

The Road to Recovery 2011

Discussion Guide

“Prevention and Early Intervention for Substance Use and Mental Health Conditions: What's Working, What's Needed?”

The show will be filmed in a panel format with free discussion between the show host and other panelists. This discussion guide is not to be considered as a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own keen anecdotal experiences to the show as well as references from scientific studies from the field.

Show Description: Preventing substance use and mental health problems is critical and early intervention and treatment is essential to avoid the devastating impact and reduce the high cost to society. What really works in prevention and early intervention? How can prevention and early intervention strategies and services be coordinated more effectively with treatment and recovery services? What role does prevention and early intervention play in a recovery-oriented system of care? What happens when someone is identified with a substance use or mental health problem? What should happen to ensure people can access the help they need? How can schools, primary health care, the justice system, and other institutions in our society be more actively engaged in the practice of prevention and early intervention? This show will address these pressing issues, focusing on creating communities where individuals, families, schools, workplaces, and communities take action to promote behavioral health.

Panel 1: The Importance of Prevention and Early Intervention in Behavioral Health

Key Questions:

- 1. What is the definition of “behavioral health”? How do we define or distinguish between prevention, early intervention, and treatment in behavioral health?**
- 2. What is the magnitude of mental, emotional, and behavioral disorders in our society?**
- 3. What are the consequences of mental health and substance use disorders in our society?**
- 4. What are the costs to society of mental health and substance use disorders? Are prevention and early intervention efforts cost beneficial?**
- 5. What are “social determinants of health” and how are they related to behavioral health?**

Definition of Behavioral Health

Source: *Leading Change: A Plan for SAMHSA’s Role and Actions 2011–2014*, page 3, October 2010

http://www.samhsa.gov/about/sidocs/SAMHSA_SI_paper.pdf

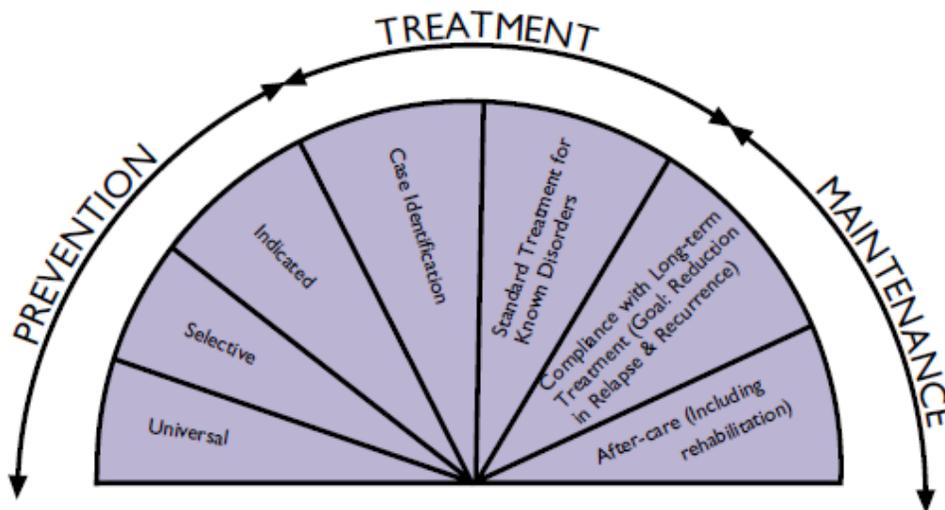
- The term “behavioral health” is a general term that encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for substance abuse, addiction, substance use disorders, mental illness, and/or mental disorders. (SAMHSA)

Prevention, Early Intervention, and Treatment: Definitions and Distinctions

Source: *The IOM Model: A Tool for Prevention Planning and Implementation*, California Prevention Institute, Tactics 8:13, 2006

<http://www.cars-rp.org/publications/Prevention%20Tactics/PT8.13.06.pdf>

- In 1994, the Institute of Medicine commissioned an investigation on Mental Health Interventions that resulted in the development of the IOM Model summarized in the IOM “protractor.” Levels of prevention are: universal (all populations), selective (e.g. populations with high risk factors), and indicated (individuals with an indication of a problem such as early substance use). Early intervention is appropriate for indicated individuals.



Magnitude of Mental, Emotional, and Behavioral Disorders in Our Society

Source: *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, Institute of Medicine, March 2009

http://iom.edu/~media/Files/Report_percent20Files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People/Preventing_percent20Mental_percent20Emotional_percent20and_percent20Behavioral_percent20Disorders_percent202009_percent20percent20Report_percent20Brief_percent20for_percent20Policymakers.pdf

- Mental, emotional, and behavioral (MEB) disorders—which include depression, conduct disorder, and substance abuse—affect large numbers of young people. Studies indicate

that MEB disorders are a major health threat and are as commonplace today among young people as a fractured limb—not inevitable but not at all unusual. Almost one in five young people have one or more MEB disorders at any given time. Among adults, half of all MEB disorders were first diagnosed by age 14 and three-fourths by age 24.

