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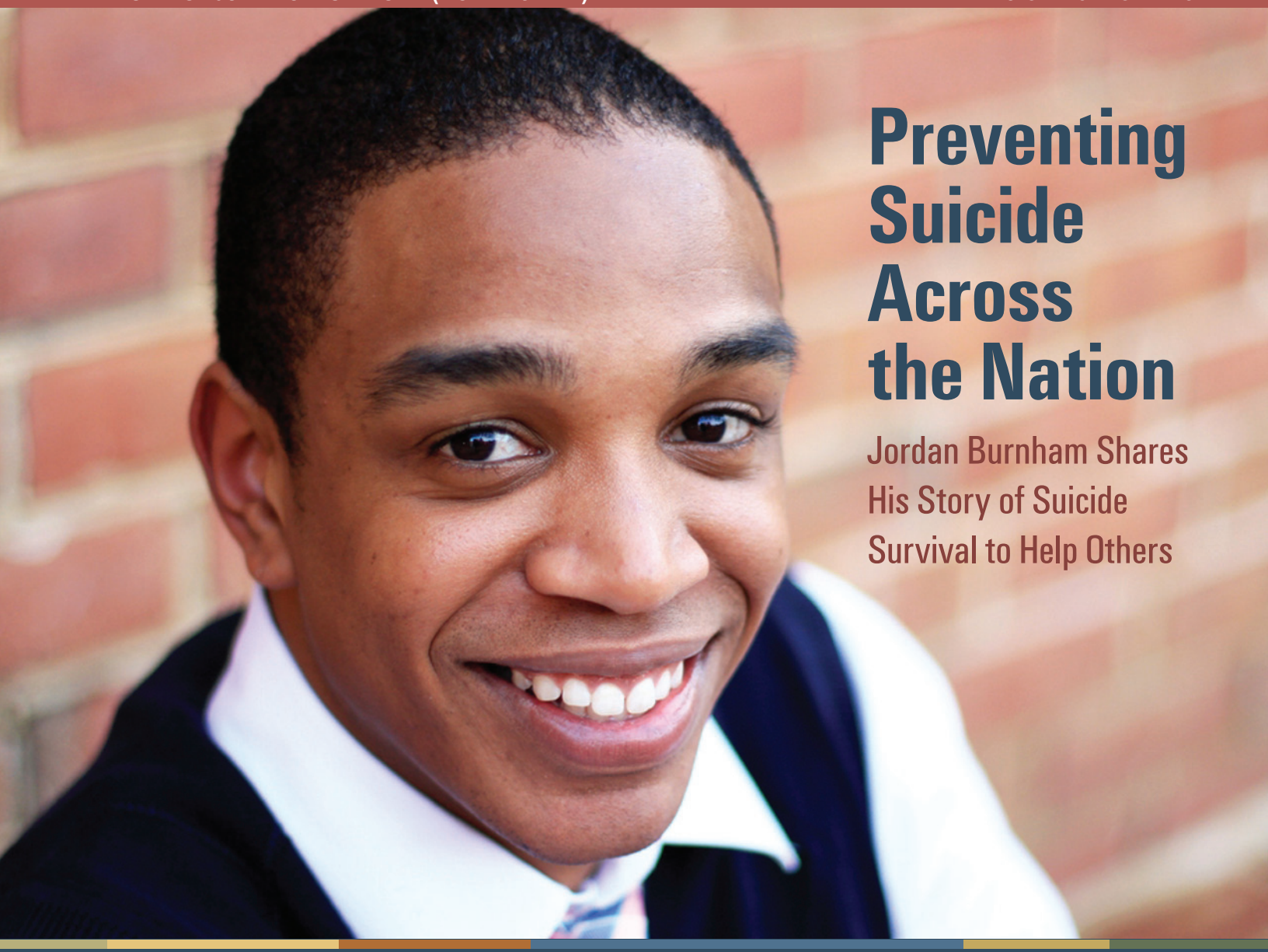

Preventing Suicide Across the Nation

Jordan Burnham Shares His Story of Suicide Survival to Help Others

SAMHSA News Goes Paperless

As of January 2013, *SAMHSA News* will only be distributed via email. Sign up today at **www.samhsa.gov**.

