Substance Abuse and Mental Health Services Administration

SAMHSA NEWS

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Improving Mental Health Services

Photo Courtesy of Administration on Aging

By 2030, the population of Americans over age 65 is expected to rise to about 71.5 million, compared to 35.6 million in 2002. Yet even today, a shortage of mental health professionals qualified to treat older people means that many aren't being treated. Stigma keeps others from seeking help even when adequate treatment is available.

Meeting these needs is the goal of SAMHSA's Targeted Capacity Expansion (TCE) Grant Program To Improve Older Adult Mental Health Services. Launched by SAMHSA's Center for Mental Health Services (CMHS) in 2002, this 3-year effort is designed to increase both the quantity and quality of mental health services offered to people age 65 and older. With guidance from the Positive Aging Resource Center, a technical assistance organization in Boston, MA, nine grantees are expanding or enhancing their programs using methods that have a proven track record of success.

"One way to improve services for older Americans is to take what we know works—evidence-based practices—and translate that into the field," said TCE program officer Betsy McDonel Herr, Ph.D., at CMHS. "We don't have the money to teach everybody these evidence-based practices, so we're hoping these nine sites will become model programs that can teach others. We're planting seeds in the field."

Special Needs

Older people tend to have a different attitude toward mental illness and treatment than younger generations. "They grew up in an era when having such problems meant you were considered 'crazy,' " explained Sue Levkoff, Sc.D., S.M., M.S.W., director of the

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Positive Aging Resource Center. "They also grew up thinking that if you're sad, you just need to pull yourself up by your bootstraps." Even those people who know they need help may be reluctant to seek treatment for fear of being stigmatized.

Health care providers may also have misguided notions about older people and mental illness. Many providers assume that depression, anxiety, and other mental health problems are just a normal part of aging, said Dr. Levkoff, an associate professor of psychiatry at Brigham and Women's Hospital, and an associate professor of social medicine at Harvard Medical School. Others don't even realize that such conditions can be treated. Even when health care providers do recognize the importance of identifying and treating older patients' mental illnesses, many simply don't have time to make mental health a priority.

Photo Courtesy of Administration on Aging

"Most older people go to primary care providers who aren't really trained in providing care to older people in general and to older people with mental health problems specifically," Dr. Levkoff explained. "When they have a 6- or 7-minute visit to deal with medical issues that demand attention, asking about things like sadness or anxiety doesn't even get on the agenda."

And while there's plenty of evidence demonstrating the effectiveness of various approaches to diagnosing and treating older people's mental health problems, Dr. Levkoff adds, many health care providers don't have time to learn about such practices.

"There's a huge amount of information about evidence-based practices out there, but providers don't have access to it," she explained. "People are busy. And the health care system has become so bureaucratic, there's little time for health care professionals to provide the kind of care they want to provide, much less do all the extra things they need to do to keep up."

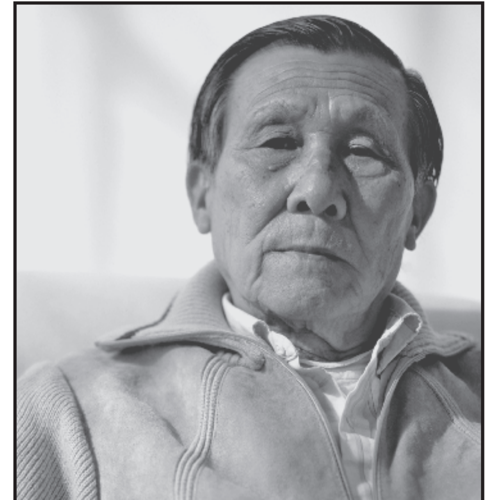
Model Programs

That's where the TCE program can help. "The program highlights nine sites that are successfully implementing evidence-based practices, so that they can become models for other organizations," said Dr. Levkoff.

Targeted Capacity Expansion Sites

SAMHSA's Center for Mental Health Services funds the following nine grantees that are expanding mental health services to older adults over age 65:

- Cottage Program, Tucson, AZ
- ElderLynk Expansion Program, Kirksville, MO
- Health Improvement Program for the Elderly, Jewish Family and Children's Service of Southern Arizona, Inc., Tucson, AZ
- Kajsiab House, Mental Health Center of Dane County, Inc., Madison, WI
- La Clinica del Pueblo, Washington, DC
- Project FOCUS, El Paso, TX
- Project Renewal, University of California at San Francisco, CA
- Senior Outreach Program, Unity Health System, Rochester, NY
- Tiempo de Oro Program, Valle del Sol, Inc., in Phoenix, AZ.



Some sites focus on screening. The City of El Paso, for example, has Project FOCUS (For the Optimal Care of Underserved Seniors). The city knew that older adults receiving home-delivered meals through a nutrition program were at high risk for depression and other mental health problems.

A TCE grant allowed the city to develop a mental health screening instrument that nutrition staffers now incorporate into their annual assessments. Depending on client scores, they are referred to a prevention-oriented case management program, a community mental health center, or a more intensive program that uses lay community workers to address medical and social needs of homebound elders.

"We provide services that aren't perceived as mental health services," said principal investigator Robert A. Salinas, M.S.W., social services administrator for the city. "People are more receptive to them."

Other sites focus on treatment. In Madison, WI, for instance, language barriers, transportation difficulties, and stigma kept many older Hmong refugees from seeking help for the depression, anxiety, and post-traumatic stress disorder they've developed in response to war, refugee camps, and resettlement.

"They were very isolated," explained principal investigator Linda Keys, M.S.S.W., program director at Kajsiab House at the Mental Health Center of Dane County, Inc.

"Family members who were connected with services would bring home psychotropic medications to share with their elders."

A TCE grant allowed Kajsiab House to increase the number of older adults in its programs, make its services more age appropriate, and create a mobile program. In the latter, a psychiatrist, psychologist, and Hmong staff members assisting as "culture brokers" provide therapy and other services in the homes of elders who can't or won't come to Kajsiab House.

The center incorporates Hmong cultural beliefs with Western concepts. For example, many Hmong view mental illness as an invasion of bad spirits. Diagnoses are often made by a shaman who interprets the curling of boiled chicken feet.

"Like all immigrant cultures, things are changing quickly for the Hmong," said Ms. Keys. "But for the older folks, those beliefs are still there."

Another site is enhancing treatment of depression and agitation in residents of nursing homes and board-and-care homes. "Facility managers were telling us, 'We're tired of overmedicating our patients in order to control their behavior,' " said principal investigator Patricia A. Arean, Ph.D., associate professor of psychiatry at the University of California San Francisco.

A TCE grant led to the creation of Project Renewal, a collaborative effort in which a social worker, psychologist, and psychiatrist train facility staff, offer assistance to other treatment providers, and provide direct services to clients when needed. Some interventions are remarkably straightforward, Dr. Arean added. A woman who threw food during mealtimes turned out to need more appetizing meals, for example.

Resource Center

Guiding all the grantee sites is the Positive Aging Resource Center, which provides training, teleconferences, and a listserv. The center also matched each site with an "implementation coach."

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From the Administrator

Mental Health for Older Americans

Americans age 65 and older are living longer and, in many cases, finding greater opportunities for a satisfying life in their later years. But for many older adults—particularly those experiencing mental disorders or substance abuse—a sense of well-being remains elusive.

Some older adults experience late onset of mental and addictive illnesses; others have experienced them throughout their lives. Older adults may experience depression and anxiety as they face physical decline, death of family members and other loved ones, and increased limitations on independence. In lieu of seeking treatment, some older adults—as with other populations—may "self-medicate" with alcohol. Further, older adults may misuse prescription medications, often inadvertently.

As the Baby Boom generation ages, the number of older adults is increasing, underscoring the imperative for SAMHSA to respond to unmet needs.

The principle underlying all our programs at SAMHSA is that people of all ages with or at risk for mental or addictive disorders should have the opportunity to lead fulfilling lives in their communities. SAMHSA has already developed a number of programs and initiatives for older adults —some of them highlighted in this issue of *SAMHSA News*—while simultaneously formulating a SAMHSA-wide Older Adults Action Plan that will coordinate and enhance all our efforts.

