



The Road to Recovery 2012

Partnering With Youth and Young Adults in Behavioral Health: To Live Happy, Healthy, and Productive Lives

Discussion Guide

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: The field of behavioral health has increasingly recognized the importance of addressing the needs of specific age groups with respect to both mental and substance use disorders. Teenagers (aged 12–17) and young adults (aged 18–24) are two age groups for which sensitivity to age is especially important in the practice of prevention, treatment, and recovery. What are the most effective approaches to preventing underage drinking and use of illicit drugs—including the nonmedical use of prescription medications—among youth? What mental, emotional, and behavioral problems are most commonly found in both teenagers and young adults and what are the most effective approaches to prevention and treatment? What are the specialized needs of youth in recovery from substance use, a mental health problem, or both? This show will address these important questions, examining the role of family, schools, and community. More and more, adults working in the field of behavioral health are listening to and partnering with youth in finding better ways to connect and help. This show will highlight innovative and evidence-based approaches to prevention of mental and substance use disorders in youth and young adults. Age-appropriate approaches in treatment and recovery such as recovery schools, recovery homes, and student assistance programs will also be presented.

Panel 1: The Nature and Extent of the Problem—Mental and Substance Use Disorders in Youth and Young Adults

Key Questions:

1. **What are the most recent findings on how many youth aged 12–17 use illicit drugs in this country? What types of drugs are they using?**
2. **What is the extent of underage drinking?**
3. **How many young adults aged 18–24 use illicit drugs? What percentage of people in this age group use alcohol?**
4. **What are the trends in use of illicit drugs and underage drinking in recent years? Is the problem getting better or worse?**
5. **How many young people have a mental, emotional, or behavioral disorder of any kind? What are the various types of mental disorders we see in young people?**
6. **What are the consequences of mental and substance use disorders among youth and young adults? What are the costs to society?**

Prevalence of Illicit Drug Use by Youth and Prevalence of Underage Drinking

Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of national findings*. NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: U.S. Department of Health and Human Services. From <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf> (accessed November 30, 2011).

- The rate of current illicit drug use among youths aged 12 to 17 remained similar from 2009 to 2010 (10.0 vs. 10.1 percent), but higher than the rate in 2008 (9.3 percent). Between 2002 and 2008, the rate declined from 11.6 to 9.3 percent.
- In 2010, 10.1 percent of youths aged 12 to 17 were current illicit drug users, with 7.4 percent current users of marijuana, 3.0 percent current nonmedical users of psychotherapeutic drugs, 1.1 percent current users of inhalants, 0.9 percent current users of hallucinogens, and 0.2 percent current users of cocaine.
- In 2010, about 10.0 million persons aged 12 to 20 (26.3 percent of this age group) reported drinking alcohol in the past month. Approximately 6.5 million (17.0 percent) were binge drinkers and 2.0 million (5.1 percent) were heavy drinkers. The rate for binge drinking was lower than that obtained in 2009 (18.1 percent).
- In 2010, rates of current alcohol use were 3.1 percent among persons aged 12 or 13, 12.4 percent of persons aged 14 or 15, and 24.6 percent of 16 or 17 year olds. These estimates were similar to the rates reported in 2009.

Prevalence of Illicit Drug Use and Alcohol Use by Young Adults

Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of national findings*. NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: U.S. Department of Health and Human Services. From <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf> (accessed November 30, 2011).

- In 2010, the rate of current illicit drug use was higher among young adults aged 18 to 25 (21.5 percent) than among youths aged 12 to 17 (10.1 percent) and adults aged 26 or older (6.6 percent). Among young adults, the rates were 18.5 percent for marijuana, 5.9

percent for nonmedical use of psychotherapeutic drugs, 2.0 percent for hallucinogens, and 1.5 percent for cocaine.

- In 2010, rates of current alcohol use were 48.9 percent of those aged 18 to 20 and 70.0 percent of 21- to 25-year-olds. These estimates were similar to the rates reported in 2009.

Trends in Illicit Drug Use and Underage Drinking

Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of national findings*. NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: U.S. Department of Health and Human Services. From <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf> (accessed November 30, 2011).

