

TEN NEWS

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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

ANNUAL HOUSEHOLD SURVEY FINDS MILLIONS OF AMERICANS IN DENIAL ABOUT DRUG ABUSE

The 2001 National Household Survey on Drug Abuse provides a more accurate and comprehensive one-year snapshot of the problem of drug abuse in America than was previously available. The survey indicates that the number of Americans who could benefit from drug treatment is significantly larger than previously understood. It also indicates that too many American drug users—more than 4.6 million people—who meet the criteria for needing treatment—do not recognize that they have a problem. For the first time, the survey also included questions about mental illness.

The Department of Health and Human Services (HHS) released the annual survey of approximately 70,000 people aged 12 years and older on September 5, 2002 as part of the kick-off of the 13th annual observance of National Drug and Alcohol Addiction Recovery Month. Because of year-to-year variations in household survey data, conclusions about trends are best made by looking at estimates from three or more years. The household survey is conducted by HHS' Substance Abuse and Mental Health Services Administration (SAMHSA).

"As the new school year begins, it's yet another opportunity for parents to talk to their children about the dangers of drugs, alcohol, and smoking. And it's important that parents, educators, and students work together to keep drugs out of their schools and prevent young people from engaging in drug use," HHS Secretary Tommy G. Thompson said. "When young people do not perceive the risk, use increases. This is harmful to youth, harmful to families, and harmful to communities. Nothing less than our children's futures—and their lives—are at stake."

"We have a large and growing denial gap when it comes to drug abuse and dependency in this country," said John Walters, Director of National Drug Control Policy. "We have a responsibility—as family members, employers, physicians, educators, religious leaders, neighbors, colleagues, and friends—to reach out to help these people. We must find ways to lead them back to drug-free lives. And the earlier we reach them, the greater will be our likelihood of success."

SAMHSA Administrator Charles G. Curie noted that, "Behind

these numbers are real children and adults impacted by drug use. Drug use continues to be a serious public health crisis that affects every aspect of our society. We must refuse to give up on people who have handed over their aspirations and their futures to drug use. People need to know help is available, treatment is effective, and recovery is possible. This is the message of our Recovery Month observance."

Overall, the household survey found that 15.9 million Americans age 12 years and older used an illicit drug in the month immediately prior to the survey interview. This represents an estimated 7.1 percent of the population in 2001, compared to an estimated 6.3 percent the previous year.

The report highlights that 10.8 percent of youths ages 12 to 17 years were current drug users in 2001 compared with 9.7 percent in 2000. Youth cigarette use in 2001 was slightly below the rate for 2000, continuing a downward trend since 1999.

Among young adults ages 18 to 25 years, current drug use increased between 2000 and 2001 from 15.9 percent to 18.8 percent. There were no statistically significant changes in the rates of drug use among adults age 26 years and older.

An estimated 2.4 million Americans used marijuana for the first time in 2000. Because of the way trends in the new use of substances are estimated, estimates of first-time use are always a year behind estimates of current use. The annual number of new marijuana users has varied considerably since 1965, when there were an estimated 0.6 million new users. The number of new marijuana users reached a peak in 1976 and 1977 at around 3.2 million. Between 1990 and 1996, the estimated number of new users increased from 1.4 million to 2.5 million and has remained at this level.

The measure of perceived risk in the use of marijuana among youth provides an important predictor of drug use, particularly among youths. As perceived risk of using marijuana decreases, rates of marijuana use tend to increase. Perceived great risk of smoking marijuana once or twice a week decreased from 56.4 percent in 2000 to 53.3 percent in 2001. Among youths ages 12 to 17 years, the percentage reporting great risk in marijuana use declined from 56.0 to 53.5 percent.

The number of persons who had ever tried ecstasy (MDMA) increased from 6.5 million in 2000 to 8.1 million in 2001. There

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Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

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were 786,000 current users in 2001. In 2000, an estimated 1.9 million persons used MDMA for the first time, compared with 0.7 million in 1998. This change represents a near tripling in incidence in just two years.

The number of persons reporting use of Oxycontin for non-medical purposes at least once in their lifetime increased from 221,000 in 1999, to 399,000 in 2000, and to 957,000 in 2001.