Source: <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/2k9Results.htm>

Results from the 2009 National Survey on Drug Use and Health: National Findings

Substance Dependence or Abuse: Prevalence

- In 2009, the rate of substance dependence or abuse (alcohol or illicit drugs, or both) among youth aged 12 to 17 was 7.0 percent. Among adults aged 18 to 25, it was 20.0 percent.
- The rate of alcohol dependence or abuse among youth aged 12 to 17 was 4.6 percent (similar to the 4.9 percent reported in 2008). In 2009, for illicit drugs, it was 4.3 percent

Underage Alcohol Use: Prevalence

- In 2008, about 10.4 million youth aged 12 to 20 (27.2 percent of this age group) reported drinking alcohol in the past month. Approximately 6.9 million (18.1 percent) were binge drinkers and 2.1 million (5.5 percent) were heavy drinkers.

Illicit Drug Use: Prevalence

- Among youths aged 12 to 17, the current illicit drug use rate increased from 2008 (9.3 percent) to 2009 (10.0 percent). Between 2002 and 2008, the rate declined from 11.6 percent to 9.3 percent.
- In 2009, 10.0 percent of youth aged 12 to 17 were current illicit drug users: 7.3 percent used marijuana (up from 6.7 percent in 2008), 3.1 percent engaged in nonmedical use of prescription-type psychotherapeutics, 1.0 percent used inhalants, 0.9 percent used hallucinogens, and 0.3 percent used cocaine.
- Rates of current use of illicit drugs in 2009 were higher for young adults aged 18 to 25 (21.2 percent) than for youth aged 12 to 17 (10.0 percent). Among young adults, 18.1 percent used marijuana in the past month, 6.3 percent used prescription-type drugs nonmedically, 1.7 percent used hallucinogens, and 1.4 percent used cocaine.

Age at First Use and Relationship to Substance Use Disorder Later in Life

- Among adults, age at first use of alcohol was associated with dependence on or abuse of alcohol. Among adults aged 18 or older who first tried alcohol at age 14 or younger, 17.5 percent were classified with alcohol dependence or abuse compared with only 3.7 percent of adults who had first used alcohol at age 18 or older.
- In 2009, among adults aged 18 or older, age at first use of marijuana was associated with dependence on or abuse of marijuana. Among those who first tried marijuana at age 14 or younger, 12.6 percent were classified with illicit drug dependence or abuse, higher than the 2.1 percent of adults who had first used marijuana at age 18 or older.
- Youth aged 12 to 17 who experienced depression in the past year were twice as likely to take their first drink or use drugs for the first time as those who did not experience depression.

Consequences of Mental and Substance Use Disorders

Source: *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, Institute of Medicine, March 2009 ([http://iom.edu/~media/Files/Report percent20Files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People/Preventing percent20Mental percent20Emotional percent20and percent20Behavioral percent20Disorders percent202009 percent20 percent20Report percent20Brief percent20for percent20Policymakers.pdf](http://iom.edu/~media/Files/Report%20Files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People/Preventing%20Mental%20Emotional%20and%20Behavioral%20Disorders%202009%20%20Report%20Brief%20for%20Policymakers.pdf))

- Many disorders have life-long effects that include high psychosocial and economic costs, not only for the young people but also for their families, schools, and communities. The financial costs in terms of treatment services and lost productivity are estimated at \$247 billion annually. Beyond the financial costs, MEB disorders also interfere with young people's ability to accomplish developmental tasks, such as establishing healthy interpersonal relationships, succeeding in school, and making their way in the workforce.

Source: <http://drugabuse.gov/consequences>

- Mental and substance use disorders have a powerful effect on the health of individuals, and on the Nation's social, economic, and health-related problems. Mental and substance use disorders also are among the top conditions for disability, burden of disease, and cost to families, employers, and publicly funded health systems. Excessive alcohol use and illicit drug use are linked directly to increased burden from chronic disease, diabetes, and cardiovascular problems.

Key Consequences Statistics:

- By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability world-wide. (World Health Organization, 2004)
- Nearly 5,000 deaths are attributable to underage drinking each year. (Centers for Disease Control and Prevention, 2004)
- Each year, tobacco use results in more deaths (443,000/year) than AIDS, unintentional injuries, suicide, homicide, and alcohol and drug abuse combined; almost half of these deaths occur among people with mental and substance use disorders. (Centers for Disease Control and Prevention, 2008)
- In 2009, an estimated 3.1 million persons aged 12 or older used an illicit drug for the first time within the past 12 months; an average of 8,500 initiates per day. (NSDUH, 2010)
- In 2009, of the 3.1 million persons aged 12 or older who used illicit drugs for the first time within the past 12 months, a majority reported that their first drug was marijuana (59.1 percent).
- Half of all lifetime cases of mental and substance use disorders begin by age 14, and three-fourths by age 24. (Berglund et al., *Archives of General Psychiatry*, 62(6), 593-602.)
- Adults who began drinking alcohol before age 21 were more likely to be later classified with alcohol dependence or abuse than those who had their first drink at or after age 21. (Center for Behavioral Health Statistics and Quality, 2010, *Results from the 2009 National Survey on Drug Use and Health*)
- Over 33,300 Americans die every year as a result of suicide, approximately one every 16 minutes. (National Vital Statistics Reports, vol 57)
- In 2009, there were an estimated 10.95 million adults aged 18 or older in the United States with a serious mental illness and 1.95 million youth aged 12 to 17 who had a major depressive episode during the past year. (NSDUH, 2009)

- Among persons aged 12 or older who used pain relievers nonmedically in the past 12 months, 55.9 percent got them from a friend or relative for free. (NSDUH, 2009)

Costs of Mental Health and Substance Use Disorders

Source: National Research Council and Institute of Medicine (2009), *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. The National Academies Press.