- After gradually declining from 11.6 percent in 2002 to 9.3 percent in 2008, the rate of current illicit drug use among 12- to 17-year-olds increased to 10.0 percent in 2009 and 10.1 percent in 2010.
- For 12- to 17-year-olds, current marijuana use declined from 8.2 percent in 2002 to 6.7 percent from 2006 through 2008 before increasing to 7.3 percent in 2009 and 7.4 percent in 2010. Current nonmedical use of psychotherapeutic drugs declined from 4.0 percent in 2002 and 2003 to 3.0 percent in 2010. Current use of Ecstasy declined from 0.5 percent in 2002 to 0.3 percent in 2004 through 2007 before increasing back to 0.5 percent in 2009 and 2010.
- The rate of current illicit drug use among young adults aged 18 to 25 increased from 19.6 percent in 2008 to 21.2 percent in 2009 and 21.5 percent in 2010, driven largely by an increase in marijuana use (from 16.5 percent in 2008 to 18.1 percent in 2009 and 18.5 percent in 2010).
- Current use of cocaine among young adults aged 18 to 25 decreased from 2002 to 2010 (2.0 to 1.5 percent). From 2002 to 2010, the rate of methamphetamine use among young adults also declined from 0.6 percent (2002 and 2003) to 0.2 percent (2008 through 2010).
- Both the National Survey on Drug Use and Health (NSDUH) and Monitoring the Future (MTF) surveys showed an increase in past month marijuana use among young adults from 2008 to 2010, although the change in MTF was not significant. Both surveys showed declines in cigarette use, but no significant change between 2002 and 2010 in the rate of current alcohol use among young adults. Both surveys showed declines in past year and past month cocaine use from 2003 to 2010. Both surveys showed a significant increase in past month Ecstasy use between 2007 and 2010.

Prevalence and Types of Mental, Emotional, or Behavioral Disorders

Source: Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Mental health findings*. NSDUH Series H-39, HHS Publication No. SMA 10-4609. Rockville, MD: U.S. Department of Health and Human Services. From <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf> (accessed November 30, 2011).

- NSDUH includes adolescents aged 12 and over. In 2009, there were 2.0 million youths (8.1 percent of the population aged 12 to 17) who had major depressive episode (MDE) based on the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) criteria during the past year. This was similar to the percentages in 2005 to 2008 (8.8, 7.9, 8.2, and 8.3 percent, respectively) and lower than the percentage in 2004 (9.0 percent).
- In 2009, the percentage of adults aged 18 to 25 with past year serious mental illness (based on the DSM-IV criteria) was 7.3 percent. The percentage of adults aged 18 to 25 with past year MDE (based on the DSM-IV criteria) was 8.0 percent. In 2009, the percentage of adults aged 18 to 25 with past year any mental illness (based on the DSM-IV criteria) was 30.0 percent.

Source: National Research Council and Institute of Medicine. O'Connell, M. E., Boat, T., & and Warner, K. E. Eds. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, Chapter 2. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

- In a review of several major studies, this report states that the average estimate for any mental, emotional, or behavioral (MEB) disorder in young people was 17 percent. The most common diagnostic group was substance abuse or dependence, including nicotine dependence (10.3 percent). Anxiety disorders were common (8 percent) followed by depressive disorders (5.2 percent) and attention deficit hyperactivity disorder (ADHD) (4.5 percent)
- NSDUH includes adolescents aged 12 and over. In 2005 and 2006 it included a module on MDEs and found that 8.8 percent (2005) and 7.9 percent (2006) of youth reported such an episode in the past 12 months. From <http://oas.samhsa.gov/NSDUH/2k6nsduh/tabs/Sect6peTabs1to41.htm#Tab6.27B> (accessed November 30, 2011).
- Many children have more than one MEB disorder, comorbidity is widespread, and there are clear patterns; there is greater comorbidity among disruptive behavior disorders, ADHD, and substance abuse disorders, on one hand, and among the emotional disorders (anxiety and depression), than between emotional and disruptive behavioral disorders, on the other.
- In summary, there is consistent evidence from multiple recent studies that early MEB disorders should be considered as commonplace as a fractured limb: not inevitable but

not at all unusual. The prevalence of these disorders is the same in young people as it is in adults.

Source: National Institute of Mental Health. (1999). *Mental health: A report of the Surgeon General—Executive summary*. Rockville, MD: National Institutes of Health, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

- The MECA (Methodology for Epidemiology of Mental Disorders in Children and Adolescents) Study estimated that almost 21 percent of U.S. children aged 9 to 17 had a diagnosable mental or addictive disorder associated with at least minimum impairment.
- When diagnostic criteria required the presence of *significant* functional impairment, estimates dropped to 11 percent. This estimate translates into a total of 4 million youth who suffer from a major mental illness that results in significant impairments at home, at school, and with peers. Finally, when *extreme* functional impairment is the criterion, the estimates dropped to 5 percent. (Figures include anxiety disorders, mood disorders, disruptive disorders, and substance use disorders.)
- Mental disorders with onset in childhood and adolescence as they appear in DSM-IV include anxiety disorders, attention deficit and disruptive behavior disorders, autism and other pervasive developmental disorders, eating disorders (e.g., anorexia nervosa), elimination disorders (e.g., enuresis, encopresis), learning and communication disorders, mood disorders (e.g., major depressive disorder, bipolar disorder), schizophrenia, and tic disorders (Tourette's disorder).

Consequences and Costs of Mental and Substance Use Disorders

Source: National Research Council and Institute of Medicine. O'Connell, M. E., Boat, T., & Warner, K. E. Eds. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

- 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: NIDA Web site (<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.

