

SAMHSA NEWS

SAMHSA's Award-Winning Newsletter

July/August 2007, Volume 15, Number 4

Rural Substance Abuse: Overcoming Barriers to Prevention and Treatment



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Think of rural America and tranquil images of farmland punctuated by red barns, black and white cows, and tiny towns may come to mind. But when it comes to substance abuse, the picture isn't so idyllic.

Is substance abuse really an inner-city problem? That's the most common stereotype.

But rural residents actually abuse some substances at higher rates than their urban counterparts.

According to SAMHSA's 2005 National Survey on Drug Use and Health, for example, young people in rural areas are more likely

than big-city youth to indulge in binge drinking. Methamphetamine and oxycodone abuse is also a big problem.

Yet getting treatment can be hard in rural areas. Treatment facilities are few and far

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between, the lack of public transportation presents logistical problems, and the stigma attached to substance abuse can prevent many from seeking and accessing services.

A recent publication from SAMHSA's Center for Substance Abuse Treatment (CSAT) offers solutions for overcoming these barriers to care.

The latest addition to CSAT's Technical Assistance Publication (TAP) series—*The National Rural Alcohol and Drug Abuse Network Awards for Excellence 2004: Submitted and Award-Winning Papers* (TAP 28)—showcases several effective models. CSAT funded the awards competition.

“The publication promotes promising practices and innovative approaches addressing the unique and special challenges of providing substance abuse prevention and treatment services in rural and frontier areas,” said Hal Krause, M.P.A., a public health analyst in CSAT's Division of State and Community Assistance. “These papers represent novel and innovative approaches to meeting rural residents' needs.”

TAP 28 also presents research on demographic characteristics and treatment outcomes of rural methamphetamine users, faith- and community-based re-entry services, the differences in drug use between rural and very rural areas, and an electronic version of the Addiction Severity Index.

Facing Barriers

The papers featured in TAP 28 describe the many factors that make providing substance abuse prevention and treatment services in rural areas so difficult.

Poverty. Inner-city residents aren't the only Americans facing chronic economic

deprivation. Over the last two decades, downturns in the farming, manufacturing, and mining industries have devastated many rural communities. Younger, more educated, and better-off residents have fled the countryside to seek opportunities in cities.

What they leave behind are their older, poorer neighbors; jobs with low wages and no health insurance; and concentrated poverty passed on from generation to generation. Even in areas that haven't seen sustained declines—such as the agricultural powerhouse of California's San Joaquin Valley—a crop-damaging freeze or other sudden event can plunge residents into economic crisis. And the stress of not having enough money, the authors emphasize, puts people at increased risk for substance abuse.

Influx of drugs. At the same time, rural residents have faced an influx of drugs. In search of new markets, drug dealers from big

cities have started targeting rural areas. Rural residents themselves have gotten into the game. Methamphetamine is easy to manufacture from readily available ingredients, and the isolation of rural areas helps manufacturers hide their labs.

Limited treatment options. “Treatment facilities in rural areas are often very scarce,” said Mr. Krause. In Iowa, according to one paper, the nearest treatment provider may be a hundred miles away. In addition, rural treatment facilities don't always have the expertise they need. In the San Joaquin Valley, another paper notes, the available treatment programs all focused on alcoholism and had very little experience treating other forms of substance abuse.

Prevention efforts and support programs for those who abuse substances, and for their families, are also scarce. Although programs such as Alcoholics Anonymous may exist in

TAP Series Resources

“This Technical Assistance Publication (TAP) isn't the first to address substance abuse treatment in rural areas,” said Ali Manwar, Ph.D., a social science analyst in the Division of State and Community Assistance at SAMHSA's Center for Substance Abuse Treatment (CSAT). Several other publications in CSAT's TAP series focus on substance abuse prevention and treatment in rural areas:

- TAP 10: *Rural Issues in Alcohol and Other Drug Abuse Treatment*
- TAP 17: *Treating Alcohol and Other Drug Abusers in Rural and Frontier Areas*
- TAP 20: *Bringing Excellence to Substance Abuse Services in Rural and Frontier America*

These TAPs are available for viewing through SAMHSA's National Clearinghouse for Alcohol and Drug Information at <http://ncadi.samhsa.gov>. ▶

rural areas, meetings may take place only once a week.

Logistical difficulties. Even when treatment is available, rural residents may not be able to get there. With the vast distances involved and the lack of public transportation, residents typically need private vehicles to get to treatment. Yet many of those most in need of help have lost their driver's licenses, do not have reliable vehicles, or can't afford gas or insurance. A lack of available, affordable child care adds to the logistical difficulties.

Stigma. The cultural and social norms prevalent in rural areas can make it even harder for people with substance abuse problems to seek help. As one paper notes, rural culture tends to emphasize individualism and self-sufficiency, religion, conservative beliefs, rigid norms, strong family ties, and distrust of outsiders.

In addition to community disapproval, rural residents who seek treatment for substance abuse face a lack of anonymity. "Rural communities are often very small and tight-knit," explained Mr. Krause. "People who are suffering from a substance abuse problem face the added stigma of basically outing themselves as a substance abuse client if they present themselves at a treatment facility."

The resulting small town chatter, say the authors, may make people reluctant to seek help until they're in a crisis.

Overcoming Physical Barriers

These barriers are not insurmountable. The top three papers detail effective programs, ranging from a prevention initiative for mothers in Vermont to an early intervention effort in Iowa and a drug court in rural California. Each of these award-winning papers provides solutions to specific problems.

"Empower for Recovery: An Innovative Approach to Assist Sustained Recovery in Rural Iowa," for example, provides a model for overcoming transportation barriers. Instead of

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From the Administrator

Putting Rural Substance Abuse "On the Map"

For too long, substance abuse in rural America has remained hidden from the national consciousness. The public's idyllic image of rural life, limited rural health data, and failure to see rural areas as connected to the larger society have all contributed to this perceived invisibility.