For example, SAMHSA awarded $5 million through a Targeted Capacity Expansion program in 2002 that emphasizes both early intervention and the development and use of successful practices for older adults with mental illnesses. (See cover story.) This program also includes a Positive Aging Resource Center, which not only provides assistance to the program's grantees, but also offers information to older adults, their caregivers, and health and social service professionals. (See *SAMHSA News,* p. 4.)

In August, SAMHSA is joining with the Administration on Aging and the Centers for Disease Control and Prevention to hold a Policy Academy on Aging. Eight competitively selected states will develop or enhance their service systems for older adults through a more comprehensive and coordinated approach.

Our goal at SAMHSA is not merely to manage symptoms but to build resilience and facilitate recovery. We need to remember that mental health promotion and substance abuse reduction are issues throughout the continuum of life. We must offer everyone—including older adults—treatment, support, and services that reflect a full range of interventions, so that every American, across all age groups, has the chance to pursue a fulfilling life in the community.

Charles G. Curie, M.A., A.C.S.W.
Administrator, SAMHSA

In addition to assisting grantees, the center offers Web-based training on specific conditions and service settings through a collaboration with the American Society on Aging.

The center's new Web site offers information to older people, caregivers, and health and social service providers. While professionals can use the site to learn more about evidence-based practices, older people can find helpful information too. Designed with input from older consumers, the highly

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s for replicating them.

"We don't just focus on mental illness and treatment," said Dr. Levkoff. "We focus on positive aging—how to stay connected, exercise, eat right, and do everything else the literature tells us is essential for maintaining mental and emotional health into old age."

Contact Betsy McDonel Herr for more information at bmcdonel@samhsa.gov. ◗

—By Rebecca A. Clay

Resources for Older Adults

ation and publications on older adults and mental health, visit:

- **www.samhsa.gov**, click on "Older Adults"
- Positive Aging Resource Center (PARC) **www.positiveaging.org**
- American Society on Aging, Web-based seminars **www.asaging.org/webseminars**
- The toolkit, *Get Connected! Linking Older Adults with Medication, Alcohol, and Mental Health Resources,* is available for service providers from NCADI.

Information is also available through SAMHA's National Mental Health Information Center, P.O. Box 42490, Washington, DC 20015. Telephone: 1 (800) 789-2647 or 1 (866) 889-2647 (TTY).

To order substance abuse prevention materials, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). ◗

Countering Stigma

"A double whammy" is how Paolo del Vecchio, M.S.W., describes the plight of older people who have mental illnesses. "These older adults not only experience discrimination related to getting old, but they face the stigma associated with mental illness on top of that," said Mr. del Vecchio, Associate Director for Consumer Affairs at SAMHSA's Center for Mental Health Services (CMHS).

The stigma is compounded for members of racial/ethnic minority groups and residents of rural communities.

CMHS convened two roundtables early in the year with help from the Geriatric Mental Health Foundation and the National Mental Health Awareness Campaign to find ways to counter stigma. The events convened researchers, advocates, practitioners, media representatives, grant writers, and consumers of mental health services.

Roundtable participants began by identifying types of stigma. For example, older people are often afraid to acknowledge their own mental illness.

Participants also identified barriers, such as a lack of understanding, resources, and competent providers. In response, participants formulated a strategy that centers on a two-part awareness campaign.

One effort would focus on empowering older people with mental illness by educating them. "One of the ways to effect positive change is to engage more older adults," said Mr. del Vecchio.

A broader effort would use the media to send a positive message about mental health and aging to older people, their adult children, and the public. Recommendations include producing articles for use in senior center newsletters, briefing journalists on mental health and aging issues, and developing public service announcements.

SAMHSA will use the recommendations as the Agency starts planning a national anti-stigma campaign this fall. For more information, contact Paolo del Vecchio at pdelvecc@samhsa.gov. ◗

Prescription Drugs & Alcohol Don't Mix

SAMHSA and the U.S. Food and Drug Administration (FDA) recently released public education materials to alert older Americans about the dangers of mixing certain prescription drugs or prescription medications with alcohol, and to highlight the need for vigilance and monitoring of prescription intake by older adults.

Two percent of adults age 55 or older who are admitted for treatment abuse prescription narcotic medications, according to SAMHSA data. The *As You Age* education materials aim to draw attention to the need to manage prescription medication intake, as well as the dangers of mixing some medications with alcohol.

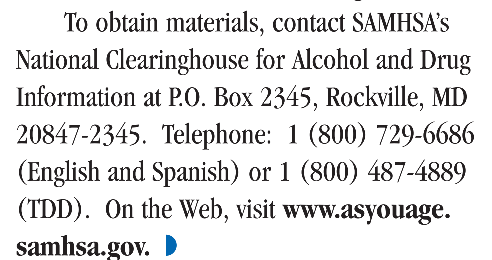
The materials include a series of print ads, radio and television public service announcements, a brochure, and a Web site featuring all these resources available for download.

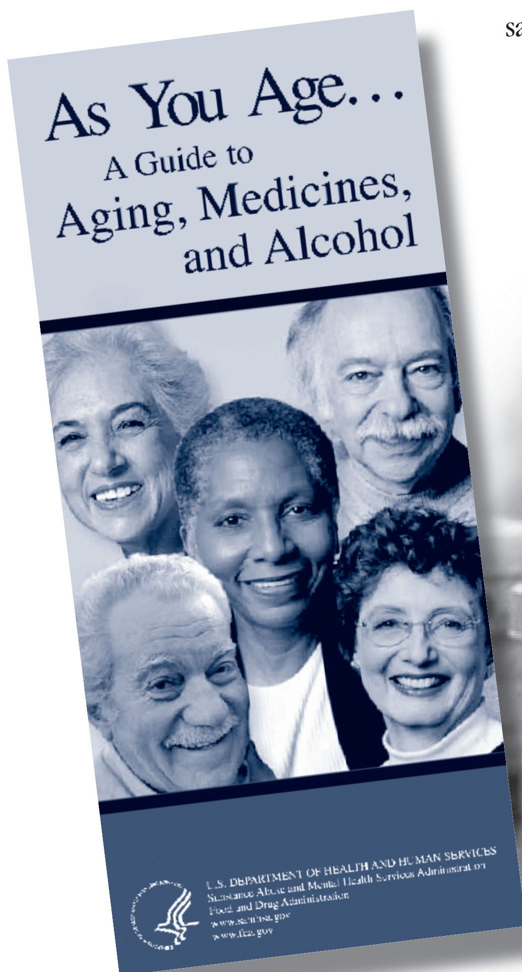
In addition, SAMHSA and the FDA have published a brochure, also titled *As You Age,* which provides a medication checklist to help older adults keep track of medication types, dose amount, and the proper intervals to take their medication. This brochure also points to the dangers of consuming alcohol with a medication that might have adverse effects due to negative interactions. (For sample safety tips, see *SAMHSA News,* p. 6.)

The materials were released at a joint press conference together with the Administration on Aging during the May observance of Older Americans Month.

SAMHSA has also established a hotline for drug abuse treatment referral. For help, call the SAMHSA substance abuse treatment 24-hour helpline at 1 (800) 662-HELP or 1 (800) 662-4357. For the names of treatment providers, visit SAMHSA's Web site at **www.findtreatment.samhsa.gov.**

To obtain materials, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). On the Web, visit **www.asyouage.samhsa.gov.**





Older Adults

Numbers Increasing in Substance Abuse Treatment

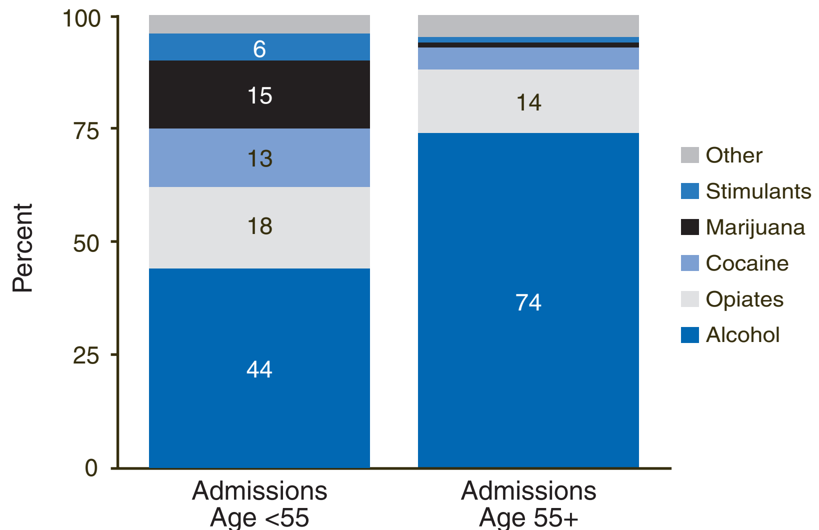
The number of substance abuse treatment admissions among adults age 55 or older has increased.