- The total economic costs of mental, emotional, and behavioral disorders among youth in the United States are estimated at approximately \$247 billion.

Source: Miller, T. and Hendrie, D. *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis*. DHHS Pub. No. (SMA) 07-4298

- The annual total estimated societal cost of substance abuse in the United States is \$510.8 billion. Alcohol abuse costs the Nation \$191.6 billion; tobacco use costs the Nation \$167.8 billion; drug abuse costs the Nation \$151.4 billion.

Source: National Institutes of Health, 2000

- Substance abuse clearly is among the most costly health problems in the United States. Among national estimates of the costs of illness for 33 diseases and conditions, alcohol ranked second, tobacco ranked sixth, and drug disorders ranked seventh.

Cost Effectiveness of Prevention

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention's (CSAP's) National Center for the Application of Prevention Technologies: <http://captus.samhsa.gov>

SAMHSA's National Registry of Evidence-based Programs and Practices: <http://www.nrepp.samhsa.gov/>

- Cost-benefit ratios for early treatment and prevention for addictions and mental illness programs range from 1:2 to 1:10, meaning that \$1 in investment yields \$2 to \$10 savings in health costs, criminal and juvenile justice costs, educational costs, lost productivity, and other costs.

Source: Miller, T. and Hendrie, D. *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis*, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2009.

- If effective prevention programs were implemented nationwide, substance abuse initiation would decline for 1.5 million youth and be delayed for 2 years on average. It has been well established that a delay in onset reduces subsequent problems later in life (Grant & Dawson, 1997; Lynskey et al., 2003). The average effective school-based program in 2002 costs \$220 per pupil including materials and teacher training, and these programs could save an estimated \$18 per \$1 invested if implemented nationwide (educational costs, medical costs, lost productivity, preserved quality of life).

Social Determinants of Health

Source: Wikipedia

http://en.wikipedia.org/wiki/Social_determinants_of_health

- Social determinants of health are the economic and social conditions that shape the health of individuals, communities, and jurisdictions as a whole. Social determinants of health are the primary determinants of whether individuals stay healthy or become ill (a narrow definition of health). Social determinants of health also determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment (a broader definition of health). Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to its members. (Raphael, 2008)

Source: Suicide Prevention and the Role of Social Determinants of Health, presentation from the Resource Center to Promote Acceptance, Dignity, and Social Inclusion Associated with Mental Health, June 2009.

http://stopstigma.samhsa.gov/archtelPDF/SuicidePreventSocialDeterminin_508.pdf

- In an economic crisis, there are many conditions and circumstances (social determinants) that may be associated with negative health such as layoffs and unemployment, foreclosures and evictions, bankruptcy, and loss of retirement savings. While these conditions and circumstances do not *cause* negative health impacts, they are associated with higher risk of substance use, depression, and even suicide.
- Prevention and early intervention with an individual engaging in negative health behaviors or experiencing depression due to social conditions and circumstances can be helpful, including health and mental care relationships, improvements in coping and problem-solving skills, social connectedness, physical activity, and spiritual or religious practices.

Panel 2: Effective Strategies for Prevention and Early Intervention in Behavioral Health

Key Questions:

- 1. What are the recommended strategies for behavioral health prevention and early intervention from research studies and experts in the field?**
- 2. What is a “Prevention Prepared Community”? How can schools, the healthcare system, and other community institutions contribute to prevention efforts?**
- 3. What process should communities follow to develop and enhance prevention?**
- 4. What prevention and early intervention strategies are effective at the individual level? What are risk and protective factors?**
- 5. What role does communication and education play in prevention and early intervention in behavioral health?**
- 6. What is the relationship of prevention and treatment in behavioral health? How can early intervention bridge the gap between these two service domains?**
- 7. Has there been progress in reducing substance use disorders?**

Strategy Recommendations—Involvement of Schools and the Healthcare System

Source: *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, Institute of Medicine, March 2009 (http://iom.edu/~media/Files/Report_percent20Files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People/Preventing_percent20Mental_percent20Emotional_percent20and_percent20Behavioral)

[percent20Disorders percent202009 percent20 percent20Report percent20Brief percent20for percent20Policymakers.pdf](#))

- A recent study by the National Research Council and the Institute of Medicine reviewed the research on the prevention of mental disorders and substance abuse among young people and recommended multiple strategies for enhancing the psychological and emotional well-being of young people. Research including meta-analyses and numerous randomized trials demonstrate the value of:
 - *Strengthening families* by targeting problems such as substance use or aggressive behavior, teaching effective parenting skills, improving communication, and helping families deal with disruptions (such as divorce) or adversities (such as parental mental illness or poverty);
 - *Strengthening individuals* by building resilience and skills and improving cognitive processes and behaviors;
 - *Preventing specific disorders*, such as anxiety or depression, by screening individuals at risk and offering cognitive training or other preventive interventions;
 - *Promoting mental health in schools* by offering support to children encountering serious stresses; modifying the school environment to promote prosocial behavior; developing students' skills at decisionmaking, self-awareness, and conducting relationships; and targeting violence, aggressive behavior, and substance use; and
 - *Promoting mental health through health care and community programs* by promoting and supporting prosocial behavior, teaching coping skills, and targeting modifiable life-style factors that can affect behavior and emotional health, such as sleep, diet, activity and physical fitness, sunshine and light, and television viewing.