The number of new users of pain relievers for non-medical purposes also has been increasing since the mid-1980s, when there were roughly 400,000 initiates. In 2000, there were an estimated 2.0 million new users.

About 10.1 million persons ages 12 to 20 years reported current use of alcohol in 2001. This number represents 28.5 percent of this age group for whom alcohol is an illicit substance. Of this number, nearly 6.8 million, or 19.0 percent, were binge drinkers, and 2.1 million, or 6.0 percent, were heavy drinkers. In 2001, more than one in 10 Americans, or 25.1 million persons, reported driving under the influence of alcohol at least once in the 12 months prior to the interview. The rate of driving under the influence of alcohol increased from 10.0 to 11.1 percent between 2000 and 2001. Among young adults ages 18 to 25 years, 22.8 percent drove under the influence of alcohol.

An estimated 66.5 million Americans age 12 years or older reported current use of a tobacco product in 2001. This number represents 29.5 percent of the population. Youth cigarette use in 2001 was slightly below the rate for 2000, continuing a downward trend since 1999.

Rates of youth cigarette use were 14.9 percent in 1999, 13.4 percent in 2000, and 13.0 percent in 2001. The annual number of new daily smokers ages 12 to 17 decreased from 1.1 million in 1997 to 747,000 in 2000. This translates to a reduction from 3,000 to 2,000 in the number of new youth smokers per day.

The household survey includes a series of questions designed to measure more serious problems resulting from use of substances. Overall, an estimated 16.6 million persons age 12 years or older were classified with dependence on or abuse of either alcohol or illicit drugs in 2001 (7.3 percent of the population). Of these, 2.4 million were dependent on or abused both alcohol and illicit drugs; 3.2 million were dependent on or abused illicit drugs but not alcohol; and 11.0 million were dependent on or abused alcohol but not illicit drugs. The number of persons with substance dependence or abuse increased from 14.5 million (6.5 percent of the population) in 2000 to 16.6 million (7.3 percent) in 2001.

Between 2000 and 2001, there was a significant increase in the estimated number of persons age 12 or older needing treatment for an illicit drug problem. This number increased

from 4.7 million in 2000 to 6.1 million in 2001. During the same period, there also was an increase from 0.8 million to 1.1 million in the number of persons receiving treatment for this problem at a specialty facility. However, the overall number of persons needing but not receiving treatment increased from 3.9 million to 5.0 million.

Of the 5.0 million people who needed but did not receive treatment in 2001, an estimated 377,000 reported that they felt they needed treatment for their drug problem. This includes an estimated 101,000 who reported that they made an effort but were unable to get treatment and 276,000 who reported making no effort to get treatment.

For the first time in 2001, the household survey included questions for adults that measure serious mental illness. Both youths and adults were asked questions about mental health treatment in the past 12 months. The survey found a strong relationship between substance abuse and mental problems. Among adults with serious mental illness in 2001, 20.3 percent were dependent on or abused alcohol or illicit drugs; the rate among adults without serious mental illness was 6.3 percent. An estimated 3.0 million adults had both serious mental illness and substance abuse or dependence problems during the year.

In 2001, there were an estimated 14.8 million adults age 18 or older with serious mental illness. This represents 7.3 percent of all adults. Of this group with serious mental illness, 6.9 million received mental health treatment in the 12 months prior to the interview.

In 2001, an estimated 4.3 million youths ages 12 to 17 received treatment or counseling for emotional or behavioral problems in the 12 months prior to the interview. This represents 18.4 percent of this population and is significantly higher than the 14.6 percent estimate for 2000. The reason cited most often by youths for the latest mental health treatment session was "felt depressed" (44.9 percent of youths receiving treatment), followed by "breaking rules or acting out" (22.4 percent), and "thought about or tried suicide" (16.6 percent).

HHS agencies including SAMHSA, the Centers for Disease Control and Prevention (CDC), the National Institute on Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) play a key role in the administration's substance abuse strategy, leading the Federal Government's programs in drug abuse research and funding programs and campaigns aimed at prevention and treatment, particularly programs designed for youth. An HHS fact sheet with more information is available at <http://www.hhs.gov/news/press/>. Other background and resources are available at the Web sites for SAMHSA (<http://www.samhsa.gov>), CDC (<http://www.cdc.gov>), NIDA (<http://www.nida.nih.gov>) and NIAAA (<http://www.niaaa.nih.gov>).

