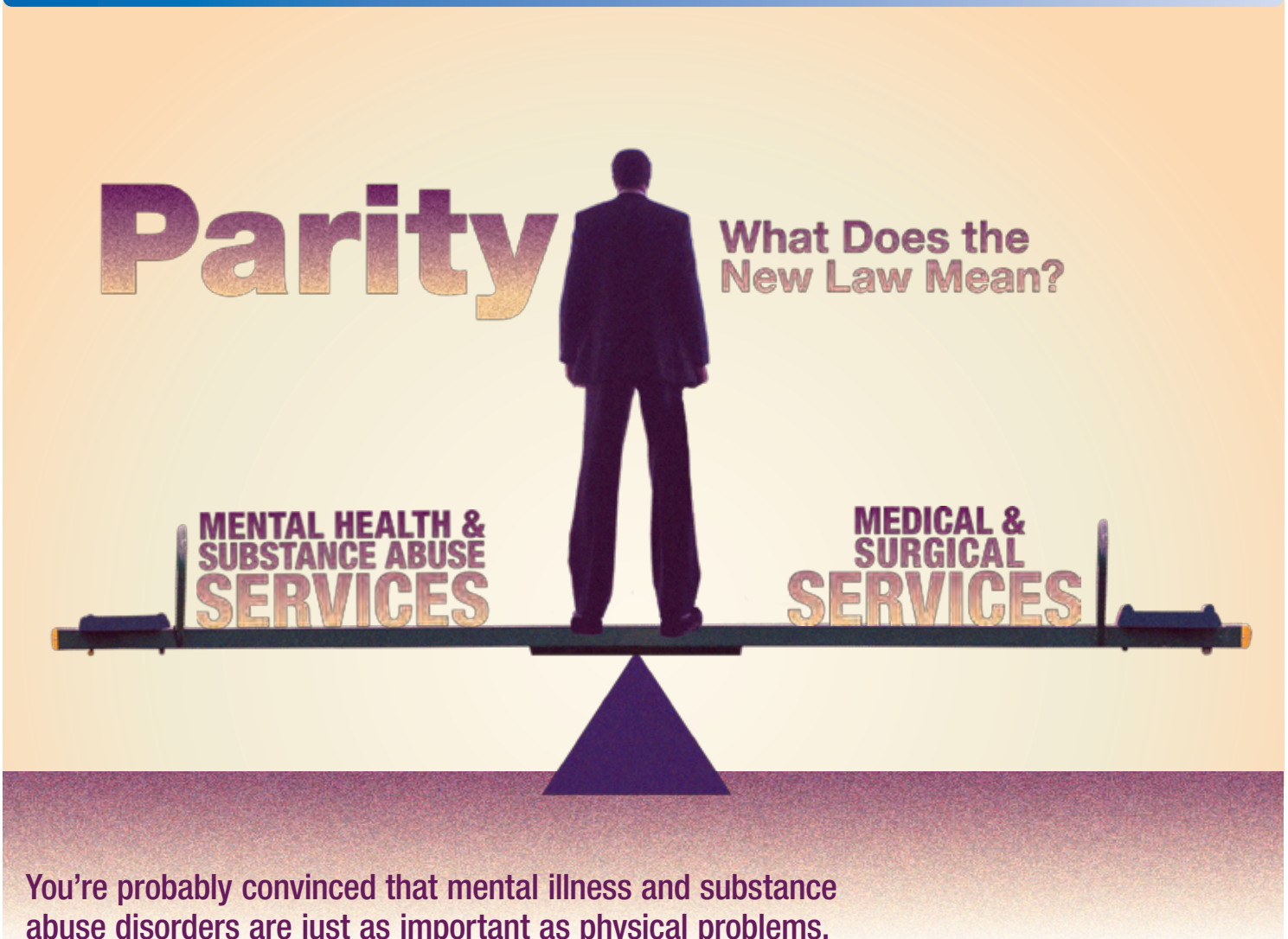
Substance Abuse and Mental Health Services Administration

SAMHSA NEWS

SAMHSA's Award-Winning Newsletter

November/December 2008, Volume 16, Number 6



You're probably convinced that mental illness and substance abuse disorders are just as important as physical problems. Now Congress is, too.

On October 3, the President signed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act as part of the Emergency Economic Stabilization Act of 2008.

Its enactment ends discrimination against consumers of mental health and substance abuse treatment services in insurance coverage and gives consumers improved access to the care they need.

"Countless advocates, consumers, people in recovery, family members, providers, professional associations, and insurance companies contributed to the enactment of this landmark legislation," said Eric B. Broderick,

Continued on page 2

Inside This Issue

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

www.samhsa.gov

"Millions of Americans will now be assured greater access to mental and behavioral health coverage while continuing to benefit from the innovative programs health plans have developed to promote high-quality, evidence-based care."

—Karen Ignani, President and Chief Executive Officer
America's Health Insurance Plans

Continued from page 1

D.D.S., M.P.H., SAMHSA's Acting Administrator. "It was a long, hard-won journey."

How It Works

"The Act requires that the financial and treatment limitations placed on mental health and substance abuse services in a health plan that covers such services cannot be any more restrictive than the financial and treatment limitations for medical and surgical benefits offered in the same plan," said Joseph Faha, Director of Legislation for SAMHSA.

That means that annual and lifetime limits, copayments, coinsurance requirements, deductibles, and out-of-pocket expenses for mental health and substance abuse services may not be any more restrictive than those for medical and surgical services.

It also means that the limits on the frequency of treatment, number of visits, days of coverage, or similar limits on the scope and duration of treatment for mental health and substance abuse services cannot be any more restrictive than those for medical and surgical benefits.

The Act also stipulates that coverage for mental health and substance abuse services provided by out-of-network providers must be consistent with the coverage of out-of-network medical and surgical services.

"The Federal law, which goes into effect for most plans on January 1, 2010, is not a panacea, however," Mr. Faha emphasized. "For example, the law does not require that a plan include mental health and substance abuse benefits."

The law exempts employers with fewer than 50 employees from its requirements, although they may choose to implement them in their health plans.

The law also permits an exemption for businesses that can demonstrate through an actuarial assessment that implementing parity has increased costs by more than 2 percent in the first year or 1 percent in subsequent years. The exemption lasts for 1 year.