Effective Prevention Strategies

Source: CSAP's National Center for the Application of Prevention

Technologies: <http://captus.samhsa.gov>

SAMHSA's National Registry of Evidence-based Programs and Practices:

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

- Research has identified seven key strategies shown to be effective in preventing and reducing substance abuse and related risky behaviors:
 - Changes in public policies (laws and regulations);
 - Rigorous enforcement of laws and regulations;
 - Collaboration among groups of citizens;
 - Communications to impact public perceptions about alcohol, tobacco, and drugs;
 - Education for both children and adults;
 - Alternatives: activities, such as recreational programs, after-school, and weekend programs, community service activities, and tutoring and mentoring; and
 - Early intervention—with pre-adolescents showing signs of antisocial behavior.

Prevention Prepared Communities

Source: *Leading Change: A Plan for SAMHSA's Role and Actions 2011–2014*, October 2010

http://www.samhsa.gov/about/sidocs/SAMHSA_SI_paper.pdf

- A prevention prepared community is one where individuals, families, schools, faith-based organizations, workplaces, and communities take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.

Community Process: Strategic Prevention Framework (SPF)

- The recommended approach to support effective prevention in communities is the Strategic Prevention Framework, which identifies five phases: assessment, capacity building, planning, implementation, and evaluation. In addition, cultural competence and sustainability are identified as key aspects that cut across the five phases.
- Prevention programs should take into consideration the target audience, which may be described in three levels: universal (all populations), selective (populations at risk) and indicated (populations that have demonstrated early involvement with substance use). The type of prevention strategies used should vary across these audience types.
- Prevention programs need to understand their target audience in terms of risk factors and protective factors, which may be categorized in multiple domains: individual, family, school, and community.

Risk Factors

Source: Arthur, M. W., J. D. Hawkins, J. A. Pollard, R. F. Catalano, A. J. Baglioni, Jr. (2002), "Measuring Risk and Protective Factors for Substance Use, Delinquency, and Other Adolescent Problem Behaviors. The Communities That Care Survey," *Evaluation Review*, 26(6): 575–601.

- Risk factors are conditions that increase the likelihood that youth will get into trouble or expose themselves to danger.
- The greater the intensity or number of risk factors, the greater the likelihood that youth will engage in delinquent or other risky behaviors.
- Examples of risk factors are: inadequate life skills, low self-esteem, emotional or psychological problems, family conflict, a lack of bonding with the school environment, and association with delinquent peers.

Protective Factors

Source: Arthur, M. W., J. D. Hawkins, J. A. Pollard, R. F. Catalano, A. J. Baglioni, Jr. (2002), "Measuring Risk and Protective Factors for Substance Use, Delinquency, and Other Adolescent Problem Behaviors. The Communities That Care Survey," *Evaluation Review*, 26(6): 575–601.

- Protective factors are safeguards that promote resiliency and enhance a young person's ability to resist risks or hazards and make good decisions. Like risk factors, protective factors can exist in—and be addressed by—individuals, families, communities, and institutions.
- Examples of protective factors are: problem-solving skills, communication skills, a sense of self, positive parenting, bonding with a positive school environment, and association with peers who have a constructive influence.
- Exposure to protective factors helps young people make better decisions, confront obstacles, and find the supports they need. They may prevent, diminish, or counteract the effects of risk factors.
- Families and communities are keys to enhancing positive youth development when they provide strong parenting, good adult role models, dependable sources of adult

supervision, a strong sense of community, safe neighborhoods, and effective community-based and government services.

Perception of Risk (Consequences) and Its Relationship to Substance Use

- Perception of risk of substance use is associated with use rates. Youth who perceived greater risk from substance use were less likely to engage in substance use.
- The most effective approach in getting youth to perceive risk in substance use is to engage in meaningful conversation that encourages the young person to reflect on the negative consequences of substance use.
- Research indicates that use of “scare tactics” or purely didactic delivery of information about substance use is minimally effective. However, focusing information dissemination on the consequences of substance use can increase perception of risk and have positive results.

Early Intervention: Bridging the Gap Between Prevention and Treatment

Source: *Prevention as intervention: The success of a universal prevention program among early adolescent substance users*, Stephen Kulis et al, Southwest Interdisciplinary Research Consortium, Arizona State University, supported by the National Institutes of Health/National Institute on Drug Abuse grants funding the Drug Resistance Strategies—Next Generation Project (R01 DA14825).

- This study examined a SAMHSA model program—keepin it REAL—that has been demonstrated to be effective in delaying initiation of substance use among middle school students. The focus here, however, was whether this universal prevention program is also effective in leading to reductions or cessation in substance use among middle school students who were already using substances prior to the delivery of the prevention program. Results indicated that participation in the program increased the odds of substance use cessation by 65 percent and of reduction in use by 73 percent.