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Findings from the 2001 National Household Survey on Drug Abuse are available on the World Wide Web at <http://www.DrugAbuseStatistics.samhsa.gov>.

Note: All HHS press releases, fact sheets, and other press materials are available at <http://www.hhs.gov/news>.

Written by: SAMHSA Press Office

PRESIDENT'S NEW FREEDOM COMMISSION ON MENTAL HEALTH LAUNCHES WEB SITE

To promote broad participation, solicit public comments, and provide information, the President's New Freedom Commission on Mental Health launched its new Web site on July 8, 2002, (<http://www.MentalHealthCommission.gov>.)

The Web site allows those interested to follow the progress of this first comprehensive study in nearly 25 years of the nation's public and private mental health service delivery system.

President George W. Bush announced the creation of the President's New Freedom Commission on Mental Health in a speech at the University of New Mexico in Albuquerque on April 29, 2002. In his address, the President stated, "Our country must make a commitment: Americans with mental illness deserve our understanding, and they deserve excellent care."

The President charged the Commission with conducting a comprehensive study of the United States' mental health service delivery system, including both private and public sector providers, and advising him on methods of improving the system.

"The Web site illustrates President Bush's commitment to ensuring all voices are heard as the Commission works to develop a plan to improve the nation's mental health service delivery system," said Michael Hogan, PhD, Commission Chairman. "We want to use the technology available to spread the word about the

commission's efforts and to gather as much input as possible from a broad range of stakeholders, including people with mental illness and their family members, health care providers, government agencies, academics, researchers, and others with knowledge about mental health."

In addition to learning about the Commission's mission, leadership, and the schedule of meetings over the next year, those who log on will be able to submit comments on what is working and not working in the current mental health system and suggestions for improvement for the Commission to explore.

The Commission, which held its first meetings on June 18 and 19, 2002, is already working to:

- Review the current quality and effectiveness of public and private providers and Federal, State, and local government involvement in the delivery of services to individuals with serious mental illnesses and children with serious emotional disturbances, and identify unmet needs and barriers to services
- Identify innovative mental health treatments, services, and technologies that are demonstratively effective and can be widely replicated in different settings
- Formulate policy options that could be implemented by public and private providers and Federal, State, and local governments to incorporate the use of effective treatments and services, improve coordination among service providers, and improve community integration of adults with serious mental illnesses and children with serious emotional disturbances.

Written by: Mark Weber, member, President's New Freedom Commission on Mental Health

WHITE HOUSE DRUG CZAR AND PUBLIC HEALTH PREVENTION AND PARENTING LEADERS TO INFORM Parents about the harms of marijuana

The nation's leaders in public health, parenting, and drug prevention have joined the White House Drug Czar to warn parents about the serious risks of youth marijuana use. Starting September 18, 2002, an "Open Letter to Parents About Marijuana" will appear in nearly 300 newspapers nationwide. Signed by the Office of National Drug Control Policy (ONDCP) and 17 national organizations, the letter warns parents that marijuana is a serious drug with serious consequences for young users. Representatives of these organizations appeared on

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September 17, 2002 at a press conference with Drug Czar John P. Walters and Surgeon General Richard Carmona, MD, and urged parents to learn more about marijuana and give their kids the facts.

“Marijuana is riskier than people think, especially for kids. Smoking marijuana can lead to significant health and behavior problems for youth—disrupting families and jeopardizing our children’s futures,” said Walters, Director of National Drug Control Policy. “The risks associated with marijuana have been trivialized, and our kids are getting the wrong message. It is time to dispel the myths about marijuana. The facts are compelling, but we must arm parents, teachers, community leaders and our children with the truth. Outdated and false perceptions about the drug are putting today’s kids at risk.”

“Young marijuana users face serious risks. Marijuana can harm the brain, lungs, and mental health. Research also shows that marijuana is addictive,” said Surgeon General Carmona. “More teens enter drug treatment each year for marijuana than for all other illicit drugs combined. Marijuana use is also three times more likely to lead to dependence among adolescents than among adults.”

