

RECOVERY

A Philosophy of Hope and Resilience



A person's early days in recovery might be compared to a climber's first steps up a great mountain. There's a lot of work ahead. As time passes, healing occurs not only for the person in recovery but also for relatives, coworkers, business associates, and the community at large.

At its core, the philosophy of recovery embraces and encourages an individual's capacity for change and personal transformation. But that change does not happen overnight. Challenges can and often do crop up every step of the way.

As part of its mission, SAMHSA supports the concept of recovery on multiple levels Agency-wide. The Center for Substance Abuse Treatment (CSAT), the Center for Substance Abuse Prevention (CSAP), and the Center for Mental Health Services (CMHS) offer specific services and support to individuals and community organizations through discretionary grant programs, Web sites, policy resources, publications, and data.

This issue of *SAMHSA News* highlights CSAT's recovery-related programs and recent white papers on research, case studies, and lessons learned. (See page 4). Future issues will focus on activities related to prevention and mental health.

Programmatic support for recovery takes many forms at CSAT—clinical services, peer-to-peer support, outreach materials and *Recovery Month* activities, and vouchers for faith-based treatment and recovery services. At the heart of each program is the nonjudgmental, holistic, overarching concept of recovery as a means to improve quality of life for individuals struggling with substance abuse and the disease of addiction.

"We've come to understand that recovery is a process, different for each person," said H. Westley Clark, M.D., J.D., M.P.H., CSAT Director. "Seeking help for a

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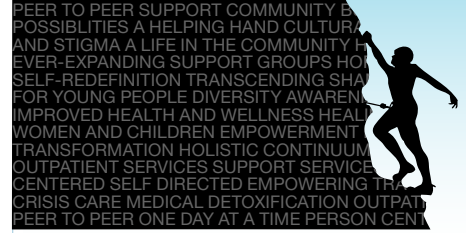
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View

From Dr. Broderick



Recognizing Recovery

Today when you say “recovery,” people know what you mean. What began as a small, good idea more than two decades ago has grown into a national movement with multiple partners—including the media, workplaces, community coalitions, and *Recovery Month* planning partners—and a simple but profound message: “Recovery is the expectation.”

The recovery movement is reaching people at home, in the workplace, and in the community. At home, we reach families as they watch TV or access Facebook and YouTube on the Internet. The workplace also provides a venue in which to reach people. Data from SAMHSA’s recently released National Survey on Drug Use and Health (NSDUH) show that 72 percent of current illicit drug users 18 or older are employed either full or part time. SAMHSA’s programs and Web site offer workplaces recent data, prevention messages, and information about treatment options. In the community, SAMHSA’s grant programs expand capacity and encourage reliable support services.

The entertainment industry and media have a profound impact on health knowledge and behavior. Nearly two-thirds of regular viewers report learning something new about health from TV shows, and one-third of viewers take action on what they learn. The entertainment industry, in collaboration with SAMHSA, is using its unique and powerful talents not only to entertain, but also to educate and influence audiences by taking time to create accurate depictions of substance abuse and mental illnesses.

Our work is paying off! Recent NSDUH data show significant decreases from 2002 to 2008 in illicit drug use by youth age 12 to 17. Alcohol use among this age group was significantly lower in 2008 compared with 2004. These declining rates of alcohol use among the youngest participants in the survey may be a leading indicator of an emerging pattern. Cigarette smoking among youth is also on a decline.

These findings are a result of work done in America’s living rooms and classrooms, in churches and synagogues, in the workplace, and in our neighborhoods. Families, schools, communities, and faith-based organizations are shaping the character of young people, and these youth are increasingly making healthy choices.

SAMHSA will continue reaching out to people everywhere, enhancing prevention, treatment, and support services, and acknowledging every step towards recovery.

Eric B. Broderick, D.D.S., M.P.H.
Acting Administrator, SAMHSA

Recovery Philosophy

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substance abuse problem is just the beginning of the recovery process.”

Person-centered and community-oriented, recovery “exists on a continuum of improved health and wellness,” according to the Guiding Principles of Recovery, which were developed at the National Summit on Recovery in 2005.

With those principles in mind, CSAT’s goal is to support individuals as they make every effort to transform their lives.

“Focusing on recovery gives us a way to conceptualize services that meet people’s holistic needs in the context of their community,” said Dr. Clark. “Whatever path individuals choose to take for their recovery, they typically need an array of services, such as access to treatment, peer support, housing, jobs, and education. CSAT programs have a lot to offer.”

PATHS TO WELLNESS

CSAT currently funds five major recovery-related programs, including the Recovery Community Services Program, Targeted Capacity Expansion/Local Recovery-Oriented Systems of Care, Access to Recovery, Partners for Recovery, and *National Alcohol and Drug Addiction Recovery Month*.

In addition, CSAT runs a national helpline for treatment information and referrals for substance use disorders. That number is 1-800-662-HELP (1-800-662-4357).

“Programs that support recovery are at the heart of what we do here at CSAT,” said Catherine D. Nugent, LCPC, Chief of the Quality Improvement and Workforce Development Branch, Division of Services Improvement. “Each of these programs serves a specific area of need.”

Recovery Community Services Program (RCSP)

“We are strictly a peer-to-peer support program for community-based organizations,” said Marsha Baker, M.S., CSAT’s Project Officer for RCSP. “Our goal is to help prevent relapse and provide social supports to help maintain and sustain recovery for those who are out of treatment and also for those who have not been to treatment but are in recovery.”

For example, one of the 15 current grantees is “Community Bridges” and its peer support recovery services in Phoenix, AZ, and other parts of Maricopa County. Working in homeless and crisis centers as well as on the street, peer specialists help people who need access to services. Other RCSP grantee projects offer support to family members of people needing, seeking, or in recovery. Visit <http://www.rcsp.samhsa.gov>.