Yet the need for substance abuse treatment is evident in both urban and rural areas.

For example, according to SAMHSA's Treatment Episode Data Set, the substance abuse treatment admission rates for narcotic painkillers increased 230 percent between 1992 and 2005. The increase was smallest in large central metropolitan areas (103 percent) and greatest in the most rural areas, i.e., nonmetropolitan areas both with and without a city (462 percent and 440 percent, respectively).

The cover story in this issue of *SAMHSA News* describes some of the most promising practices and innovative approaches for treating substance abuse in rural areas, identified through papers submitted to the National Rural Alcohol and Drug Abuse Network (NRADAN) Center for Excellence in 2004.

SAMHSA's Centers for Substance Abuse Prevention and Treatment both support NRADAN's National Rural Institute on Alcohol and Drug Abuse, held annually in Menomonie, WI, to provide workforce training.

This issue of *SAMHSA News* also includes an article on a new resource kit from SAMHSA's Fetal Alcohol Spectrum Disorders Center for Excellence targeted to American Indians, Alaska Natives, and Native Hawaiians. These groups often live in rural or remote communities and have disproportionately high substance abuse prevention and treatment needs, which SAMHSA addresses through several of its grant activities.



Terry L. Cline, Ph.D.

SAMHSA's targeted capacity expansion grants include rural areas and American Indian tribes in efforts to expand the community's ability to provide comprehensive responses to prevention and treatment capacity gaps.

In response to the increase in admissions for methamphetamine abuse, SAMHSA funded prevention grants in 2002, 2003, and 2006 to support expansion of methamphetamine prevention interventions and to develop delivery systems. SAMHSA also awarded grants in 2004, 2005, and 2006 to provide treatment for methamphetamine use and other emerging drugs for adults residing in targeted areas of need—including rural communities.

To recruit and retain qualified staff in rural areas, SAMHSA is currently working on a National Plan for Rural Behavioral Health focusing on workforce development.

SAMHSA will continue to explore and support other responses to the problem of rural substance abuse, ensuring that the issue remains at the forefront of the Nation's attention. ▶

Terry L. Cline, Ph.D.
Administrator, SAMHSA



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making people with substance abuse problems come to services, the services go to them.

“One of the biggest barriers to providing substance abuse services in rural areas is the lack of transportation,” said Deborah K. Rohlfs, M.A., L.M.H.C., C.A.D.C., the Hamilton County coordinator and prevention supervisor at Community and Family Resources, a state-funded treatment agency in Webster City, IA. “These people are fighting an addiction. They don’t have a driver’s license. And they don’t have any money.”

To get past those hurdles, the Empower for Recovery program provided early intervention services to substance abusers and their families in their own homes. Depending on clients’ needs, a visit might have focused on

getting someone into treatment or getting them followup and support after treatment.

Ms. Rohlfs acted as a case manager, working with other service providers to ensure that families’ food, housing, mental health, and other needs were being met.

The ultimate aim of the program, which has since ceased operation, was to ensure a safe, stable home for young children.

To fulfill that goal, the program focused on the entire family rather than just the person with a substance abuse problem. “Addiction isn’t just about the user,” Ms. Rohlfs explained. “By being in people’s homes and seeing the interaction that goes on in a real setting rather than an office, we were able to deal with a lot of the families’

anger, frustration, and other feelings they had regarding the addiction.”

The program appeared to work, said Ms. Rohlfs. Of 15 families who had completed the program by the time the paper was written, 8 of the substance abusers were still sober a year after discharge. One had maintained 6 months of sobriety. Four families had left the substance abuser, resulting in safer situations for the children. And two substance abusers had relapsed but gotten back into treatment sooner than in previous instances.

Overcoming Psychological Barriers

Just as important as the physical barriers that keep rural residents from treatment are

Other Rural Activities

SAMHSA is engaged in several activities designed to improve substance abuse and mental health services in rural areas.

- **Conference.** SAMHSA’s Center for Substance Abuse Treatment and Center for Substance Abuse Prevention (CSAP) help support the National Rural Alcohol and Drug Abuse Network’s annual conference. The event, the National Rural Institute on Alcohol and Drug Abuse, brings together rural alcohol and drug abuse professionals, Federal agency representatives, and nationally known institute faculty. SAMHSA provided scholarships to 30 participants at the June 2007 meeting. The Agency also supported a faculty member who addressed the special challenges of providing treatment on an American Indian reservation.

Next year’s event will be held in Menomonie, WI, from June 8 to June 11. For more information, visit www.uwstout.edu/outreach/conf/nri.

- **Web casts.** SAMHSA’s Center for Mental Health Services supported the Western Interstate Commission for Higher Education’s development of a series of Web casts. Designed to provide accessible training to mental health professionals in rural areas, the 90-minute Web casts address topics such as telemedicine, co-occurring substance abuse and mental disorders, and prevention. To listen to

presentations, visit www.wiche.edu/mentalhealth/grand_rounds.

- **Grants.** CSAP’s Prevention of Methamphetamine Abuse grant program addresses the growing problem of methamphetamine abuse in rural areas. Other grants, such as CSAP’s Drug-Free Community program and Strategic Prevention Framework State Incentive Grants program, don’t specifically target rural areas but include many grantees in rural communities. For more information, visit <http://prevention.samhsa.gov>. ▀

the psychological barriers, said author Trudee Ettlinger, Ph.D., A.P.R.N., L.A.D.C., C.C.H.P., an associate professor of nursing at Norwich University in Northfield, VT.

