Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness

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Key Facts

- By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.[9]
- Each year, approximately 5,000 youth under the age of 21 die as a result of underage drinking.[10]
- Annually, tobacco use results in more deaths (443,000 per year) than AIDS, unintentional injuries, suicide, homicide, and alcohol and drug abuse combined. Almost half of these deaths occur among people with mental and substance use disorders.[11]
- In 2008, an estimated 2.9 million persons aged 12 and older used an illicit drug for the first time within the past 12 months, an average of 8,000 initiates per day.[12]
- Half of all lifetime cases of mental and substance use disorders begin by age 14 and three-fourths by age 24.[13]
- Adults who began drinking alcohol before age 21 are more likely to be later classified with alcohol dependence or abuse than those who had their first drink at or after age 21.[14]
- More than 34,000 Americans die every year as a result of suicide, approximately one every 15 minutes.[15]
- One estimate puts the total economic costs of mental, emotional, and behavioral disorders among youth in the United States at approximately $247 billion.[16]
- The annual total estimated societal cost of substance abuse in the Unites States is $510.8 billion.[17]
- In 2008, an estimated 9.8 million adults aged 18 and older in the United States had a serious mental illness; 2 million youth aged 12 to 17 had a major depressive episode during the past year.[18]
- In 2009, an estimated 23.5 million Americans aged 12 and older needed treatment for substance use.[19]
- Among persons aged 12 and older who used prescription pain relievers nonmedically in the past 12 months, 55.9 percent got them from a friend or relative for free.[20]
- A range of studies indicate that lesbian, gay, and bisexual adults and youth are much more likely to be smokers than their heterosexual counterparts. [21]
- In 2009, the percentage of female youth aged 12 to 17 (14.3 percent) who were current drinkers was similar to the rate for male youth aged 12 to 17 (15.1 percent).[22]
- In 2009, transition age youth aged 18 to 25 had the highest rates of binge drinking (41.7 percent) and heavy alcohol use (13.7 percent) of any age group.[23]

Overview

Mental and substance use disorders have a powerful effect on the health of individuals and on the Nation's social, economic, and health-related problems. Mental and substance use disorders are among the top conditions for disability, burden of disease, and cost to families, employers, and publicly funded health systems. Excessive alcohol use and illicit drug use are linked directly to increased burden from chronic disease, diabetes, and cardiovascular problems.[24]

Purpose of Initiative #1

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

The Institute of Medicine's (IOM's) 2009 report *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*[25] describes evidence-based services and interventions that build emotional health by addressing risk factors and supporting protective factors and resilience to prevent many mental and substance use disorders in children and young adults. The report documents that behavior and symptoms signaling the likelihood of future behavioral disorders—such as substance abuse, adolescent depression, and conduct disorders—often manifest 2 to 4 years before a disorder is actually present. If communities and families can intervene earlier—before mental and substance use disorders are typically diagnosed, future disorders can be prevented or the symptoms mitigated. Doing so requires multiple and consistent interventions by all systems touching these children and youth (e.g., schools, health systems, faith-based organizations, families, and community programs). Most adult mental and substance use disorders manifest before age 25, and many of the same risk and protective factors affect physical health. The focus on preventing mental health and substance use disorders and related problems among children, adolescents, and young adults is critical to the Nation's behavioral and physical health now and in the future.

The promotion of positive mental health and prevention of mental and substance use disorders are key parts of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) mission to reduce the impact of substance abuse and mental illnesses on America's communities. The World Health Organization defines health as a "state of complete physical, mental, social well-being, and not merely absence of disease or infirmity." Mental, emotional, and behavioral health refers to the overall psychological well-being of individuals and includes the presence of positive characteristics, such as the ability to manage stress, demonstrate flexibility under changing conditions, and bounce back from adverse situations. SAMHSA plans to promote health by placing a national priority on healthy mental, emotional, and behavioral development, especially in children, youth, and young adults.