Still unclear is whether the law covers Medicaid managed care programs. It will be up to the Centers for Medicare & Medicaid Services (CMS) to make that determination. Also unknown is whether the law will apply to the State Children's Health Insurance Program (SCHIP).

Many states already have their own parity laws. The new law does not preempt state laws that offer richer benefits than the Federal version. If a state law offers lesser benefits, however, the state must follow the Federal statute.

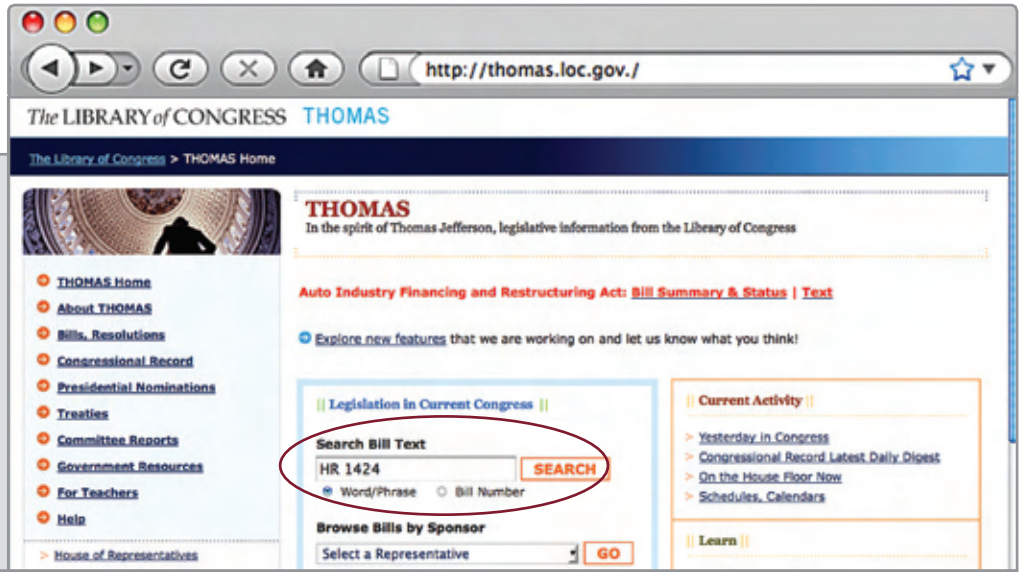
Expected Impact?

The law will improve coverage for an estimated 113 million Americans, according to Sarah A. Wattenberg, M.S.W., a senior public health analyst in SAMHSA's Office of Policy, Planning, and Budget. Eighty-two million of these individuals

Link to the Act

For the full text of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, visit the Library of Congress THOMAS site at **http://Thomas.loc.gov.** Search for "HR 1424."

THOMAS provides several options for finding bills, resolutions, and legislative histories from 1973 to the present.



are in employer-sponsored plans that aren't subject to state regulation.

"One of the big advantages to consumers will be the removal of financially burdensome co-pays, which often deter people from entering treatment," explained Rita Vandivort-Warren, M.S.W., a senior public health analyst in the Division of Services Improvement in SAMHSA's Center for Substance Abuse Treatment. "In a recent study of employer substance abuse benefits done as part of SAMHSA's spending estimates project, cost-sharing requirements remain higher for substance abuse treatment, with deductibles 46 percent higher than medical/surgical deductibles."

> ***"The passage of parity is historic. It is a major milestone on the long road to ensuring that mental illnesses and addictions are treated on par with other health conditions."***
>
> **—Linda Rosenberg, President and Chief Executive Officer, National Council for Community Behavioral Healthcare**

"A change in this one area alone will encourage more consumers to participate in treatment to achieve and maintain recovery," said Ms. Wattenberg. Of course, plans can still use "utilization reviews" and other managed care techniques to limit access to benefits, she added.

The new law also requires plans to disclose the criteria they use to determine "medical necessity" to any current and potential participants, beneficiaries, and providers who request such information.

They also must disclose the reason behind any denial of a claim for mental health or substance abuse treatment.

If past experience holds true, the cost of implementing parity may be quite small.

Two studies conducted with SAMHSA support have been especially instructive, said Jeffrey A. Buck, Ph.D., Chief of the Survey, Analysis, and Financing Branch in the Division of State and Community Systems Development at SAMHSA's Center for Mental Health Services (CMHS). (See "Recommended Reading," on page 4.)

"One common finding is that parity is pretty inexpensive," said Dr. Buck. Although the research shows that parity

Continued on page 4

From Dr. Broderick

The Parity Law: Making a Difference

Eric B. Broderick, D.D.S., M.P.H.

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 is a long name for a simple concept: fairness.

When a health plan offers benefits for mental health and substance use services, the law says that the coverage has to be equal to what is offered for the medical and surgical benefits.

This is good news for people who use these services.

What exactly will the new law do? The cover story in this issue of *SAMHSA News* focuses on how the parity law can make a difference.

Large numbers of people who need services for mental and substance use disorders do not receive them. While there are a number of reasons for this, one is that people usually have to pay more out-of-pocket costs for behavioral health services, whether they are inpatient or outpatient.

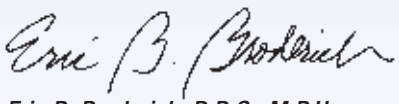
When there are high co-pays patients tend to access services less frequently.

Access to treatment services is a critical first step in the recovery process for our increasingly diverse population. The new parity law will encourage more people to participate in treatment and start their own road to recovery.

The Department of Health & Human Services will be working with the Departments of Labor and the Treasury to develop regulations for the implementation of the law. Whether the regulations are developed in time or not, the law takes effect on health plans negotiated after October 3, 2009.

Over the years, many people worked hard to get this legislation passed. SAMHSA encourages all of our constituents to participate in the public comment process. Your voice is critical to advancing better health for all.

SAMHSA News will continue to provide relevant information as this process unfolds.



Eric B. Broderick, D.D.S., M.P.H.
SAMHSA Acting Administrator

"With approval of this bill, we will tear down the walls of stigma and discrimination and open the doors to the power and promise of treatment and recovery. It recognizes that mental health disorders are every bit as debilitating, and just as treatable, as cancer and diabetes."