Source: International Journal of Methods in Psychiatric Research. Int. J. Methods Psychiatr. Res. 17(S1): S16–S29 (2008). Published online in Wiley InterScience
DOI: [10.1002/mpr.254](https://doi.org/10.1002/mpr.254)

- Except for alcohol, the time windows for targeted intervention to prevent progression to malignant patterns in adolescence are critically small, leaving little time for targeted intervention to prevent transition. The fast transitions to abuse and dependence in adolescence may be indicative for the increased vulnerability to substance effects in this time period.

Prevention Progress: Decreases in Substance Dependence or Abuse Rates

Source: <http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm>

Results from the 2009 National Survey on Drug Use and Health: National Findings

- The rate of substance dependence or abuse (alcohol or illicit drugs or both) decreased for youth aged 12 to 17 from 8.9 percent in 2002 to 7.0 percent in 2009. For young adults aged 18 to 25, this rate decreased from 21.7 percent in 2002 to 20.0 in 2009.
- The rate of alcohol dependence or abuse among youth aged 12 to 17 was down from 5.4 percent in 2007 and from 5.9 percent in 2002 to 4.6 percent in 2009.

- Among young adults aged 18 to 25, the rate of alcohol dependence or abuse decreased between 2002 (17.7 percent) and 2009 (16.0 percent).

Prevention Progress: Decreases in Substance Use Rates

Source: <http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm>

Results from the 2008 National Survey on Drug Use and Health: National Findings

- Rates of current, binge, and heavy alcohol use among underage persons declined between 2002 and 2009. Current use dropped from 28.8 percent to 27.2 percent; binge use declined from 19.3 percent to 18.1 percent; and heavy use declined from 6.2 percent to 5.4 percent.
- The rates for current and binge alcohol use in 2009, 27.2 percent and 18.1 percent respectively, are similar to those found in 2008, when they were 26.4 percent and 17.4 percent, respectively.
- In 2009, about 10.4 million persons aged 12 to 20 (27.2 percent of this age group) reported drinking alcohol in the past month. Approximately 6.9 million (18.1 percent) were binge drinkers and 2.1 million (5.4 percent) were heavy drinkers. The rates for current, binge, and heavy alcohol use are similar to those obtained in 2008, when they were 26.4 percent, 17.4 percent, and 5.5 percent, respectively.
- For 18- to 20-year-olds, current alcohol use declined from 50.7 percent to 49.7 percent, and for 16- to 17-year-olds from 29.0 percent to 26.3 percent.
- From 2002 to 2009, rates of current use among youth aged 12 to 17 declined significantly for illicit drugs overall (from 11.6 percent to 10.0 percent) and for several specific drugs, including marijuana (from 8.2 percent to 7.3 percent).
- From 2007 to 2009, rates of current use among young adults aged 18 to 25 increased for illicit drugs overall (21.2 percent) and each specific drug; 19.7 percent in 2007 to 21.2 percent in 2009.
- Rates of current use of illicit drugs in 2009 were higher for young adults aged 18 to 25 (21.2 percent) than for youths aged 12 to 17 (10.0 percent) and adults aged 26 or older (6.3 percent).

Panel 3: Programs and Activities for Implementing Effective Prevention and Early Intervention Strategies

Key Questions:

- 1. What program models have proven to be effective in prevention efforts? What programs and activities are supported by SAMHSA in prevention and early intervention?**
- 2. What is the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program?**
- 3. What programs and activities are helpful for suicide prevention?**
- 4. What is the Safe Schools/Healthy Students program? What are student assistance programs?**
- 5. What programs and activities are helpful to prevent fetal alcohol syndrome disorders?**
- 6. How can the principles and practices embodied in Recovery-Oriented Systems of Care be applied in prevention and early intervention?**

- SAMHSA’s CSAP supports numerous programs and activities aimed at the prevention of substance use disorders in youth, including support of community coalitions through the State Block grants, SPF State Incentive Grants, Drug-Free Communities (DFC) program, STOP Act grants, HIV/AIDs Minority grants, meth grants, dissemination of prevention education tools, and sponsorship of events such as CSAP’s Community Prevention Day.

SAMHSA’s Registry of Evidence-based Programs and Practices

Source: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=71>

- Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is designed to prevent and reduce substance use among students 12 to 18 years of age. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse. In recent years, Project SUCCESS has been used in regular middle and high schools for a broader range of high-risk students.

Source: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=131>

- The Residential Student Assistance Program is designed to prevent and reduce alcohol and other drug (AOD) use among high-risk multi-problem youth ages 12 to 18 years who have been placed voluntarily or involuntarily in a residential child care facility (e.g., foster care facility, treatment center for adolescents with mental health problems, juvenile correctional facility). Based on the Employee Assistance Program (EAP) model, the intervention focuses on well-being and addresses factors that hinder adolescents from being free from AOD use, such as emotional problems and mental disabilities, parental abuse and neglect, and parental substance abuse. The program is delivered in residential facilities by masters-level counselors who use a combination of strategies, including assessment of each youth entering the facility, an eight-session prevention education series, group and/or individual counseling for youth who have chemically dependent parents and/or are using substances, and referral to substance abuse treatment programs. These services are delivered over 20 to 24 weeks and are fully integrated into the adolescent’s overall experience at the residential facility. The counselors also conduct facility-wide awareness activities, provide training and consultation on AOD prevention to facility staff, and lead a task force for staff and one for residents, both of which aim to change the facility’s culture and norms around substance use and facilitate referrals to the program.