Behavioral Health is Essential to Health, Prevention Works, Treatment is Effective, People Recover

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
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In This Issue

View From the Administrator: Working Together to Prevent Suicide

Suicide is one of our nation's greatest public health problems and it's largely preventable. New developments over the past decade are shedding light on ways everyone can help prevent suicide. Reflecting significant changes in the landscape, the Office of the Surgeon General and the National Action Alliance for Suicide Prevention recently released an updated *National Strategy for Suicide Prevention*. SAMHSA is proud to be part of the Action Alliance, a public-private organization that was created as a result of the first *National Strategy*, and applauds this important update.

In the decade since the first *National Strategy* was issued in 2001, the suicide prevention field, including SAMHSA, has made significant strides in suicide prevention. Accomplishments include the enactment of the Garrett Lee Smith Memorial Act (see *SAMHSA News* November/December 2007), which created the first significant federal grant program to states, tribes, territories, and institutions of higher education for youth and college suicide prevention efforts. Through these SAMHSA-managed grants, funds are used to enhance a range of behavioral health services and to provide training for students, families, faculty, staff, and communities.

> "SAMHSA is committed to continuing its work with private organizations and federal departments in order to provide states, territories, tribes, and communities with the resources they need to help prevent suicide."

Advancements also include the creation of the National Suicide Prevention Lifeline, 1–800–273–TALK (8255), as well as collaborations with the Veterans Crisis Line. The SAMHSA-funded Suicide Prevention Resource Center (SPRC) advances the *National Strategy* by providing technical assistance, training, and materials to increase the knowledge and expertise of individuals serving people at risk for suicide. The SPRC also maintains databases of evidence-based programs and best practices.

The updated *National Strategy* highlights additional resources for preventing suicide today, such as using technology like social media and implementing better coordination of care among health care professionals. It recognizes that suicide is a complex issue that requires a comprehensive and coordinated approach. SAMHSA is committed to continuing its work with private organizations and federal departments such as the U.S. Department of Defense and U.S. Department of Veterans Affairs in order to provide states, territories, tribes, and communities with the resources they need to help prevent suicide.

I encourage everyone to read the *National Strategy* and learn about the many resources, programs, and tools available to help prevent suicide in your community. It is imperative that Americans work together to reach out to those at risk. Together, we can help prevent the pain that suicide brings to individuals, their loved ones, and entire communities.

— Pamela S. Hyde, J.D.

To read or download a copy of the *National Strategy*, visit **www.samhsa.gov/nssp** or scan this code with your smartphone.

SUICIDE PREVENTION:

A National Priority

At age 16, Jordan Burnham was a popular high school student, always smiling and laughing. Being diagnosed with depression came as a surprise, as he had become an expert in hiding his feelings.

"It seemed as though I had everything that I wanted—a girlfriend, playing sports, popular. But still, it felt like there was a hole inside of me, and I couldn't figure out why I had a lack of motivation to get out of bed, why I was randomly crying," Jordan says.

The pressure to do well in school, fit in, and make his parents proud led to drinking and suicidal thoughts. In 11th grade, Jordan was hospitalized. But despite medication and twice-weekly sessions with a counselor, Jordan didn't immediately take his depression seriously. In therapy, he says, "I was probably 80 percent honest," and he didn't admit that he had stopped taking his medication.

It took a suicide attempt at age 18 to shock Jordan into making a commitment to get healthy. That meant taking his medication regularly, being completely honest with his therapist, stopping his drinking, and tapping into a strong support system, including his parents. Knowing it was a miracle to be alive after his suicide attempt, Jordan became determined to make his second chance a positive one.

> "I just wanted to be content with how my life was and try to help other people so that it didn't get to that point for someone else."

"I knew that I could cope with depression in a better way," he realized. "I just wanted to be content with how my life was and try to help other people so that it didn't get to that point for someone else. The main message is that you're not the only one going through these problems, but you can verbalize them, and you can cope with them in a healthy way."