Source: Miller, T., & Hendrie, D. (2008). *Substance abuse prevention dollars and cents: A cost-benefit analysis*. DHHS Pub. No. (SMA) 07-4298. Rockville, Maryland: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Service Administration, U.S. Department of Health and Human Services.

- 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, and 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.

Panel 2: Prevention of Substance Use and Mental Disorders

Key Questions:

- 1. Why is age at first use an important issue in preventing both use of illicit drugs and alcohol abuse later in life?**
- 2. How is perceived risk of harm related to rates of illicit drug use?**
- 3. Why is age an important issue in prevention of mental disorders?**
- 4. What are the most effective strategies for preventing substance use disorders? What are effective strategies for preventing mental disorders?**
- 5. What is a "Prevention Prepared Community"? How can schools, the healthcare system and other community institutions contribute to prevention efforts?**
- 6. What process should communities follow to develop and enhance prevention?**
- 7. What prevention strategies are effective at the individual level? What are risk and protective factors?**
- 8. What programs models have proven effective in prevention for both mental and substance use disorders?**

Age at First Use

Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of national findings*. NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: U.S. Department of Health and Human Services, 2011. From <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf> (accessed November 30, 2011).

- In 2010, among adults aged 18 or older, age at first use of marijuana was associated with illicit drug dependence or abuse. Among those who first tried marijuana at age 14 or younger, 12.8 percent were classified with illicit drug dependence or abuse, higher than the 2.6 percent of adults who had first used marijuana at age 18 or older.

- Among adults, age at first use of alcohol was associated with alcohol dependence or abuse. Among adults aged 18 or older who first tried alcohol at age 14 or younger, 16.2 percent were classified with alcohol dependence or abuse, which was higher than the 3.8 percent of adults who had first used alcohol at age 18 or older.
- Adults aged 21 or older who had first used alcohol before age 21 were more likely than adults who had their first drink at age 21 or older to be classified with alcohol dependence or abuse (15.1, 9.1, and 4.4 percent for adults who first used alcohol at age 14 or younger, age 15 to 17, and age 18 to 20, respectively, vs. 2.7 percent for first use at age 21 or older)

Source: (2008). *International Journal of Methods in Psychiatric Research*, 17(S1): S16–S29 (2008). Published online in Wiley InterScience. From <http://onlinelibrary.wiley.com/> (accessed November 30, 2011).

- 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.

Perceived Risk

Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of national findings*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: U.S. Department of Health and Human Services. From <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf> (accessed November 30, 2011).

- Declining levels of perceived risk among youths historically have been associated with subsequent increases in rates of use, and this association continues to be evident in the most recent data. Among youths aged 12 to 17, the percentage reporting in NSDUH that they thought there was a great risk of harm in smoking marijuana once or twice a week was 54.7 percent in 2007, 53.1 percent in 2008, 49.3 percent in 2009, and 47.5 percent in 2010.

Age as Related to Prevention for Mental Disorders

Source: National Research Council and Institute of Medicine. O'Connell, M. E., Boat, T., & and Warner, K. E. Eds. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

- Based on an amalgam of small surveys, about one in five or six young people has one or more recent MEB disorders. Retrospective studies of adults show that half or more had their first episode as a child, adolescent, or young adult. The first symptoms of most disorders precede onset of the full-blown condition by several years, so the opportunity exists for preventive intervention.

Source: U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General—Executive summary*. Rockville, MD: National Institutes of Health, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

- Childhood is an important time to prevent mental disorders and to promote healthy development because many adult mental disorders have related antecedent problems in childhood. Thus, it is logical to try to intervene early in children’s lives before problems are established and become more refractory. The field of prevention has now developed to the point that reduction of risk, prevention of onset, and early intervention are realistic possibilities.

Effective Strategies for Preventing Substance Use

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.

Effective Strategies for Preventing Mental Disorders

Source: National Research Council and Institute of Medicine. O’Connell, M. E., Boat, T., & Warner, K. E. Eds. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

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 (e.g., divorce) or adversities (e.g., parental mental illness);
- *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 decision making, self-awareness, and conducting relationships; and targeting violence, aggressive behavior, and substance use; and
- *Promoting mental health through health care and community programs* by furthering 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.

Prevention-Prepared Communities

Source: Substance Abuse and Mental Health Services Administration. (draft October 2010).

Leading change: A plan for SAMHSA's role and actions 2011–2014. From

http://www.samhsa.gov/about/sidocs/SAMHSA_SI_paper.pdf (accessed November 30, 2011).

- 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 and substance abuse, including tobacco and suicide.

Community Process: Strategic Prevention Framework

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

- 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., Hawkins, J. D., Pollard, J. A., Catalano, R. F., & Baglioni, Jr., A. J. (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., Hawkins, J. D., Pollard, J. A., Catalano, R. F., & Baglioni, Jr., A. J. (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.