—David Shern, Ph.D.
President and Chief Executive Officer, Mental Health America

Continued from page 3

seems to increase the number of people using services, he explained, the resulting cost increase for health plans was a fraction of 1 percent. "We would expect to see the same kind of effects as a result of the Federal law," he said, noting that the Congressional Budget Office reached the same conclusion.

Insurance companies seem to accept the new law, said William J. Hudock, a special expert on financing policy in the Office of the Director at CMHS. While the insurance industry doesn't necessarily appreciate having the Government mandate certain benefits, he said, "most of them acknowledge that providing parity is not a large-ticket item and is one that has probably been long overdue."

Next Steps

Passage of the law doesn't mean the work is done.

"Our work is not over," emphasized Dr. Broderick. "Now we need to move expeditiously forward in doing our part at SAMHSA to help achieve the goals of this new law."

The next step is to interpret the law and develop regulations laying out how it will actually be put into action.

Over the coming year, the Departments of Labor, Health and Human Services (HHS), and the Treasury will craft those regulations and guidance.

Farther down the line, the 2008 law requires the U.S. Government Accountability Office (GAO) to assess the law's impact and provide a report to Congress by 2012 and every 2 years after that.

The GAO study will analyze coverage rates, patterns, and trends; any exclusion of specific mental health or substance abuse diagnoses; and the law's impact on coverage and costs.

But the law's impact goes beyond the purely financial, emphasized Ms. Wattenberg.

"Congress has sent a message about mental health and addiction by moving them out from the shadows and into the realm of mainstream health care," she said. "It's a recognition that these are diseases that can be helped through treatment. That's a big deal."

—By Rebecca A. Clay

Recommended Reading

Two recommended studies conducted with SAMHSA support include:

- *Evaluation of Parity in the Federal Employees Health Benefits (FEHB) Program: Final Report* **(www.aspe.hhs.gov/daltcp/reports/parity.htm)**
- *Effects of the Vermont Mental Health and Substance Abuse Parity Law* **(www.mentalhealth.samhsa.gov/publications/allpubs/sma03-3822/default.asp).**

Mental Health & Primary Care Settings

New data indicate that mental health may improve with treatment in primary care settings.

A new report, released by the Agency for Healthcare Research and Quality and cofunded by SAMHSA and other Federal agencies, found evidence that people treated for depression in primary care clinics have fewer symptoms than patients who are treated at sites that provide only mental health services.

These primary care clinics all provided a coordinated set of mental and physical health services. Patients treated in specialty mental health centers appear to benefit when the facilities also offer general medical care.

The report, *Integration of Mental Health/Substance Abuse and Primary Care,* provides answers to a set of research questions. They include:

- What are the barriers to successful integration and how are they overcome?
- To what extent does the outcome of integrated programs vary for different populations (e.g., specific mental health problems, racial and ethnic groups, older adults or youth)?
- What are the key elements of programs that have been successfully sustained in large health systems?

To read the full report, visit **www.ahrq.gov/clinic/tp/mhsapctp.htm.** For more information on mental health, visit SAMHSA's Center for Mental Health Services at **www.samhsa.gov.**

Training Manuals on Detoxification and Medication-Assisted Treatment

Keeping staff well informed and "on the same page" is often a challenge for treatment providers and clinic supervisors. To help, SAMHSA recently released two training manuals based on Treatment Improvement Protocols (TIPs).

Detoxification

Detoxification and Substance Abuse Treatment Training Manual is based on TIP 45.

The manual is designed to provide substance abuse treatment staff and service providers with a basic understanding of the complex issues and strategies regarding successful detoxification and substance abuse treatment services.

The six-module program includes talking points for brief instructional lectures, facilitated large-group discussions, and small-group activities. Upon completion, participants will better understand:

- Essential concepts, history, and definitions related to detoxification
- Different treatment settings and the role they play in the delivery of services
- Psychosocial and biomedical issues that can occur during detoxification
- Physical detoxification services for withdrawal from substances
- Co-occurring medical and psychiatric conditions and how they can affect detoxification
- Financing and organizational issues, including program development and working in a managed care environment.

For details on TIP 45, read "Treatment Protocol Focuses on Detoxification," in *SAMHSA News* online, July/August 2006.

Medication-Assisted Treatment

Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs Inservice Training is based on TIP 43.

The training manual discusses the many aspects of medication-assisted treatment for opioid addiction.

Topics include the pharmacology of medications, initial screening and admission procedures, phases of treatment, approaches to comprehensive care and patient retention, associated medical problems, treatment of multiple substance use and co-occurring disorders, and how treatment could affect pregnancy.

The 12 modules are designed to last 45 to 60 minutes and can be delivered either as stand-alone sessions or as parts of a larger training program.

Activities follow a three-step approach:

- **Explanation** includes a brief overview of the learning objective and the means for accomplishing the task.
- **Initiation** involves detailed instructions and start of the activity.
- **Debriefing** provides the trainer with an opportunity to review the activity and clarify and reinforce the key learning points.

For details on TIP 43, read "TIP 43: Opioid Treatment" in *SAMHSA News* online, November/December 2005.

What Is a TIP?

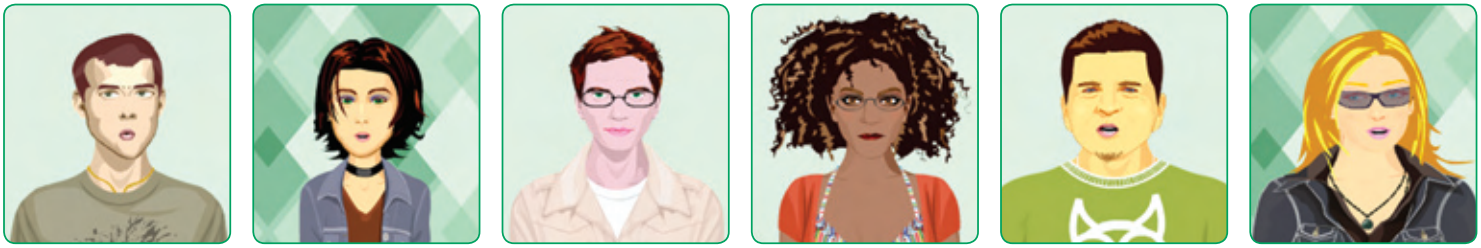
The manuals in the Treatment Improvement Protocol (TIP) series are best-practice guidelines for substance abuse treatment. The Division of Services Improvement at SAMHSA's Center for Substance Abuse Treatment (CSAT) draws on the experience and knowledge of clinical, research, and administrative experts to produce the manuals, which are distributed to facilities and individuals across the country.