Disparities

Significant behavioral health disparities persist in diverse communities across the United States, including racial and ethnic groups; lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals; people with disabilities; and girls and transition-age youth. For example, the American Indian/Alaskan Native (AI/AN) communities face elevated levels of substance use

disorders and experience higher suicide rates than the general population. They also have higher rates of certain risk factors for mental, emotional, and behavioral problems, including poverty, domestic violence, childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. Native Hawaiian and Pacific Islander youth have among the highest rates of illicit drug use and underage drinking. African Americans have among the highest unmet needs for treatment of depression and other mental health disorders. The LGBT population has elevated rates of tobacco use. Latina youth are exhibiting the highest rates of suicide attempts[26] and adolescent youth in general are showing an increase in binge drinking. SAMHSA is committed to addressing these disparities by improving prevention programs that serve members of AI/AN communities and other groups. SAMHSA will work with Tribes and other organizations serving these populations to develop culturally focused, universal, selective, and indicated prevention programs.

Health Reform

The passage of the Affordable Care Act has brought increasing commitment to prevention across government and in States, Territories, Tribes, and communities. This commitment means fostering physical and behavioral health and well-being in addition to ensuring access to affordable and effective health care through public- and employer-sponsored health coverage. Now is a perfect opportunity to engage stakeholders and partners—including AI/AN Tribes—to embrace prevention as the top strategic initiative in the behavioral health field.

Behavioral Health Workforce

There is a growing need to develop a behavioral health workforce focused on the prevention of substance abuse and mental illness and the promotion of health and wellness. Identified problems include worker shortages; inadequately and inconsistently trained workers; education and training programs that do not reflect the current research base; inadequate compensation; and high levels of turnover, poorly defined career pathways, and difficulties recruiting people to the field, especially from minority communities. Expanding the role and capacity of the workforce to prevent substance abuse and mental illness and to promote health and wellness is critical to this Strategic Initiative. Through this Initiative, SAMHSA will build capacity for system and service improvements in support of prevention; develop and implement trainings to strengthen the prevention-oriented workforce; educate the field about successful interventions, such as screening, brief intervention, and referral to treatment (SBIRT); and develop and implement training around suicide prevention and prescription drug abuse.

Components of Initiative

SAMHSA's efforts will include programs to assist States, Territories, Tribal governments, and communities to adopt evidence-based practices; deliver health education related to prevention; and establish effective policies, programs, and infrastructure to build resilience and prevent mental and substance use disorders and related problems. By building capacity within States, Territories, and Tribes and supporting the development of Prevention Prepared Communities (PPCs), SAMHSA will promote the emotional health of children and youth, and provide them with skills to overcome risks experienced in adolescence and young adulthood.

SAMHSA will work with States, Territories, and Tribes to support PPCs in using a comprehensive mix of evidence-supported environmental, universal, selective, and indicated prevention strategies to build greater social connectedness and stronger community cohesion, strengthen families in which future generations will live and grow, and develop a healthier and more effective workforce for the future. These approaches will include environmental efforts, such as policy changes to reduce access or change unhealthy social norms, in addition to population-based and individual approaches that bring interventions to individuals according to levels of risk in their environment or individual situation.

SAMHSA also will work to enhance the ability of health systems, schools, families, and other entities to intervene early and consistently in ways that meet the cultural and linguistic needs of diverse populations. In doing so, SAMHSA will build on scientific evidence to create understanding of what works to help young people exhibiting risk factors for mental and substance use disorders and related problems before these conditions become disabling. SAMHSA will restructure multiple prevention programs and activities to focus these resources, enhance collaboration, identify strategic problems, and develop plans for addressing the health and well-being of whole communities.

Public awareness and health education will be an essential part of the overall Prevention Strategic Initiative. Parents, schools, and communities have an intense need for information to help keep their children safe and healthy. For example, problem drinking, including underage drinking, is a serious health and safety issue, but many Americans tolerate and even support it. Some adults, including some parents, mistakenly think that underage drinking is part of growing up and a harmless rite of passage. Problem drinking is not just an issue for young people. Many adults are concerned about their own, their partner's, or their aging parents' use of alcohol. Educating the public about problem drinking and delaying the onset of underage alcohol use can result in better health outcomes for all ages.

The field of prevention science, well known for advancing the health of people at risk for illnesses, such as cancer, diabetes, HIV/AIDS, and heart disease, also has produced effective strategies for behavioral health. Properly implemented, prevention and wellness promotion efforts result in safer communities, better health outcomes, and increased productivity. Preventing and delaying initiation of substance abuse or the onset of mental illness can reduce the potential need for treatment later in life.