Access to Recovery (ATR)

A 3-year, competitive discretionary grant program, ATR provides vouchers to clients for purchase of substance abuse clinical treatment and recovery support services. “Goals are to support client choice, expand service capacity, and increase faith- and community-based providers,” said Roula Sweis, M.A., Psy.D., CSAT’s ATR Team Leader. Currently 19 states and 5 tribal entities receive ATR funding. See *SAMHSA News*, November/December 2007 for a feature story on ATR, and visit <http://atr.samhsa.gov>.

Partners for Recovery (PFR)

Partners for Recovery is a policy-generating program that offers technical support and information to the field. Four white papers, which include recovery-related research, case studies, and extensive bibliographies, will be posted on the PFR Web site. (See page 4.)

Consumer-driven, PFR posts technical resources on the PFR Web site and serves as the “home base” for

Recovery-Oriented Systems of Care (ROSC) information. Currently PFR is developing a management and human resources toolkit designed to support employee wellness, including the dangers of substance abuse relapse.

In addition, a new publication from PFR will assist states and communities in advancing recovery-oriented systems change. A brochure is also in development on the rights of persons in medication-assisted treatment. The brochure is intended to help reduce the stigma surrounding seeking treatment for opioid addiction. Visit <http://pfr.samhsa.gov> and <http://pfr.samhsa.gov/rosc.html>.

Local Recovery-Oriented Systems of Care (LROSC)

“We have a diverse portfolio of grantees,” said Linda Kaplan, M.S., LROSC’s Project Officer at CSAT. The program supports person-centered and self-directed approaches for substance abuse treatment and recovery services in communities with serious drug problems.

“There’s a recovery community center in the Bronx, services for women and families, adolescent programs, a screening program for college freshmen to lower dropout rates, services for individuals who are homeless, and more. Each grantee serves a particular population and provides support for local organizations,” Ms. Kaplan said.

What these grantee programs have in common is a focus on identifying gaps in substance abuse treatment capacity in their communities. The purpose is to expand the community’s ability to provide integrated community-based responses to a targeted, well-documented problem and improve the quality and intensity of services.

“Our program does have a clinical element,” Ms. Kaplan said. “In addition to expanding treatment services, grantees look for and find opportunities for links to primary care, mental health services, and housing.”

National Alcohol & Drug Addiction Recovery Month

Now celebrating its 20th year, *Recovery Month* promotes the message that recovery from substance abuse in all its forms is possible. Visit <http://www.recoverymonth.gov>.

For more information about each of these CSAT programs and recovery-related resources, please visit *SAMHSA News* online. ▾

—By **Meredith Hogan Pond**

“Centered” on Recovery

Prevention programming supports people in recovery by wrapping necessary services around individuals, families, and communities, including evidence-based programs for young people to learn about addiction and the skills needed to avoid drug and alcohol use.

—Frances Harding, Director
Center for Substance Abuse Prevention

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

—A. Kathryn Power, Director
Center for Mental Health Services

Focusing on recovery gives us a way to conceptualize services, including treatment, that meet people’s holistic needs in the context of their community.

—Dr. H. Westley Clark, Director
Center for Substance Abuse Treatment

Recovery Research and Case Studies

What Have State and Local Programs Learned?

Advancing recovery-oriented approaches and fostering the development of recovery-oriented systems of care is one of the priorities of SAMHSA's Center for Substance Abuse Treatment (CSAT).

In support of that goal, CSAT will soon post online four research-based white papers on recovery-related topics that include case studies and lessons learned from the experiences of cities and states developing recovery-oriented systems of care.

"These white papers serve as an opportunity to spin off some of the recommendations that emerged from CSAT's 2005 National Summit on Recovery," said Shannon Taitt, M.S., Project Officer at CSAT's Office of Program Analysis and Coordination.

Posted to SAMHSA's Partners for Recovery Web site, the white papers will be available for download. "We hope the field will use these white papers as a resource to see what's out there," said Ms. Taitt. "It's a way to start a good conversation among stakeholders across the Nation."

AT A GLANCE

Each of the white papers includes background information, a purpose statement, specific case studies, and an extensive bibliography. *SAMHSA News* online offers more detail at <http://www.samhsa.gov/samhsaNewsletter>.

Guiding Principles and Elements of Recovery-Oriented Systems of Care: What do we know from the research? More than 500 researchers and their studies are cited in this white paper to support the working definition of recovery, recovery's 12 guiding principles, and the 17 elements of recovery-oriented systems of care. For instance, research supports the concept that people in recovery are active agents of change in their own lives and not passive recipients of services. So it makes sense that decisionmaking is put in the hands of the person in recovery.

Approaches to Recovery-Oriented Systems of Care at the State and Local Levels: Three Case Studies. When states, local governments, or communities are ready to transform their existing fragmented collection of behavioral health programs and convert to a recovery-oriented system of care, there is no template to follow.

To help, this white paper provides three case studies that offer guidance. Philadelphia is one example. The city's Department of Behavioral Health and Mental Retardation Services began the conversion to ROSC in 2004. The new approach focused on coordination of services, continuity of care, and making the consumer the center of his or her own recovery.

Provider Approaches to Recovery-Oriented Systems of Care: Four Case Studies. In this white paper, the four case studies presented reflect innovative strategies for developing recovery-oriented systems of care anchored in diverse communities and targeting a range of populations. The case studies feature the Fayette Companies in Peoria, IL, the Behavioral Health Recovery Management Project, and the Sheridan Correctional Center Drug Treatment Prison and Re-entry Program in that state; White Bison, Inc., and the Wellbriety Movement based in Denver, CO; and the Citizens Planning and Housing Association, in Baltimore, MD.