The manuals are part of CSAT's Knowledge Application Program.

Ordering Information

To order either training manual free of charge, contact SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). For detoxification, request inventory number SMA08-4331. For medication-assisted treatment, request inventory number SMA08-4341.

These and other substance abuse trainings are available for free download on CSAT's Knowledge Application Program Web site at **www.kap.samhsa.gov/products/trainingcurriculums.**



Suicide Prevention: New Media Increase Options

Tim in Knoxville, TN, remembers the older sister he lost to suicide and describes how he will always love and miss her. In Flint, MI, Anndalyn, who survived a suicide attempt, urges others in despair not to give up. Susan in Anchorage, AK, appeals to people in crisis to talk to someone.

These stories are part of an exciting new initiative from SAMHSA's National Suicide Prevention Lifeline Web site called Lifeline Gallery: Stories of Hope and Recovery. The gallery uses a "new media" technology called avatars (see *SAMHSA News* online for definitions) so that real people can share real experiences.

The gallery's goal is to raise awareness about the effects of suicide, reduce stigma, connect people to emotional support, and offer help.

"People who have lost loved ones to suicide, people who survived suicide attempts, and suicide prevention supporters can share their experiences in a safe, positive environment by creating an animated, speaking persona," said Richard McKeon, Ph.D., M.P.H., Special Advisor for Suicide Prevention at SAMHSA's Center for Mental Health Services.

Federal data show that suicide is the second leading cause of death among 25- to 34-year-olds and the third leading cause of death among 15- to 24-year-olds in the United States. SAMHSA is continuing to explore new ways to reach people who need help.

The Lifeline Gallery complements the Web site's traditional methods of providing help. The 24/7 telephone support service (1-800-273-TALK) receives calls from an average of 47,500 individuals each month. Print resources, such as brochures and magnets, also are available.

But in the gallery, visitors actively participate in spreading the word about suicide prevention. More than 215 avatars are already in the gallery, and the site has had more than 16,000 visitors since it launched in June 2008.

Create Your Online Self

The first step in joining the Lifeline Gallery is to choose one of three categories that reflect why visitors come to the site.

- **Loss** is a forum for people who lost a friend or family member to suicide. You can describe how the loss affected you and how you cope.
- **Turning Points** is a place for people who survived suicide attempts or experienced suicidal thoughts to discuss what got them through their challenges.
- **Helpers** is filled with people who support suicide prevention, including crisis workers, mental health advocates, school counselors, and other concerned people.

Next, you create a look. You can choose a tiny purple nose, pumpkin orange hair, a big gold necklace, and a suit and tie. Or you can pick a bald head, glasses with pink lenses, and an evening gown. Your avatar can look exactly or nothing like you.

Once you're satisfied with your online look, the next step is to add your message. You can choose from several prerecorded

options or type in text to be read by an electronic voice. You can also speak your own message by phone.

You'll find specific guidelines about what to talk about and what to avoid. For example, avoid using last names within the story, describing suicide methods, or discussing alcohol and drugs as a way to cope. You also are encouraged to use the term "died by suicide," instead of "committed suicide."

Once your message is complete, you can submit it to the gallery. Every avatar is reviewed by Lifeline staff to ensure that all stories are safe and effective.

The Lifeline Gallery was made possible by a donation from producer James L. Brooks ("The Simpsons," *As Good as It Gets,* "The Mary Tyler Moore Show") to be used to market suicide prevention to youth.

Friends, Fans, and Videos

The Lifeline's new media resources extend beyond its own Web page. In 2005, the Lifeline created a page on the popular social networking site, MySpace.com (see *SAMHSA News* online, July/August 2007). That page had more than 5,000 friends.

In May 2008, the Lifeline activated a new page at **www.myspace.com/800273TALK.** In just 6 months, this page has more than 2,000 friends.

Lifeline also created a page on Facebook, a similar social networking site. As of October 2008, the page had more than 550 "fans." Users can post comments on the "Wall" and find out how to get more information about the Lifeline and suicide prevention and warning signs.

The Lifeline also is on YouTube, where visitors create and post their own videos. The channel "800273TALK" presents two Lifeline-sponsored videos, one featuring the stars of the television show "One Tree Hill" and another showing a public service announcement that has nearly 5,000 views.

For more information about SAMHSA's National Suicide Prevention Lifeline, visit **www.suicidepreventionlifeline.org.** To become part of the Lifeline Gallery or to learn more, visit **www.lifeline-gallery.org.**

—By Kristin Blank

Suicide Prevention Lifeline Answers One Millionth Call

One million people have called SAMHSA's National Suicide Prevention Lifeline to seek life-saving help for themselves or a loved one.

In 2005, suicides accounted for more than 32,600 deaths in the United States—almost twice the number of homicides.

"The Lifeline reached this significant milestone because more people in emotional distress or crisis are becoming aware that help is available just by picking up the telephone and dialing 1-800-273-TALK," said SAMHSA Acting Administrator Eric B. Broderick, D.D.S., M.P.H.

The Lifeline was launched on January 1, 2005. Calls come from people in crisis seeking someone to listen, concerned friends and family wondering how to help a loved one, young people, older adults, and returning veterans.

On the other end of the line, trained crisis counselors in 133 centers across the Nation listen and guide people to what they need.

Calls are toll-free and the counseling services are confidential. The Lifeline operates 24 hours a day, 7 days a week.

Currently, the Lifeline averages 47,500 calls per month, with more than 1,580 people calling daily. Recently, the Lifeline announced that the special veterans line received 55,000 calls in its first year (see *SAMHSA News* online, July/August 2008).