Jordan is sharing his message through media appearances and a video for suicide attempt survivors, *Stories of Hope and Recovery*, released by SAMHSA this fall. Jordan is not alone; SAMHSA's 2010 National Survey on Drug Use and Health (NSDUH) shows that 3.8 percent of adults age 18 and older in the United States, or an estimated 8.7 million people, had serious thoughts of suicide within the past year. Approximately 2.5 million adults made suicide plans in the past year, and 1.1 million adults attempted suicide in the past year. Like Jordan, many people who struggle with suicidal thoughts also have problems with substance use; the 2010 NSDUH also indicates that adults who have substance dependence or misuse are more than four times more likely to report serious thoughts of suicide than those who do not.

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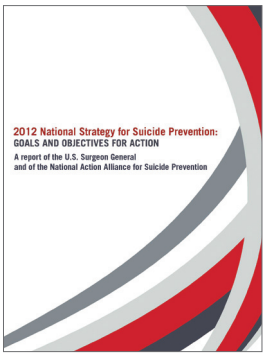
Suicide Prevention Strategy

To reduce the number of people like Jordan who suffer needlessly from suicidal thoughts, SAMHSA and the U.S. Department of Health and Human Services (HHS) have made suicide prevention a national priority. This fall, U.S. Surgeon General Regina Benjamin, M.D., M.B.A.—along with the National Action Alliance for Suicide Prevention, a national public-private collaboration that includes SAMHSA—issued the *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*.

For the past 10 years, the nation has been guided by a 2001 strategy that was released by then-Surgeon General David Satcher, which laid the groundwork by organizing a strategic approach to suicide prevention. One of the major milestones from the first *National Strategy* was the formation of the National Action Alliance, which advances suicide prevention efforts nationwide and was tasked with updating the *National Strategy* over time.



The newest *National Strategy* identifies ways to reduce the incidence of suicide across the nation and within high-risk populations, such as older men, individuals bereaved by the suicide of someone close to them, and those with a mental or substance use disorder. It reflects advances in understanding effective suicide prevention approaches, such as talk therapy, crisis lines, use of technology, and close coordination of care among health care professionals.

For example, a 2012 U.K. study cited in the *National Strategy* shows that suicide rates can be significantly reduced through applying a comprehensive set of suicide prevention recommendations, including providing 24-hour crisis teams and conducting community outreach. Other helpful measures include:

- Removing access to materials that could be used for suicide
- Training frontline staff within mental health systems to better manage suicide risk
- Contacting people within 7 days of their discharge from a mental health program
- Developing written policies for sharing information about suicide risk with criminal justice agencies
- Following up with patients who are not adhering to treatment
- Addressing co-occurring disorders (a combination of a mental and a substance use disorder)
- Reviewing and sharing information with families after a suicide.

Among these recommendations, providing 24-hour crisis care was linked to the largest decrease in suicide rates. The SAMHSA-funded National Suicide Prevention Lifeline, 1–800–273–TALK (8255), provides more than 800,000 callers a year with confidential, 24/7 crisis counseling and mental health referrals through a

Suicide Prevention Resources

SAMHSA-supported suicide prevention resources include:

- www.samhsa.gov/nssp
- www.sprc.org
- National Suicide Prevention Lifeline, 1-800-273-TALK (8255) (veterans and service members can press 1)
- The Lifeline's newly launched blog, "You Matter," for young adults, www.youmatter.suicidepreventionlifeline.org
- The Disaster Distress Helpline, 1-800-985-5990.

These and other suicide prevention resources are available at www.store.samhsa.gov:

- *Stories of Hope and Recovery: A Video Guide for Suicide Attempt Survivors*
- *Preventing Suicide: A Toolkit for High Schools*
- *Suicide Warning Signs: Get the Facts and Take Action* wallet card
- *After an Attempt: Guide for Taking Care of Yourself After Treatment in the Emergency Department* (in English and Spanish)
- *Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)* pocket card for clinicians
- *Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities*
- *TIP 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment.*

national network of more than 155 local crisis call centers.

Comprehensive Solutions Needed

Historically, as the *National Strategy* outlines, suicide prevention was viewed as the primary territory of mental health agencies because of its close link to mental illness. However, most people who have a mental disorder do not engage in suicidal behaviors, according to an Institute of Medicine study cited in the *National Strategy*. Moreover, mental health is only one of many factors that can influence suicide risk; life experiences such as trauma or having chronic physical pain also can affect suicide risk.