SAMHSA Center for Substance Abuse Prevention (CSAP) Prevention Programs and Activities

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

- 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, Strategic Prevention Framework State Incentive Grants, Drug-Free Communities program, Sober Truth on Preventing Underage Drinking Act grants, HIV/AIDS minority grants, dissemination of prevention education tools, and sponsorship of events such as SAMHSA’s Prevention Day.

National Registry of Evidence-based Programs and Practices (NREPP)

Source: NREPP Web site

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

- NREPP is a searchable online registry of more than 210 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment. NREPP connect members of the public to intervention developers so they can learn how to implement these approaches in their communities.

Underage Drinking Prevention—2010 Town Hall Meetings

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

- Town Hall Meetings 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 Town Hall Meetings took place across America in the spring of 2010. Two hundred fifty-five of these were youth-led events. In March 2012, SAMHSA will launch the fourth round of Underage Drinking Prevention Town Hall Meetings. (SAMHSA-supported Town Hall Meetings have been held in 2006, 2008, and 2010.)

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, prosocial behaviors and attitudes.

Too Smart To Start

Source: <http://www.toosmarttostart.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.

Panel 3: Early Intervention, Treatment and Recovery for Youth and Young Adults

Key Questions:

- 1. When and how should we intervene with youth or young adults who are beginning to use illicit drugs or alcohol? What does it mean for a young person to be “indicated” as needing early intervention?**
- 2. What specific program models are available for early intervention? What is SBIRT and what are student assistance programs?**
- 3. How can primary healthcare providers help in screening young people for problems with alcohol?**
- 4. How can parents, professionals, and community members recognize signs of mental disorders in youth?**
- 5. What are the goals of the Healthy People 2020 initiative on adolescent health?**
- 6. What types of treatment are effective for young people with mental disorders, substance use disorders, or both?**
- 7. How can we best support recovery for young people? What are “recovery schools”?**
- 8. How are young people participating in their own recovery process? Why is this important?**

Prevention, Early Intervention, and Treatment: Definitions and Distinctions

Source: National Research Council and Institute of Medicine. O’Connell, M. E., Boat, T., & Warner, K. E. Eds. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, pages 67, 69. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

- Prevention and treatment are necessary and complementary components of a comprehensive approach to the mental, emotional, and behavioral health of young people. However, to enable distinctions between the two and to monitor the effectiveness of each, delineations must be made. The committee has decided that the definitions of universal, selective, and indicated prevention, as laid out in the 1994 Institute of Medicine report, with the addition of mental health promotion, offer the most useful framework for the field.

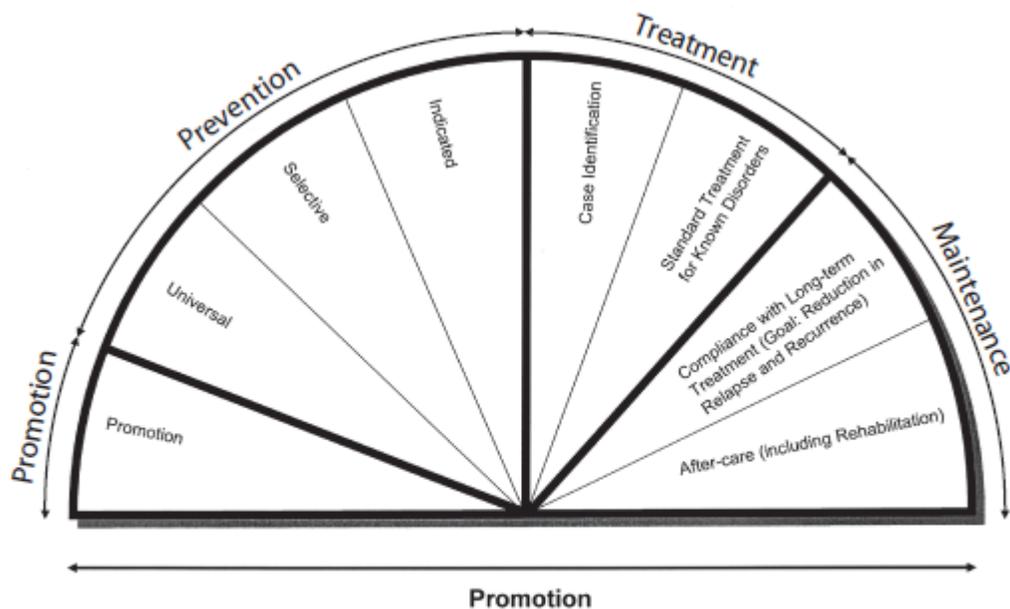


FIGURE 3-1 Mental health intervention spectrum.
SOURCE: Adapted from Institute of Medicine (1994, p. 23).

- 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).

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Source: SAMHSA SBIRT Web page

http://www.samhsa.gov/samhsnewsletter/Volume_17_Number_6/SBIRT.aspx

- 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.

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 followup services.