In 2001, there were 58,000 treatment admissions age 55 or older—about 3 percent of the 1.7 million treatment admissions in the Treatment Episode Data Set (TEDS), according to a new report from SAMHSA's Drug and Alcohol Services Information System (DASIS).

TEDS is an annual compilation of data on admissions for substance abuse treatment.

Among admissions age 55 or older, alcohol was reported as the primary substance of abuse more frequently than among younger admissions (74 percent vs. 44 percent). Cocaine and marijuana were reported less frequently among older admissions than among younger admissions (5 percent vs. 13 percent and 1 percent vs. 15 percent, respectively).

All Admissions, by Age Group and Primary Substance: 2001



Source: SAMHSA, Office of Applied Studies, *Drug and Alcohol Services Information System,* 2002.

Nearly two-thirds (64 percent) of older admissions reported abuse of alcohol alone, with no secondary drug abuse, while less than one-quarter (23 percent) of admissions younger than age 55 reported abuse of alcohol alone.

In addition, admissions for age 55 and older were more likely than younger admissions to enter treatment through self-referral (41 percent vs. 36 percent) and more likely to receive detoxification services than younger admissions (36 percent vs. 25 percent).

Older admissions were less likely than younger admissions to be referred through the criminal justice system (25 percent vs. 35 percent).

For a copy of the DASIS Report, *Older Adults in Substance Abuse Treatment: 2001,* contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). Online, the report is available on the SAMHSA Web site at **www.oas.samhsa.gov.**

Safety Tips on Medicines & Alcohol for Older Adults

Combining prescriptions or using alcohol with a particular medication may inadvertently cause depression, anxiety, or physical health problems. *As You Age . . . A Guide to Aging, Medicines, and Alcohol,* is an informational brochure designed to help reduce this danger. (See *SAMHSA News,* p. 5.)

Following are some tips from the brochure:

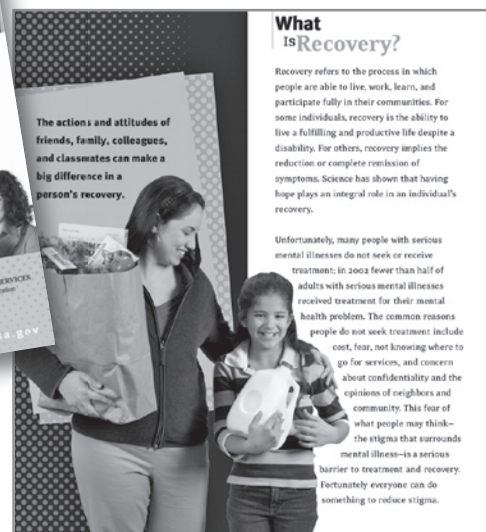
- Know that some medicines do not mix well with other medications, including over-the-counter medications and herbal remedies.
- Note changes in body weight. These changes can influence the amount of medicine needed.
- Read labels on medications carefully and follow the directions.
- Look for pictures or statements that prohibit drinking alcohol while taking a certain medicine.
- Talk to a health care professional about all medications, including prescription ones, over-the-counter medicines, and vitamins.
- Go through the medicine chest and get rid of expired medicines regularly.

For an electronic copy of the *As You Age* brochure or other materials, visit SAMHSA's Web site at **www.asyouage.samhsa.gov.**

Stigma and Mental Illness: SAMHSA Raises Awareness

SAMHSA recently launched a multimedia public education effort to raise awareness about the stigma and discrimination associated with mental illness. The campaign includes broadcast and print public service announcements that seek to educate the public that mental illnesses are common, they affect nearly every family across the Nation, and that recovery is possible.

The campaign, *Mental Health: It's Part of All Our Lives,* is part of a 3-year initiative in eight states: California, Florida, Massachusetts, North Carolina, Ohio, Pennsylvania, Texas, and Wisconsin. Featuring people who have experienced mental illnesses, the educational materials emphasize the key contributions that people with mental illnesses make.



Following the campaign in these eight states, SAMHSA will evaluate the effectiveness of the program and then, if effective, launch a national dissemination effort.

"All Americans must understand that effective treatments and supports for mental illnesses exist and that people do recover," said SAMHSA Administrator Charles G. Curie, M.A., A.C.S.W. "The fear and stigma that surround mental health problems make it harder for people to access treatment, find employment, or obtain housing. Fortunately, everyone can do something to help reduce stigma."

SAMHSA's National Survey on Drug Use and Health estimates that 17.5 million adults age 18 or older had serious mental illness in 2002. This campaign, part of SAMHSA's Elimination of Barriers Initiative, will promote greater public understanding.

The Web sites include information on the myths and facts about mental health, descriptions of a variety of mental health disorders, links to referral information on accessing mental health services, free materials, information on what people can do to address stigma and discrimination, and resources in each of the pilot states. Specific materials are also in development targeting employers and high school administrators.

The Initiative is a collaborative effort among SAMHSA and the eight state mental health authorities, in partnership with mental health consumers, family members, advocates, providers, and a range of national and state mental health organizations. With technical support from the Initiative, the pilot states are undertaking an array of additional strategies—such as speakers' bureaus, music festivals, health fairs, and celebrations of recovery.

As part of the Initiative, SAMHSA is evaluating these efforts, along with the educational materials, to determine their effectiveness. When the Initiative ends in 2005, SAMHSA will compile the findings into an evaluation report.

More information about the *Mental Health: It's Part of All Our Lives* campaign and the Elimination of Barriers Initiative is available on the SAMHSA Web site at **www.allmentalhealth.samhsa.gov.** A Spanish version of this Web site will be available soon. For more information about mental health, contact SAMHSA's National Mental Health Information Center, P.O. Box 42490, Washington, DC 20015. Telephone: 1 (800) 789-2647 or 1 (866) 889-2647 (TTY).

SAMHSA Unveils Strategic Prevention Framework

SAMHSA will award up to $45 million in competitive grants to states later this year as part of a new Strategic Prevention Framework to advance community-based programs to prevent substance abuse and promote mental health.

The idea is to use findings from public health research along with evidence-based prevention programs to create healthier communities. The effort is aligned with the HealthierUS initiative launched last year by Health and Human Services Secretary Tommy G. Thompson at the request of President Bush.

"Our goal is to aid Americans in living healthier, longer lives," said SAMHSA Administrator Charles G. Curie, M.A., A.C.S.W.

SAMHSA will provide the grants through the state Governors' offices, which will work in partnership with community-level organizations. The goals are to prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; reduce substance abuse-related problems in communities; and strengthen prevention capacity and infrastructure at the state and community levels.

The Strategic Prevention Framework will also enable states, territories, and the District of Columbia to bring together funding streams from multiple sources to create an approach that cuts across existing programs and systems.