Each organization approached systems change in a different manner, some as a part of a larger coalition, others as the lead organization creating internal change for their agency program.

Access to Recovery (ATR) Approaches to Recovery-Oriented Systems of Care: Three Case Studies. Intended to offer snapshots of promising approaches, the Access to Recovery white paper presents a brief overview of CSAT's ATR program and describes the activities in three states—Connecticut, Washington, and Wisconsin. These states are developing recovery-oriented approaches with support from an ATR grant.

Watch for links to the white papers to be posted online. Visit SAMHSA's Partners for Recovery Web site at <http://pfr.samhsa.gov/rosc.html>. ▽

Guiding Principles of Recovery

- There are many pathways to recovery.
- Recovery is self-directed and empowering.
- Recovery involves a personal recognition of the need for change and transformation.
- Recovery is holistic.
- Recovery has cultural dimensions.
- Recovery exists on a continuum of improved health and wellness.
- Recovery is supported by peers and allies.
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self-redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery involves (re)joining and (re)building a life in the community.
- Recovery is a reality. It can, will, and does happen. ▽

Source: CSAT White Paper: *Guiding Principles and Elements of Recovery-Oriented Systems of Care*.





If You're Pregnant, Don't Drink Alcohol

At the 10th annual Fetal Alcohol Spectrum Disorders (FASD) Awareness Day on September 9, 2009, providers, advocates, and SAMHSA staff and grantees came together to discuss the consequences of drinking alcohol while pregnant.

More importantly, the event focused on how to best help those who have an FASD and how to reach at-risk women of childbearing age to inform them that no amount of alcohol is safe to drink while pregnant.

"Advances in knowledge about FASD are significant," said Frances M. Harding, Director of SAMHSA's Center for Substance Abuse Prevention, in her opening remarks. "We have interventions and programs—what we need is more awareness among doctors and patients."

FASD Center for Excellence

SAMHSA is working hard to spread the word about FASD and drinking while pregnant. The FASD Center for Excellence provides funding in four different categories:

- Diagnosis and Intervention
- Parent-Child Assistance Program
- Screening and Brief Intervention
- Project CHOICES.

In addition, the center's Web site at <http://www.fasdcenter.samhsa.gov> offers 90,000 resources in its database and a special Native Initiative. The site also is fully navigable in Spanish.

More publications, including fact sheets and an illustrated book for children ages 8 to 15, will be available in the coming months.

According to the center, FASD affects an estimated 40,000 babies every year in the United States.

For more information, visit SAMHSA's FASD Center for Excellence at <http://www.fasdcenter.samhsa.gov>. You can also call 1-866-STOPFAS (1-866-786-7327) to speak to an information specialist. ▾

2009 Science and Service Award Winners Announced

SAMHSA has selected 27 organizations to receive the Agency's 2009 Science and Service Awards. These awards recognize exemplary implementation of evidence-based interventions that have been shown to prevent or treat mental illnesses and substance abuse.

Now in its third year, this annual award program recognizes public- and private-sector organizations, as well as community-based coalitions, that have worked to improve their communities and the lives of individuals by providing the best services possible.

Awardees were chosen in each of five categories:

- Substance abuse prevention
- Treatment of substance abuse and recovery support services
- Mental health promotion
- Treatment of mental illness and recovery support services
- Co-occurring disorders.

To be eligible for these nonmonetary awards, an organization must demonstrate successful implementation of a recognized evidence-based intervention, including interventions that have been published in the scientific literature or appear on a Federal or state registry.

For the list of 2009 awardees, see *SAMHSA News* online. For more information about SAMHSA's Science and Service Awards, visit <http://www.samhsa.gov/scienceandservice>. ▾



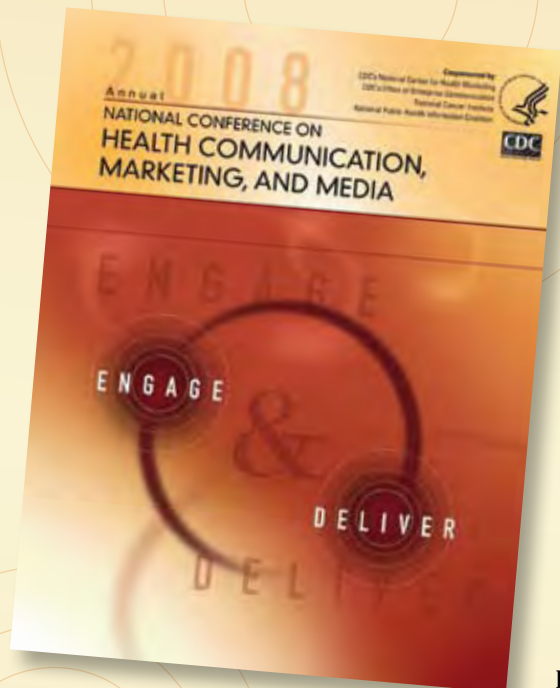
New Grant Awards

Recently, SAMHSA announced grant awards for several programs, including suicide prevention on campus, jail diversion, homelessness issues, and HIV/AIDS services, among many others.

Please see *SAMHSA News* online for full details on the awards. For the most up-to-date information on funding opportunities from SAMHSA, visit <http://www.samhsa.gov/grants>. ▾

ENGAGE

Conference Enhances Health Communication



“We need to make the key role of behavioral health in overall health an integral part of the national perception—particularly as the Nation engages in a discussion of health care reform.”

—Mark A. Weber, M.B.A.
SAMHSA Associate Administrator for Communications

A recent conference sponsored by the Centers for Disease Control and Prevention (CDC) and cosponsored by SAMHSA provided the perfect venue for expanding a national health communications network, called for in SAMHSA’s customer-driven strategic communications plan (see page 7). The Third Annual National Conference on Health Communication, Marketing, and Media, held in Atlanta, GA, in August 2009, explored new ways to engage partners and the public in improving health through an ongoing national dialogue informed by innovative practices and powered by the latest developments in technology.