Alcohol Screening and Brief Intervention by Primary Healthcare Providers

Source: (2011). National Institute on Alcohol Abuse and Alcoholism. *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*. NIH Publication No. 11-7805. From <http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/YouthGuide> (accessed November 30, 2011).

- NIAAA created this guide to help primary care providers conduct fast, effective alcohol screens and interventions with patients, even during brief, acute care visits. The tools, tips, and resources are designed to help physicians surmount common obstacles to youth alcohol screening in primary care. Typical barriers include insufficient time, unfamiliarity with screening tools, the need to triage competing problems, and uncertainty about how to manage a positive screen (Van Hook et al., 2007).

Recognizing Signs of Mental Disorders in Youth—Action Signs Toolkit

Source: Announcement on SAMHSA Website, The Reach Institute Toolkit available at: <http://www.thereachinstitute.org/files/documents/action-signs-toolkit-final.pdf>

- Mayo Clinic researchers—in partnership with numerous national mental health advocacy organizations—are issuing new simple-to-understand tools to help identify youth who may have mental health disorders.
- Issuing these tools is consistent with the Office of the U.S. Surgeon General call to action in 2001 to develop a set of easily identifiable mental health disorder warning signs among youth for use by parents, professionals, and community members.
- Despite well-documented levels of emotional and behavioral concerns in the Nation's youth, studies have repeatedly shown that up to 75 percent of youth with mental health disorders such as ADHD, bipolar disorder, anxiety, and eating disorders are usually not identified, and youth do not receive the care they need.
- After surveying more than 6,000 parents and children about mental health services in the United States during the past decade, researchers created a mental health disorder Action Signs toolkit to help easily identify symptoms for youth who may be experiencing mental disorders. The findings and epidemiology that led to the toolkit were published in the journal *Pediatrics* on Friday, October 28, 2011.

Healthy People 2020 Initiative on Adolescent Health

Source: Healthy People 2020 Web site

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=2>

- Healthy People 2020 established a goal to improve the healthy development, health, safety, and well-being of adolescents and young adults. Adolescents (aged 10 to 19) and young adults (aged 20 to 24) make up 21 percent of the population of the United States. The behavioral patterns established during these developmental periods help determine young people's current health status and their risk for developing chronic diseases in adulthood.
- Although adolescence and young adulthood are generally healthy times of life, several important public health and social problems either peak or start during these years. Examples include:
 - Homicide;
 - Suicide;
 - Motor vehicle crashes, including those caused by drinking and driving;
 - Substance use and abuse;
 - Smoking;
 - Sexually transmitted infections, including HIV;
 - Teen and unplanned pregnancies; and
 - Homelessness.
- Because they are in developmental transition, adolescents and young adults are particularly sensitive to environmental—that is, contextual or surrounding—influences. Environmental factors, including family, peer group, school, neighborhood, policies, and societal cues, can either support or challenge young people's health and well-being. Addressing the positive development of young people facilitates their adoption of healthy behaviors and helps to ensure a healthy and productive future adult population.

Treatment of Mental Disorders in Children

Source: Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Mental health findings*. NSDUH Series H-39, HHS Publication No. SMA 10-4609. Rockville, MD: U.S. Department of Health and Human Services. From <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHRResults.pdf> (accessed November 30, 2011).

- In 2009, 34.7 percent of youths aged 12 to 17 with past year MDE received treatment for depression (i.e., saw or talked to a medical doctor or other professional or used prescription medication).
- In 2009, among youths aged 12 to 17 with past year MDE, 20.3 percent saw or talked to a medical doctor or other professional only, 2.3 percent used prescription medication only, and 12.0 percent received treatment from both sources for depression in the past year.

Source: U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General—Executive summary*. Rockville, MD: National Institutes of Health, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

- Children and adolescents receive most of the traditional treatments applied to adults, particularly psychosocial treatments, such as psychotherapies, and various medications. Some of the treatments, such as interactive or play therapy with young children, are unique to clinical work with this group, while others, such as individual psychotherapy with adolescents, are similar to clinical work with adults.
- Many of the treatment interventions have been packaged together in particular arrangements for delivery in specific clinical settings.
- More attention is being paid to the value of multimodal therapies, that is, the combination of pharmacological and psychosocial therapies.

Treatment of Mental Disorders in Young Adults

Source: Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings*. NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD: U.S. Department of Health and Human Services. From

<http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf> (accessed November 30, 2011).

<http://www.samhsa.gov/data/2k10/2k9MHDetailedTables/HTML/Sect1peMHtabs.htm#Tab1.15B>

- In 2009, among young adults aged 18 to 25 with MDEs in the past year, 46.9 percent received treatment for their depression. Among young adults aged 18 to 25 with serious mental illness in the past year, 44.6 percent received treatment or counseling for it. In 2009, among young adults aged 18 to 25 with any mental illness in the past year, 25.9 percent received treatment or counseling for their mental illness.