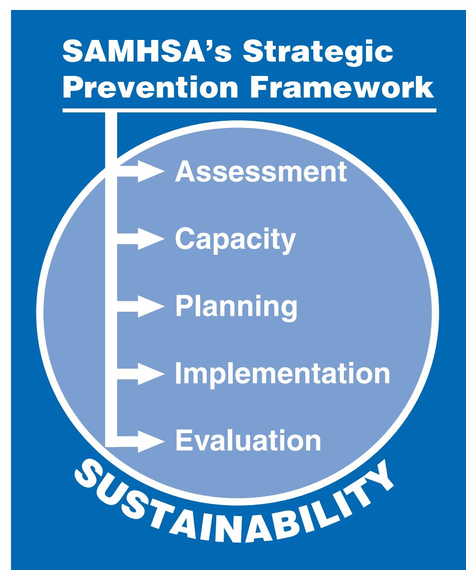
A minimum of 85 percent of the grant award must be allocated to communities for local activities, including data-based decision-making and evidence-based prevention efforts. States will use the remaining funds—approximately 15 percent—to provide leadership and coordination of projects within the states; hire specific staff; conduct a statewide needs assessment; establish and maintain a state epidemiological workgroup; develop a statewide strategic plan; conduct ongoing monitoring and oversight of the grant project; conduct a state-level evaluation of the project; and provide training and technical assistance to support the project.

> *"Our goal is to aid Americans in living healthier, longer lives."*
>
> *Charles G. Curie, M.A., A.C.S.W.*
> *SAMHSA Administrator*

SAMHSA anticipates funding approximately 20 awards of up to $3 million per year in Fiscal Year 2004 for a period of up to 5 years.

Participating communities will use five steps known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. These steps include the following:

- Profile needs and response capacity
- Mobilize and build needed capacity
- Develop a prevention plan
- Implement programs, policies, and strategies based on what is known to be effective
- Evaluate program effectiveness and sustain what has worked well.



The success of the Strategic Prevention Framework will be measured by specific outcomes, including abstinence from drug use and alcohol abuse, reduction in substance abuse-related crime, attainment of employment or enrollment in school, increased stability in family and living conditions, increased access to services, and increased social connectedness. Communities will monitor and report outcomes to assess effectiveness and determine if the objectives are being attained.

For more information on SAMHSA's Strategic Prevention Framework, contact the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; or call 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889. For information online, visit SAMHSA's Web site at **www.samhsa.gov.**

HIPAA Publication Available

SAMHSA's Center for Substance Abuse Treatment (CSAT) recently released an educational document that compares the Confidentiality of Alcohol and Drug Abuse Patient Records regulation (42 CFR Part 2) with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR Parts 160 and 164).

The Confidentiality of Alcohol and Drug Abuse Patient Records Regulation and the HIPAA Privacy Rule: Implications for Alcohol and Substance Abuse Programs is a summary that highlights the most significant areas in which the two Federal regulations interact. The document is targeted to substance abuse treatment programs that already comply with the Part 2 regulations but that require direction about how to integrate the Privacy Rule into their business and clinical processes.

Subject areas include the applicability of the Privacy Rule, how the Privacy Rule affects disclosures of information, when disclosures are permitted, patient rights, administrative requirements, and security issues.

For more information on HIPAA, see *SAMHSA News,* January/February 2004, online at **www.samhsa.gov/SAMHSA_News.**

For more information, contact Sarah A. Wattenberg, the SAMHSA HIPAA Coordinator, at swattenb@samhsa.gov; for information about Part 2 regulations, contact Dr. Kirk James at CSAT at kjames@samhsa.gov.

A print copy of the publication will be released soon. For availability, check with the National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345; Telephone: 1 (800) 729-6686. The document can be downloaded from SAMHSA's Web site at **www.hipaa.samhsa.gov.** ◗

Publications in Spanish

The following new Spanish-language brochures are available:

- *La Buena Salud Mental No Tiene Edad* (Good Mental Health Is Ageless)
- *El Envejecimiento, los Medicamentos y el Alcohol* (As You Age . . . A Guide to Aging, Medicines, and Alcohol)
- *Ayudando a Sanarse a Sí Misma: Una Guía para Mujeres en Recuperación para Ayudarles a Enfrentar los Problemas Asociados con el Abuse Infantil* (Helping Yourself Heal: A Recovering Woman's Guide to Coping with Childhood Abuse Issues).

To order these publications, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). ◗

Children's Program Kit

Children's Program Kit for mericans is designed to help tribal tions develop cultural- and age- iate educational support programs for ol-age children of substance-abusing n Indian and Alaska Native parents in e abuse treatment.

To order this publication, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). ◗

Cost Study Available

SAMHSA's Office of Applied Studies (OAS) recently released the Drug and Alcohol Services Information System report, *Alcohol and Drug Services Study (ADSS) Cost Study.* A multi-phase study of substance abuse treatment facilities and clients, the ADSS study was conducted by SAMHSA between 1996 and 1999.

Results of the study include the following:

- The mean cost per admission was highest for outpatient methadone treatment ($7,415) and lowest for outpatient treatment (without methadone) ($1,433).
- Non-hospital residential care had the highest mean cost per enrolled client day ($76.13).
- The average cost per outpatient visit for outpatient methadone treatment was $17.78, compared with $26.72 per visit for outpatient treatment (without methadone).

For a PDF or HTML online copy of the report, go to SAMHSA's OAS Web site at **www.oas.samhsa.gov/2k4/costs/costs.cfm.** ◗

Behind the Numbers: SAMHSA's Survey on Drug Use

"Watch out for the polar bear!" is not the kind of advice most people expect to hear while they're on the job. For Peter H. Law, however, the threat of a face-to-face encounter with a bear was just one of the hazards he confronted while collecting information about substance use and mental illness in isolated Alaskan villages.

As an interviewer for SAMHSA's National Survey on Drug Use and Health, Mr. Law traveled by helicopter through dense fog to get to one village and through a blizzard to reach another one. He tells the story of one remote town where he inched along narrow icy paths, with chained dogs lunging at him on one side and a steep drop-off on the other. At one point, he crawled on his hands and knees to get to a house raised on stilts high on a hillside.

"I felt like Indiana Jones," said Mr. Law. "What would probably be the trip of a lifetime for someone else is just another day at work for an interviewer in Alaska."

Each year, field interviewers like Mr. Law fan out across the Nation to knock on thousands of doors and collect information on residents' alcohol, tobacco, and illegal drug use. Formerly known as the National Household Survey on Drug Abuse, the National Survey on Drug Use and Health is the Federal Government's leading source of statistical data on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use among the civilian, non-institutionalized U.S. population age 12 and older. The survey also collects information about mental illness and mental health treatment. SAMHSA's Office of Applied Studies (OAS) plans and manages the survey, which is conducted by a not-for-profit research organization, RTI International, in North Carolina.

A Massive Effort

Initiated in 1971 in response to growing concerns about substance abuse, the survey took place approximately every 2 years in its early days. When demand for up-to-date information increased in the late 1980s, the survey became an annual undertaking.

Today, the survey relies on more than 700 field interviewers to administer questionnaires during face-to-face interviews at the homes of a sample representing 98 percent of the U.S. population. In 2002, field interviewers collected data from 68,126 people in houses, apartment buildings, homeless shelters, dormitories, rooming houses, migrant worker camps, halfway houses, and civilian quarters on military bases in all 50 states and Washington, DC. The survey excludes active-duty military personnel, homeless persons who do not use shelters, inmates at correctional facilities, and people in nursing homes, mental institutions, and long-term hospitals.

This massive effort produces a wealth of information, said Joseph C. Gfroerer, Director of the Division of Population Surveys within OAS.

"Policymakers, researchers, service providers, and others all turn to the survey results to inform their work," said Mr. Gfroerer. "The survey provides crucial information about the extent of substance use as well as the unmet need for prevention and treatment."

Because of shifting information needs and other key factors, the survey is constantly evolving. Some of the survey's changes reflect changes in types of drug use. The current survey asks about Ecstasy, a "club drug" often used by teenagers at late-night dances, for example. Two decades ago, most people had not heard of this drug, and it was not included in the survey. Other changes reflect new demographic realities. In 1999, for instance, the survey revised its questions about racial and ethnic background to better reflect the Nation's diversity.

Data Gathering

The sheer size of this nationwide effort makes the survey a challenge. And it can be difficult to persuade people to participate.