Part of a larger marijuana prevention initiative that the ONDCP is rolling out this fall, the “Open Letter to Parents About Marijuana” urges parents to learn more about marijuana and to talk to their kids about the harm it poses to young users, including putting them at risk for a host of significant health, social, learning, and behavioral problems at a crucial time in their lives. The letter is signed by the ONDCP and the American Academy of Family Physicians; American Academy of Pediatrics; American College of Emergency Physicians; American Medical Association; American Society of Addiction Medicine; Child Welfare League of America; Community Anti-Drug Coalitions of America/Drug-Free Kids Campaign; National Asian Pacific American Families Against Substance Abuse; National Association of State Alcohol and Drug Abuse Directors; National Center for School Health Nursing; National Crime Prevention Council; National Families in Action; National Family Partnership; National Indian Health Board; National Medical Association; National PTA; and National Center on Addiction and Substance Abuse (CASA) at Columbia University. These groups will help distribute educational materials about marijuana to parents and youth this fall.

“The American Medical Association welcomes the opportunity to be one of 17 national organizations supporting the National Youth Anti-Drug Media Campaign against marijuana,” said Richard F. Corlin, MD, immediate past president, AMA. “For far too long, the message to our nation’s young people has been that marijuana is harmless, when research has clearly proven that is not the case. Marijuana is mind-altering, it can be addictive, and it can lead to destructive behavior.”

The initiative will also include new print and broadcast advertising running this fall designed to dispel popular myths and misconceptions about marijuana. The advertising educates parents about the things they can say and do to keep their kids drug-free. The Media Campaign also is publishing a new marijuana-specific pamphlet for parents that will be available next month.

“Make no mistake, marijuana is a harmful, addictive drug that is readily available to our children in communities across the country,” said Louis Z. Cooper, MD, president of the American Academy of Pediatrics. “Teenagers who are smoking marijuana today are using a drug more potent than what was available in the 1960s.”

“The National Medical Association has become involved with this campaign because marijuana is a problem in our community,” said L. Natalie Carroll, MD, president of the NMA. “We do not want to see illicit drug use among our youth, and we believe that marijuana negatively affects many aspects of a young person’s life, including the ability to learn and think.”

“National PTA is pleased to support ONDCP’s initiative to increase awareness of the dangers of drug abuse to the nation’s children,” said National PTA President Shirley Igo. “The solution to the problem of alcohol and drug abuse is not simple nor will it be accomplished quickly. It will take a sustained and collaborative effort on the part of all those who have a stake in building healthy communities, especially parents.”

More kids use marijuana than cocaine, heroin, ecstasy, and all other illicit drugs combined. In fact, approximately 60 percent of young people who use illicit drugs use marijuana only. The number of eighth graders who have used the drug has doubled in the last decade from one in ten to one in five.

Studies also show that kids who use marijuana don’t do as well in school. Research has found that young people with an average grade of “D” or below were more than four times as likely to have used marijuana in the last year than those with an average grade of “A.”

Young marijuana users also are more likely to engage in risky behavior, such as having sex, becoming involved in violence, getting in trouble with the law, driving while high or riding with someone who is, or experimenting with other illegal drugs. Kids ages 12 to 17 who use marijuana weekly are five times more likely to steal and nearly four times more likely to engage in violent acts than those who don’t.

However, research also shows that parents are the most powerful influence on their kids when it comes to marijuana. Two-thirds of youth ages 13 to 17 years say losing their parents’ respect is

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one of the main reasons they don't smoke marijuana or use other drugs.

Parents can help keep their kids drug-free by asking questions and staying involved in their childrens' lives. More information about the effects of marijuana use and its signs and symptoms, as well as advice for parents on keeping kids drug-free, can be found on ONDCP's Media Campaign Web site for parents at <http://www.theantidrug/>. Parents also can call the National Clearinghouse for Alcohol and Drug Information at 1-800-788-2800 for free resources. Information for youth about marijuana can be found by visiting <http://www.freevibe.com/>

In 1998, with the bipartisan support of Congress and the President, ONDCP created the National Youth Anti-Drug Media Campaign, an effort designed to educate and empower youth to reject illicit drugs. Counting on an unprecedented blend of public and private partnerships, non-profit community service organizations, volunteerism, and youth-to-youth communications, the Campaign is designed to reach Americans of diverse backgrounds wherever they live, learn, work, play, and practice their faith.