Effective Approaches to Treatment and Recovery for Youth With Substance Use Disorders (SUDs)

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

- Effective approaches to treatment and recovery for youth with SUDs include:
 - **Mutual aid or support groups**, such as 12-step programs where members share a common struggle with alcohol or drugs and share their experience, strength, hope, and practical information. These groups support sustained recovery, although many youth struggle with ongoing participation if the support group is not culturally matched for youth.
 - **Peer-to-peer recovery** support in which programs and organizations help youth and families by providing training, supervision, and opportunities to reach out and help others initiate and/or sustain their recovery. Peer-to-peer recovery

support may take place using social networking tools, by telephone, in group or one-on-one meetings, or by being part of a larger community of recovery.

- **Family therapy/education**, in which the whole family participates in treatment and recovery, or **integrated family therapy** where more than one family member with an SUD is treated.
- **Brief interventions**, where one or more counseling sessions may include motivation for change strategies, patient education, assessment and direct feedback, contracting and goal setting, behavioral modification techniques, and the use of written materials such as self-help manuals.
- **Interventions**, where several significant people in a person's life confront him or her with their first-hand experiences of drinking and/or drug use. The formalized intervention process includes a progressive interaction by a counselor with the family or friends for at least 2 days before intervening with the person, who often then moves on to a formal treatment program.
- **Therapeutic communities (TC)** is a social-psychological form of treatment for addictions and related problems. The TC has been typically used in the United States to treat youth with the severest problems and for whom long-term care is indicated.
- **Faith-based treatment**, in which faith and spirituality can play an important role in helping young people recover. There are programs designed with a faith-orientation that are beneficial for young people looking for this perspective.

Elements of Effective Adolescent Drug Treatment

Source: <http://www.drugstrategies.com/treatingteens.html>

- Assessment and treatment matching—Accurate assessment is an important first step in diagnosing substance use disorders as well as psychiatric conditions. A treatment plan should be created that matches the severity of the problem.
- Comprehensive, integrated recovery approach—Program services must address all aspects of a teen's life, including school, juvenile justice, mental and physical health, and the community.
- Family involvement in treatment and recovery—Parents have a powerful influence on their teen's development. Research shows that involving parents in the teen's treatment produces better outcomes.
- Developmentally appropriate program—Treatment programs and materials need to be tailored to adolescents, who are more concrete thinkers than adults and also have less-developed verbal skills.
- Engage and retain teens in treatment—Program strategies and activities should build a therapeutic alliance—a climate of trust between the therapist and the client that facilitates behavior change.
- Qualified staff—Staff members need to be knowledgeable about adolescent development and co-occurring mental disorders as well as substance abuse and addiction.
- Gender and cultural competence—Treatment experts agree that programs should recognize both gender and cultural differences in their treatment approach, since recent research points to significant differences between male and female adolescent drug users.

- Continuing care—Continuing care services include recovery management training, followup plans, and referrals to community resources.
- Treatment outcomes—Adolescent research is in its infancy and only a few programs adequately address evaluation of their effectiveness in dealing with teen substance abuse issues.

Recovery Schools

Source: Association of Recovery Schools

<http://www.recoveryschools.org/index.html>

- The Association of Recovery Schools brings together students and secondary and post-secondary schools, and helps professionals to support students in recovery from substance use disorders.
- Recovery schools enroll students committed to being abstinent from alcohol and other drugs and working a program of recovery.
- Recovery schools at the secondary level meet State requirements for awarding a secondary school diploma. Such schools are designed specifically for students recovering from substance abuse or dependency.
- Eligible colleges, similarly, offer academic or residential programs/departments designed specifically for students recovering from substance abuse or dependency.

Source: Moburg, D. P. & Finch, A. J. (2008). Recovery high schools: A descriptive study of school programs and students. *Journal of Groups in Addiction & Recovery*, (2) 128–161.

- This study of 17 schools provides the first systematic description of recovery school programs and their students. The most common school model is that of a program or affiliated school, embedded organizationally and physically with another school or set of alternative school programs.
- Retrospective pretest to post-test analysis suggests significant reduction in substance use as well as in mental health symptoms among the students.
- When asked to report use of alcohol, cannabis, or other illicit drugs in the 12 months before entering the school compared to current use, students reported a reduction from 90 percent to 7 percent.
- For drug use patterns, students reported a mean of 28.5 days abstinent in the prior 90 days before they entered the school. They reported an average of 266 days abstinent since entering the schools.

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 effective with young people include:
 - 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.