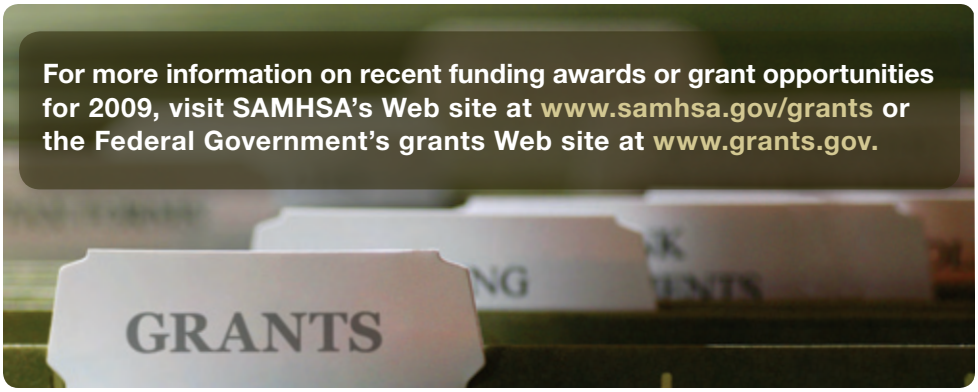
For more information about SAMHSA's National Suicide Prevention Lifeline, visit the Web site.

www.suicidepreventionlifeline.org

Grant Updates

SAMHSA recently announced grant awards for the following programs.

Prevention of Substance Abuse and HIV/AIDS Prevention for At-Risk Racial/Ethnic Minority Populations—More than $91 million for 55 new grants over 5 years to community-based organizations providing integrated substance abuse and HIV/AIDS prevention services to at-risk minority populations. Grantees will use SAMHSA's Strategic Prevention Framework, which is based on community needs, to build substance abuse and HIV/AIDS prevention capacity for underserved populations with high rates of substance abuse and HIV prevalence. Grantees can receive up to $400,000 each year over the course of 5 years. [SP-08-001]



Tribal Programs Promoting Mental Health, Preventing and Treating Substance Abuse, and Supporting Recovery—$74 million for 39 grants to federally recognized tribes or tribal organizations serving the mental health and substance abuse prevention and treatment needs of American Indian and Alaska Native populations. Two years ago, SAMHSA initiated a new policy geared toward expanding tribal eligibility for more grant programs. These newly awarded grants are in addition to more than $65 million in grant funding that SAMHSA made available to tribal service providers for 20 grants that were awarded to tribal service organizations in fiscal year 2007. The grants support a wide range of culturally relevant programs for promoting better mental health, substance abuse prevention and treatment, and recovery support.

Staff in the News

New Advisory Council Members

SAMHSA recently announced the appointment of two new members to its National Advisory Council and three new members to the Center for Substance Abuse Treatment (CSAT) Advisory Council.

Both councils are 12-member panels of experts that meet to advise the U.S. Department of Health and Human Services Secretary and SAMHSA's Administrator on public health matters related to prevention, treatment, and recovery support services. The CSAT Advisory Council also advises the Center Director.

New members of the National Advisory Council are:

- **Hortensia Amaro, Ph.D.,** distinguished professor and associate dean, Bouvé College of Health Sciences, and director, Institute on Urban Health Research, Northeastern University. Her research focuses on public health epidemiology, substance abuse prevention, HIV/AIDS, mental illness, and interpersonal violence.
- **Flo A. Stein, M.P.H.,** chief, Community Policy Management, North Carolina Division of Mental Health Developmental Disabilities and Substance Abuse Services. She manages community-based substance abuse, mental health, and developmental disabilities programs and serves as the president of the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

New members of the CSAT Advisory Council are:

- **Arthur C. Evans, Jr., Ph.D.,** Director, Philadelphia Department of Behavioral Health and Mental Retardation Services. He leads a systems transformation process that focuses on recovery for adults, resilience for children, and self-determination for people with intellectual disabilities.
- **Carrick Anne Forbes,** student and speaker. A recovering survivor of heroin addiction, she has begun academic work toward credentialing as an alcohol and substance abuse counselor.
- **Peter C. Formaz, NCAC-II, LAC,** Behavioral Health Services, Benefits Healthcare, Helena, MT. He operates an outpatient drug and alcohol behavioral health facility that offers an opiate treatment program. Mr. Formaz is northwest regional vice president of the National Association of Alcohol and Drug Abuse Counselors (NAADAC).

For more information, visit **www.samhsa.gov.**

Women, Addiction, & Recovery

Inspiring Leadership, Changing Lives

Joining Forces To Make a Difference

"One of the main reasons I love this conference is the opportunity to network and talk and collaborate with women from all different states," said Starleen Scott Robbins of North Carolina's Division of Mental Health and Disabilities Services.

Ms. Robbins joined more than 400 substance abuse counselors, treatment providers, prevention experts, clinicians, and public health educators from 44 states and 3 territories at the Third National Conference on Women, Addiction, and Recovery: Inspiring Leadership, Changing Lives, recently held in Tampa, FL.

Plenaries and workshops featured leaders in the field on trauma-informed services; leadership and advocacy; parenting, families, and children; peer-recovery models; and health and wellness.

At the opening plenary, H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA's Center for Substance Abuse Treatment (CSAT), presented data on women's substance use. (See page 10.)

To make sure attendees had an opportunity to be heard, SAMHSA's Acting Deputy Administrator Kana Enomoto, M.A., chair of the Agency's Advisory Committee on Women's Services (ACWS), convened a listening session to allow time for individuals to voice their ideas and concerns with committee members. (See *SAMHSA News* online.)

"This national committee has the unique mandate to advise SAMHSA on the needs of women in the field," said Ms. Enomoto, who also moderated a plenary roundtable on "Leadership for the Next Generation."

"As a member of SAMHSA's Advisory Committee on Women's Services, I think it was a brilliant move to co-locate the ACWS meeting with this dynamic conference," said Susan C. Ayers, LICSW, Cambridge, MA. "It's critical to have an opportunity to hear from the trenches where the real need is to bridge the gaps between policy and practice and evidence-based practices."

Plenary speaker Frances L. Brisbane, Ph.D., focused on "Culture and Gender: Factors in Recovery and Leadership." Dr. Brisbane is Professor and Dean of the School of Social Welfare, State University of New York.

"We're inspired by Dr. Brisbane and other great presentations, meeting leaders in the field, and learning about cutting-edge program practices," said Theresa Warr of the Florida Substance Abuse Program Office, Department of Children and Families. "We are making a difference."

