up and maintain an SE program and includes specific advice about hiring and tools for training staff. It includes the literature showing what works and provides an informational brochure in both English and Spanish, a PowerPoint presentation showing stakeholders what SE is all about, and an introductory video demonstrating the power of SE in the lives of several consumers.

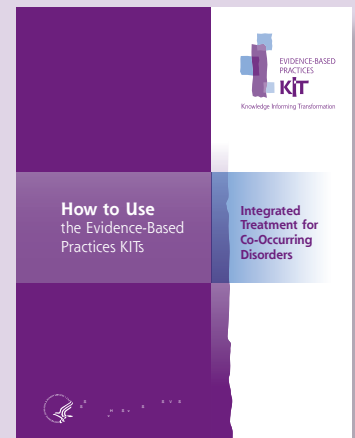


Integrated Treatment for Co-Occurring Disorders

For people with both a substance use disorder and a mental health disorder, the merging of two types of treatment works best. In Integrated Treatment programs, individuals receive combined treatment from the same practitioner or treatment team. Recovery from dual diagnoses happens in stages, and practitioners are trained to address each stage of recovery with tools such as active listening, motivational interviewing, practical assistance, goal setting, assessment, and treatment planning. Individuals develop regular contact and a trusting relationship with their treatment providers.

SAMHSA's Integrated Treatment for Co-Occurring Disorders KIT provides specific information for developing and sustaining an Integrated Treatment program. The KIT contains advice about getting started and sustaining and evaluating the program.

Training materials include a brochure, a PowerPoint presentation, and two videos about integrated counseling and treatment.



To order the CD/DVD versions of these two Evidence-Based Practices KITs, call 1-877-SAMHSA-7 (1-877-726-4727). To access the KITs in PDF format, visit <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits>.
—By Virginia Hartman

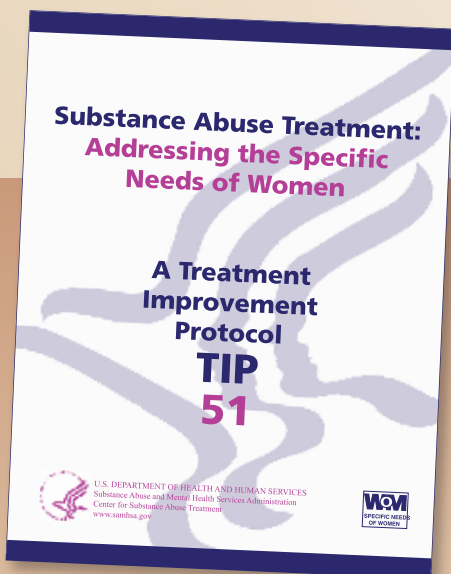
TIP 51: Substance Abuse Treatment for Women

Gender makes a difference when looking at the physical effects of substance use and specific issues related to substance use disorders.

SAMHSA's new Treatment Improvement Protocol 51 (TIP 51), *Substance Abuse Treatment: Addressing the Specific Needs of Women*, reviews gender-specific research and best practices. The TIP's primary goal is to assist substance abuse treatment providers in offering effective, up-to-date treatment to women with substance use disorders.

This TIP provides clinical and administrative information to assist counselors, clinical supervisors, program administrators, and others on how to best respond to the specific treatment needs of female clients. It also provides researchers and clinicians with a guide to sources of information and topics for further inquiry.

TIP 51 proposes that substance abuse treatment for women be approached from a perspective that encompasses the contexts of women's lives: a woman's social and economic environment; her relationships with family, extended family, and support systems; and the impact of gender and culture.



Publication No. SMA09-4426

PATTERNS OF USE

Women often report that stress, negative affect, and relationships precipitate initial substance use.

Relationships, relationship status, and the effects of a partner's substance abuse significantly influence women. In addition, women dependent on substances are more likely to have partners with substance use disorders.

Although substance use is more prevalent among men than women, women are as likely as men to develop substance use disorders after initiation.

SCREENING AND ASSESSMENT

For women, general alcohol and drug screening that determines current or at-risk status for substance use during pregnancy is essential. Considering women's likely involvement with health care providers, screening for substance use and abuse should be standard practice for women of any age.

TREATMENT AND OUTCOMES

As with the risk for substance abuse and its consequences, optimal processes for treatment and recovery differ by gender, race, ethnicity, sexual orientation, and other factors. Women are as likely as men to stay in treatment once it is initiated. Factors that encourage women to stay in treatment include supportive therapy, a collaborative therapeutic alliance, onsite childcare and children's services, and other integrated and comprehensive treatment services.

Diagnoses of post-traumatic stress and other anxiety disorders, postpartum depression and other mood disorders, and eating disorders are more prevalent among women with substance use and co-occurring mental disorders than among men in treatment for substance use disorders.