“At last year’s conference, the topics of mental health and substance abuse were conspicuously absent—not by design, but by default,” said SAMHSA Associate Administrator for Communications Mark A. Weber, M.B.A. “We need to make the key role of behavioral health in overall health an integral part of the national perception—particularly as the Nation engages in a discussion of health care reform. SAMHSA’s cosponsorship of the conference this year and the inclusion of

presentations related to behavioral health were imperative.”

In addition to enhancing partnerships across Federal agencies, SAMHSA sought to foster linkages and establish connections among mental health and substance abuse communicators across states. As part of this effort, SAMHSA sponsored scholarships for conference participants from 17 states and the U.S. Territory of Guam. Participants were selected in conjunction with the National Association of State Alcohol and Drug Abuse Directors and the National Association of State Mental Health Program Directors.

Brenda Rowe, Ph.D., National Prevention Network representative from Georgia, said, “The Conference was inspiring and offered veteran communications professionals and ‘newbies’ opportunities to engage in a true learning community. Thank you SAMHSA and CDC!”

“Our stakeholders told us what they wanted, and we listened,” Mr. Weber said. “SAMHSA will continue to lead efforts to ensure that mental health and substance abuse are integrated into overall efforts for individual and community wellness.”

For more information about the conference, visit <http://www.cdc.gov/HealthMarketing/NCHCMM2008>. ↙

At SAMHSA, the Strategic Communications Framework is the platform for aligning public health practice with evidence-based communications and marketing approaches. Its core is a template for creating communications/marketing plans to advance program goals.

SAMHSA Highlights Strategic Communications Framework

SAMHSA discussed its strategic communications framework at the August meeting of the Third Annual National Conference on Health Communication, Marketing, and Media (see page 6).

Created with input from SAMHSA's many stakeholders—both internal and external to the Agency—the framework was formed to align all SAMHSA efforts with the common goal of building resilience and facilitating recovery for people with or at risk for mental and substance use disorders. It provides a platform for aligning public health practice with evidence-based communications and marketing approaches and also establishes a common language among SAMHSA program staff, communications staff, and the field.

“Subject matter specialists and statisticians are experts in their areas, but they are not always aware of how marketing and communications efforts can target and expand the reach of the information they produce,” said SAMHSA Associate Administrator for Communications Mark A. Weber, M.B.A. “We want to help them articulate and disseminate their findings and best practices in the most effective way possible.”

The effort began in 2007 with a series of in-depth confidential interviews with stakeholders and thought leaders conducted by the Human Interaction Research Institute (HIRI). HIRI President Thomas E. Backer, Ph.D., described the process by which SAMHSA developed the strategic communications framework.

“We started by gathering information from the interviews,” he said. “This was followed by an analysis of the information, which we described in a report. The report was then distributed to all participants in the project to confirm and validate our findings and to enable them to suggest overall quality improvements. Finally, we prepared a strategic communications framework of the recommendations and distributed it as a working version to be modified during implementation.” Dr. Backer said that there have been at least three working versions of the strategic plan so far.

At the core of the framework is a template for creating communications and marketing plans to advance program goals. The template guides SAMHSA staff and their contractors and/or field partners in planning and executing a

set of communications activities to do everything from creating and disseminating a product (such as a practice manual) to planning for a program (such as the Comprehensive Community Mental Health Services Program, developed by SAMHSA's Center for Mental Health Services).

The template is brief and serves as a checklist for communications planning. It is also technology-driven, helping users make optimal use of new communication vehicles such as interactive Web sites and eblasts targeted to specific audiences. SAMHSA is currently creating an online version of the template that will walk users through the planning process by offering a series of multiple-choice questions.

“Our emphasis on stakeholder participation in the development and evolution of this planning framework should bring a certain consistency to the communications process and enable SAMHSA to bring better health information more quickly to the people who need it,” Mr. Weber said. ▾

Elements of a Communications Plan

To launch a communications plan, you'll need to set a goal, identify your audience, decide on products, determine a format, and more. The following elements are part of a good communications plan and help you stay on track as your plan moves forward.

GOAL What's the goal of the organization, program, or product?	AUDIENCES What audiences must be reached and what behavior changes are needed to achieve this goal?	INFORMATION OR PRODUCTS What will be delivered to these audiences to reach the goal?	FORMATS What print or electronic formats will be used to structure the information or products?	LIFE CYCLE What's the expected life of the information or products?	MARKETING What channels and messages will be used to disseminate the information or products, with what kind of overall marketing strategy?	BUDGET What's the budget and funding source for this effort?
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Source: Excerpt from SAMHSA's Communications Planning Template

Recovery Month Launched, New Survey Data Released

SAMHSA, ONDCP, and A&E Network Collaborate

To launch the 20th annual *National Alcohol and Drug Addiction Recovery Month*, SAMHSA joined the White House's Office of National Drug Control Policy (ONDCP) and the A&E Network at a press conference at the National Press Club in early September.

"*Recovery Month* began as a small, good idea, and it has grown into a mainstream, national network with multiple partners," said Rear Admiral Eric B. Broderick, D.D.S., M.P.H., SAMHSA's Acting Administrator, in his introductory remarks.

At the heart of the recovery movement are the individuals who are facing down their addictions one day at a time. Two of those people offered a glimpse of their experiences. (See Testimonials.)

"*Recovery Month* provides a venue to recognize the tremendous successes of recovery support services and treatment providers that have helped people achieve and maintain their recovery from the disease of addiction," said H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA's Center for Substance Abuse Treatment (CSAT). *Recovery Month* is one of five recovery-related programs funded by CSAT. (See cover story.)