SAMHSA's prevention efforts will also address the unique needs of people living with substance abuse and mental illness. People with mental and substance use disorders are two to three times more likely to smoke cigarettes than the general population.[27] This harmful behavior must be prevented. Research shows that ongoing, community-based, comprehensive approaches to preventing specific problems or risk behaviors can achieve these goals.

Goals

Goal 1.1: With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.

Goal 1.2: Prevent or reduce consequences of underage drinking and adult problem drinking.

Goal 1.3: Prevent suicides and attempted suicides among populations at high risk, especially military families, LGBTQ youth, and American Indians and Alaska Natives.

Goal 1.4: Reduce prescription drug misuse and abuse.

Specific Goals, Objectives, and Action Steps

Goal 1.1: With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.

Objective 1.1.1: Build and develop PPCs.

Action Steps

1. Collaborate with the Office of National Drug Control Policy (ONDCP), U.S. Department of Education (ED), U.S. Department of Justice (DOJ), National Institute on Drug Abuse (NIDA), and National Institute on Alcohol Abuse and Alcoholism (NIAAA) to create and implement PPCs in conjunction with States, Territories, Tribes, and local communities.
2. Promote a data-driven strategic prevention framework for States, Territories, and Tribes and within PPCs that comprises representatives from multiple community sectors, including education, business, justice, housing, health care, and other relevant fields.
3. Work with PPCs to enhance workforce capacity to deliver specialized prevention services and with the broader human services workforce to support prevention and the promotion of social and emotional health.

Objective 1.1.2: Prevent substance abuse and improve well-being in States, Territories, Tribes, and communities across the Nation.

Action Steps

1. Use SAMHSA Block Grant and discretionary funds in conjunction with other Federal prevention programs to build emotional health from early childhood to young adulthood and to implement universal, selective, and indicated prevention activities for mental and substance use disorders among the most vulnerable and impoverished in States, Territories, and Tribes and communities.

2. Work with States, Territories, and Tribes to promote positive behavioral health for children by using age appropriate evidence-based programs as found in the IOM report, Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities.[28]
3. Provide technical assistance to States, Territories, Tribes, and communities to develop and implement strategic plans to prevent substance abuse and improve mental, emotional, and behavioral health.
4. Develop and implement a workforce development training strategy to strengthen the prevention-oriented workforce, with an emphasis on meeting the needs of diverse communities.
5. Coordinate SAMHSA prevention and promotion efforts with the President's National Prevention, Health Promotion, and Public Health Council.
6. Collaborate with other U.S. Department of Health and Human Services (HHS) agencies, including the Centers for Disease Control and Prevention (CDC), and other Federal partners to prevent fetal alcohol spectrum disorders and their negative consequences.
7. Engage local government leadership and the National Congress of American Indians on how to use behavioral health data in their communities.
8. Support best practice guidelines for health and behavioral health providers to prevent and reduce family rejection of LGBTQ youth problems associated with rejection, such as homelessness, behavioral health disorders, risky sexual behavior, and suicide.
9. Ensure a focus on communities and populations facing behavioral health disparities, especially racial and ethnic minorities, Tribes, and LGBTQ youth.
10. Build on SAMHSA's surveillance resources and work with NIDA to identify the prevalence of current and emerging drugs and develop strategies to prevent their use.

Objective 1.1.3: Eliminate tobacco use among youth and reduce tobacco use among persons with mental and substance use disorders.

Action Steps

1. Promote tobacco cessation efforts among individuals with mental and substance use disorders through formula and Block Grant requirements to States and Territories and grants to targeted provider agencies.
2. Promote integration of State and Territorial Synar efforts with the State enforcement contracts funded by the Food and Drug Administration (FDA).
3. Promote tobacco-free initiatives in mental health, substance abuse treatment, and community-based prevention efforts through SAMHSA's 100 Pioneers for Smoking Cessation Virtual Leadership Academy.
4. Promote tobacco cessation among individuals with mental and substance use disorders and co-existing disabilities through the HHS Tobacco Prevention and Control Working Group (a collaboration with CDC, FDA, National Institutes of Health including the

National Cancer Institute, Centers for Medicare and Medicaid Services [CMS], Indian Health Service [IHS], Administration for Children and Families [ACF), Administration on Aging [AoA], Health Resources and Services Administration [HRSA], and offices within HHS).

5. Create expectation that all SAMHSA grantees maintain a tobacco-free space.
6. Enhance and increase tobacco cessation efforts for LGBTQ individuals with mental and substance use disorders.