Women have comparable abstinence rates with men and are as likely to complete treatment. Even so, women are more likely to have positive treatment outcomes in terms of less incarceration, higher rates of employment, and more established recovery-oriented social support systems. TIP 51 describes some relapse risks unique to women. Those risks include severe untreated childhood trauma, low self-worth connected to intimate relationships, and greater difficulty in severing ties with other people who use drugs and alcohol.

Gender-responsive treatment involves a safe atmosphere, where staff holds a hopeful and positive attitude toward women and shows investment in learning about women's experiences, treatment needs, and appropriate interventions.

TO ORDER

To order print copies of TIP 51, call 1-877-SAMHSA-7 (1-877-726-4727). Request publication number SMA09-4426. Download a full-text PDF version (382 pages) at <http://kap.samhsa.gov/products/manuals/tips/pdf/TIP51.pdf>. ↙



Suicide Prevention Lifeline Update

People across the Web are connecting with SAMHSA's National Suicide Prevention Lifeline (1-800-273-TALK), thanks to Lifeline's presence on social media sites.

The Lifeline's online numbers have increased steadily in 2010.



Twitter—nearly 1,800 followers, more than double since December 2009.

Visit <http://twitter.com/800273TALK>.



Facebook—more than 6,000 people receive updates from the Lifeline, up from 2,500 in December 2009.

Visit <http://www.facebook.com/800273TALK>.



YouTube—nearly 60,000 views of uploaded material, including more than 18,000 views of the trailer for “The Terry Wise Story: A Suicide Attempt Survivor,” part of Lifeline's video series, *Stories of Hope and Recovery*.

Visit <http://www.youtube.com/800273TALK>.

Visit <http://www.suicidepreventionlifeline.org> to find out more about the Lifeline. Learn 800-273-TALK by heart! ▾

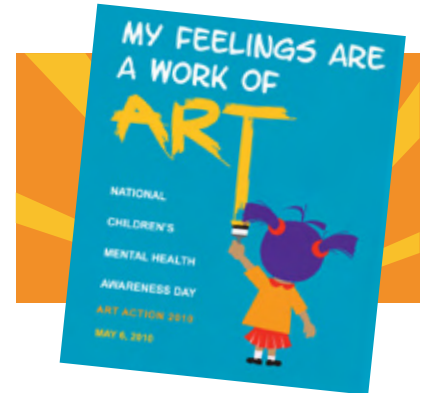
Children's Mental Health Day

National Children's Mental Health Awareness Day (celebrated May 6) is *every day* when it comes to art and children expressing their feelings.

Remember to post children's drawings on the theme “My Feelings Are a Work of Art” on your organization's

Facebook, MySpace, or Flickr pages. Or email pictures of your event to the Campaign Team at AwarenessDay2010@vancomm.com.

For more information, visit the Awareness Day “Art Action” Web page on the SAMHSA Web site at <http://www.samhsa.gov/children/artaction.aspx>. ▾



Promoting Mental Health Recovery: New Funding Supports Behavioral Health Provider Associations

As part of the Agency's new *Recovery to Practice* project, SAMHSA recently approved awards to five national behavioral health care provider associations. The goal of the awards is to hasten awareness, acceptance, and adoption of recovery-based practices in the delivery of mental health services.

The *Recovery to Practice* project supports the Agency's strategic initiative to enhance the Nation's behavioral health workforce. “Through this new initiative, we are retooling the behavioral health workforce by applying the principles of recovery to direct care practice,” said SAMHSA Administrator Pamela S. Hyde, J.D.

These five awards represent a major new outreach by SAMHSA to engage key behavioral health professional



groups directly in the Agency's ongoing efforts to improve behavioral health care services nationwide.

Funding for the next 5 years goes to the following organizations to develop recovery-oriented educational materials and train thousands of psychiatrists, psychologists, psychiatric nurses, social workers, and peer specialists:

- American Psychiatric Association
- American Psychological Association
- American Psychiatric Nurses Association
- Council on Social Work Education
- National Association of Peer Specialists.

The *Recovery to Practice* effort includes materials development and professional training.

The project builds on SAMHSA's National Consensus Statement on Mental Health Recovery (<http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129>). The statement includes 10 fundamental components of mental health recovery, as well as the Agency's ongoing work in the area of shared decision-making.

A team of leading behavioral health organizations and curriculum development experts are assisting with this effort. They include the Annapolis Coalition; Mental Health America; the National Alliance on Mental Illness; National Development and Research Institutes, Inc.; and the New York Association of Psychiatric Rehabilitation Services. ▾

Inhalants = Poison

Inhalant Use and Respiratory Conditions: New Data

Approximately 143,000 young people age 12 to 17 used inhalants in the past year and had a condition such as pneumonia, bronchitis, asthma, or sinusitis, according to a new study from SAMHSA's Office of Applied Studies.