The event included the release of SAMHSA's 2008 National Survey on Drug Use and Health (NSDUH), which presents data showing the overall level of current illicit drug use holding steady at about 8 percent with certain areas of serious concern. (See box for significant NSDUH findings.)

The press conference focused on successes, challenges, and future directions for substance abuse treatment and prevention.

COLLABORATION IS KEY

Partnering with SAMHSA to overcome those challenges, such as reaching the some 21 million people who need treatment but don't perceive that need, is ONDCP and its newly appointed Director, R. Gil Kerlikowske, M.A.

"Treatment can be so much more effective when we all work together," he said.

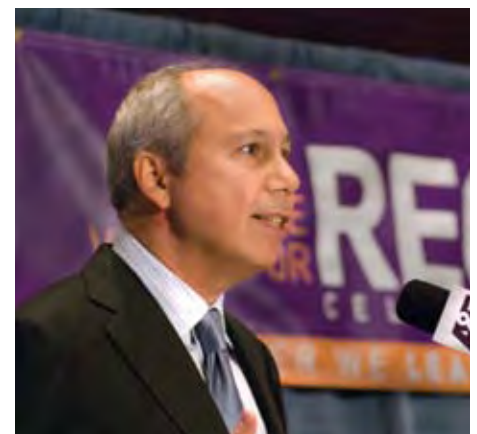
Mr. Kerlikowske explained that the Obama Administration's first drug control strategy would de-emphasize the "war on drugs" and strive to improve substance abuse prevention and treatment systems.



A press conference officially kicked off the 20th annual *Recovery Month* and set the stage for the Rally for Recovery in New York City on September 12 (see *SAMHSA News* online for photos).

(Top): Dr. H. Westley Clark, Director of SAMHSA's Center for Substance Abuse Treatment, explains the importance of *Recovery Month*.

(Left to Right): Acting SAMHSA Administrator Dr. Eric Broderick highlights significant findings of the 2008 NSDUH; ONDCP Director R. Gil Kerlikowske talks about the Obama Administration's drug control strategy; and A&E's President and General Manager Bob DeBitetto describes A&E's Recovery Project and the network's collaborative partnership with SAMHSA.



"In war, we only have one tool—force," he said. "We're not at war with people who use drugs. We're all in this together."

ENTERTAINMENT INDUSTRY'S ROLE

The A&E Network is partnering with SAMHSA and doing its part to raise awareness of the problems of addiction and the promise of recovery, most notably with the Emmy-nominated television show "Intervention."

"We believe A&E has a responsibility to enlighten and inform as well as entertain," said Bob DeBitetto, President and General Manager of A&E Network and BIO Channel.

Dr. Broderick cited research that shows that getting the message right is critical because viewers learn from and act on what they see.

The personal stories of addiction and recovery over the past 7 years have made "Intervention" A&E's top-rated television program. The show has won a national

PRISM Award 4 years in a row (see *SAMHSA News* online, May/June 2009).

A&E also promotes CSAT's Treatment Helpline, 1-800-662-HELP.

GOING FORWARD

The entertainment industry's involvement, along with the efforts of SAMHSA, ONDCP, and Federal and private partners, may help make a dent in the overall level of illicit drug use.

"We need to raise awareness among people who don't believe they need treatment," said Dr. Broderick. "We also need to reach populations that are difficult to reach, such as 18- to 25-year-olds and the baby boomer generation. We need to reach them in a way that makes them question their behaviors."

For more information about the 2008 NSDUH, visit <http://oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm>. For more on *Recovery Month*, visit <http://www.recoverymonth.gov>. ▽

—By Kristin Blank

Testimonials



"I watched my dad die from alcoholism. By breaking that chain, I honor him, and I honor my children," said James Gillen,

LCPD, now 11 years in recovery. Based in Rhode Island, Mr. Gillen is an active recovery leader in the New England area.



"My recovery is at the very core of who I am today," said Neil Kaltenecker, M.S., in recovery for 19 years. Ms. Kaltenecker is the

Executive Director of the Georgia Council on Substance Abuse, which builds community collaborations to promote recovery. ▽



New Survey's Significant Findings

Among 12- to 17-year-olds, there was a significant decline in overall past-month illicit drug use, from 11.6 percent in 2002 to 9.3 percent in 2008.

There have been significant decreases in the current use of alcohol, cigarettes, and nonmedical use of prescription drugs since 2007; the rate of current marijuana use among youth has remained stable.

Nonmedical use of prescription drugs among this age group dropped from 3.3 percent in 2007 to 2.9 percent in 2008.

YOUNG ADULTS

Over the past 3 years, there has been a steady drop in the rate of heavy alcohol use by full-time college students age 18 to 22—from a high of 19.5 percent in 2005 to 16.3 percent in 2008.

From 2002 to 2008, there were declines in past-month cocaine use, inhalant use, nonmedical use of stimulants, and

methamphetamine use among people age 18 to 25. However, over the same period, there were increases in the current use of pain relievers and LSD.

OTHER FINDINGS

The misuse of prescription drugs decreased significantly between 2007 and 2008 among those age 12 and older, including among adolescents.

Past-month methamphetamine use among those age 12 and older dropped sharply from approximately 529,000 people in 2007 to 314,000 in 2008.

The level of current cocaine use among the population age 12 and older has decreased from 1.0 percent in 2006 to 0.7 percent in 2008.