Goal 1.2: Prevent or reduce consequences of underage drinking and adult problem drinking.

Objective 1.2.1: Establish the prevention of underage drinking as a priority issue for States, Territories, Tribal entities, colleges and universities, and communities.

Action Steps

1. In collaboration with the Interagency Coordinating Committee on the Prevention of Underage Drinking, develop and implement a strategy to prevent underage drinking, with added emphasis on girls and transition-aged youth.
2. Collaborate with HHS and other Federal partners, including ED, to develop and adopt the HHS Secretary's core underage drinking prevention messages.
3. Through the Sober Truth on Preventing Underage Drinking Act components, enhance intergovernmental cooperation and coordination on the issue of alcohol use among youth and provide communities with timely information about state-of-the-art practices that have proven to be effective.
4. Collaborate with NIAAA and ED to prevent underage drinking and its related negative consequences among college students.
5. Collaborate with NIAAA to provide technical assistance and increase use of screening and brief intervention and improve pathways to treatment and recovery services particularly for girls, Native Hawaiian and Pacific Islander youth, and other groups that have documented high or increasing rates of underage drinking.

Objective 1.2.2: Establish the prevention of excessive drinking by adults as a priority issue for States, Territories, Tribal entities, and communities.

Action Steps

1. In conjunction with CDC and NIAAA, develop and implement a national awareness campaign focused on excessive drinking by adults, with a special focus on populations at higher risk, and coordinate with related efforts like the U.S. Department of Agriculture (USDA) dietary guidelines.

2. Educate physicians, nurses, medical students, social workers, rehabilitation agency staff, peers, peer specialists, and other health care professionals about adult problem drinking and appropriate screening, brief intervention, and referral to treatment interventions.
3. Implement policy academies to assist States, Territories, Tribes, communities, and colleges and universities to implement proven policies and test new policies to reduce excessive drinking by adults.

Goal 1.3: Prevent suicides and attempted suicides among populations at high risk, especially military families, LGBTQ youth, and American Indians and Alaska Natives.

Objective 1.3.1: Improve mental, emotional, and behavioral health and well-being among military families, youth, American Indians and Alaska Natives, ethnic minorities including Latina girls, LGBTQ youth, people aged 45 to 65, and people with disabilities.

Action Steps:

1. Educate primary care and behavioral health practitioners, communities, schools, and the public about the risk and protective factors that contribute to emotional health and the ability to manage adverse life events.
2. Tailor educational materials to address the perspectives of military audiences.
3. Collaborate with the U.S. Department of Veterans Affairs (VA), U.S. Department of Defense (DoD), and other Federal agencies around this objective.
4. Develop and encourage culturally specific programs that promote strong sense of self and appropriate help-seeking among African American, American Indian and Alaska Native, Asian American, Native Hawaiian and Other Pacific Islander, Hispanic, and LGBTQ youth.
5. Support suicide prevention programming for high-risk populations through SAMHSA formula and Block Grant funds and other prevention programs and engage States, Territories, and Tribes in developing suicide prevention plans.

Objective 1.3.2: Increase public knowledge of the warning signs for suicide and actions to take in response.

Action Steps:

1. Convene the National Action Alliance for Suicide Prevention together with SAMHSA's Federal Partners for Suicide Prevention to update and implement the National Strategy To Prevent Suicide.

2. Ensure the National Suicide Prevention Lifeline program is adequately resourced and increase the visibility and accessibility of suicide prevention services in partnership with States, Territories, Tribal entities, communities, rehabilitation agencies, private and public health care providers, representatives of secondary and higher education, and military, faith-based, and LGBT organizations.
3. Increase access to suicide prevention resources by collaborating with behavioral health, educational, faith-based, military, and LGBT organizations.
4. Implement and develop a strategic plan to educate parents, health practitioners, school officials, community leaders, youth, State, Territorial, and Tribal leaders, first responders, employers, faith-based organizations, LGBT organizations, and the public about suicide warning signs that are specific to different cultures and communities, and preventive actions they can take to help someone contemplating a suicide.
5. Develop and implement a workforce development training strategy to familiarize providers, educators, clergy, and others with the varying warning signs and methods of suicide specific to different communities and cultures.
6. Increase awareness of suicide prevention and the suicide hotline among populations at higher risk for suicide identified by the National Action Alliance for Suicide Prevention, including LGBTQ youth, American Indians and Alaska Natives (AIs/ANs), and military veterans.