The study determined that the rate of use was 4.4 percent among adolescents who had at least one of the aforementioned respiratory conditions, similar to the rate among adolescents overall (4.1 percent).

An estimated 44,000 adolescents on a typical day put their health and lives at risk by using inhalants. The use of inhalants can seriously impair the proper functioning of the respiratory system as well as other systems in otherwise healthy individuals, resulting in unconsciousness, coma, or death—so it may pose an even greater risk to those with serious underlying respiratory conditions.

“No one should engage in huffing. The consequences can be deadly,” said SAMHSA Administrator Pamela S. Hyde, J.D. “The fact that adolescents with respiratory problems are just as likely to engage in huffing as adolescents in general underscores the continued need to educate parents, teachers, service providers, and young people about what they can do to prevent this misuse of common everyday products.”

OTHER FINDINGS

The study also provides insight into the prevalence of adolescent inhalant use by various demographic factors. For example, it shows that among the general population, American Indian or Alaska Native adolescents were more than twice as likely to engage in huffing as African American adolescents (5.5 versus 2.5 percent).

In addition, the study examines the types of inhalants most commonly used by

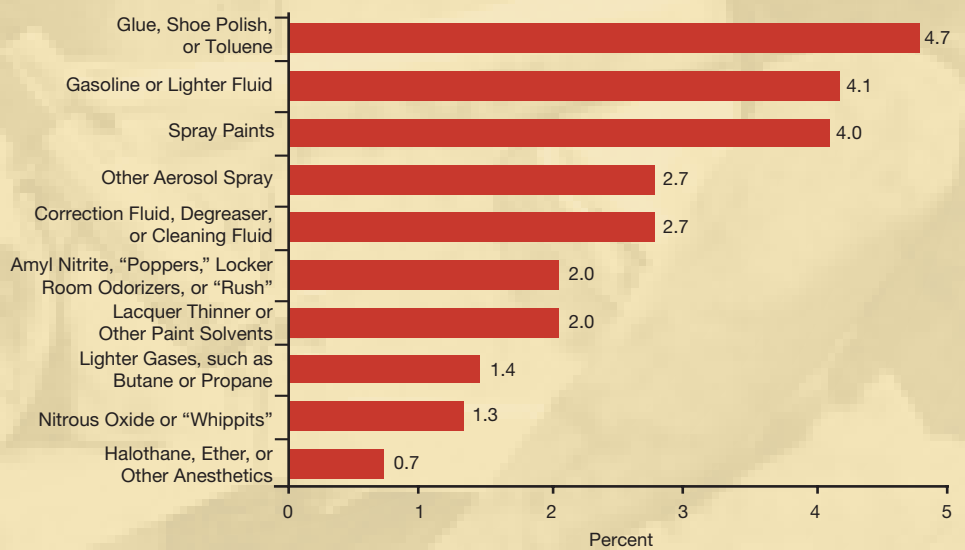


adolescents with pneumonia, bronchitis, asthma, or sinusitis (see chart below).

Adolescent Inhalant Use and Selected Respiratory Conditions is based on data

collected during 2006 to 2008. Download the full report at <http://oas.samhsa.gov/2k10/175/175RespiratoryCond.cfm>. ↙

Specific Types of Lifetime Inhalant Use among Adolescents with At Least One of the Selected Respiratory Conditions*: 2006 to 2008



* Respiratory conditions are asthma, bronchitis, pneumonia, and sinusitis.

Source: 2006 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Rockville, Maryland 20857



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SAMHSA News online—<http://www.samhsa.gov/samhsaNewsletter>

MINDS on the EDGE Facing Mental Illness

How do you convince legislators, legal professionals, health care providers, individuals, and communities that change is critically needed in the mental health care delivery system?

At PBS, the answer is to demonstrate the real challenges facing people with mental illnesses and their families every day. As part of the long-running series Fred Friendly Seminars, “Minds on the Edge: Facing Mental Illness” is receiving wide acclaim. Using hypothetical scenarios, the program shows us where the system’s weak points are.

SAMHSA is committed to expand public awareness and support around mental illness and the mental health care system. Visit <http://www.mindsontheedge.org> to watch the program and to learn about the many activities organized because of it.

Visit *SAMHSA News* online to learn more. 

<http://www.mindsontheedge.org>

There's **More** 

Go online to read more from *SAMHSA News* at <http://www.samhsa.gov/samhsaNewsletter>.
Read about . . .



Data on Opioid Treatment Programs

An overview report as well as a “similarities and differences” report offer updates on programs that provide methadone and buprenorphine maintenance.



Pregnant Teen Admissions

Comparing data from 1992 and 2007, a recent SAMHSA report shows admissions to substance abuse treatment for pregnant teens changed considerably.