The new *National Strategy* recognizes that it will require comprehensive solutions to address the complicated problem of suicide, with multiple approaches implemented at multiple levels. For example, enhancing people's connections to others—something anyone can do, regardless of background or profession—can help reduce feelings of depression and isolation, which contribute to suicide risk, according to the Suicide Prevention Resource Center (SPRC).

The *National Strategy* notes that with the advent of new technologies, it is becoming even easier to help people in crisis. These include mobile apps that enable people to chart moods and access crisis lines and a new Facebook feature that enables the reporting of suicidal content. Working together to change the conversation and remove barriers to life-saving help can be extremely rewarding, as Jordan Burnham attests: "It's very therapeutic to be able to tell my story, knowing that it's helping someone else and knowing that I'm making a difference in adding a positive light to society." ■

Recent Events

Celebrating Recovery Month

Now in its 23rd year, the SAMHSA-sponsored National Recovery Month promotes the societal benefits of prevention, treatment, and recovery for mental and substance use disorders. This year's theme, "Join the Voices for Recovery: It's Worth It," emphasizes that the benefits recovery brings to individuals, families, and communities far outweigh any difficulties on the road to recovery.

Recovery Month's 150 planning partners, along with states, cities, and national and local organizations, hosted hundreds of events.

Available on Recovery Month's Facebook page, **www.facebook.com/RecoveryMonth**, a new Pledge4Recovery campaign allows people to pledge to make a difference all year long. For more information visit **www.recoverymonth.gov**.

National Wellness Week

Cities from coast to coast joined together with SAMHSA to celebrate the second annual National Wellness Week, September 17–23. As a part of National Recovery Month, National Wellness Week promotes the many ways wellness activities can improve quality of life for people with mental and substance use disorders.

In collaboration with the U.S. Food and Drug Administration's Office of Women's Health and the U.S. Department of Health and Human Services' (HHS) Million Hearts™, SAMHSA's National Wellness Week aims to inspire individuals to improve their wellness through modifying at least one physical health behavior, while exploring their talents, skills, interests, social connections, and environment to incorporate other dimensions of wellness. Read more about National Wellness Week 2012 at **www.samhsa.gov/wellness.**

Voice Awards

Metta World Peace of the Los Angeles Lakers and producer Shonda Rhimes were among those recognized at SAMHSA's Seventh Annual Voice Awards.

Mr. World Peace received a SAMHSA Special Recognition Award for his work supporting mental health issues and treatment services for children.

Ms. Rhimes was recognized with a Career Achievement Award for her ongoing efforts to educate television audiences about the real experiences of people with behavioral health problems and those affected by trauma.

The Voice Awards are a collaborative effort of SAMHSA, members of the entertainment industry, and the behavioral health community. This year the awards had a special focus on the behavioral health challenges of athletes, their resilience, and their paths to recovery. For a full list of award recipients visit **www.voiceawards.samhsa.gov**.

With Peer Support, Recovery is Possible

When Lauren Spiro was 16 years old, doctors told her she had chronic schizophrenia and would never recover. For years, Ms. Spiro kept her diagnosis a secret from the wider world, even as she learned to ignore the voices in her head and became a mental health professional herself. But it was eventually sharing her story with others—and hearing how they overcame similar experiences—that played the most powerful role in her recovery.

"If someone is feeling like ending their life or hearing voices or having thoughts racing, we can say, 'I've been there; I hear you,'" she said. "We can say, 'I will hold your hope for you if you don't feel it right now.'"

Today, Ms. Spiro directs the National Coalition for Mental Health Recovery, an organization devoted to ensuring consumers of mental health services have a voice in policy decisions that affect them. She's also a prime example of both the power of peers and the possibility of recovery.

When National Recovery Month began in 1989, many behavioral health professionals didn't believe recovery was possible. Thanks in part to advocacy by consumers themselves, the field has made great progress in the 23 years since then.

Mental Health

In the mental health arena, the consumer movement has promoted not only the idea that recovery is possible, but also that consumers should play a key role in their recovery.