"Most people wouldn't respond positively to someone saying, 'I'm here from the Government, and I want to ask you about your drug use,' " said Mr. Gfroerer.

Photos by Peter Law

From Alaska's isolated villages . . .

Photos by Erin J. Pond

. . . to Philadelphia's urban neighborhoods, SAMHSA's National Survey on Drug Use and Health provides a wealth of data.

"But once people understand the purpose of the survey, and hear from our highly trained interviewers how data are collected and handled, they're usually willing to help." About 80 percent of those asked to participate actually complete the interview.

In the field, interviewers don't just decide at random which doorsteps to approach. Using statistical techniques, survey designers first compile a sample of more than 175,000 addresses and then narrow it down to eligible ones. Potential respondents in those households receive an introductory letter explaining the survey and all confidentiality safeguards.

Interviewers then head out to each location or home, using small, hand-held computers to collect basic demographic information about household members. The computer uses that preliminary information to select appropriate survey participants. Those who complete the interview receive a $30 payment as a thank-you.

To collect basic demographic information, interviewers use laptop computers. They read questions from their screens and then type responses into their keyboards. For more sensitive questions, interviewers offer their computers to respondents for privacy. Respondents can read the questions on screen or listen with headphones, and then they key their responses into the laptop. The entire process takes about an hour.

"These computer-assisted, self-interviewing techniques are designed to give respondents a very private way of answering questions," said Mr. Gfroerer. "That increases the chances that they'll be honest when they're detailing any illicit drug use and other sensitive behaviors." In fact, he pointed out, research shows that such techniques produce more honest answers than pencil-and-paper questionnaires.

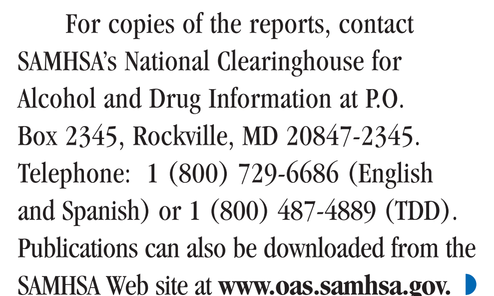
A Wealth of Information

At the end of each day, interviewers transmit data collections electronically to RTI International by phone.

Once the raw data are received, computers perform complex editing procedures and check for consistency of reporting. For example, the computers may find a missing or ambiguous answer in response to a question about most recent drug use. Rather than "in the past 30 days" or "more than 12 months ago," the respondent answered with a vague "some point in lifetime." In that case, a process called imputation fills in the response that statistical models deem most likely to be correct. The process assembles and taps into a set of respondents with complete data, similar to the respondent in question. The computers choose one respondent at random and then borrow his or her "good" answer to fill in the missing response.

The final step is the calculation of analysis weights. This step is designed to ensure that the data set is truly representative of the U.S. population as a whole. The survey intentionally samples a disproportionate number of young people, Mr. Gfroerer explained; to account for that oversampling, the survey assigns different weights to respondents. These adjustments help avoid skewed results. The calculation of analysis weights also considers possible variations in participation rates in certain geographic areas and other key factors that could produce unrepresentative results.

Many publications are generated from this effort. The primary report, *Results from the 2002 National Survey on Drug Use and Health: National Findings,* more than 250 pages, provides a comprehensive summary of the latest findings. A companion report, *Overview of Findings from the 2002 National Survey on Drug Use and Health,* offers a summary version with highlights of the most important findings and a brief discussion of methodological issues. OAS also produces specialized "short reports" on specific populations, age groups, and topics of interest.



For copies of the reports, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). Publications can also be downloaded from the SAMHSA Web site at **www.oas.samhsa.gov.**

—By Rebecca A. Clay

For Many Youth, Summer Means First-Time Substance Use

Summertime. No more pencils, no more books. Longer days and good weather for swimming, baseball, camping, or a family trip to the beach. And what else is going on?

According to a new report from SAMHSA's 2002 National Survey on Drug Use and Health, June and July are top months for first-time use of both marijuana and cigarettes by young people.

The study, *Seasonality of Youth's First-Time Use of Marijuana, Cigarettes, or Alcohol,* focused on youth under age 18 who initiated use of marijuana, cigarettes, or alcohol within the year preceding the survey.

Respondents were asked to indicate the month in which they first used each of these substances.

Percentages of first-time users of marijuana, cigarettes, and alcohol increased between spring (April and May) and summer (June and July).

Specifically, among marijuana initiates, first use was highest during June and July (11 percent per month), compared with just 8 percent per month during April and May. November (7 percent) and December (6 percent) had the lowest percentages.

According to the SAMHSA report, June and July, compared to the rest of the year, show a 40-percent increase in first-time marijuana use among youth. Each day in these two summer months, an average of 6,300 youth try marijuana for the first time.

First-time cigarette users were more likely to begin use during June (13 percent) and July (12 percent) than during other months, increasing from 7 percent per month during April and May.

February (5 percent) and December (5 percent) had the lowest percentages of youth initiating use of cigarettes.

First use of alcohol was highest during December (13 percent), January (13 percent), June (12 percent), and July (12 percent).

The percentage of youth alcohol initiates increased from 6 percent per month during April and May to 12 percent per month during June and July. February had the lowest percentage (5 percent) of youth initiating the use of alcohol.

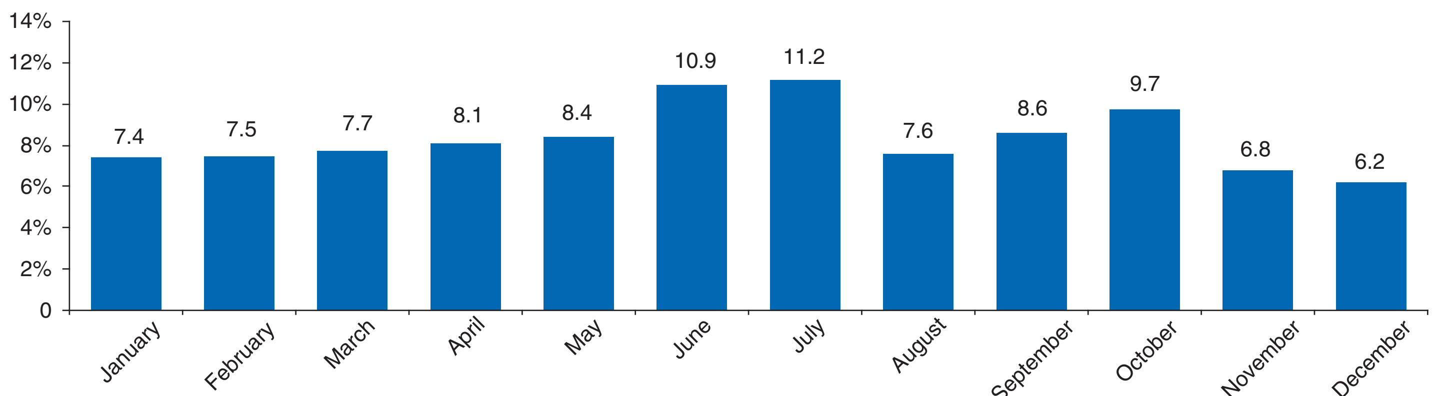
To order *Seasonality of Youth's First-Time Use of Marijuana, Cigarettes, or Alcohol,* contact the National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English or Spanish) or 1 (800) 487-4889 (TDD). The report can be downloaded from the SAMHSA Web site at **www.oas.samhsa.gov.**

In a related report on young people, substance abuse, and driving, OAS data show that young drivers age 15 to 17 in states with the most restrictive driver licensing laws had lower rates of heavy drinking than those in states with the least restrictive laws.

States vary in the extent to which they restrict driving behavior among young drivers. This report identifies the states categorized from most restrictive to least restrictive according to the 4-category rating scheme developed by the Insurance Institute for Highway Safety and the Traffic Injury Research Foundation.