“Physical barriers can always be overcome, but there’s something else that happens in rural areas, especially around disadvantaged women of child-bearing age,” said Dr. Ettlinger. “There’s an enormous amount of stigma.”

Dr. Ettlinger’s contribution, “Delivering a Maternal Substance Abuse Intervention Program Along the Rural Route,” provides a model for overcoming that stigma. The paper describes the Rocking Horse program, a substance abuse prevention program for lower-income mothers in rural Vermont. The program is supported in part by the state’s Substance Abuse Prevention and Treatment block grant from SAMHSA.

Designed to get women into treatment before they’re in crisis, the Rocking Horse program teaches at-risk women about the dangers of alcohol and illegal drug use.

The program consists of 10 weekly get-togethers. In a warm and caring environment, the participants learn about the impact of substance abuse on their health, relationships, young children, and life troubles. A substance abuse treatment professional and a specialist in child and maternal health lead the discussions. Because they live in the same communities as the participants, the leaders serve as both mentors and role models. The program provides transportation, onsite childcare, and healthy snacks.

To combat stigma, the discussions take place in church basements rather than at an agency. “It doesn’t arise out of welfare; it doesn’t arise out of child protection; and it doesn’t arise out of a treatment center,” said Dr. Ettlinger. “It belongs to the community.” Even the name helps battle stigma, she added. “Rocking Horse is a non-value-laden name,” she said. “And no one knows what it is.”

Over the program’s 5 years of existence, informal evaluations have suggested that the approach works. Using pre- and post-tests, Dr. Ettlinger and her colleagues have found that

participants seem to handle stress better, parent more effectively, and increase their understanding of the risks of alcohol and drug use. There even appear to be dramatic reductions in their binge drinking.

Although more formal evaluation is needed, said Dr. Ettlinger, the women themselves clearly believe the program has something to offer.

The program has proven so popular that there are now reunion groups for women who have finished the 10-week program but want more. The monthly sessions help the women stay connected, Dr. Ettlinger added.

To request a free print copy of TAP 28, contact SAMHSA’s Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD). Request inventory number SMA06-4183. Online, the full text of TAP 28 is available in PDF format at www.kap.samhsa.gov/products/manuals/pdfs/TAP28.pdf.

For more resources, read this article on *SAMHSA News* online at www.samhsa.gov/SAMHSA_News. ▶

—By Rebecca A. Clay

Expanding Mental Health Services Workgroup Meets with Ambassador



At the Afghanistan Embassy in Washington, DC, (left to right) Dr. Terry L. Cline, SAMHSA Administrator, joined the Ambassador of Afghanistan Said T. Jawad, Dr. Alia Ibrahim Zai, Director of Mental Health, and Mrs. Saheem Jawad, the Ambassador’s wife, to hear about the country’s mental health needs.

SAMHSA and the Workgroup on Afghanistan Mental Health provide support for the immediate priorities of the country’s Ministry of Public Health. The Workgroup convened to report to the Ambassador on progress that includes an emphasis on *mental health* as part of health and the needs of children, youth, and women.

The Workgroup on Afghanistan Mental Health is a team of experts from SAMHSA and additional members from the National Institute of Mental Health, the Office of Global Health Affairs at the U.S. Department of Health and Human Services, and the Embassy of Afghanistan. (See *SAMHSA News* online, January/February 2006.)

Efforts include increasing and improving professional staff and providing transportation for staff to visit service sites and regions to integrate behavioral health into primary care. Other efforts include providing adequate offices and equipment, and supporting the development and distribution of public education materials on mental health.

The Workgroup welcomed the World Health Organization (WHO) into its membership and holds substantive sessions for its members on WHO’s Chain Free Initiative (elimination of the use of restraints and seclusion).

SAMHSA sponsors Afghan participation in numerous behavioral health trainings around the world, including sessions on trauma and substance abuse. ▶

Suicide Prevention Through MySpace.com

Popular Internet Site Helps Build Awareness

What's an effective way to raise awareness about SAMHSA's National Suicide Prevention Lifeline? As it turns out, it's MySpace.com, one of the most popular online networking sites in the Nation.

People of all ages use MySpace to share photos, post their music and poetry, reconnect with old friends, and even make new friends.

And visitors to MySpace now have another reason to log on. SAMHSA is using the site to spread the word about the National Suicide Prevention Lifeline. A free, 24-hour resource for anyone who needs help, the Lifeline connects callers to more than 120 crisis centers across the country.

The Lifeline's toll-free telephone number—1-800-273-TALK (8255)—is posted at www.myspace.com/suicidepreventionlifeline. The MySpace page also includes clear information about suicide warning signs, how the Lifeline works, and more.

More than 2,400 people have already chosen to become "friends" of the Lifeline's page, which is expected to increase word-of-mouth referrals to the free telephone resource.

How It All Started

In spring 2005, the administrators of the Lifeline Web site noticed increasing hits from MySpace—at the rate of about 60 to 80 per day.

As it turned out, several people on the networking site had posted the Lifeline logo on their pages and were directing visitors to the official Web site at www.suicidepreventionlifeline.org.

MySpace quickly became the number one referrer to the Lifeline site, even surpassing the SAMHSA referrals. Noting the increase in traffic, SAMHSA's Lifeline staff signed up for a customized page on MySpace.

In 2006, the Lifeline Web site received about 150,000 unique visitors referred by MySpace. Through May 2007, the Lifeline has received about 85,000 unique visitors.

"This new venture is helping us provide suicide prevention information to young people in an online space where they feel comfortable," said A. Kathryn Power, M.Ed., Director of SAMHSA's Center for Mental Health Services (CMHS). "Our MySpace page gives people an easily accessible link to important information about suicide prevention."