"The consumer movement is sort of a civil rights movement," said Neal Brown, M.P.A., Chief of the Community Support Programs Branch of SAMHSA's Center for Mental Health Services (CMHS).

The movement began in the 1960s, when former psychiatric hospital patients came together to fight a system they viewed as unresponsive at best and abusive at worst.

It aims to educate people about what consumers with mental disorders have experienced, how people can and do recover, and what approaches facilitate the recovery process. The movement also seeks to empower consumers to make decisions for themselves. "Having a place in their own recovery," said Mr. Brown, is the essence of the consumer movement.

SAMHSA, through its Community Support Program (CSP), has helped the movement by giving consumers opportunities to come together, by supporting consumer organizations at the state and national levels, and by promoting peer-run programs, shared decision-making, and person-centered care.

The CSP-funded Consumer-Operated Services Program (COSP) Multisite Research Initiative helped establish the evidence base for such alternative programs. It found that participation in mutual support programs, drop-in centers, and other consumer-run services significantly boosts consumers' well-being and empowerment, and that the more consumers use such services, the greater their gains. SAMHSA used the results of

that and other research to create a toolkit called the Consumer-Operated Services Evidence-Based Practices Kit.

In recent years, people in recovery from mental illness have become important members of SAMHSA's staff and have helped guide innovative activities (see *SAMHSA News* p. 12, "New CMHS Director"). "SAMHSA has constantly been a support for the consumer movement," said Mr. Brown, "but it's the consumers themselves who make it all happen."

Substance Use

In the substance use field, individuals and families seeking recovery have had challenges in accessing formal treatment services. The 19th and early 20th century saw the emergence of mutual aid societies. Alcoholics Anonymous, for example, began in 1935.

New grassroots organizations developed in the late 1990s that supported the new recovery advocacy movement. The movement organizes local and national communities to give voice to people in recovery and their family members. In addition, the movement is educating the public, policymakers, and providers about the many pathways to addiction recovery.

The Recovery Community Services Program (RCSP) was funded by SAMHSA's Center for Substance Abuse Treatment (CSAT) in 1998. The purpose of the program is to help mobilize communities of recovery and foster the development of recovery community organizations. In 2002, the RCSP funded local recovery community organizations to provide peer recovery support services and promote the development of peer leaders.

Peer support in Alcoholics Anonymous and Narcotics Anonymous helped keep Charles Thornton away from alcohol, heroin, cocaine, and other drugs. Growing up in Washington, DC, Mr. Thornton started using marijuana, got arrested for possession at age 17, and found himself incarcerated by age 18. At age 29, he received treatment for the first time. A friend in recovery gave him a job and advice as someone who knew what he was going through and for 2 years he lived in a consumer-run, drug-free home. "In certain areas of the District at that time, drugs were everywhere," he remembered. "To have a safe place and know that other people in the house were recovering also just led to a lot of support." He also became active in the DC Recovery Community Alliance, recovery clubs, and other groups.

Definition of Recovery:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Now Mr. Thornton returns the favor, encouraging others to get involved and providing mentorship and support. "I can be a model, an example," says Mr. Thornton, who now directs the Mayor's Office on Returning Citizen Affairs.

Coming Together

The recovery movement is increasingly focusing on both mental and substance use disorders. For example, in 2011, Recovery Month broadened its focus to include mental as well as substance use disorders.

SAMHSA sponsored other efforts in 2011 to promote dialogue and collaboration between the CSAT-funded RCSP and the CMHS-funded Statewide Consumer Grant Program, among other efforts. That same year, SAMHSA and behavioral health consumers developed a new working definition of recovery from both mental and substance use disorders as: "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." SAMHSA's National Survey on Drug Use and Health has also broadened its focus to include mental disorders in recent years.

That integration makes sense for consumers who know firsthand that mental and substance use disorders often go hand in hand.

Eric McDaniel is one such consumer who has struggled with co-occurring disorders. At age 29, alcoholism and depression had destroyed his promising career as a trial lawyer and left him thinking of suicide.

"Everybody hears a lot about active addiction, and we all know what that looks like," said Mr. McDaniel. "What's important to get out is that there are millions of Americans in long-term recovery."