Source: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=44>

- The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3 to 16 years old. SFP comprises three life-skills courses delivered in 14 weekly, 2-hour sessions. The Parenting Skills sessions are designed to help parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. The Children’s Life Skills sessions are designed to help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules. In the Family Life Skills sessions, families engage in structured family activities, practice therapeutic child play, conduct family meetings,

learn communication skills, practice effective discipline, reinforce positive behaviors in each other, and plan family activities together. Participation in ongoing family support groups and booster sessions is encouraged to increase generalization and the use of skills learned.

Source: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=69>

- Team Awareness is a customizable worksite prevention training program that addresses behavioral risks associated with substance abuse among employees, their coworkers, and, indirectly, their families. The training seeks to promote social health and increased communication between workers; improve knowledge about and attitudes toward alcohol- and drug-related protective factors in the workplace, such as company policy and EAPs; and increase peer referral behaviors. To achieve these objectives, the training focuses on six components: the importance of substance abuse prevention; team ownership of policy (embracing policy as a useful tool for enhancing safety and well-being for the whole workgroup); stress, including stressors, individual coping styles, and other methods for coping; tolerance and how it can become a risk factor for groups; the importance of appropriate help-seeking and help-giving behavior; and access to resources for preventive counseling or treatment (e.g., EAPs, local community resources, 12-step programs, well-being programs). Training is highly interactive and includes group discussions, videos, role-playing, quizzes, games, communication exercises, and optional homework assignments.

SBIRT

- SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance abusers before more severe consequences occur.
- Generally, the goal is to first elicit from each patient his/her reasons for change, and to highlight those reasons with an accurate summary. Then, the patient is offered a menu of options for change along with help to explore those options and ideally pick one.

Suicide Prevention

Source: Suicide Prevention Resource Center

<http://www2.sprc.org/bpr/section-ii-expertconsensus-statements>

- This Web site page provides statements that summarize the best knowledge in suicide prevention in the form of guidelines, protocols, or consensus statements. These statements typically result from a collaborative process involving key experts and stakeholders and/or a thorough review of the literature by a preeminent expert in that topic area. Statements are also provided on guidance and recommendations (including protocols) that practitioners can use while developing programs, practices, or policies for their own settings.

Source: National Suicide Prevention Lifeline

<http://www.suicidepreventionlifeline.org/>

- Individuals feeling desperate, alone, or hopeless can call the National Suicide Prevention Lifeline at 1–800–273–TALK (8255), a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress.

Underage Drinking Prevention

Source: <http://www.stopalcoholabuse.gov/townhallmeetings/default.aspx>

2010 Town Hall Meetings (THMs)

- THMs are an opportunity for community-based organizations, using helpful resources provided by SAMHSA, to educate their communities about underage drinking and to mobilize them around its prevention. Close to 2,000 THMs took place across America in the spring of 2010 and 255 of these were youth-led events.

Building Blocks for a Healthy Future

Source: <http://www.bblocks.samhsa.gov>

- SAMHSA/CSAP created the *Building Blocks for a Healthy Future* program to educate parents and caregivers about the basics of prevention for children aged 3 to 6. Building Blocks reinforces the skills that enable parents and caregivers to better nurture and protect their children as well as helping their children develop healthy, pro-social behaviors and attitudes.

Too Smart to Start

Source: <http://www.toosmartostart.samhsa.gov/html/tsts-impl/resources.aspx>

- Too Smart To Start is a public education initiative that provides professionals and volunteers at the community level with materials and strategies to help them conduct an underage alcohol use prevention initiative. The materials contained in this guide are designed to help you plan, develop, promote, and implement a local initiative to educate 9- to 13-year-olds and their parents about the harms of underage alcohol use and to support parents and caregivers as they participate in their children’s activities.

Office of National Drug Control Policy, National Anti-Drug Youth Media Campaign

Source: <http://www.whitehousedrugpolicy.gov/mediacampaign/index.html>

- The United States Congress created the National Youth Anti-Drug Media Campaign in 1998 to prevent and reduce youth drug use. The Campaign is the Nation’s largest anti-drug media campaign and is generally thought to be the single largest source of drug-prevention messaging directed to teens.

Department of Education’s Office of Safe and Drug-Free Schools

Source: <http://www2.ed.gov/about/offices/list/osdfs/index.html>

- The mission of the Office of Safe and Drug-Free Schools is to create safe schools; respond to crises, drug abuse, and violence prevention; ensure the health and well-being of students; and promote development of good character and citizenship.
- The Drug and Violence prevention national and State programs provide financial assistance for drug and violence prevention activities in elementary and secondary schools, and institutions of higher education.

Student Assistance Programs

Source: <http://www.cde.ca.gov/ls/he/at/sap.asp>

- The purpose of student assistance programs is to provide school staff members with a mechanism for helping youth with a range of problems that may contribute to alcohol, tobacco, and other drug use.
- Teachers and other school staff members receive training on how to identify youth experiencing problems. Students are referred to appropriate assessment and assistance resources.
- Elements common to most student assistance programs include early identification of student problems; referrals to designated helpers; in-school services, such as support groups and individual counseling; referral to outside agencies; and follow-up services.