For an online copy of *Graduated Driver Licensing and Drinking among Young Drivers,* go to **www.oas.samhsa.gov.**

Percentages of Initiates among Persons Who Recently Initiated Marijuana Use When They Were Younger Than Age 18, by Month: 2002

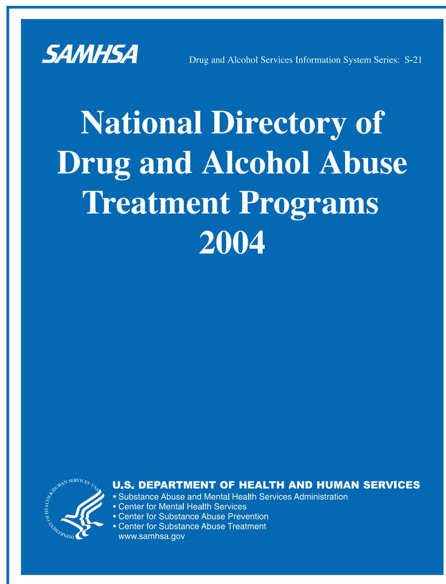


Source: SAMHSA, Office of Applied Studies, *National Survey on Drug Use and Health,* 2002.

SAMHSA Releases Updated Directory of Treatment Programs

SAMHSA recently announced the availability of the Agency's updated guide to finding local substance abuse treatment programs. The guide, *National Directory of Drug and Alcohol Abuse Treatment Programs 2004,* provides information on thousands of alcohol and drug treatment programs located in all 50 states, the District of Columbia, Puerto Rico, and four U.S. territories.

"This directory is an essential link between those who are addicted to alcohol and drugs and the treatment they need to return to their families, jobs, and life in the community," said SAMHSA Administrator Charles G. Curie, M.A., A.C.S.W.



The 2004 directory is designed to provide information on levels of care and types of facilities, including those with programs for adolescents, persons with co-occurring substance abuse and mental disorders, individuals with HIV/AIDS, and pregnant women.

The directory identifies both long-term and short-term residential treatment facilities and facilities that provide beds for clients' children.

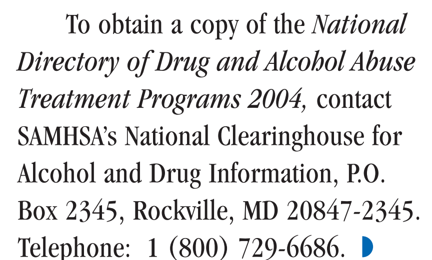
The new directory can be used to provide quick-reference data for substance abuse and mental health hotlines, crisis centers, and emergency services; patient referral for hospitals, health care providers, drug courts, and social service agencies; and mental health and substance abuse planning at the community, state, and regional levels. The directory also includes information on types of services provided, type of payment accepted by each facility, whether special language services are provided for the hearing impaired or non-English speakers, and availability of programs for special populations.

Treatment Facility Locator

The 2004 edition complements SAMHSA's Web-based *Substance Abuse Treatment Facility Locator,* which is updated continuously and provides roadmaps to the nearest treatment facilities as well as addresses, phone numbers, and information on available services.

Public and private facilities in any state, city, or community can be easily located by following simple instructions at the Treatment Locator Web site: **http://findtreatment.samhsa.gov.**

In addition to alcohol and drug abuse treatment service providers, the directory lists state-level substance abuse treatment authorities.



To obtain a copy of the *National Directory of Drug and Alcohol Abuse Treatment Programs 2004,* contact SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686.

Buprenorphine Treatment: Guide for Physicians

SAMHSA recently published the first practical guide for physicians who want to use the medication buprenorphine to treat patients who are addicted to opiate pain medications or heroin.

Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction, SAMHSA's Treatment Improvement Protocol 40 (TIP 40), provides the basis for training thousands of physicians in the United States to use buprenorphine to treat patients addicted to heroin or to prescription pain medications such as oxycodone, hydrocodone, or meperidine.

The Treatment Improvement Protocol contains best-practice guidelines for the treatment and maintenance of opioid-dependent patients. It was developed in consultation with the National Institute on Drug Abuse, the U.S. Food and Drug Administration, the U.S. Drug Enforcement Administration, and other substance abuse professionals.

Approved by the Food and Drug Administration (FDA) in 2002 and made available to pharmacies in 2003, buprenorphine allows opioid-dependent patients to seek treatment in the privacy of their own doctor's office.

The TIP covers screening, assessment, and diagnosis of opioid dependence and its associated problems. In addition, the TIP includes information on how to determine when buprenorphine is an appropriate treatment option and when to make referrals to treatment counselors. Other information explains how patients can benefit from participating in self-help programs.

Along with providing general guidance, TIP 40 also provides guidance for physicians who need to know how to use buprenorphine with patients who have co-occurring disorders such as psychiatric illness, chronic pain, and chemical dependency involving substances other than opioids.

Step-by-Step Guidance

TIP 40 provides step-by-step guidance through the opioid addiction treatment decision-making process. A summary of each chapter follows.

Chapter 1—Introduction outlines the historical context of opioid addiction in the United States, gives information on current addiction rates and traditional approaches to treatment, and introduces buprenorphine as a treatment for opioid addiction.

Chapter 2—Pharmacology describes the physiology of opioids in general and buprenorphine in particular. This chapter includes a review of the research literature that addresses the safety and effectiveness of buprenorphine. Buprenorphine has a unique pharmacological and safety profile that makes it an especially effective and well-tolerated treatment. However, due to the potential for interactions with other drugs, buprenorphine must be used cautiously with other medications.

Chapter 3—Patient Assessment outlines an approach to screening individuals who are addicted to opioids and who may be candidates for treatment with buprenorphine. When treatment is indicated, consideration must be given to the appropriate approach, setting, and level of intensity for treatment.

According to the TIP, decisions should be based upon patient preferences, addiction history, presence of any medical or psychiatric conditions, and the patient's readiness to change. Buprenorphine is a good treatment option for many, but not for everyone dependent on opioids.

Chapter 4—Treatment Protocols provides detailed procedures on use of buprenorphine. A variety of clinical scenarios are presented in this section, including both maintenance and withdrawal treatment approaches. The maintenance approach calls for periods of induction and stabilization, followed by a maintenance program. In this scenario, the induction determines the minimum dose of buprenorphine at which the patient cuts back on use of opioids. After this initial phase,

stabilization begins when a patient is no longer experiencing withdrawal symptoms. The maintenance phase carries a patient through the final stages of recovery.

The withdrawal approach, on the other hand, consists of an induction phase followed quickly by a dose-reduction phase. Non-pharmacological interventions, such as counseling, are also addressed.

The importance of treatment monitoring is highlighted. During the stabilization phase, patients receiving treatment should be seen at least once a week. Once a stable buprenorphine dose is established, the physician may decide that less frequent visits are acceptable.

Chapter 5—Special Populations considers potential patient groups whose circumstances require careful consideration. These groups include patients with medical or psychiatric disorders, pregnant women, adolescents, older patients, patients who abuse multiple substances, patients with chronic pain, patients recently discharged from controlled environments (e.g., prisons), and health care professionals who are addicted to opioids.

In these cases, treatment often requires collaboration with specialists in other areas of care. For example, physicians who treat adolescents with opioid addiction—but do not specialize in adolescent medicine—are encouraged to consult with specialists in this field. For older patients addicted to opioids, geriatric specialists are recommended.

Chapter 6—Policies and Procedures outlines legal and regulatory issues surrounding opioid addiction treatment. Of particular importance are the qualifications necessary for physicians to prescribe buprenorphine, in compliance with the Drug Addiction Treatment Act of 2000. Physicians must be either board certified in addiction medicine or complete an 8-hour training session to qualify for a waiver from the Controlled Substances Act 21, which restricts the clinical use of opiate drugs to federally licensed addiction treatment clinics. The waiver permits physicians to provide office-based treatment.

This chapter also discusses recommended policies concerning practice, security, and confidentiality of care.

To obtain a copy of TIP 40, *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction,* contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). For an electronic version of this TIP, visit SAMHSA's Web site at **www.samhsa.gov.**

—By Jon Bowen

Treatment Admissions Increase for Opiates, Marijuana, Methamphetamine

The proportion of admissions to substance abuse treatment for abuse of narcotic prescription medications, heroin, marijuana, and methamphetamine increased in the past 10 years, while admissions to treatment for cocaine abuse declined. SAMHSA released these data and other treatment-related highlights in the *Treatment Episode Data Set Summary of Findings: 2002.* The full Treatment Episode Data Set (TEDS) will be released later this year.