For more information on the ONDCP National Youth Anti-Drug Media Campaign visit <http://www.mediacampaign.org/>, <http://www.freevibe.com/>, or <http://www.theantidrug.com/>.

Written by: Jennifer de Vallance, Office of National Drug Control Policy

PROGRAM SPOTLIGHT

Project Recovery (PR) is a three-year project in Fort Worth, Texas, targeting the unmet needs of homeless persons, who suffer from alcoholism and/or drug dependence.

Gaps in services result from a lack of targeted funding in the State. The homeless fall far outside the priority population who receive Texas Commission on Alcohol and Drug Abuse (TCADA) Mental Health (MH) and Mental Retardation (MR) services. TACADA does not stipulate abusers of alcohol or cocaine/crack as a priority population for its funding. Therefore, many individuals who are homeless substance abusers are not served by the Tarrant County Continuum of Care.

PR recognizes the necessity to serve the needs of these people. In 2000, Project Recovery was funded by Substance Abuse and Mental health Services Administration (SAMHSA) with the goal of promoting productive citizenship among its clients, providing community-based intense case management to 240 homeless substance abusers annually, and providing residential medical detoxification and/or residential treatment to 72 persons per year.

PR grew from a similar model of care designed in 1997 as a collaborative project between the Tarrant Council on Alcoholism and Drug Abuse (Tarrant Council) and Mental Health Mental Retardation of Tarrant County Addiction Services Division (MHMRTC-ASD). Offered in the City of Arlington, this intense level of care was not offered in Fort Worth until PR was funded. A five-year study by the Projects for Assistance in Transition from Homelessness (PATH) estimated that there were 1,260 sheltered and unsheltered homeless people in Fort Worth. Of these, it estimated that 152 were in need of substance-abuse treatment on any given day (Kinser, 2000).¹

The area served is a several-square-mile area of downtown recently named the "Community City of Hope." There are two homeless shelters in this area participate in the project: Presbyterian Night Shelter and Union Gospel Mission. The Day Resource Center and the Salvation Army also are involved. Three case managers from Tarrant Council have offices in the two shelters and the Day Resource Center. They provide outreach, screening and assessment, service coordination, and education on substance-related problems. The Pine Street residential treatment and the Billy Gregory Detox programs are in the center of the Community of Hope and are operated by MHMRTC-ASD.

Individuals gain access to Project Recovery services through case managers. Once a case manager identifies a potential client, the client receives a Subtle Abuse Screening Inventory (SASSI) or a Simple Screening Instrument (SSI) to determine the likelihood that he or she is chemically dependent. If it is likely the client is chemically dependent based on the SASSI or SSI, the case manager meets with the client and administers the Addictions Severity Index (ASI), TCU Treatment Motivation Scales, and Adult Admission Report tool. Based on a comprehensive assessment of the client's needs, the case manager refers the client to the appropriate services. A primary function of the case manager is to ensure admittance of the homeless person who is chemically dependent into residential substance-abuse treatment. Those clients who do not require or are not ready for inpatient treatment are referred to outpatient and other appropriate services.

Once the client is admitted into inpatient treatment, the case manager's focus shifts to other priorities such as post-outpatient treatment, housing options, and employment. Case managers follow up with clients for a minimum of three months after the client completes inpatient treatment and constantly re-assess to identify emerging needs and problems.

If admitted into the Pine Street residential care program, the client may receive a variety of treatment services including

¹ Kinser, W.M. (2000). *Tarrant County PATH Demographic Characteristics and Clinical Impression of Homeless Adults*. Fort Worth, TX: Mental Health Mental Retardation of Tarrant County.

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individual and group therapy, substance-abuse education, family group support, gender groups, parenting groups, job preparation skills, psychiatric evaluation, dual diagnosis groups, and HIV testing. Billy Gregory Detox offers similar services in addition to providing medically assisted detoxification from the effects of alcohol and other drugs.