For more information, download the 2008 NSDUH at <http://oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm>. ▽

New Resources for Treatment Providers

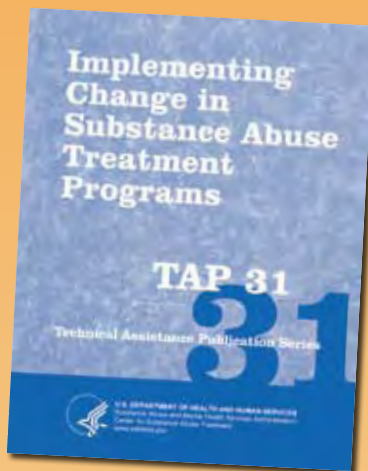
Treatment Programs: Guidance for Change

What's the best way for substance abuse treatment programs to integrate evidence-based practices (EBPs) into their services and improve client outcomes?

A recent publication from SAMHSA's Center for Substance Abuse Treatment, Technical Assistance Publication (TAP) 31, offers expert guidance.

TAP 31, *Implementing Change in Substance Abuse Treatment Programs*, provides managers, therapists, and others working in treatment facilities with strategies for including and using EBPs in ways that accommodate an organization's specific needs, goals, and culture. Tested and proven to work effectively, EBPs can be an invaluable asset to practitioners in the field.

Change is not always easy. Those who manage treatment programs are often



operating on a shoestring budget, and even well-meaning personnel can perceive change as inconvenient or impractical.

But, according to TAP 31, the rewards of integrating EBPs can be great. Some EBPs may be able to streamline administrative work and make treatment

more cost-effective. Others may increase client access to treatment. The most important result is the improvement of client outcomes.

TAP 31 encourages a facility's entire staff to join in the change process to re-energize everyone involved.

To order a print copy of TAP 31, *Implementing Change in Substance Abuse Treatment Programs*, call SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727), and ask for publication number SMA09-4377.

To download the publication in PDF format, visit <http://kap.samhsa.gov/products/manuals/pdfs/TAP31.pdf>. To find more publications in the TAP series, visit SAMHSA's Knowledge Application Program (KAP) Web site at <http://www.kap.samhsa.gov>.



Treating Opioid Addiction: New Brochures for Consumers

SAMHSA's Center for Substance Abuse Treatment recently released three educational brochures for patients on the use of medication-assisted treatment for opioid addiction. Two focus on specific medications—buprenorphine and naltrexone.

The other brochure contains general information for families and friends.

FACTS

Each brochure contains sections called "Addiction: What's True and What's Not," in addition to facts about buprenorphine and naltrexone in the respective brochures.

For example, some people may think that they are just replacing one addictive drug with another. In truth, medication-assisted treatment provides a safe, controlled level of medication to overcome the use of a problem opioid.



“Having a set of guidelines for use of effective medications, such as naltrexone, is an invaluable treatment resource for physicians, providers, and clinicians.”

—Robert Lubran, M.S., M.P.A., Director
Division of Pharmacologic Therapies, CSAT

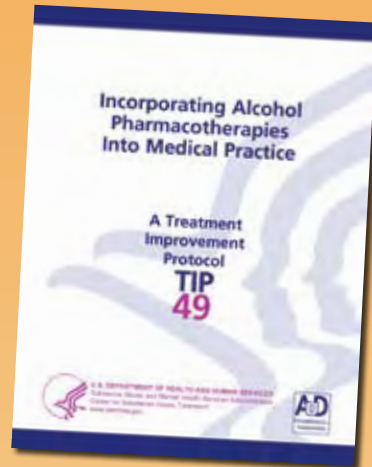
TIP 49: Treating Alcohol Use Disorders with Medication

People with alcohol use disorders (AUDs) now have more options in seeking help. A new resource from SAMHSA provides clinical guidelines for the proper use of medications in the treatment of AUDs.

Treatment Improvement Protocol (TIP) 49, *Incorporating Alcohol Pharmacotherapies Into Medical Practice*, provides the basic information, evidence- and consensus-based guidelines, tools, and resources necessary to help health care providers treat patients with AUDs.

TIP 49 is intended for use by physicians and other health care providers who can prescribe and administer medications for AUDs, in either specialty substance abuse treatment programs or primary care offices.

Because health care providers are in key positions to manage the care of large numbers of patients with AUDs,



this TIP offers specific information about the different medications available for treatment.

MEDICATIONS

A chapter is devoted to each of the following medications, which have been

approved for use by the Food and Drug Administration:

Acamprosate is thought to help modulate and normalize alcohol-related changes in brain activity, reducing symptoms of protracted withdrawal (e.g., disturbances in sleep and mood) that may trigger a relapse.

Disulfiram causes an acutely toxic physical reaction when mixed with alcohol, which is thought to increase the patient's motivation to remain abstinent.

Oral naltrexone reduces both the rewarding effects of alcohol and the craving for it.

Extended-release injectable naltrexone helps address patient nonadherence, which can limit the effectiveness of oral naltrexone.

These four medications have unique pharmacological actions and profiles of effects, and they produce different types of outcomes in individual patients, making it necessary for separate guidelines for their use. As more information becomes available, it will be added to the online bibliography and literature review that supplement this TIP on SAMHSA's Knowledge Application Program (KAP) Web site, <http://www.kap.samhsa.gov>.

TO ORDER

For print copies of TIP 49, call SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Ask for publication number SMA09-4380. For a PDF version of TIP 49, as well as the literature review, visit <http://www.kap.samhsa.gov/products/manuals/tips/pdf/TIP49.pdf>.

The brochures focusing on the medications contain warnings about how to use them, as well as information on side effects. For instance, patients are warned against using other kinds of substances and medications while on buprenorphine or naltrexone because serious side effects and even death can occur.

Patients also are encouraged to combine medication with counseling and support from family and friends.

ORDERING INFORMATION

All three publications are available from SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727).

For *Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends*, request publication number SMA09-4443.

For *The Facts about Naltrexone for Treatment of Opioid Addiction*, request SMA09-4444.