The new data show that heroin abuse is the primary reason for admission to treatment in 15 percent of cases, up from 11 percent of admissions in 1992. For other opiates—largely prescription narcotic pain medications—admissions increased from less than 1 percent of all admissions in 1992 to 2 percent in 2002.

Marijuana admissions increased from 6 percent of all admissions in 1992 to 15 percent in 2002. While the average age at admission was 34 years old for all admissions, the average age of admission for primary marijuana abuse was 23 years old.

Methamphetamine admissions also jumped from 1992 to 2002. For abuse of stimulants (mainly methamphetamines), admissions increased from 1 percent to 7 percent in 10 years. Cocaine admissions, on the other hand, declined from 18 percent of admissions in 1992 to 13 percent in 2002.

SAMHSA Administrator Charles G. Curie, M.A., A.C.S.W., noted that "We must provide people in need an opportunity for recovery by encouraging them to enter and remain in drug treatment."

Alcohol is still the most abused substance among those entering substance abuse treatment. The TEDS data show that it accounted for 43 percent of admissions in 2002, but this is down from 59 percent of admissions in 1992. Further, 45 percent of today's primary alcohol abuse admissions reported secondary drug abuse, as well.

This new report provides information on the demographic and substance abuse characteristics of the 1.9 million annual admissions to treatment for abuse of alcohol and drugs in facilities that report to individual state administrative data systems. This Summary Report is issued in advance of the full TEDS Report for 1992-2002. The full report will include additional data, including state data and state rates.

The report is available on the Web at **www.oas.samhsa.gov.**

Drug-Abusing Mothers Place Their Children at Risk

Children born and raised by addicted mothers face a high risk of developing significant physical, academic, and emotional problems, according to a recent study looking at families during intake to residential substance abuse treatment programs.

The study, published earlier this year in *The American Journal of Drug and Alcohol Abuse,* examined data from the Residential Women and Children/Pregnant and Postpartum Women programs, funded by SAMHSA's Center for Substance Abuse Treatment (CSAT) between 1996 and 2000.

"Children of Mothers with Serious Substance Abuse Problems: An Accumulation of Risks," was written by seven authors. These authors are Nicola A. Conners, Ph.D., Robert H. Bradley, Ph.D., Leanne Whiteside Mansell, Ed.D., Jeffrey Y. Liu, M.P.A., Tracy J. Roberts, M.P.A., Ken Burgdorf, Ph.D., and also James M. Herrell, Ph.D., M.P.H., of CSAT.

The 4,084 children age 17 and younger analyzed in the study were identified as vulnerable to a wide range of risk factors from conception through childhood.

A majority of the children experienced prenatal exposure to alcohol, drugs, and cigarette smoke. Nearly a quarter of the children had health problems—asthma and problems with vision and hearing were two to seven times more common than among children in general.

During early childhood, these children faced numerous roadblocks to success, including maternal mental illness, caregiver instability, child abuse and neglect, and little involvement with fathers.

Of the 2,746 mothers surveyed, a majority were chronic drug users who had been using alcohol or other drugs for an average of 15.9 years before entering a treatment program. Most of the women—85.9 percent—had been in treatment before. Crack/cocaine was the most common (50.4 percent), followed by alcohol (13 percent), amphetamines (11.1 percent), and heroin (8.8 percent).

A majority of the women were unemployed (88.9 percent), lacked a high school degree or GED (51.7 percent), and relied on public financial assistance (70.6 percent). In addition, 32 percent of these women had been homeless in the 2 years prior to entering treatment.

"There is some evidence to suggest that most women lacked social support from non-drug-involved family, friends, or partners," the authors state in the article. ". . . Three-fourths of women (79.3 percent) reported that their family members were involved in alcohol or drug-related activities, and 42.9 percent reported having fewer than two friends that did not use drugs."

For the complete article, see Conners NA, Bradley RH, Mansell LW, Liu JY, Roberts TJ, Burgdorf K, Herrell JM. Children of mothers with serious substance abuse problems: an accumulation of risks. *Am J Drug Alcohol Abuse.* 2004;30(1):85-100.

—By Julie McDowell

Non-medical Use of Prescription Pain Relievers Increases

More and more people are using prescription pain relievers for non-medical reasons, according to a new SAMHSA report.

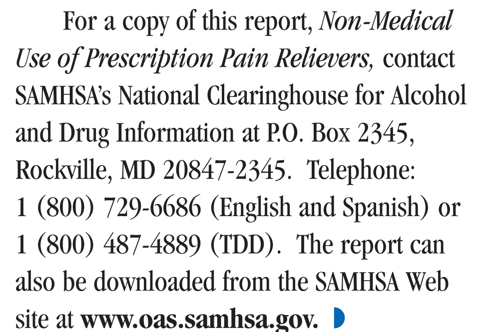
The numbers of individuals using prescription pain relievers non-medically for the first time increased from 600,000 in 1990 to more than 2 million in 2001.

In 2002, about 1.5 million persons age 12 and older were dependent on or abused prescription pain relievers, and nearly 30 million persons in the same age group reported using these medications non-medically at some point in their lifetime.

The new report is based on data from SAMHSA's 2002 National Survey on Drug Use and Health, compiled by the Office of Applied Studies. Respondents who reported non-medical use of prescription pain relievers in this survey were also asked to report symptoms of dependence on or abuse of pain relievers. Responses were analyzed by age, gender, race and ethnicity, and type of residential location.

According to the report, young adults age 18 to 25 were twice as likely to use prescription pain relievers nonmedically in their lifetime as youth age 12 to 17 and adults age 26 and older. Males were more likely than females to use these pain relievers nonmedically, and whites were more likely to do so than blacks, Asians, or Hispanics.

According to this report, almost 19 million persons age 12 and older had used Darvocet®, Darvon®, or Tylenol with Codeine® nonmedically at least once in their lifetime. Nearly 2 million persons had used OxyContin® nonmedically at least once in their lifetime.



The survey showed a total of 7.1 million persons age 12 and older were dependent on or abused illicit drugs. The number of persons who were dependent on or abused prescription pain relievers (1.5 million) was second only to the number of persons who were dependent on or abused marijuana (4.3 million).

For a copy of this report, *Non-Medical Use of Prescription Pain Relievers,* contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). The report can also be downloaded from the SAMHSA Web site at **www.oas.samhsa.gov.**

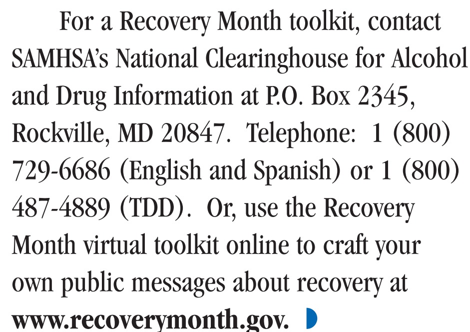
Recovery Month Toolkit Now Available

In preparation for the 15th annual National Alcohol and Drug Addiction Recovery Month in September, SAMHSA recently released this year's Recovery Month toolkit to provide resources about treatment and recovery options.

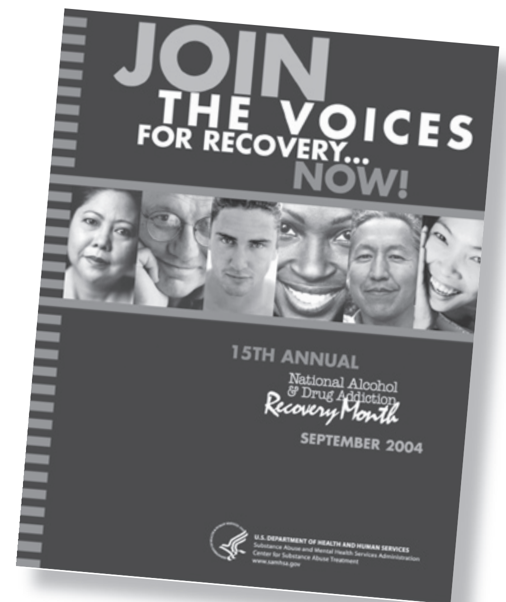
This toolkit announces the theme of this year's celebration—"Join the Voices for Recovery…NOW!"—and provides planning tools for campaigns and events throughout the month-long celebration of people who are seeking treatment and leading productive lives in recovery.