Conference sponsors included CSAT and two nonprofit Florida-based organizations—the Florida Alcohol and Drug Abuse Association and the New Century Institute.

"For SAMHSA, collaborating with these two cosponsors has broadened our scope," said Sharon K. Amatetti, M.P.H., CSAT Project Officer for the conference. "Behind the scenes, we had tremendous local support."

For more on the conference, visit *SAMHSA News* online at **www.samhsa.gov/samhsaNewsletter.** Online highlights include a photo gallery, the SAMHSA Advisory Committee on Women's Services (listening session), and two workshops, including "Women, Substance Abuse, and Trauma."

Creating a Generation of Healthy Individuals in Recovery

Conference cosponsors (l to r): Mark Fontaine, Florida Alcohol and Drug Association; Dr. H. Westley Clark, SAMHSA; Valera Jackson, New Century Institute, Inc.

"When we look at our data, we find that 6.9 million women are needing but not receiving treatment," said H. Westley Clark, M.D., J.D., M.P.H, CSAT Director. Approximately 94 percent of these women felt *no need* for treatment.

Speaking at the opening plenary, Dr. Clark cited data from SAMHSA's 2007 National Survey on Drug Use and Health to emphasize the seriousness of the problem. (See pie chart on page 11.)

"We have 118,000 individuals on the waiting list for treatment services," he said. "Those are of concern, but they are overshadowed by 6.5 million women not seeking care and not perceiving a need for care." The chart also shows 319,000 women who feel they need treatment but make no effort to get services.

Calling the problem a conspiracy of silence, he urged treatment providers to reach out to the 6.5 million women whose voices are not being heard.

"These women are not knocking on your door," Dr. Clark reminded the audience. "We have to reach out to the silent ones and address the internal denial, external denial, and community denial."

Reasons women give for not making an effort to get treatment include not knowing where to go, negative effects on their job, and no health insurance. More importantly, of those women who need treatment many say they are not ready to stop using.

What's the best treatment venue for women? "We need to work together to figure that out," said Dr. Clark.

Taking Action, Reaching Out

"This conference is a call to action," said Susan E. Foster, M.S.W., a plenary speaker from the National Center on Addiction and Substance Abuse (CASA) at Columbia University. "The most powerful recommendation we can make is to get this information into the hands of America's women and girls."

"First, we need a public health campaign," Ms. Foster said. "We need to educate people that addiction is a chronic disease and to understand the gender differences that accompany it just as we do heart disease and cancer."

"As part of this campaign, we need to break apart risky behavior from drug dependence. Risky drug and alcohol use is a public health problem," said Ms. Foster. "It's about changing behaviors." On the other hand, she noted, addiction is a medical issue that often requires a number of ongoing behavioral, pharmacological, and recovery support services.

"Part of the disease of addiction is to deny it," Ms. Foster said, noting that women avoid getting treatment, and health care providers are not trained to see substance abuse issues. "What we need is high-quality, gender-specific substance abuse treatment."

Research shows that girls turn to substance abuse for different reasons than boys do. Girls are more likely than boys to self-medicate to relieve anxiety and stress. "And regarding mental health issues," said Ms. Foster, "girls are more likely to have anxiety, depression, and eating disorders than boys are, and these conditions often co-occur with addiction."

"We believe in recovery that includes health, wellness, and quality of life, not simple abstinence. The path to recovery is different for everyone—one size does not fit all."

Dr. H. Westley Clark, Director, SAMHSA's Center for Substance Abuse Treatment

(l to r) SAMHSA Acting Deputy Administrator Kana Enomoto, Anita Bertrand, Dr. Francine Feinberg, and Nancy Hamilton participated in a lively plenary roundtable on "Lessons for the Next Generation."

Pregnant Women and Drinking: New Statistics

A recent report from SAMHSA's National Survey on Drug Use and Health (NSDUH), examines how many women report alcohol use during pregnancy, by age.

The report, *Alcohol Use among Pregnant Women and Recent Mothers: 2002 to 2007,* is compiled from data gathered from female respondents age 15 to 44. NSDUH asks the respondents whether they are currently pregnant, and it also asks people age 12 or older to report on their alcohol use during the month prior to the survey.

The report compares women who were:

- Pregnant at the time of the survey
- Recent mothers (women who were not pregnant at the time of the survey but who gave birth during the prior 12 months)
- Nonpregnant women (women who were not pregnant at the time of the interview and did not have a biological child under 1 year old in the household).

Past-month alcohol use among pregnant and nonpregnant women and recent mothers age 15 to 44 did not change significantly between 2002 to 2003 and 2006 to 2007.

Combined 2006 and 2007 data indicate that the rate of past-month alcohol use among women age 15 to 44 was lower for those who were pregnant than for recent mothers (11.6 percent vs. 42.1 percent). The recent mothers in turn had a lower rate than those who were neither pregnant nor recent mothers (54 percent).

The full report is available for free download on SAMHSA's Web site at **www.oas.samhsa.gov/2k8/pregnantAlc/pregnantAlc.cfm.**

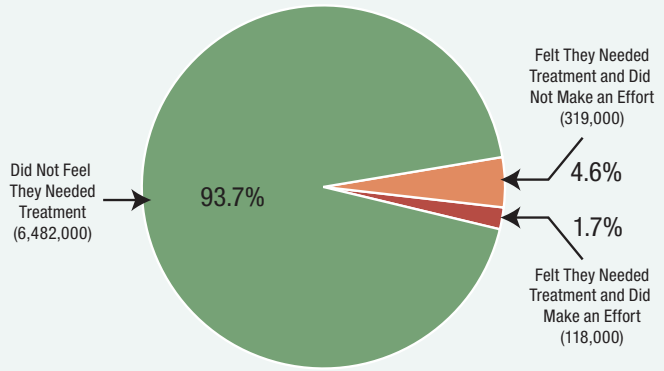
Data on Women of Childrearing Age

SAMHSA recently released data on substance use treatment among women of childrearing age. Findings included the following:

- Combined data from 2004 to 2006 indicated that an annual average of 6.3 million women age 18 to 49 (9.4 percent) needed treatment for a substance use problem.
- One in ten (10.4 percent) of the women age 18 to 49 who needed treatment in the past year received treatment at a specialty treatment facility.