In fact, the MySpace page is so popular that SAMHSA is exploring partnerships with other networking sites. Lifeline also is working with Facebook.com, a popular online communication site for college students, to keep the momentum going.

The National Suicide Prevention Lifeline is one component of the National Suicide Prevention Initiative, a multi-project program led by SAMHSA's CMHS. (See *SAMHSA News* online, September/October 2005.)

More Resources

Supplementary materials for suicide prevention include Web banners and logos, public service announcements (PSAs), a media outreach toolkit, wallet cards in English and Spanish, and business cards, flyers, and magnets.

To view and download materials, or to request PSAs, visit the National Suicide Prevention Lifeline Web site at <http://suicidepreventionlifeline.org/campaign/promotional.aspx>.

To learn about SAMHSA's National Suicide Prevention Strategy, visit www.samhsa.gov. To view the Agency's Lifeline Web page on MySpace, visit www.myspace.com/suicidepreventionlifeline. ▀

—By Leslie Quander Wooldridge

Why Call the Lifeline?

Calling SAMHSA's National Suicide Prevention Lifeline at 1-800-273-TALK (8255) connects you or a friend in need to more than 120 crisis centers across the country. If you or someone you care about needs help:

- Call to speak with someone who is ready to listen.
- Call if you feel you might be in danger of hurting yourself.
- Call to find referrals to mental health services in your area.
- Call to speak to a crisis worker about someone you're concerned about. ▀



Preventing FASD in Native Communities

According to SAMHSA's FASD Center for Excellence, statistics show that at least 40,000 babies are born each year in the United States with fetal alcohol spectrum disorders (FASD).

And Native communities have some of the highest rates of FASD in the country.

To increase awareness, SAMHSA's FASD Center recently released a resource toolkit as part of its Native Initiative. The *American Indian/Alaska Native/Native Hawaiian Resource Kit* is designed to

help mothers-to-be and their friends, relatives, health professionals, and leaders understand and prevent FASD.

The Native Initiative emphasizes traditional themes such as the importance of family and the healing power of communities to reduce the number of Native children born with FASD.

This new resource will support prevention and treatment efforts in American Indian, Alaska Native, and Native Hawaiian communities.

The kit was developed and reviewed by representatives of these communities and by FASD experts.

What Is FASD?

Fetal alcohol spectrum disorders describe the range of effects that can occur in individuals whose mothers drank alcohol during pregnancy. These effects may include physical, mental, behavioral, or learning disabilities with possible lifelong implications.

To Order

The *American Indian/Alaska Native/Native Hawaiian Resource Kit* is available online from SAMHSA's FASD Center at <http://fasdcenter.samhsa.gov/grabGo/NativeKit.cfm>.

To order a free print copy of the toolkit, call SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD). Request inventory number SMA07-4264.

For more information about SAMHSA's FASD Center for Excellence, visit <http://fasdcenter.samhsa.gov>.

For more on the FASD Center's Native Initiative, visit <http://fasdcenter.samhsa.gov/nativeinitiative>. ▶



What's in the Toolkit?

The *American Indian/Alaska Native/Native Hawaiian Resource Kit* is designed to help Native communities understand and prevent fetal alcohol spectrum disorders. SAMHSA's toolkit includes the following:

- **Current data.** The toolkit provides statistics on FASD.
- **Fact sheets and information sheets.** Three comprehensive fact sheets provide statistics and answers to frequently asked questions about FASD. In addition, the fact sheets present strategies for effecting change in Native communities and target specific audiences, including

tribal leaders, educators, health care providers, and community members.

- **Brochures.** Three brochures for Native women, men, and youth describe how each group can help prevent FASD.
- **Posters.** Two reproducible posters may be displayed in gathering places such as community centers, health care facilities, schools, and workplaces.

- **A CD-ROM and slideshow.** Easy-to-use electronic files help community members share and post materials. And the educational slideshow about FASD can be presented in schools or at gatherings.
- **A resource list.** To encourage additional research and community action, resources from Native-specific Web sites are provided. ▶

Summer Means More Underage Drinking

New PSAs, Action Guides Help Parents

Young people across the country enjoy outdoor sports and family vacations when they're on summer break. But, according to SAMHSA data, the summer months also show the highest occurrence of first-time alcohol use among young people.

That means June, July, and August pose challenges for parents, too.

At SAMHSA, an effort is underway to encourage parents to talk to their children about underage alcohol use before they take that first drink.

In collaboration with the Ad Council and the Office of the Surgeon General, SAMHSA is

distributing new prevention public service announcements (PSAs) with the key message, "Start talking before they start drinking."

What the Numbers Show

Adolescents use alcohol more often than tobacco or illicit drugs. And data from SAMHSA's National Survey of Drug Use and Health (NSDUH) show that the highest occurrence of first-time alcohol use (13.1 percent) occurs during the month of July.



According to the same study, 10 percent of children age 12, and 50 percent of children age 15, have consumed alcohol. By the time young people graduate from high school (at age 18), 75 percent have had their first drink.

SAMHSA is working to support the Surgeon General's *Call to Action To Prevent and Reduce Underage Drinking*, a national effort to stop America's 11 million underage drinkers from using alcohol and to keep other young people from starting. (See *SAMHSA News* online, March/April 2007).

Radio PSAs

To help parents discuss the consequences of underage drinking with their teenagers and younger children, SAMHSA and the Ad Council recently distributed three new radio PSAs.

Available at the end of the school year, the PSAs encourage one-on-one family conversations by dramatizing actual parent-child interactions about the dangers of alcohol use. One dad says to his young son, "You're still growing, you're still developing. You may think you can handle it, but you're not a grownup yet. It's dangerous." Visit www.samhsa.gov/underagedrinking.