Peers helped Mr. McDaniel with his recovery. In addition to more than a year in a consumer-run recovery house, he had access to group therapy. "It was really important to have people I could share my feelings and experiences with," he said. "It also helped me, because I was able to learn from the experiences of others."

Now more than 4 years into his recovery, Mr. McDaniel is Program Coordinator at Faces and Voices of Recovery in Washington, DC, which provides education, advocacy, and capacity-building for the recovery community. Says Mr. McDaniel: "Recovery has given my life new meaning."

For more information about recovery, visit **www.samhsa.gov/recovery**. For additonal resources, visit **www.store.samhsa.gov**. ■

SAMHSA Responds to Recent Disasters

August 30, 2012—A resident of Pointe a la Hache, LA, sits on the stairs of his home that was flooded in the aftermath of Hurricane Isaac. Photo by Patsy Lynch/FEMA

Hurricanes, wildfires, tornados, earthquakes, floods, and severe drought. The United States has recently experienced all of these. No matter the source, a natural disaster or other tragedy can result in anxiety, anger, depression, and other difficult emotions. And those reactions don't just occur among the people living in the affected area. Their family members and friends, first responders, and rescue and recovery workers are also at risk of experiencing distressing reactions.

SAMHSA's Disaster Distress Helpline can provide immediate assistance to anyone who needs help after a disaster. Available 24 hours a day, 7 days a week, from anywhere in the United States, the free helpline offers confidential, multilingual counseling by trained professionals as well as referrals and other support services.

To access the toll-free helpline, call 1–800–985–5990 or text TalkWithUs to 66746. The TTY for callers who are deaf or hearing impaired is 1–800–846–8517.

"With community and family support, most of us bounce back after a disaster," said SAMHSA Administrator Pamela S. Hyde, J.D. "But some may need extra assistance to cope with unfolding events and uncertainties."

The Disaster Distress Helpline is the nation's first permanent hotline dedicated to providing disaster-related crisis counseling. The helpline connects callers to staff from the closest crisis counseling center in a nationwide network.

The helpline is just one part of a portfolio of other disaster response activities from SAMHSA. In fact, responding to behavioral health needs after disasters is one of SAMHSA's key missions.

"Behavioral health is essential to health, which also makes it an integral part of helping Americans overcome disasters," said Administrator Hyde. "When disaster strikes, it is critical that people and communities get the tools and resources they need as soon as possible so that they can begin the recovery process."

In addition to responding to disasters, SAMHSA helps states, territories, tribes, and local entities prepare in advance and provide effective, comprehensive behavioral health services after a disaster occurs. SAMHSA also offers technical assistance, training, expert consultation, and information exchange. The SAMHSA-funded Disaster Technical Assistance Center (**www.samhsa.gov/dtac**) supports these and other disaster-related efforts.

For more information about disaster reactions, warning signs, coping tips, and other SAMHSA resources, visit **www.disasterdistress.samhsa.gov**. ■

Selected Disaster Response Resources

- www.disasterdistress.samhsa.gov
- SAMHSA's Disaster Technical Assistance Center: www.samhsa.gov/dtac
- SAMHSA's Disaster Distress Helpline: 1–800–985–5990 or text TalkWithUs to 66746
- SAMHSA's Disaster Behavioral Health Information Series (www.samhsa.gov/dtac/dbhis/default.asp). Aimed at disaster survivors and responders, this series offers annotated bibliographies and links to information about specific disasters.
- SAMHSA's Disaster Kit (www.store.samhsa.gov/product/SAMHSA-Disaster-Kit/SMA11-DISASTER). Designed to promote awareness of disaster-related behavioral health needs, this toolkit helps recovery workers respond effectively to survivors of disasters and cope with their own stress.
- Tips for Talking to Children and Youth after Traumatic Events: A Guide for Parents and Educators (www.disasterdistress.samhsa.gov/media/796/tips_talking_to_children_after_disaster.pdf). This tip sheet outlines warning signs and tips for helping parents and children cope with the effects of traumatic events.

For more disaster-related publications, visit the SAMHSA store at **www.store.samhsa.gov**.