Media outreach materials are included, as well as suggestions for publicizing treatment and recovery information throughout the community.

These materials, which include TV and radio public service announcements, were developed by and will be used by more than 75 organizations and coalitions within and outside the alcohol and drug addiction treatment field. The Recovery Month toolkit contains information on each of the target audiences identified by the national planning groups, as well as multiple lists of alcohol and drug addiction treatment agency and program resources.



For a Recovery Month toolkit, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at P.O. Box 2345, Rockville, MD 20847. Telephone: 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). Or, use the Recovery Month virtual toolkit online to craft your own public messages about recovery at **www.recoverymonth.gov.**



We Would 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.

I found these articles particularly interesting or useful:

Older Adults

- ❑ Improving Mental Health Services
- ❑ From the Administrator: Mental Health for Older Americans
- ❑ Resources for Older Adults
- ❑ Countering Stigma
- ❑ Prescription Drugs & Alcohol Don't Mix
- ❑ Numbers Increasing in Substance Abuse Treatment

- ❑ Stigma and Mental Illness: SAMHSA Raises Awareness
- ❑ SAMHSA Unveils Strategic Prevention Framework
- ❑ In Brief . . .
- ❑ Behind the Numbers: SAMHSA's Survey on Drug Use
- ❑ For Many Youth, Summer Means First-Time Substance Use
- ❑ SAMHSA Releases Updated Directory of Treatment Programs
- ❑ Buprenorphine Treatment: Guide for Physicians
- ❑ Treatment Admissions Increase for Opiates, Marijuana, Methamphetamine
- ❑ Drug-Abusing Mothers Place Their Children at Risk
- ❑ Non-Medical Use of Prescription Pain Relievers Increases
- ❑ Recovery Month Toolkit Now Available
- ❑ SAMHSA Revamps Agency Web site, Improves Usability
- ❑ I visited ***SAMHSA News*** online at **www.samhsa.gov/SAMHSA_News**

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Thank you for your comments.

SAMHSA Revamps Agency Web Site, Improves Usability

SAMHSA recently redesigned the Agency Web site to improve usability and to respond to stakeholder needs. The new design also reflects guidelines from the U.S. Department of Health and Human Services.

"www.samhsa.gov" offers a powerful connection to online information on SAMHSA programs, public education materials, substance abuse and mental health services, and SAMHSA grant opportunities.

The site offers separate navigational paths for professionals and the general public. Public information is tailored to the varying needs of individuals seeking help, family members looking for resources, and general readers looking for non-technical information.

SAMHSA's Web site highlights the Agency's Matrix of Program Priorities, which represent SAMHSA's 11 core service areas: Children and Families, Criminal and Juvenile Justice, Co-occurring Disorders, Disaster Readiness and Response, HIV/AIDS and Hepatitis, Homelessness, Mental Health System Transformation, Older Adults, Seclusion and Restraint, the Strategic Prevention Framework, and Substance Abuse Treatment Capacity.

Each program area links to resources for professionals, including technical assistance, online publications, access to print materials, and notices of upcoming conferences.

In addition, programs and activities as well as online resources are featured along with links to each of SAMHSA's three Centers.

"Doing Business with SAMHSA" links to SAMHSA's online business information, including contract opportunities and budget documents.

Click-by-Click Access to Grants Information

The Web site's redesign includes a retooling of SAMHSA's grant announcement process. The new appearance makes it easier for potential grant applicants to find details of upcoming funding opportunities, access tips for creating a successful application, and locate other key information with a click of the mouse.

A "click-by-click" tutorial gives users a comprehensive review of all grants management information, technical assistance and training for grant applicants, and archives of past grant recipients and programs. When available, 2005 funding opportunities will be posted along with previews of other future grant opportunities.

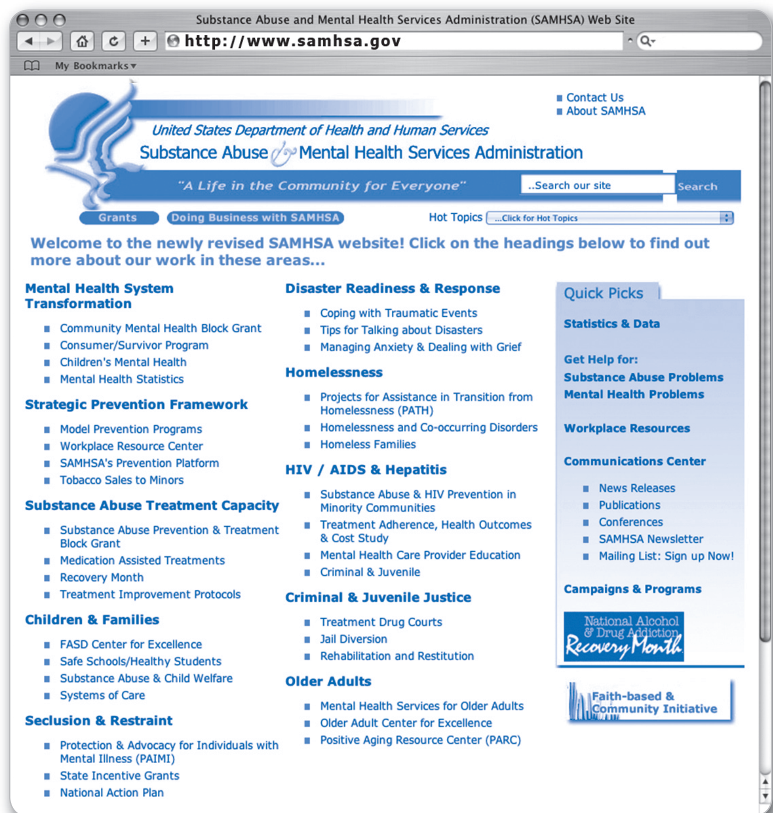
For more information, see "How To Use This Site: Click-by-Click Instructions" on the Grants home page.

Quick Picks Resources

The "Quick Picks" box offers links to statistics and data, workplace resources, and the new online Communications Center—the place to find news releases, SAMHSA publications from the National Clearinghouse for Drug and Alcohol Information and from the National Mental Health Information Center, and *SAMHSA News* online. Users can also sign up here to be added to the Agency's mailing list.

The Quick Picks box also features rotating links to some of SAMHSA's campaigns and programs, including National Alcohol and Drug Addiction Recovery Month, the Faith-based and Community Initiative, Family Guide to Keeping Youth Mentally Healthy and Drug Free, the Substance Abuse Facility Locator, Emergency Services and Disaster Relief Activities, and the Knowledge Application Program.

Future issues of *SAMHSA News* will highlight special service areas of the new Web site. For more information, visit **www.samhsa.gov.**



SAMHSA NEWS

Substance Abuse and Mental Health Services Administration

ADMINISTRATOR
Charles G. Curie, M.A., A.C.S.W.

CENTER FOR MENTAL HEALTH SERVICES
A. Kathryn Power, M.Ed., Director

CENTER FOR SUBSTANCE ABUSE PREVENTION
Beverly Watts Davis, Director

CENTER FOR SUBSTANCE ABUSE TREATMENT
H. Westley Clark, M.D., J.D., M.P.H., Director

EDITOR
Deborah Goodman

Comments are invited.
Phone: (301) 443-8956
Fax: (301) 443-9050
E-mail: *dgoodman@samhsa.gov*
Mail: Editor, *SAMHSA News*
Room 13C-05
5600 Fishers Lane
Rockville, MD 20857

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11300 Rockville Pike, Suite 901
Rockville, MD 20852

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