

Funding for this “Program Rehabilitation and Restitution” is limited to state or local governments, Indian tribes and organizations, and public and private domestic nonprofit entities such as community-based organizations and faith-based organizations that can demonstrate that the sealing of records for most convicted, first-time, nonviolent ex-felons is permitted by state statute within five years of the end of postrelease supervision. Examples of states with such laws include Kansas and Ohio.

“The availability and effectiveness of substance abuse treatment is crucial in assisting individuals whose lives, and that of their loved ones, have been severely affected by their addiction,” said Department of Health and Human Services Secretary Tommy G. Thompson. “We need to explore every angle that can help individuals be responsible, active, and productive members of our society.”

Acting SAMHSA Administrator Joseph H. Autry III, M.D., noted that “SAMHSA data show that 45 percent of state prisons and 68 percent of jails have no substance abuse treatment of any kind even though about 70 percent of persons in state prisons need substance abuse treatment. People who leave prison still addicted are likely to commit further crimes and wind up back in prison.”

“Studies have shown that offenders who received in-prison and continued substance abuse treatment in the community have a much lower rate of returning to prison,” CSAT Director H. Westley Clark, M.D., J.D., M.P.H. pointed out. “We need to offer ex-felons the tools they need to start a new, productive life. If people do not have the hope of meaningful employment and the ability to better themselves, we are essentially confining them to the fringes of society.”

Applicants must show that the appropriate court, probation and/or parole department, prison and/or jail, public health department and/or social services agency, treatment providers, local job placement agency, city or county government, district attorney and/or prosecutor, public defender, local victim’s organization, and any other appropriate agencies agree to fully participate in the planning and implementation of the project and are willing to commit the necessary resources.

Participating agencies must be able to provide comprehensive assessments; individualized service plans; case management; a continuum of substance abuse treatment; drug testing; a complete range of support services and treatment; support in obtaining a GED or other necessary education; job training, placement, and retention programs in which employers guarantee jobs for program participants; a continuum of supervision, aftercare, and continuing care programs; assistance in having felony records sealed; and assistance in having misdemeanor records sealed where permitted by law.

Applicants for these awards must plan for a minimum of 1,200 participants in the program, one-half of whom must receive the integrated services and one-half of whom will be in a comparison group receiving the usual services provided to ex-felons.

Applications for these cooperative agreements must be received by November 5, 2001. Details regarding all SAMHSA funding opportunities are published in the Federal Register and may be found on the SAMHSA website at www.samhsa.gov. SAMHSA’s National Clearinghouse for Alcohol and Drug Information, 1-800-729-6686 or TTD 1-800-487-4889, will have complete application kits. Interested parties should request an application for GFA No. **TI 01-002**. Applicants who wish to ascertain whether their state laws with respect to the sealing of records meet the eligibility criteria must submit a request for this review no later than 30 days prior to the official due date for the application. Questions on program issues should be directed to Bruce Fry, project officer, at 301-443-0128. Grants management questions should be directed to Kathleen Sample at 301-443-9667.

CSAT is a component of SAMHSA, a public health agency within the U.S. Department of Health and Human Services, is the lead federal agency for improving the quality and availability of substance abuse prevention, addiction treatment and mental health services in the United States. Information on SAMHSA’s programs is available on the Internet at www.samhsa.gov. News media requests should be directed to Media Services at (800) 487-4890.

Study Finds No Link Between Increase in Child Marijuana Use and Baby Boom Parents

Parental membership in the baby boom generation does not explain the rapid increase in youth marijuana use from 1992 to 1995. The lifetime marijuana use rates among parents of youths and young adults doubled from 1979 to 1994, reflecting the increasing dominance of baby boom parents. Most of this increase occurred during the 1980’s, when youth and young adult drug use rates actually were declining. The percentage of parents who were baby boomers or who had ever used marijuana did not change enough from 1992 to 1995 to be a major factor in the youth increase.

These and other findings related to youth marijuana use were released today by the Substance Abuse and Mental Health Services Administration (SAMHSA) in a new report, “Parental Influences on Adolescent Marijuana Use and the Baby Boom Generation.”

“Children and teens may not always admit it, but their parents’ opinions and experience are always important to them,” Health and Human Services Secretary Tommy G. Thompson said. “They are always listening, so we need to talk with them about the dangers of marijuana and other drugs.”

“The study points out, once again, the power of parents to help their children stay healthy and drug free. It found that parents’ attitudes and drug use history—whether a baby boomer or not—had an effect on their children’s likelihood of using marijuana.

So, all parents need to find a way to communicate with their children about the dangers of marijuana and other drug use,” said SAMHSA Acting Administrator Joseph H. Atruy III, M.D. “It can make a difference. It’s a matter of communication, involvement, and awareness; it’s setting consistent rules, being a positive model, and listening with love.”

The study found that parents who perceived little risk associated with marijuana use had children with similar beliefs. In addition, parental attitudes had an indirect effect on the child’s use through the child’s own attitudes. Adolescent attitudes about risks had the strongest association with adolescent marijuana use of any of the characteristics that were examined. Adolescents who perceived no risk or slight risk in occasional marijuana use were 12 times more likely to have used marijuana in the last year than adolescents who perceived great risk. This association was five times as strong as the association between adolescent and parental use.