—By Leslie Quander Wooldridge
and Kristin Toburen

New Action Guides: Prevention Is Everyone's Responsibility

The Office of the Surgeon General recently released three new action guides based on the *Call to Action To Prevent and Reduce Underage Drinking*.

The 14-page, colorful guides include strategies to prevent young people from taking that first sip of alcohol.

Straightforward headlines such as, "What Is 'a Drink,' Anyway?" make the information accessible to everyone. The three guides are written for specific audiences:

- **A Guide to Action for Families** offers many ideas on how to protect teens from alcohol use, such as how to talk with children about alcohol and help them make good decisions in a loving, supportive way.
- **A Guide to Action for Communities** focuses on how to change collective and individual attitudes about underage drinking and the laws surrounding it.
- **A Guide to Action for Educators** focuses the efforts of teachers, administrators, athletic coaches,

and others to create a school climate that discourages underage drinking and encourages positive choices.

Families, communities, and educators are encouraged to work together. For more information about preventing underage drinking—including access to the campaign's free PSAs, action guides, and statistics—visit www.stopalcoholabuse.gov.



A Friend Makes a Difference

Anti-Stigma Campaign Encourages Support

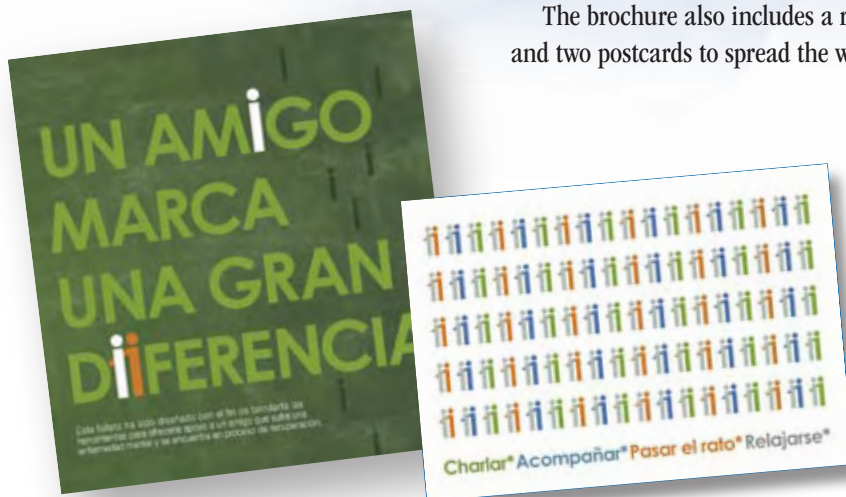
New materials are now available as part of SAMHSA's Mental Health Anti-Stigma campaign launched in 2006. (See *SAMHSA News* online, November/December 2006.)

The campaign's new brochure, *What a Difference a Friend Makes*, is designed to provide young adults with the tools to help support a friend who is living with a mental illness in the recovery process.

A Spanish-language version of the brochure, *Un amigo marca una gran diferencia*, also is available.

In addition, campaign public service announcements (PSAs) are now available in Spanish as well as English.

"Once people understand the facts about mental illnesses, they are better equipped to support their friends and family members who may be affected," said A. Kathryn Power, M.Ed., Director of SAMHSA's Center for Mental Health Services. "Young people can make a difference in the lives of their friends simply by being understanding, empathetic, and knowledgeable about what friends are going through as they make their way to recovery."



Part of SAMHSA's *What a Difference a Friend Makes* brochure in Spanish includes two postcards ready for mailing. Translated, the text reads, "Chatting, Chilling, Hanging, Relaxing." For the PDF, visit http://whatadifference.org/docs/NASC_Spanish_0317.pdf.

Debunking Myths

Focusing on the basics, the SAMHSA brochure defines key terms such as mental health, recovery, and support.

Myths and facts about mental illness are included. For example, one pervasive myth is that people can't do anything for a person with mental illness. On the contrary, according to the brochure, "helping" begins with how we interact and speak with a person with a mental illness. Social acceptance makes a big difference.

What Would You Do?

The brochure offers a variety of "What Would You Do" scenarios—ways to be helpful to someone with a mental illness. For example, what if your friend started sleeping away much of the day? A solution is to encourage your friend to get out of the house, or maybe even go to a movie with you.

Another example is what to do if you hear others talking about people with mental illnesses in negative terms. One solution is to let those people know that people with mental illnesses deserve respect and dignity.

The brochure also includes a resources list and two postcards to spread the word.




SAMHSA's *What a Difference a Friend Makes* brochure is now available in English and Spanish.

One of the campaign's intentions is to build awareness that mental illnesses affect a person's physical, mental, and emotional well-being in much the same way as diabetes or heart disease affects a person's overall health.

According to recent SAMHSA statistics, the prevalence of serious mental health conditions among people age 18 to 25 is almost double that of the general population. Conversely, young adults at this age show the lowest rate of help-seeking behaviors. And only about 25 percent of young adults in this age group believe that a person with mental illness can recover.

Free copies of this publication, *What a Difference a Friend Makes* (English) and *Un amigo marca una gran diferencia* (Español) are available from SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) or 1-866-889-2647 (TDD). Request inventory number SMA07-4265 (English) or SMA07-4289 (Español).

Online, the brochure is available on the campaign's Web site at <http://whatadifference.org/docs/NASC.pdf>.

For general information about mental illnesses, recovery, and related publications, visit SAMHSA's Web site at www.mentalhealth.samhsa.gov. 

Keeping Children Safe, Helping Families Recover

Creating a Holistic Approach to Child Welfare

A child's welfare and a parent's recovery from substance abuse go hand in hand.

But finding effective ways to screen parents for substance use disorders and get them into treatment has been an ongoing challenge for caseworkers at child welfare agencies across the Nation. Similarly, treatment agencies may be challenged to identify and assist families whose children may be at risk of child abuse or neglect.