The report, *Substance Use Treatment among Women of Childrearing Age,* is available for free download on SAMHSA's Web site at **www.oas.samhsa.gov/2k7/womenTX/womenTX.cfm.**

Disparities: Women and Treatment Needs



Source: NSDUH 2007. Past-Year Perceived Need for and Effort Made To Receive Treatment among Women Aged 12+ Needing But Not Receiving Specialty Treatment for Illicit Drug or Alcohol Use.

Resources

HHS Office on Women's Health

2009 Women's Health Calendar
www.womenshealth.gov/2009-Calendar
Order free copies by calling 1-800-994-9662 (TDD: 1-888-220-5446). Bulk orders can be requested.

National Women's Health Information Center
www.womenshealth.gov
Health tools, campaigns on HIV, heart health, special section for health professionals
www.girlshealth.gov
A fun site with stories written by girls, lots of free materials

***Healthy Women Today* Newsletter**
www.womenshealth.gov/newsletter/2008/11.cfm
Sign up to receive the monthly newsletter by email.

Disaster or Emergency Preparedness for Women
www.womenshealth.gov/tools/disaster.cfm
Information on disaster kits, food and water safety, survival items

SAMHSA

Office of Applied Studies
oas.samhsa.gov/women.htm
Statistics and data available on women's substance use prevalence, treatment, facilities, pregnancy, and more

Treatment Improvement Exchange
http://womenandchildren.treatment.org
SAMHSA treatment programs serving women and children, reports and monographs, policy and legislation, and more

National Center on Substance Abuse and Child Welfare
www.ncsacw.samhsa.gov
Online training series, pretreatment resources and models

CDC

Women's Health
www.cdc.gov/women
Data, new physical activities guidelines, information on intimate partner violence.

Women in the Military: Overcoming Challenges

The face of the military is changing. About 11 percent of the U.S. forces currently serving in Iraq and Afghanistan are women. By 2010, 14 percent of all veterans in the United States will be women.

A. Kathryn Power, M.Ed., Director of SAMHSA's Center for Mental Health Services (CMHS) and captain in the U.S. Navy Reserve, discussed these numbers and their implications in a recent SAMHSA-sponsored teleconference.

She was joined by Bryanne Moore, a member of the U.S. Army Reserve Command, and Colonel Elspeth Cameron Ritchie, M.D , M.P.H., Director of the Proponency of Behavioral Health at the Office of the U.S. Army Surgeon General.

Military Sexual Trauma

Compounding trauma that may be caused by wartime experiences, such as seeing a dead body, handling remains, or knowing someone who was injured or killed, women in the military also may experience sexual trauma—including harassment, assault, rape, or other violent acts.

"As women's roles change, military sexual trauma has increased," Ms. Power said. "Often, it is not reported." National surveys suggest that 13 to 30 percent of women veterans have experienced rape during their military service, she said.

According to the Department of Veterans Affairs (VA), the effects of sexual trauma can include depression, substance abuse, suicidal thoughts, intrusive thoughts, and other nonspecific health problems. Dr. Ritchie reported that suicide by women in military units has increased since 2006, and depression is one of the top three problems for women veterans treated by the VA.

"Women service members may not report sexual trauma for fear of retribution, embarrassment, lack of career advancement, or dishonorable discharge," Ms. Power said.

Perceptions of Women

Ms. Moore, who has served in the military for 7 years with deployments to Iraq, discussed other possible reasons why women may hesitate to come forward after suffering sexual trauma or other mental health problems.

"Women are still seen as weak, whiny, hormonal, and incapable," she said, noting that some of her male counterparts have described women with these terms. Women may hide a mental health issue for fear that revealing it could further the perception that they cannot handle their military duties.

Ms. Moore had a mental health diagnosis after entering the military, but she was advised by a commanding officer to keep the situation out of her record if it would not affect her work.

She complied with this recommendation because, she said, "I'm already seen as a lower-level soldier because I'm a woman."

Working for Change

The Army and Federal agencies, including SAMHSA, the VA, and the U.S. Department of Defense (DoD), are making efforts to reach military women and men with mental health problems.

"We now have more than 200 mental health providers in Iraq working toward prevention of mental health problems and helping people who do experience them get immediate treatment," Dr. Ritchie said.

Ms. Power related some of SAMHSA's collaborative efforts to help. SAMHSA participated in the DoD Mental Health Task Force (see *SAMHSA News* online, January/February 2008).

"There is a lot of activity focusing on the efforts to address sexual trauma and to combat overall discrimination in the military regarding mental health treatment," she said.

Photo courtesy of U.S. Army

According to Ms. Power, the task force vision for DoD includes:

- Fostering a culture of support for psychological health
- Providing a full continuum of care to service members and their families
- Allocating resources to prevention, early intervention, and treatment
- Ensuring that leaders at all levels support mental health services.

Ms. Power said, "Mental health is as important as physical health. We're seeing a very high level of involvement in the military regarding this issue."

For more information about SAMHSA's collaborative efforts to help military women and men, see *SAMHSA News* online, September/October 2008.

—By Kristin Blank

Photo courtesy of U.S. Army

Voice Awards: Nominations Open

You have until March 15, 2009, to enter film or television show nominations for the upcoming Voice Awards.

The awards honor writers and producers who incorporate respectful, accurate portrayals of people with mental illnesses into film and television productions. They also recognize mental health consumers who promote the social inclusion and recovery of people with mental health problems.

To be eligible, a film or television show must have been released after October 1, 2007, and must present mental health problems in a dignified and accurate light. Entertainment industry nominations will remain open until March 15, 2009.

Nominations for mental health consumer community leaders can include those who have promoted social inclusion; demonstrated that recovery is real and possible; and made a positive impact on their workplaces, communities, or schools. Consumer nominations will remain open until May 15, 2009.

Past winners include the television shows "The Sopranos" and "House" and the film *Reign Over Me.*

For more information or to submit a nomination, visit **www.voiceawards.samhsa.gov.**

2008 Science and Service Award Winners

Up to 17 years can elapse between the publication of health care research results and their delivery in real-world settings. SAMHSA is working to shorten this lag time.