Objective 1.3.3: Increase the use and effectiveness of the Veterans Suicide Prevention Hotline/Lifeline.

Action Steps:

1. Collaborate with States, Territories, and Tribal entities, VA, and DoD—including collaboration with the VA National Suicide Prevention Coordinator, VA Center of Excellence for Suicide Prevention, and DoD Center for Excellence on Psychological Health—to improve access to and quality of suicide prevention resources for former and current members of the military and their families.
2. Educate and conduct outreach activities to military families to increase awareness and use of the Suicide Prevention Hotline/Lifeline through an interagency agreement and partnership with VA.
3. Given the disproportionate number of racial minorities and AIs/ANs in the military, ensure access and culturally appropriate outreach to these communities about the Veterans Suicide Prevention Hotline.

Goal 1.4: Reduce prescription drug misuse and abuse.

Objective 1.4.1: Educate current and future prescribers regarding appropriate prescribing practices for pain and other medications subject to abuse and misuse.

Action Steps:

1. Collaborate with NIAAA, NIDA, NIMH, Agency for Healthcare Research and Quality (AHRQ), VA, DoD, FDA, and the HHS Behavioral Health Coordinating Council as well as intermediary professional organizations to build upon and develop resources for prescribers specific to pain and other medications subject to abuse and misuse.
2. Collaborate with the NIDA, ED, VA, DoD, FDA, Bureau of Justice Affairs, other Federal agencies, and the HHS Behavioral Health Coordinating Council, as well as intermediary professional organizations to incorporate information about warning signs and consequences of prescription drug abuse, strategies for patient referral, and the critical need for appropriate prescribing practices into curricula for medical professionals.

Objective 1.4.2: Educate the public about the appropriate use of opioid pain medications, and encourage the safe and consistent collection and disposal of unused prescription drugs.

Action Steps:

1. In collaboration with NIDA, CMS, FDA, CDC, HRSA, and other Federal agencies as appropriate, build upon SAMHSA's national prescription drug abuse public education campaign, targeting consumers about proper disposal of unused prescription drugs and how to keep prescription drugs securely out of reach from unintended users.
2. In collaboration with FDA, ONDCP, Drug Enforcement Administration, and other Federal, State, Territorial, Tribal, and local partners, support planning and implementation of "turn in your drugs" campaigns and the national and local levels.

Objective 1.4.3: Support the establishment of State/Territory-administered controlled substance monitoring systems and develop a set of best practices to guide the establishment of new State and Territorial programs and the improvement of existing programs.

Action Steps

1. Build on the SAMHSA National All Schedules Prescription Electronic Reporting Act Program Grants and other Prescription Drug Monitoring systems to incorporate key elements into community, medical, and behavioral health services provider systems to identify and prevent prescription drugs, especially opioids, from being inappropriately prescribed to individuals who may be "doctor shopping" or with a known risk for suicide.

2. Collaborate with FDA and other Federal agencies as appropriate to expand the utility of prescription drug monitoring programs, allowing more States and Territories to share information internally and regionally with neighboring States and Territories.
3. Collaborate with FDA and other Federal agencies as appropriate to develop a set of best practices for States and Territories as they establish or enhance their prescription drug monitoring programs**.**
4. Collaborate with DOJ and other Federal agencies to foster development and adoption of common technology standards for the interstate sharing of prescription monitoring data as well as coordinate complementary grant-funding programs for State prescription monitoring programs.
5. Promote safer, healthier, and more productive workplaces through the Federal Drug-Free Workplace Program, the National Laboratory Certification Program, and other comprehensive drug-free and health and wellness workplace programs.

Strategic Initiative #1 Measures

Population-Based

- Reduce the percentage of children and youth aged 12 to 20 reporting past 30-day substance use (including improper use of prescription drugs).
- Decrease the percentage of children and youth aged 12 to 17 reporting a major depressive episode in the past year.

SAMHSA Specific

- Reduce the percentage of children and youth aged 12 to 20 receiving services through SAMHSA grants reporting past 30-day substance use (including improper use of prescription drugs).
- Increase the number of individuals calling the Suicide Hotline who report receiving followup services within 30 days.

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