For *The Facts about Buprenorphine for Treatment of Opioid Addiction*, request SMA09-4442.

For more information or to download the brochures, visit <http://www.kap.samhsa.gov/products/brochures/consumer>.

Suicide Awareness Updates

National Study Examines Suicidal Thoughts and Behaviors

Nearly 8.3 million adults age 18 and older in the United States (3.7 percent) had serious thoughts of suicide in the past year, according to the first national scientific survey of its size on this public health problem.

Suicidal Thoughts and Behaviors among Adults, from SAMHSA's National Survey on Drug Use and Health (NSDUH), also shows that 2.3 million adult Americans made a suicide plan in the past year and that 1.1 million adults—0.5 percent of all adult Americans—had actually attempted suicide in the past year.

Among the adults who had serious thoughts of suicide, most (5.8 million) had not made a suicide plan or suicide attempt. Approximately 1.4 million adults had serious thoughts of suicide and made a suicide plan, but had not made a suicide attempt; 0.2 million had serious thoughts

of suicide and made a suicide attempt, but made no suicide plan.

An estimated 0.9 million had serious thoughts of suicide, made a suicide plan, and actually attempted suicide.

PROBLEM VARIES BY AGE

According to the report, the risk of suicidal thoughts, planning, and attempts varies significantly among age groups. Young adults age 18 to 25 were far more likely to have seriously considered suicide in the past year than those age 26 to 49 (6.7 versus 3.9 percent), and nearly three times more likely than those age 50 or older (2.3 percent).

These disparities in risk levels among younger and older adults also were found in suicide planning and suicide attempts.

SUBSTANCE USE

Substance use disorders also were associated with a higher risk of seriously considering, planning, or attempting suicide.

People experiencing substance use disorders within the past year were more than three times as likely to have seriously considered suicide as those who had not experienced a substance use disorder (11.0 versus 3.0 percent).

Those with past-year substance use disorders were also four times more likely to have made a suicide plan than those without substance use disorders (3.4 versus 0.8 percent) and nearly seven times more likely to have attempted suicide (2.0 versus 0.3 percent).

MEDICAL ATTENTION

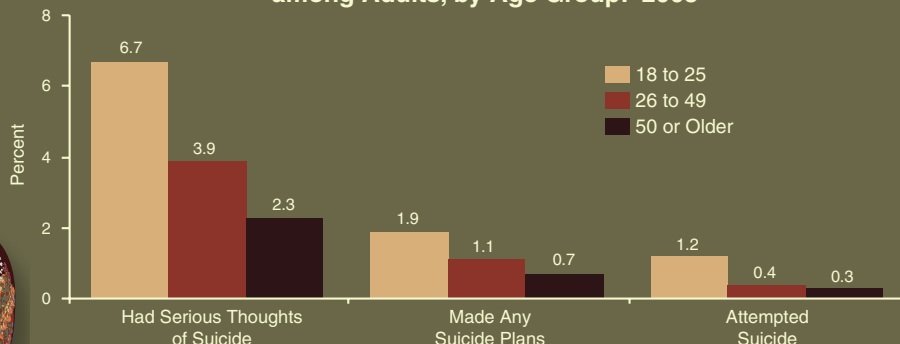
Of the adults who attempted suicide in the past year, 62.3 percent (678,000 people) received medical attention for their suicide attempts, and 46.0 percent (500,000) stayed overnight or longer in a hospital for their suicide attempts.

This study is the first to present findings based on new NSDUH suicide questions introduced in 2008 and asked of all adult respondents age 18 or older.

To view *Suicidal Thoughts and Behaviors among Adults* in HTML or PDF format, visit SAMHSA's Office of Applied Studies Web site at <http://oas.samhsa.gov/2k9/165/suicide.cfm>. ◀



Suicidal Thoughts and Behaviors in the Past Year among Adults, by Age Group: 2008



Source: SAMHSA, Office of Applied Studies (September 17, 2009). Figure 1. *The NSDUH Report: Suicidal Thoughts and Behaviors among Adults*. Rockville, MD.



With help comes hope.

Help is available for you or someone you care about, 24/7.

New Guide Helps Funeral Directors Support Survivors of Suicide Loss

In the immediate aftermath of suicide, funeral directors play a vital and powerful role with those affected by the profound and crippling effects of suicide loss.

A new booklet from SAMHSA's Center for Mental Health Services (CMHS)—*Supporting Survivors of Suicide Loss: A Guide for Funeral Directors*—addresses how those in the funeral services industry can lessen the leveling blow that families are dealt when they lose a loved one to suicide.

Suicide may be a personal act, but its effects are far-reaching. In the United States, 91 people a day die by suicide. Each year, nearly 200,000 individuals become survivors of suicide loss. Suicide affects families, communities, and society as a whole.

Recently identified as a major public health threat, suicide has received significant attention at the Federal level. The National Strategy for Suicide Prevention, developed by the U.S. Surgeon General, describes suicide as a tragedy that can be prevented in many cases. Lives can be saved if the right people, equipped with the right knowledge, intervene at the right time.

HELPING SURVIVORS OF SUICIDE LOSS

The guide for funeral directors addresses the differences between death by suicide and death by other means. As after other deaths, those left in the wake of suicide feel a multitude of emotions such as denial, fear, anger, and abandonment. Suicide can heighten these feelings or

bring on others such as anguish, guilt, betrayal, relief, and incompetence.

Other ills that can accompany suicide loss include exhaustion, migraines, post-traumatic stress disorder, memory problems, colitis, alcoholism, sleep problems, anxiety, crying spells, heart trouble, fear of being alone, ulcers, difficulty with relationships, clinical depression, and thoughts of suicide.