To help, the National Center on Substance Abuse and Child Welfare (NCSACW), jointly funded by SAMHSA and the Administration on Children, Youth and Families, recently developed a new guidebook. Titled *Screening and Assessment for Family Engagement, Retention, and Recovery* (SAFERR), the guidebook offers a framework for collaborative action. And family members are encouraged to be active participants in the process.

SAFERR is based on the premise that when parents abuse drugs or alcohol and mistreat their children, at least three systems—child welfare, alcohol and drug treatment services, and family courts—should collaborate to resolve the problem.

Putting Families First

The SAFERR model seeks to transform the way public and private agencies respond to help families affected by substance use disorders. Just as the President's New Freedom Commission on Mental Health called for mental health care across the Nation to be consumer-driven and recovery-based, the

SAFERR model focuses on a family's recovery as a whole.

SAFERR emphasizes that collaboration and communication across systems is the key to positive results. By collaborating strategically, agencies can reduce duplication, simplify work, save time, and streamline the process.

A Model for Change

The guidebook is organized in 3 sections and 10 appendices. To create an initiative for change in a state or county, the SAFERR program recommends an incremental, step-by-step process.

The first step is for the leaders of child welfare, alcohol and drug services, and the courts to form an oversight committee, a steering committee, and several subcommittees. Individuals who have received services from the child welfare or alcohol and drug treatment systems should also serve as members of the steering committee.

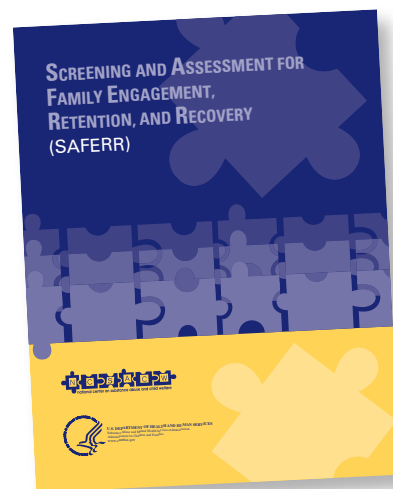
Developing and sustaining effective collaborations is difficult. Each agency has a different focus. Child welfare focuses on children. Alcohol and drug services focus on parents. Family courts focus on the statutory timelines to be met in cases of child abuse or neglect. Common ground must be established before actual changes can happen.

Committee members need to learn what each separate system does, then work to develop a shared mission, common language, goals and timetables, a training curriculum, and other key elements.

The SAFERR guidebook offers specific ways to move toward collaborative exchanges. Appendix A is an 86-page "Facilitator's Guide" that contains templates for a kickoff meeting and worksheets for creating a collaborative plan of action and completing a "collaborative values inventory," among many other tools.

The guidebook also addresses state-level policies and recommends screening and assessment tools for use in daily practice.

When the SAFERR program model is used, substance use disorders among families reported for child maltreatment can be identified more efficiently. Once a problem is brought to light, then families can begin to heal with appropriate treatment and services.



To Order

For a free print copy of the SAFERR manual, contact SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD). Request inventory number SMA07-4261.

The full-text guidebook also is available online in PDF format at www.ncsacw.samhsa.gov/files/SAFERR.pdf. ▸

—By Kristin Toburen



Grants: Looking Ahead to 2008

Potential grant applicants are receiving an early look at 2008 SAMHSA grant opportunities through a new funding forecast from the Agency.

SAMHSA Anticipated FY 2008 Funding Opportunities "At A Glance" provides a list of the programs under which SAMHSA expects to invite applications for new awards in Fiscal Year (FY) 2008.

The information in the forecast's easy-to-read chart is based on the President's FY 2008 budget request. (See *SAMHSA News* online, March/April 2007.) Therefore, this funding information is tentative and preliminary.

Final grant funding and application information will not be available until SAMHSA receives its FY 2008 appropriation.

Potential grantees should continue to check the SAMHSA Grants Web page

in order to view official requests for grant applications. *SAMHSA News* also will provide information on funding opportunities, as they become available.

Programs from all three SAMHSA Centers—the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, and the Center for Mental Health Services—are represented in the forecasting chart. For each program, the user-friendly chart provides estimated funding, number and size of awards, program description, eligibility restrictions, contact information for the corresponding project officer, and target publication date.

Potential 2008 grants that are listed on the forecast's chart fall under various SAMHSA programs, including suicide prevention; screening, brief intervention,

referral and treatment (SBIRT); treatment drug courts, and targeted capacity expansion for substance abuse treatment and HIV/AIDS services programs.

Official, individual grant announcements will be published throughout the year.

The *SAMHSA Anticipated FY 2008 Funding Opportunities "At A Glance"* chart is available on SAMHSA's Web site at www.samhsa.gov/grants/2008/fy2008opps.aspx.

To view a related publication on the grant application process—*Developing Competitive SAMHSA Grant Applications*—and to access helpful information on funding opportunities, visit the SAMHSA Grants Web page at www.samhsa.gov/grants. For all Federal grants, visit www.grants.gov. ▀

New on Co-Occurring Disorders

To continue to educate states, communities, and treatment professionals, SAMHSA's Co-Occurring Center for Excellence (COCE) recently released two new overview papers in a series on co-occurring substance abuse and mental disorders.

The first 3 papers in a series of 10 state-of-the-art publications were released in September 2006 (see *SAMHSA News* online, September/October 2006).

Addressing Co-Occurring Disorders in Non-Traditional Service Settings: Overview Paper 4 describes how professionals who work in primary health care, public safety and criminal justice, and social service settings can identify and respond effectively to people with co-occurring disorders. The paper presents the ways that these initial contacts can increase the likelihood that people with co-occurring disorders will take advantage of treatment.