Prevention of Fetal Alcohol Spectrum Disorders (FASD)

Source: The FASD Center Web Site

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

- FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. Each year in the United States, as many as 40,000 babies are born with a FASD. The cost to the Nation for FASD alone is about \$6 billion a year.
- Programs and activities for preventing FASD are presented in *Partnership to Prevent Fetal Alcohol Spectrum Disorders Public Education Manual*, available on The FASD Center Web site.

Applying the Values of Recovery-Oriented Systems of Care

Source: http://www.pfr.samhsa.gov/docs/Guiding_Principles_Whitepaper.pdf

The values underlying recovery-oriented systems of care, which are effective in a recovery context, are also applicable as elements of effectiveness in prevention and early intervention:

- A person-centered approach—placing the individual at the center of the supports and services offered;
- A strengths-based approach— building on assets, strengths, resources, and resiliencies of the individual, family, and community;
- Involvement of family members, caregivers, significant others, and other allies;
- Individualized and comprehensive services and supports; and
- Community-based services and supports.

Source: Copeland Center for Wellness and Recovery—Wellness and Recovery Action Plan (WRAP®)

<http://copelandcenter.com/what-is-wrap/>

- WRAP is a self-management and recovery system developed by a group of people who had mental health difficulties and who were struggling to incorporate wellness tools and strategies into their lives. WRAP is designed to decrease and prevent intrusive or troubling feelings and behaviors, increase personal empowerment, improve quality of life, and assist people in achieving their own life goals and dreams.

Panel 4: The Future—What Needs To Happen (and Supporting Resources)

1. **What are the recommendations from research studies and experts in the field to advance prevention and early intervention in our Nation?**
2. **What are SAMHSA's strategic goals in prevention and early intervention of substance use and mental health conditions?**
3. **How can the public be made aware of and educated on prevention and early intervention efforts related to behavioral health?**
4. **Why is it important for the prevention field to become evidence-based, data-driven and outcome-oriented?**
5. **How can the prevention workforce develop to become more effective in their work?**
6. **What resources are available to help States, communities, schools, and individuals in prevention and early intervention efforts?**

Recommendations from National Research Council and Institute of Medicine Study

Source: *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, Institute of Medicine, March 2009 (http://iom.edu/~media/Files/Report_files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People/Preventing_percent20Mental_percent20Emotional_percent20and_percent20Behavioral_percent20Disorders_percent202009_percent20_report_percent20Brief_percent20for_percent20Policymakers.pdf)

National leadership is necessary to make systematic prevention efforts a high priority in the healthcare system as well as an integral aspect of the network of local, State, and Federal programs and systems that serve young people and families. Leaders at the national, State, and local levels need to pursue specific strategies, such as:

- A White House initiative to develop an inter-departmental strategy that identifies specific prevention goals, directs multiple Federal agency resources toward these goals, and provides guidance to State and local partners;
- Development of State and local systems involving partnerships among families, schools, courts, healthcare providers, and local programs to create coordinated approaches that support healthy development;
- Investment in prevention and promotion, including setting aside resources for evidence-based prevention in mental health service programs and investment in proven prevention approaches by school systems;
- Workforce training, including development of prevention training standards and training programs across disciplines including health, education, and social work;.
- Long-term tracking of the prevalence and frequency of MEB disorders;
- Implementation and evaluation of screening with community involvement, parental support, valid tools, and interventions to address identified needs;
- Continued research on both the efficacy of new prevention models and real-world effectiveness of proven prevention and well-being promotion interventions;
- Adaptation of research-based programs to cultural, linguistic, and socioeconomic subgroups; and
- Public education, with mass media and the Internet offering the opportunity to greatly expand the reach of specific messages about risk factors and available resources, to reduce stigma, and to deliver some kinds of interventions.

SAMHSA Strategic Goals for Prevention and Early Intervention

Source: *Leading Change: A Plan for SAMHSA's Role and Actions 2011–2014*, page 3, October 2010

http://www.samhsa.gov/about/sidocs/SAMHSA_SI_paper.pdf

Strategic Initiative: Prevention of Substance Abuse and Mental Illness

Create Prevention Prepared Communities where individuals, families, schools, faith-based organizations, workplaces, and communities take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This initiative will include a focus on the Nation's youth, Tribal communities, and military families.

- Goal 1.1: Build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.
- Goal 1.2: Prevent or reduce consequences of underage drinking and adult problem drinking.
- Goal 1.3: Prevent suicides and attempted suicides among populations at high risk, especially military families, youth, and American Indians and Alaska Natives.
- Goal 1.4: Reduce prescription drug misuse and abuse.

SAMHSA's efforts will include programs to assist States, Territories, Tribal governments, and communities to adopt evidence-based practices, deliver health education related to prevention, and establish effective policies, programs, and infrastructure to build resilience and prevent mental and substance use disorders.

Public Education

Source:

<http://www.whitehousedrugpolicy.gov/mediacampaign/pdfs/why%20a%20media%20campaign.pdf>

- The delivery of health messages through the mass media can offer a cost-effective and efficient method of addressing public health problems.