Behavioral Health Benefits: New Access and Challenges

Beginning on January 1, 2014, the estimated 11 million uninsured people with mental and substance use disorders will have access to health insurance coverage for the treatment they need to function successfully in their communities.

The Affordable Care Act requires, for the first time, that insurance plans sold through Health Insurance Exchanges cover mental health and substance use treatment. Prior to the Affordable Care Act, commercial insurance plans, both individual and employer-based, did not have to cover these vital services. According to the law, however, the U.S. Department of Health and Human Services (HHS) Secretary must issue an "essential benefits package" that all insurance plans sold through the Exchange must cover. (See box on Health Reform Terms.)

The challenge now is to reach out to individuals who will benefit from the law—as well as groups who work with them—to raise awareness of the new benefits to which they may be entitled. The law not only opens up new coverage, but prohibits insurance plans from refusing to cover someone whose conditions are preexisting.

Signing up for insurance coverage will also be much easier than before. The law requires states to develop newly streamlined enrollment materials that will allow applicants to fill out a single form that will be evaluated for eligibility for Medicaid, the Children's Health Insurance Program, or low-income assistance with premium costs for commercial plans. New Medicaid rules set one national income eligibility level at 133 percent of the federal poverty level. Prior to this, states could establish their own income eligibility levels, leading to significant variation across the country in coverage.

In preparing for 2014, SAMHSA has been working closely with states and consumer organizations to help ensure that the "qualified health plans" to be sold through the Exchanges include a range of benefits that will meet the needs of people living with mental and substance use disorders.

SAMHSA has posted resources and toolkits on its web site for states, local governments, and community organizations to use as they prepare to establish Exchanges and expand their Medicaid programs. For more information see the Health Reform Resources box below or visit **www.samhsa.gov/healthreform/**. ■

Health Reform Terms

Essential Health Benefits:

A set of health care service categories that must be covered by certain plans starting in 2014. These include doctor office visits, prescriptions, hospitalizations, and mental and substance use disorder benefits, among others. Insurance policies must cover these benefits to be certified and offered through the Exchanges, and all Medicaid state plans must also cover these benefits by 2014.

Health Insurance Exchanges:

An Exchange is a new, open, and competitive marketplace where individuals, including those who don't have coverage or who can't afford coverage through their employer, and small businesses can buy affordable health plans.

For more health reform term definitions, visit www.samhsa.gov/healthreform.

www.samhsa.gov/healthreform/docs/ConsumerTipSheet_CommonTerms_HealthReform_508.pdf

Health Reform Resources

Webinar Series: Together with the National Association of State Alcohol and Drug Abuse Directors and the National Association of State Mental Health Program Directors, SAMHSA developed a series of four Webinars for state policymakers on the essential health benefits (EHB) selection process and the application of the Mental Health Parity and Addiction Equity Act (MHPAEA).

Topics Include:

1. Introduction to the EHB
2. Understanding and evaluating benchmark options in your state
3. How to apply MHPAEA to the EHB
4. Gaps between recommendations by the Coalition for Whole Health and your state's EHB plans.

Key Fact Sheets:

- Importance of Primary and Behavioral Health Care
- Health Disparities and the Affordable Care Act
- Mental Health and Substance Abuse Parity

Over 70 health care reform Webinar recordings and fact sheets covering a variety of health reform topics are available at **www.samhsa.gov/healthreform**.

Tobacco Sales to Youth Lowest Ever Reported

The United States continues to gain ground in its battle against tobacco sales to youth under age 18, as a new report shows the average national retailer violation rate has reached an all-time low. According to the latest findings from the Synar Amendment Program, which collects state-by-state data on the rate of illegal tobacco sales to youth, just 8.5 percent of retailers illegally sold tobacco to youth in Fiscal Year 2011 (FY 2011), compared with 40.1 percent of retailers in FY 1997, the first year data were collected.

The program, managed by SAMHSA, was introduced by the late Congressman Mike Synar of Oklahoma and enacted as Section 1926 of the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. The Synar Amendment requires states, the District of Columbia, and U.S. territories to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under age 18. It also requires these entities to conduct random, unannounced inspections of tobacco outlets and report these annual findings to the Secretary of the U.S. Department of Health and Human Services.