PR aims to increase the likelihood that an individual will successfully complete residential treatment, improve the individual's quality of life, and promote productive citizenship after initial care is completed. PR also strives to instigate a lifestyle change among these individuals. It attempts to decrease substance abuse and relapse, reduce instances of criminal activity and incarceration, and increase stable housing and employment.

A preliminary study using data gathered through June 30, 2002, indicates a significant reduction in drug usage across all substances 12 months after individuals completed the PR program (Lorick 2002). Lorick, R.A. (2002). Project Recovery Evaluation Report. Fort Worth, TX: Mental Health Mental Retardation of Tarrant County. Use of any alcohol was reduced by 56 percent in a 6 month period, while binge drinking was reduced 73 percent in the same period. Use of cocaine dropped 90 percent in 6 months. Marijuana usage decreased 84 percent in 6 months, indicating significant harm reduction, (Figure 1).

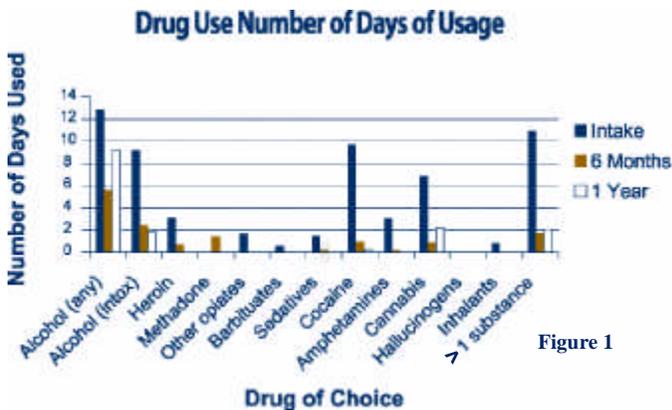


Figure 1

PR program “graduates” showed gains in housing. Individuals claiming to be in stable housing increased from 23 percent at intake to 63 percent at the 6 month follow-up (Figure 2).

Furthermore, the number of individuals reporting full- or part-time employment more than doubled from intake to six months. At six months, fewer individuals reported having poor or fair health and more reported having good health. Self-reported nights spent in jail/prison also decreased by 25 percent in that same period. Preliminary results indicate inpatient treatment and case management to be effective, with measurable positive results.

Where Have You Been Living the Last 30 Days

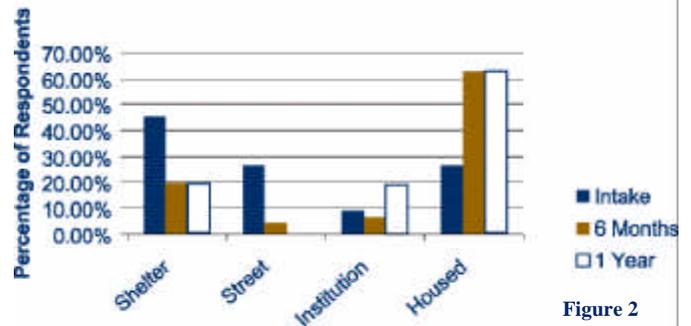


Figure 2

In September 2002, PR joins with Project Health First (PHF), a project designed to provide treatment for intravenous drug users, to conduct a one-day, faith-based initiative in downtown Fort Worth involving 80 to 100 faith-based and community organizations. The focus of the initiative is to build partnerships between substance-abuse treatment providers and faith-based community organizations. The goal is to spark increased involvement of faith-based partners in the Tarrant County Continuum of Care and to provide expanded services and aftercare services to the targeted population.

Written By: Robert Lorick, MS, Research Division, Mental Health Mental Retardation of Tarrant County

MENTAL HEALTH STATUS OF MALE AND FEMALE CLIENTS BEFORE AND AFTER SUBSTANCE ABUSE TREATMENT

Taken from SAMHSA/CSAT NEDS Fact Sheet 135

This fact sheet presents an analysis of the influence of substance-abuse treatment on the mental health of male and female clients participating in the National Treatment Improvement Evaluation Study (NTIES). Information on treatment outcomes, including mental health status, is important to assist providers in both demonstrating treatment effectiveness and planning treatment services appropriate to both male and female clients. In this analysis, clients were asked at treatment intake and at follow-up (approximately one year after leaving treatment) about their mental health status, including whether they had received outpatient mental health treatment, been depressed, or attempted suicide in the past year. Compared to the year before treatment, there were declines in rates for all three measures of mental health status for both male and female clients. The largest declines were for attempted suicide—a reduction of about four-fifths for both male and female clients. Findings from this analysis suggest that substance abuse treatment has a positive impact on the overall mental health of male and female clients.