Data and Measurement

Source: *Leading Change: A Plan for SAMHSA's Role and Actions 2011–2014*, page 3, October 2010

http://www.samhsa.gov/about/sidocs/SAMHSA_SI_paper.pdf

- Transforming healthcare systems should improve the quality of life and behavioral health outcomes for millions of Americans, while significantly reducing morbidity, mortality, and overall healthcare expenditures in this country. However, without an adequate system to understand behavioral health needs and measure appropriate behavioral health outcomes, SAMHSA and the Nation have a limited capacity to know definitively whether the impact of mental and substance use disorders on individuals, families, and communities has been reduced. Improving the quality and availability of data and analysis and promoting the dissemination of effective, evidence-based interventions and services will facilitate efforts within States, Territories, and communities to advance policies and programs that promote better health and behavioral health outcomes for individuals, families, and communities.

Workforce Development

Source: Draft Report: Core Competencies for Prevention Specialists, CSAP Special Expert Panel Meeting, November 16 and 17, 2010.

- CSAP has begun the process of engaging a cross-section of prevention experts to develop a clear set of prevention competencies that can provide a common language for the prevention field during the paradigm shift towards an environmental and public health focus. At completion, the resulting core competencies and KSAs will offer guidance to the prevention field impacting staff development, career ladders and pipelines, providing guidance for training programs and service delivery qualification, and will be integral in job descriptions, identifying staff qualifications and transferable skills.

RESOURCES

SAMHSA Strategic Initiative Web Page—Prevention of Substance Abuse and Mental Illness

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

- Describes the SAMHSA strategic initiative on prevention and provides links and resources on suicide prevention, mental health, substance abuse, and substance abuse prevention grants.

National Institute on Drug Abuse(NIDA)

Source: <http://www.drugabuse.gov/students.html>

- A section of the NIDA Web site contains Information and materials developed specifically for students and young adults.

Community Anti-Drug Coalitions of America (CADCA)

Source: <http://www.cadca.org>

- CADCA builds and strengthens the capacity of community coalitions to create safe, healthy, and drug-free communities. The organization supports its members with technical assistance and training, public policy, media strategies, conferences, and special events.

Partnership for a Drug-Free America

Source: <http://www.drugfree.org/>

- The Partnership for a Drug-Free America is a nonprofit organization that unites parents, renowned scientists, and communications professionals to help families raise healthy children.
- Best known for its research-based national public education programs, the Partnership motivates and equips parents to prevent their children from using drugs and alcohol, and to find help and treatment for family and friends in trouble.
- The centerpiece of this effort is an online resource center at drugfree.org, which features interactive tools that translate the latest science and research on teen behavior, addiction, and treatment into easy-to-understand tips and tools.

National Inhalant Prevention Coalition (NIPC)

Source: <http://www.inhalants.org/faqs.htm>

- NIPC serves as an inhalant referral and information clearinghouse, stimulates media coverage about inhalant issues, develops informational materials, produces *ViewPoint* (a quarterly newsletter), provides training and technical assistance and leads a week-long national grassroots inhalant education and awareness campaign.

American Academy of Pediatrics—Healthy Children.org

Source: <http://www.healthychildren.org/English/ages-stages/teen/substance-abuse/pages/Alcohol-The-Most-Popular-Choice.aspx>

- Information on alcohol use by adolescents, including “What Every Parent and Teen Should Know About Alcohol.”

StopAlcoholAbuse.Gov

Source: <http://stopalcoholabuse.gov>

- StopAlcoholAbuse.Gov is a comprehensive portal of Federal resources for information on underage drinking and ideas for combating this issue. Community members interested in underage drinking prevention—including parents, educators, youth, concerned citizens, prevention specialists, business leaders, law enforcement, and public health officials—will find a wealth of valuable information here. The resources featured are among the many useful materials available on this site to aid your underage drinking prevention efforts.

Source: <http://www.drugfree.org/teenbrain>

- Available now at the Web site of the Partnership for a Drug Free America, *A Parent’s Guide to the Teen Brain* brings to life research showing that the brain is not fully developed until about age 25. With video, humorous interactive segments, role-playing, and advice from experts, parents learn that ongoing brain development contributes to the vexing teen behaviors that confound and often put parents off—impulsiveness, rebellion, high emotions, questionable judgment, and risk-taking. The resource also includes tips to help parents establish (or re-create) the parent-teen relationship so essential to guiding teens through any one of the number of challenges they face, alcohol and drug temptations included.

National Association for Children of Alcoholics (NACoA)

Source: <http://www.nacoa.org>

- NACoA believes that none of these vulnerable children should grow up in isolation and without support. NACoA is the national nonprofit 501 (c) 3 membership and affiliate organization working on behalf of children of alcohol and drug dependent parents.

Alliance for Children & Families

Source: <http://www.alliance1.org>

- This alliance provides services to the nonprofit child and family sectors and economic empowerment organizations.

National Action Alliance for Suicide Prevention

<http://www.actionallianceforsuicideprevention.org/>

- A public/private partnership that catalyzes planning, implementation, and accountability for updating and advancing the National Strategy for Suicide Prevention.

A link check was run on all the external websites listed in the discussion guide to identify and fix any broken links as of DATE. However, we acknowledge that web site URL's change frequently and may require ongoing link checks for accuracy.
Last Updated: 01/14/2011