> "The success of the Synar program is a testament to how preventing underage youth from gaining illegal access to tobacco products can have a tremendous impact."
>
> —Pamela S. Hyde, J.D.

According to the latest report, all states and the District of Columbia were found to be compliant with the Synar requirements for the sixth year in Synar history. Furthermore, a total of 34 states reported a retailer violation rate below 10 percent, while 12 states reported a rate below 5 percent—a sign that the Synar program is contributing significantly to prevention efforts.

"Smoking is the nation's leading cause of preventable death. We must pursue every opportunity to prevent the kids and young adults of today from becoming lifelong adult smokers of tomorrow," said SAMHSA Administrator Pamela S. Hyde, J.D. "The success of the Synar program is a testament to how preventing underage youth from gaining illegal access to tobacco products can have a tremendous impact."

Tobacco accounts for nearly 443,000 deaths each year and is the leading cause of death and disease in the United States. Among adults who have ever smoked daily, 88 percent report that they first smoked by age 18. To alleviate youth tobacco use, the Synar program calls on states to strictly enforce tobacco laws; conduct random, unannounced inspections of over-the-counter tobacco outlets; and produce reports on steps taken to carry out the law.

SAMHSA provides technical assistance to states to help them meet these requirements. Any states that do not comply are subject to a 40 percent penalty of their Substance Abuse Prevention and Treatment Block Grant funding.

SAMHSA's involvement is inspired by the importance of prevention. Stopping tobacco use before it starts, particularly among youth, is critical to preventing future use of tobacco. Tobacco use is also associated with misuse of alcohol and other illicit drugs. Statistics indicate that 52.9 percent of youth age 12 to 17 who smoked cigarettes in the past month have used an illicit drug, compared with 6.2 percent of youth who did not smoke cigarettes.

The significant progress made in decreasing tobacco sales to youth is representative of both a change in the selling pattern of retailers as well as improved enforcement of laws and regulations. SAMHSA recommends that states adopt comprehensive plans that have multiple components, including enforcement, education, and collaborations. Further information and a list of recent accomplishments can be found on the Synar fact sheet web site at **www.samhsa.gov/prevention/synarFactsheet.aspx**. The Synar annual report, which outlines the most recent findings in detail, can be found at **http://www.samhsa.gov/prevention/2011-Annual-Synar-Report.pdf**. ■

SAMHSA News

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Order sample publications:
Call **1–877–SAMHSA–7** (toll-free)

Find Help

Locate prevention, treatment, and recovery support services in your area.

24/7 Treatment Referral Line
1-800-662-HELP(4357)

New Center for Mental Health Services Director

Paolo del Vecchio, M.S.W., has been selected to serve as the next Director of SAMHSA's Center for Mental Health Services (CMHS). Over the course of his 17 years at CMHS, Mr. del Vecchio has served as the CMHS Acting Director, the CMHS Associate Director for Consumer Affairs, the Acting Director for the Office of External Liaison, and was the first Consumer Affairs Specialist hired by SAMHSA. He has promoted consumer participation in all aspects of the Center's policies and operations, ranging from public education to developing evidence-based practices to address the needs of people with mental illnesses. Those efforts included initiating historic dialogue meetings between consumers/peers and practitioners, regional peer meetings, social inclusion efforts, training programs, and grant development.

"Mr. del Vecchio has been involved for over 40 years in the behavioral health field."

Prior to joining SAMHSA, Mr. del Vecchio worked for the Philadelphia Office of Mental Health in the areas of policy formulation and the planning of a comprehensive system of community-based mental health services addressing homelessness, HIV/AIDS, and many other issues. A self-identified mental health consumer, trauma survivor, and person in recovery from addictions, Mr. del Vecchio has been involved for over 40 years in the behavioral health field. "As a consumer, a family member, a provider, and a policymaker, Paolo has been and will continue to be a strong advocate for those with mental and substance use disorders, and their families," said SAMHSA Administrator Pamela S. Hyde, J.D. "He possesses the vision, the energy, and the leadership capacity necessary to steer CMHS into the years ahead." ■