Understanding Evidence-Based Practices for Co-Occurring Disorders: Overview Paper 5 offers information on evidence-based practices and their use in treating people with co-occurring disorders. The paper describes several program- and

are included, such as promising practices, model programs, and best practices.

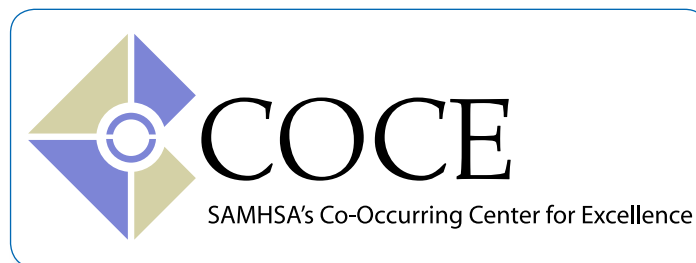
To Order

Copies of these papers may be obtained free of charge by calling SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) or 1-866-889-2647 (TDD). Request inventory number SMA07-4277 for *Overview Paper 4* and SMA07-4278 for *Overview Paper 5*.

Online, *Overview Paper 4* is available at <http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17655>.

Overview Paper 5 is available at <http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17656>.

For more information, visit SAMHSA's COCE Web site at www.coce.samhsa.gov. ▀



treatment-level interventions recently developed and tested. Paper 5 explains how to determine if a given practice should be labeled as "evidence-based." Brief examples are included. In addition, the paper clarifies the advantages of employing evidence-based practices. And meanings of related terms

Beating the Odds: Help for Problem Gambling

Slot machines pouring out quarters, roulette wheels spinning, and people gathering around blackjack and poker tables. For many people, gambling is one part of an exciting evening or weekend away from home.

For others, however, gambling is an addiction that causes financial, marital, and job-related problems that require treatment services. Gambling also can lead to related problems such as substance abuse.

To help, SAMHSA recently released a *Problem Gambling Toolkit*. The Agency's Center for Substance Abuse Treatment (CSAT) worked with the National Council on Problem Gambling and the Association of Problem Gambling Service Administrators to develop the toolkit.

The kit includes the following resources:

- *Substance Abuse Treatment for Persons with Co-Occurring Disorders (Problem Gambling): Excerpts from a Treatment Improvement Protocol (TIP) 42* identifies key elements needed by treatment providers to coordinate mental health and substance abuse services for their clients who need both.
- *Problem Gamblers and Their Finances: A Guide for Treatment Professionals* provides a basic understanding of the financial issues that confront problem gamblers and offers potential financial strategies.
- *Personal Financial Strategies for the Loved Ones of Problem Gamblers* suggests ways for friends and family to deal with financial issues due to gambling before they become a major financial problem. It also can help loved ones of problem gamblers recover financially if they already have serious money problems.

Signs of Problem Gambling

Problem gambling is sometimes called a "hidden" disease because the gamblers

themselves sometimes don't even realize they have a problem. Some warning signs of problem gambling include:

- Losing time from work due to gambling
- Repeatedly promising to stop gambling, yet returning to it again and again
- Borrowing money to gamble or to pay gambling debts
- Lying to cover up gambling activity
- Suffering from feelings of remorse or depression due to gambling
- Gambling until the last dollar is gone.

Problem gamblers also commonly experience other addictive behaviors such as problems with drinking or drug abuse.

Protecting Finances

As described in the toolkit, a few crucial steps can help loved ones protect the family's finances when there's a problem gambler in the house.

Initial steps include the following:

- Remove the gambler's name from all credit cards.
- Have the gambler's paycheck deposited into an account that is in your name only, and agree to a weekly cash budget.

- Call creditors, explain the gambler's problem, and promise to provide a restitution plan in the next 30 to 45 days.
- If gambling continues unabated:**
- Remove your name from any joint credit cards, and savings or checking accounts.
 - Alert all creditors to the problem and ask them not to extend any more credit.
 - Take over paying household bills, if possible.
 - Open a separate safe-deposit box in which to store valuables that the gambler might sell for cash.
 - Identify income and assets, establish a spending plan, and shift control of the finances to a non-gambler.

To order a print copy of the *Problem Gambling Toolkit*, contact SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD). For more information, visit SAMHSA's Web site at www.samhsa.gov. ▀

—By Erin Bryant
and Riggan Waugh

New Navajo, Russian Publications Available

SAMHSA recently introduced several new Multi-Language Initiative (MLI) products. Available in Navajo and Russian, the various publications offer information on inhalants, substance abuse treatment, and childhood abuse issues.

Developed by SAMHSA's Center for Substance Abuse Treatment through its Knowledge Application Program (KAP), the products are translated and culturally adapted for each specific audience. These publications are the latest in the MLI series, which provides substance abuse prevention and treatment topics for people who do not speak English or have limited English-language abilities.

The new Navajo-language brochures focus on the dangers of inhalant use. The following products are available online:

- *Tips for Teens: The Truth About Inhalants*
- *Mind Over Matter Series: The Brain's Response to Inhalants*
- *Inhalant Abuse: Your Child at Risk!*
- *A Parent's Guide to Preventing Inhalant Abuse.*

Two new Russian-language booklets also are available online:

- *What Is Substance Abuse Treatment? A Booklet for Families*
- *Helping Yourself Heal: A Recovering Woman's Guide to Coping With Childhood Abuse Issues.*

For more information on the initiative, or to download free publications, visit SAMHSA's KAP Web site at www.kap.samhsa.gov/mli. ▶



Drug Tests or Self-Reports?