Panel 4: Young People Participating in Their Own Recovery

Key Questions:

1. **How are young people today participating in managing their own recovery? What role does modern technology such as social networking play in supporting this?**
2. **Do any programs exist where young people can participate in addressing mental health issues in this country?**
3. **Are there social network sites or other online resources available to young people with substance use issues?**
4. **How can family and friends best support a young person in recovery?**
5. **What additional resources and programs are available that are relevant to young people with mental or substance use disorders or to those who are trying to help them?**

Role of Modern Technology in Facilitating Treatment and Recovery

Source: National Institute on Drug Abuse

The Internet, with its myriad of online communication tools (e.g., chat, discussion boards, email, social network sites), is an environment where people—and especially youth—connect and interact. As such, the Internet can be an effective tool in accessing treatment and peer and other recovery support services. Types of online screening, treatment, and recovery support services include:

- Treatment facility locators and databases;
- Alcohol and drug abuse screening questionnaires;
- Group and individual counseling;
- Chat room-based support groups;
- Text message recovery support;
- In-school peer recovery support group meetings; and
- Peer-based recovery support services.

Youth Participation in Addressing Mental Health Challenges—Active Minds

Source: Active Minds Web site

http://www.activeminds.org/index.php?option=com_content&task=view&id=13&Itemid=42

- Active Minds is the only organization working to use the student voice to change the conversation about mental health on college campuses. By developing and supporting chapters of a student-run mental health awareness, education, and advocacy group on campuses, the organization works to increase students' awareness of mental health issues, provide information and resources on mental health and mental illness, encourage students to seek help as soon as it is needed, and serve as liaison between students and the mental health community.
- Through campus-wide events and national programs, Active Minds aims to remove the stigma that surrounds mental health issues and create a comfortable environment for

an open conversation about mental health issues on campuses throughout North America.

Social Network Site for Treatment and Recovery—In the Rooms

Source: <http://www.intherooms.com/>

- In the Rooms is a global online recovery community supporting connections between people in recovery and providing information and resources related to recovery.

How To Support Someone in Recovery

Source: http://www.hbo.com/addiction/aftercare/45_support_recovery.html

- Educate yourself on the recovery process for individuals and families.
- If the person in recovery is living with you, provide a sober environment to support that recovery.
- Support the individual's involvement in treatment aftercare meetings and recovery support groups.
- Assertively reintervene in the face of any relapse episode.
- Assist the recovering family member with help locating sober housing, employment, child care, transportation, or other recovery support needs.

Questions To Ask a Treatment Program

Source: <http://www.drugstrategies.com/teens.html>

- How does your program address the needs of adolescents?
- What kind of assessment does the program conduct of the adolescent's problems?
- How often does the program review and update the treatment plan in light of the adolescent's progress?
- How is the family involved in the treatment process?
- How do you engage adolescents so that they stay in treatment?
- What are the qualifications of program staff members and what kind of clinical supervision is provided?
- Does the program offer separate single sex groups as well as male and female counselors for girls and boys?
- How does the program follow up with the adolescent and provide continuing care after treatment is completed?
- What evidence do you have that your program is effective?
- What is the cost of the program?

Additional Treatment and Recovery Resources Relevant to Young People

SAMHSA Resources for Treatment and Recovery Referrals

Source: SAMHSA National Helpline, 1-800-662-HELP

<http://samhsa.gov/treatment>

- Includes information on private and public facilities that are licensed, certified, or otherwise approved for inclusion by their State substance abuse agency.
- Treatment facilities are administered by the U.S. Department of Veterans Affairs, Indian Health Service, and U.S. Department of Defense.

- Makes it possible for clients to access services at any time, any day of the week.
- Reaches out to clients who are physically unable to leave their homes.

Recovery Connection

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

- This is a comprehensive addiction treatment resource and drug rehabilitation referral service. The organization has staff members across the country who are available 24 hours a day to answer all concerns about substance use, addiction treatment, and rehabilitation.
- Recovery Connection is owned and operated by a private healthcare corporation whose mission is to improve quality of life by providing quality healthcare services.

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 but not limited to 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 recreate) the parent-teen relationship so essential to guiding teens through any one of the number of challenges they face, alcohol and drug temptations included.

Connecticut Turning to Youth and Families

Source: <http://ctyouthandfamilies.org/ctyf/>

- Provides Connecticut youth, parents, family members, caregivers, and professionals a safe place to go for easy access to the latest information and connections for support and resources. The Web site is a place where people can talk about their concerns, needs, and solutions via peer-to-peer interaction. Promoting prevention, treatment, and recovery is its primary purpose.

Treatment Improvement Protocols (TIP) and Technical Assistance Publications (TAPs)

Source: <http://www.kap.samhsa.gov/products/manuals/index.htm>

- TIPs, developed by the Center for Substance Abuse Treatment (CSAT) are best practices guidelines for the treatment of substance use disorders.

- CSAT draws on the experience and knowledge of clinical, research, and administrative experts to produce the TIPs, which are distributed to facilities and individuals across the country.
- The recommendations contained in each TIP are grounded in evidence that includes scientific research findings and the opinion of the TIP consensus panel of experts that a particular practice will produce a specific clinical outcome (measurable change in client status).
- In making recommendations, consensus panelists engage in a process of “evidence-based thinking” in which they consider scientific research, clinical practice theory, practice principles, and practice guidelines, and their own individual clinical experiences.
- Based on this thinking, they arrive at recommendations for optimal clinical approaches for given clinical situations.
- TAPs are compilations from various Federal, State, programmatic, and clinical sources that provide practical guidance and information related to the delivery of treatment services to individuals with alcohol and drug abuse disorders.