The guide offers carefully chosen language for funeral directors to use to minimize stigma when talking with those who have had a loss to suicide. How funeral directors interact with survivors of suicide loss can affect survivors' stress levels immediately following the death and in the days and months to come.

Showing sensitivity in interactions with bereaved individuals—for example, choosing pallbearers with care, remaining flexible with regard to physical contact with the deceased, scheduling breaks for bereft individuals between visitations, showing

compassion for erratic behavior, and inquiring about mental illness, if indicated—can lessen feelings of stigma or shame that survivors already may be experiencing.

Also included in the guide are frequently asked questions about suicide and its immediate aftermath, a discussion of compassion fatigue, and a list of resources.

To order print copies of *Supporting Survivors of Suicide Loss: A Guide for Funeral Directors*, call SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Ask for publication number SMA09-4375. A PDF version of the guide will be available soon on the CMHS Web site at <http://mentalhealth.samhsa.gov>. ▽

—By Riggin Waugh



How To Write a Winning Grant Proposal

Stanley Kusnetz, M.S.Ed., has reviewed hundreds of grant applications in his long career as a senior review administrator in SAMHSA's Office of Program Services.

A few stand out. Take the application from a would-be grantee that didn't bother to mention the substance abuse problem the organization was hoping to tackle.

"Rather than actually describe the substance abuse problem in the South Bronx, the organization just kept describing itself as Fort Apache—a reference to a movie that was about substance abuse in the South Bronx," said Mr. Kusnetz. "But as far as the review committee was concerned, the South Bronx didn't have a substance abuse problem, because the organization didn't describe it."

Making assumptions is just one of the common mistakes Mr. Kusnetz and other reviewers see. They have plenty of advice for those seeking funding from SAMHSA.



Grant Writing Tips

Use the following tips to boost your chances of crafting a winning grant proposal.

Plan ahead. "Applicants are often scurrying at the last minute," said Cathy J. Friedman, M.A., a public health analyst in SAMHSA's Office of Policy, Planning, and Budget and a former staffer in SAMHSA's review office. Allow yourself enough time to give a grant application the time it deserves.

Make things easier for yourself by doing as much as you can ahead of time. "Certain parts of a Request for Applications (RFA) are standard, so try to prepare those parts in advance," recommended Ms. Friedman. Once you've put together that information, she said, you can re-use it in every SAMHSA application. If you've never applied for a SAMHSA grant before, you can review past grant announcements on SAMHSA's Web site at <http://www.samhsa.gov/grants/archives.aspx>.

Look for a good match. Don't apply for grants willy-nilly. Instead, said Ms. Friedman, look for a good match between what the grant program requires and what you can offer. Start by reviewing the Executive Summary on the first page of every RFA, which gives a thumbnail sketch of the award information, program's purpose, application due date, and other details. Also check to make sure you're eligible to apply. For some programs, for example, only states are eligible.

And don't over-promise, warned Mr. Kusnetz. Before you apply, consider whether you actually have the capacity to do what you propose, including collecting data on outcomes.

Follow directions. No matter how good your proposal is, it will be screened out if you miss the deadline, exceed the page limit, fail to follow formatting requirements, or make similar errors.

Pay special attention to the project narrative section, where you have a chance to explain your proposal in depth. "Write in plain English what you're going to do, how you're going to do it, and how you're going to evaluate it," recommended Ms. Friedman. "Sometimes people are so convinced that their project is terrific, they just send in something about their program without really responding to the requirements of the grant announcement."

Be very specific, added Mr. Kusnetz. "A very common mistake is for applicants to give you a list of what they're going to do without saying how they're going to do it," he said. "Lots of 'whats' without 'hows' don't work."

Don't make assumptions. Don't leave things out of your application because you assume the reviewers already know them. "You leave something out at your peril," warned Mr. Kusnetz, explaining that the experts who

review grant applications use a structured checklist of criteria to score applications.

Cultural competency is one area that applicants often overlook. "We might get an application from an Indian tribe that doesn't discuss the cultural competency elements of working with the tribe because they figure, 'Hey, we're a tribe, so of course we know these things,'" said Mr. Kusnetz. "But the reviewers are instructed not to assume anything. If it's not written in the application, it doesn't exist."

Have someone else read your application. Simply running a spell check isn't enough. "For some reviewers, it's hard to get past the technical errors to see the quality of a program," said Ms. Friedman, citing punctuation problems, run-on sentences, and inaccuracies in the table of contents or appendices as just a few examples.

Having at least one person who hasn't been involved in writing the application read it over can save you from more than embarrassing typos: A proofreader can also catch inconsistencies. "So many times we get answers that are contradictory," said Ms. Friedman. "Sometimes organizations have different people write different parts of the application. They need someone to read the finished product and make sure it all hangs together." ▽

—By Rebecca A. Clay

Developing Competitive SAMHSA Grant Applications is a manual that guides readers through the process of planning and preparing successful applications. Download it at <http://www.samhsa.gov/grants/ta/index.aspx>. For additional resources, see SAMHSA News online.



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President Obama Nominates Pamela Hyde as New SAMHSA Administrator

As *SAMHSA News* went to press, HHS Secretary Kathleen Sebelius announced the nomination of Pamela S. Hyde, J.D., as President Obama's choice for SAMHSA Administrator.

Ms. Hyde has served as Cabinet Secretary of the New Mexico Human Services Department since 2003. A lawyer by training, Ms. Hyde has 30 years of experience in management and consulting for public sector systems of health care and human services.

She has held several key public sector management positions, including those of a state mental health director, state human services director, and city housing and human services director. She also previously served as a CEO of a private nonprofit behavioral health care organization that managed care and provided direct services. She holds a B.A. from Missouri State University and a J.D. from the University of Michigan.

There's **More** 

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Mental Health & Self-Help Groups

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