SAMHSA established the Science and Service Awards in 2007 to recognize organizations that incorporate evidence-based mental health and substance abuse interventions into their everyday practices.

This year, 29 organizations received awards for successfully implementing a recognized evidence-based intervention—that is, one that has been published in scientific literature or appears on a Federal or state registry.

Awardees were chosen in each of five categories:

- Substance abuse prevention
- Treatment of substance abuse and recovery support services
- Mental health promotion
- Treatment of mental illness and recovery support services
- Co-occurring disorders.

The awards program recognizes both public- and private-sector organizations, as well as community-based groups and coalitions that integrate these evidence-based interventions into their work to improve the lives of the individuals they serve.

For more information on the Science and Service Awards and to view descriptions of the 2008 winners, visit **www.samhsa.gov/scienceandservice.**

Oprah Mentions SAMHSA Treatment Line

SAMHSA's Center for Substance Abuse Treatment (CSAT) helpline was recently promoted as a resource on "The Oprah Winfrey Show."

At the end of an episode that highlighted people battling heroin addiction and working for recovery, 1-800-662-HELP (4357) flashed on the screen.

As a result, the helpline received triple the normal call volume on the day the episode aired. At peak, a new call came in every 6 seconds.

Courtesy "The Oprah Winfrey Show," September 12, 2008

The CSAT helpline is a toll-free referral service in English and en español that helps people locate drug and alcohol abuse treatment programs. For more information, visit **www.csat.samhsa.gov.**

2008 Index Volume 16

This index includes entries for six issues of *SAMHSA News* for 2008. Each issue is numbered: January/February (1), March/April (2), May/June (3), July/August (4), September/October (5), and November/December (6). Specific pages follow. Entries in *italics* are publications.

F

G

H

I

J

K

L

M

N

O

P

R

S

T

U

V

W

Y

Z

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, grant awards and funding opportunities, and available resources in print and online.

Are we succeeding? Let us know. You can now leave feedback online at **www.samhsa.gov/samhsaNewsletter.**

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:

- ❑ Parity: What Does the New Law Mean?
- ❑ From Dr. Broderick: The Parity Law: Making a Difference
- ❑ Training Manuals on Detoxification and Medication-Assisted Treatment
- ❑ Suicide Prevention: New Media Increase Options
- ❑ Suicide Prevention Lifeline Answers One Millionth Call
- ❑ Grant Updates
- ❑ New Advisory Council Members
- ❑ Women, Addiction, & Recovery: Inspiring Leadership, Changing Lives
  - ❑ Joining Forces To Make a Difference
  - ❑ Creating a Generation of Healthy Individuals in Recovery
  - ❑ Pregnant Women and Drinking: New Statistics
  - ❑ Women in the Military: Overcoming Challenges
- ❑ In Brief . . .
- ❑ Annual Index 2008
- ❑ Introducing Our New Online Design
- ❑ ***SAMHSA News*** online—for the current issue and archives—at **www.samhsa.gov/samhsaNewsletter.**

Mail, phone, fax, or email your response to:

SAMHSA News, Editor
Room 8-1037
1 Choke Cherry Road
Rockville, MD 20857
Phone: 240-276-2130
Fax: 240-276-2135
Email: deborah.goodman@samhsa.hhs.gov

Thank you for your comments!

Introducing Our New Online Design

Email specific articles to a friend. Send us feedback. Access "online only" features.

Our new online design has a lot to offer print subscribers in a contemporary, easy-to-navigate design.

Visit **www.samhsa.gov/samhsa Newsletter** to see our first issue (September/October 2008) in the new design. The issue highlights returning veterans and behavioral health. Online only, the story of the Graham family's commitment to suicide prevention is featured.

More To Come

In the next few months, watch for more updates, including:

- Search capability that allows you to find articles by topic in the *SAMHSA News* archives
- eNewsletter delivery of each new issue directly to your inbox
- RSS feeds that alert you automatically when new content is posted.

Your feedback is important to us. Please click the "Feedback" button online!

SAMHSA News is published bimonthly in both hard copy and electronic format. Most publications mentioned in *SAMHSA News* are available from SAMHSA's Health Information Network (SHIN) at 1-877-SAMHSA-7.

Bookmark the homepage or specific articles for easy access, download a print-friendly PDF version, find out how to subscribe, and send us feedback.

At a glance, see all articles related to the main story.

Use the right navigation to find grant articles and other timely topics.

Explore recent back issues as well as archives back to 2002.

Published bimonthly by the Office of Communications

Send reprints to:

Editor, *SAMHSA News*
Room 8-1037
1 Choke Cherry Road
Rockville, MD 20857

Substance Abuse and Mental Health Services Administration
Eric B. Broderick, D.D.S., M.P.H.
Acting Administrator

Center for Mental Health Services
A. Kathryn Power, M.Ed., Director

Center for Substance Abuse Prevention
Frances M. Harding, Director

Center for Substance Abuse Treatment
H. Westley Clark, M.D., J.D., M.P.H., Director

Editor
Deborah Goodman

SAMHSA News Team at IQ Solutions, Inc.:
Managing Editor, Meredith Hogan Pond
Associate Editor, Kristin Blank
Publication Designer, A. Martín Castillo
Publications Manager, Mike Huddleston

Your comments are invited.
Phone: 240-276-2130
Fax: 240-276-2135
Email: deborah.goodman@samhsa.hhs.gov

To receive *SAMHSA News* or to change your address:

Email: Send your subscription request or address change to **SAMHSAnews@iqsolutions.com** Include your mailing address with your name, street, apartment number, city, state, and ZIP code

Phone: Call 1-888-577-8977 (toll-free)
Call 240-221-4001 in the Washington, DC, metropolitan area

Fax: *SAMHSA News* 301-984-4416
Attention: Rudy Hall

Mail: Send your new mailing information to:

SAMHSA News Subscriptions
Attention: Meredith Pond
c/o IQ Solutions, Inc.
11300 Rockville Pike, Suite 901
Rockville, MD 20852

Visit *SAMHSA News* online at **www.samhsa.gov/samhsaNewsletter**

DEPARTMENT OF
HEALTH & HUMAN SERVICES

Substance Abuse and
Mental Health Services Administration
Rockville, MD 20857