Parental lifetime and last-year marijuana use increased the risk that a child would ever use marijuana. Controlling for parent and child sociodemographic characteristics, the children of parents who ever used marijuana were about three times as likely to have ever used marijuana as the children of parents who never used the drug.

A notable finding suggests that parental influence does not reflect the child’s *imitation* of the parents but the effect of the parent having *chosen* to become a marijuana user. Children used marijuana at similar rates whether their parents had stopped using marijuana or whether they were currently using the drug.

The analyses were based on 9,463 parent (mother or father) and child (ages 12 to 25) respondents included in the National Household Survey on Drug Abuse conducted from 1979 to 1996. The research was conducted by Denise B. Kandel, Ph.D., Pamela C. Griesler, Ph.D., Gang Lee, Ph.D., Mark Davies, M.Ph., and Christine Schaffran, M.A., all of Columbia University and the New York Psychiatric Institute.

CONFERENCE CALENDAR CORNER

OCTOBER

October 4-7, 2001 - Houston, Texas (713)629.1280
28th Annual Regional Institute on Alcohol and Drug Studies
The Houston Chapter of the Texas Association of Addiction Professionals
www.spectrumconference.bizland.com

October 7-10, 2001 - St. Louis, Missouri (856) 423-7222, ext 235
American Methadone Treatment Association Conference 2001: Opioid Treatment in the 21st Century: Implementing the Vision
methworks@talley.com

October 12-13, 2001 - Miami, Florida (305) 243-6434
Treating Adolescent Substance Abuse: State of the Science
Center for Treatment Research on Adolescent Drug Abuse, University of Miami School of Medicine

October 21-25, 2001— Atlanta, Georgia (202) 777-2478
American Public Health Association’s 129th Annual Meeting & Exposition
American Public Health Association
edward.shipley@apha.org

October 24-27, 2001—San Patrignano, Italy
7th International Meeting of the Drug Rehabilitation Communities
Rainbow International Association Against Drugs
rainbow@sanpatrignano.org

October 26-27, 2001—Center City, Minnesota (888) 257-7800, ext 4462
Women Healing: Passages to Recovery
Hazelden, Betty Ford Center, Caron Foundation

October 30-31, 2001—Fairfax, Virginia
HIV Prevention Counseling: The Fundamentals
Inova Juniper Program
www.inova.org

NOVEMBER

November 1-2, 2001 - Las Vegas, Nevada (702) 631-7708
HIV Impact on Communities of Color Conference 2001
SISTA TO SISTA.

November 1-3, 2001 - Washington, D.C.
State of the Art in Addiction Medicine: From Molecules to Managed Care
American Society of Addiction Medicine

November 6-10, 2001- St Louis, MO
Evaluation 2001: Mainstreaming Evaluation
American Evaluation Association Annual Conference
www.eval.org/eval2001/

November 7-9, 2001 - Portland, Oregon (617) 769-4003
CWLA Walker Trieschman Center: Tools That Work - 10th Annual Information Technologies Conference

November 10-14, 2001 - Albuquerque, New Mexico (773) 880-1460
25th National Conference on Correctional Health Care
National Commission on Correctional Health Care

For a Complete Calendar, refer to the CSAT Website at
<http://www.csat-tce.com>

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 (301) 921-7000 Fax (301) 548-2528

TRENDS

T A R G E T E D C A P A C I T Y E X P A N S I O N

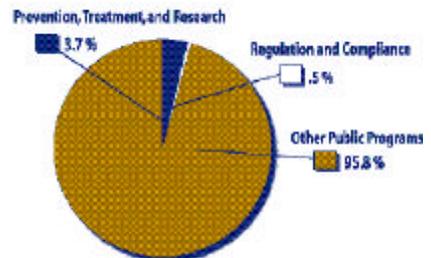
DATA BYTES

LESS THAN FOUR PERCENT OF SUBSTANCE ABUSE SPENDING BY STATES USED TO FUND PREVENTION, TREATMENT, AND RESEARCH¹

In 1998, states spent an estimated \$81.3 billion on tobacco, alcohol, and illicit and prescription drug abuse and addiction. Less than 4 percent (\$3 billion) was spent on prevention, treatment, and research. Most of the states' substance abuse budgets—an estimated \$77.9 billion—funded “other public programs” affected by substance abuse.* The authors hope that these findings “will encourage governors and state legislatures to make sensible investments in comprehensive efforts to reduce the use of tobacco, alcohol, and illegal drugs” (p. iii). A copy of the report is available online at www.casacolumbia.org.

* The category Other Public Programs includes justice, education, health, child/family assistance, mental health/developmentally disabled, public safety, and state workforce.

State Substance Abuse Spending, 1998



NOTE: Data were obtained from a September 1998 survey of state budget officers from the 50 states, the District of Columbia, and Puerto Rico. Five states did not participate in the survey; data for these states were estimated using the average per capita substance abuse spending in each program area for the total of the 47 responding jurisdictions.

SOURCE: Adapted by CESAR from data from the National Center on Addiction and Substance Abuse reported in *CASA at Columbia University, Shoveling Up: The Impact of Substance Abuse on State Budgets*, January 2001. For more information, contact Alyse Booth of CASA at 212-841-5260.

CSAT

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