Screening for Substance Abuse and Diagnosing

Source: <http://www.mayoclinic.com>

- Diagnosing a drug addiction often starts at the family doctor level, often after one family member has raised concerns about another family member’s behavior.
Your doctor may ask questions about the frequency of drug use, whether any family member has criticized your drug use or whether you’ve ever felt you might have a problem.
A definitive diagnosis of drug addiction usually occurs after an evaluation by a psychiatrist, psychologist, or a specialized addiction counselor.
Blood tests often aren’t able to result in a diagnosis of a drug addiction, but these tests can help a doctor detect the presence of a drug when its use has been denied.

Online Screening for Abuse

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

- Online Screening for Abuse helps individuals assess their own alcohol consumption patterns to determine if their drinking is likely to be harming their health or increasing their risk for future harm.
- Through education and referral, these sites urge those persons whose drinking is harmful or hazardous to take positive action and inform all adults who consume alcohol about guidelines and caveats for lower-risk drinking.
- Over 500,000 people have completed screening questionnaires and received scientifically based feedback on their drinking patterns.
- The assessment questionnaires used are based on the Alcohol Use Disorders Identification Test, developed by the World Health Organization to screen for harmful or hazardous alcohol use.

The Second Road

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

- TheSecondRoad.org is a free, not-for-profit online community to help those in recovery (and the families of those affected by addiction) learn to live with the challenges presented by everyday life and continue on a fulfilling road to recovery.

- The goal of The Second Road is to be a new platform for “people helping people.”
- The Second Road offers:
 - A community of trust and understanding;
 - Twenty-four-hour access;
 - Inspiring stories from people of diverse cultures and backgrounds;
 - The knowledge of many experts in the addiction treatment field;
 - The tools to resist relapse; and
 - A secure, nonthreatening environment.
- The Second Road welcomes people of all stages of recovery using any method that works for them to:
 - Find supporters and community they can relate to;
 - Share stories and thoughts and feelings; and
 - Reach life-changing goals at a pace appropriate for the individual.

eGetgoing

Source: <http://www.eGetgoing.com>

- Offers a supportive, personal, and interactive drug treatment experience through a unique fusion of live video and voice technology that replicates traditional substance abuse treatment and education environments.
- Provides a way for individuals to participate in an alcohol and drug treatment program from any location where they have Internet access.
- Was developed to make high quality chemical dependency treatment available to millions in need by eliminating barriers such as limited treatment center space, high cost, privacy concerns, and inconvenience.
- Does not displace traditional treatment. Instead, its online delivery adds breadth and depth to the existing continuum of chemical dependency care—both complementing existing programs and serving as an alternative for those who otherwise do not have access to treatment.
- Emulating a group session in a treatment facility setting, clients are able to see (via real-time video) and hear (via real-time audio) their eGetgoing drug rehabilitation counselor, which allows each session to be tailored to the needs of the group.
- Group members communicate with each other and their certified substance abuse counselor verbally using headsets.
- Because group size is limited to approximately 10 participants, this modality ensures an intimate group drug and alcohol treatment experience that is not always possible in traditional substance abuse treatment environments.
- Remain completely anonymous.
- Alternatively, one can call toll free at 1–877–75–SOBER.

Teen Challenge International

Source: <http://www.teenchallengeusa.com>

- This network of 191 centers throughout the United States provides youth, adults, and families with effective and comprehensive faith-based solutions to life-controlling alcohol and drug problems. The Teen Challenge Training Center is an 8-month comprehensive residential treatment program that deals with the most acute cases of addiction, offered at minimal cost to the participant.

The 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.

Al-Anon and Nar-Anon

Sources: <http://www.aa.org/>

http://www.nar-anon.org/Nar-Anon/About_Nar-Anon.html

- Al-Anon holds regular meetings for spouses and other significant adults in an alcoholic's life, while Alateen is geared toward children of alcoholics.
- Narc-Anon Family Group is a mutual support group for family members who know or have known a feeling of desperation due to the addiction problem of someone close to them. Nar-Anon members share their experiences, strength, and hope at weekly meetings. The meetings are usually held at locations such as treatment centers, hospitals, churches, community centers, or local 12-step clubs.

Alliance for Children and Families

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

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

Social Media Resources

<http://www.facebook.com/recoverymonth>

<http://www.twitter.com/recoverymonth>

<http://www.intherooms.com>

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.

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.”

A link check was run on all the external Web sites listed in the discussion guide to identify and fix any broken links as of 11/30/11. However, we acknowledge that Web site URLs change frequently and may require ongoing link checks for accuracy.