A new publication, *Comparing Drug Testing and Self-Report of Drug Use among Youths and Young Adults in the General Population*, provides data comparing the accuracy of self-reported drug use with actual drug tests for tobacco, marijuana, and other drugs.

The drug tests revealed that most persons age 12 to 25 reported their recent drug use accurately to the National Survey on Drug Use and Health.

The publication, from SAMHSA's Office of Applied Studies (OAS), is available for download on the OAS Web site at www.oas.samhsa.gov/validity/drugTest.pdf. ▶

Treatment Directory Updated

SAMHSA recently updated the *National Directory of Drug and Alcohol Abuse Treatment Programs 2007*. The publication includes an inventory of more than 11,000 substance abuse treatment programs in all 50 states, the District of Columbia, Puerto Rico, and 4 other U.S. territories.

Organized and presented in a state-by-state format for easy reference, the directory includes public and private facilities, which are licensed, certified, or otherwise approved by substance abuse agencies in each state.

Facility descriptions also include details on available services for adolescents, persons with co-occurring substance abuse and mental

disorders, individuals living with HIV/AIDS, and pregnant women.

The directory complements SAMHSA's online Substance Abuse Treatment Facility Locator (www.findtreatment.samhsa.gov).

For further assistance with locating drug and alcohol abuse treatment programs, call SAMHSA's National Helpline at 1-800-662-HELP (4357).

For a free print copy of the updated directory, contact SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD). Request inventory number SMA07-4290. ▶

We'd Like To Hear From You!

SAMHSA News strives to keep you informed about the latest advances in treatment and prevention practices, the most recent national statistics on mental health and addictive disorders, relevant Federal policies, and available resources.

Are we succeeding? We'd like to know what you think.

Comments: _____

I'd like to see an article about: _____

Name and title: _____

Address and affiliation: _____

Phone number: _____ Email address: _____

Field of specialization: _____

In the current issue, I found these articles particularly interesting or useful:

- | | |
|---|---|
| <input type="checkbox"/> Rural Substance Abuse: Overcoming Barriers to Prevention and Treatment | <input type="checkbox"/> Keeping Children Safe, Helping Families Recover |
| <input type="checkbox"/> From the Administrator: Putting Rural Substance Abuse "On the Map" | <input type="checkbox"/> Grants: Looking Ahead to 2008 |
| <input type="checkbox"/> Expanding Mental Health Services | <input type="checkbox"/> New on Co-Occurring Disorders |
| <input type="checkbox"/> Suicide Prevention Through MySpace.com | <input type="checkbox"/> Beating the Odds: Help for Problem Gambling |
| <input type="checkbox"/> Preventing FASD in Native Communities | <input type="checkbox"/> In Brief |
| <input type="checkbox"/> Summer Means More Underage Drinking | <input type="checkbox"/> Sign up for SAMHSA's eNetwork! |
| <input type="checkbox"/> A Friend Makes a Difference | <input type="checkbox"/> Ready for <i>Recovery Month</i> ? |
| | <input type="checkbox"/> SAMHSA News online—for the current issue and archives—at www.samhsa.gov/SAMHSA_News |

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Thank you for your comments!

Sign Up for SAMHSA's eNetwork!

SAMHSA recently launched a new "eNetwork"—an electronic service that can bring the latest information about grants, publications, campaigns, programs, statistics, and data reports directly to your computer on an ongoing basis.

All it takes to join is a visit to www.samhsa.gov/enetwork.

When you join the eNetwork, only information on the topics *you choose* will be emailed to you. You can change your areas of interest at any time by updating your profile.

Your email address and the state in which you live are all you need to sign up for the eNetwork. No other personal information is required.

You also can use the eNetwork to share information and materials with

your family members or colleagues. Information may include announcements about newly published substance abuse treatment publications such as *Treatment Improvement Protocols* or mental health publications such as *Stepping Stones to Recovery*. Or, you can keep abreast

of SAMHSA initiatives such as underage drinking prevention or the annual *Recovery Month* that is held every September.

SAMHSA News will keep you informed of additional developments occurring with the eNetwork in future issues. To join, visit www.samhsa.gov/enetwork. If you have questions, contact SAMHSA's Health Information Network at 1-877-SAMHSA-7 or 1-800-487-4889 (TDD). ▶

Sign Up Today!

Visit www.samhsa.gov/enetwork
or call 1-877-SAMHSA-7.

**Join the
eNetwork**

Ready for Recovery Month?

September is fast approaching, and with it comes SAMHSA's 18th annual *National Alcohol and Drug Addiction Recovery Month* observance.

Communities around the country are preparing for recovery walks, special events, town proclamations, and various other activities. Are you ready?

Here's a reminder checklist to help:

- Place your **media advisory** in newspaper columns at least a week ahead of time to promote upcoming events and attract more attention.
- Place a *Recovery Month* radio **public service announcement (PSA)**. Call local stations to find out the contact information of the person in charge of PSAs or public campaigns.
- Organize a **community panel**. This group could include people in recovery, public officials, local health care providers, and justice system representatives.



Recovery Month

- Reserve a **backup venue** if your event is outdoors. If you plan a rain date, make sure all attendees, speakers, and media know when and where the event will occur if it is rescheduled.
- Contact national and local *Recovery Month* **planning partners** to collaborate with your organization. A list of potential contacts is included in the toolkit.

- Download new **promotional packages** containing video clips and PowerPoint presentations from the *Recovery Month* Web site.
- Give your event even **more publicity** by posting it on the *Recovery Month* Web site and listing the time, location, and a description. Also, crosscheck your event with others locally and nationally. ▶

Don't forget to visit www.recoverymonth.gov to check for updates!

SAMHSA NEWS

Published bimonthly by the
Office of Communications

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1 Choke Cherry Road
Rockville, MD 20857

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