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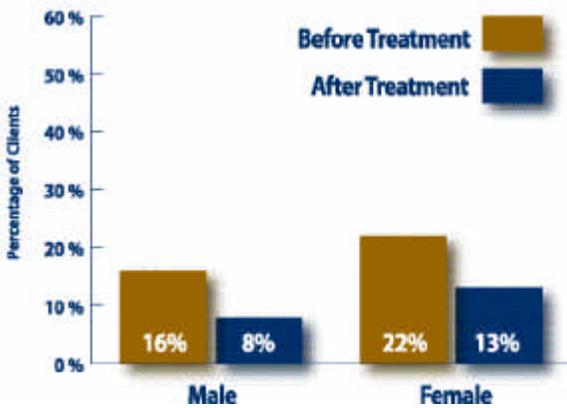
Background

This fact sheet compares the use of mental health services, depression, and suicide attempts reported by male and female clients before and after substance abuse treatment among clients participating in the NTIES. The number and percent of clients included:

- Male (n = 3,037; 69 percent)
- Female (n = 1,374; 31 percent)

The Use of Outpatient Mental Health Services Declined After Treatment for Male and Female Clients

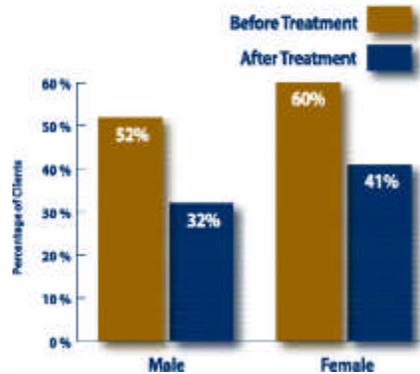
Percent of Clients Reporting the Use of Outpatient Mental Health Services Before and After Treatment by Gender (n = 4,411)



Clients were asked at treatment intake and at follow-up (one year after leaving treatment) whether they had received outpatient mental health treatment services in the past year. At intake, fewer than two in 10 male (16 percent) and more than two in 10 female (22 percent) clients reported having received outpatient mental health services in the past year. Compared to the year before treatment, the use of outpatient mental health services declined in the year after treatment. The proportion of male clients who received outpatient mental health services declined by half after treatment. There was a decline of more than one-third in the proportion of female clients who reported having received outpatient mental health services after treatment.

Depression Declined After Treatment for Male and Female Clients

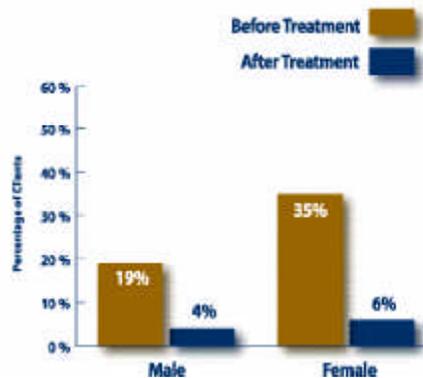
Percent of Clients Reporting Depression Before and After Treatment by Gender (n = 4,411)



Clients were asked at treatment intake and at follow-up (one year after leaving treatment) whether they had been depressed for two weeks or more in the past year. At intake, more than half of male clients (52 percent) and almost two-thirds of female clients (60 percent) reported depression. Compared to the year before treatment, depression declined in the year after treatment. There was a decline of about one-third in the proportion of both male and female clients who reported depression after treatment.

Suicide Attempts Declined After Treatment for Male and Female Clients

Percent of Clients Reporting Suicide Attempts Before and After Treatment by Gender (n = 4,411)



Clients were asked at treatment intake and at follow-up (one year after leaving treatment) whether they had attempted suicide in the past 12 months. At intake, about two in 10 male (19 percent) and more than one-third of female (35 percent) clients

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reported having attempted suicide in the past year. Compared to the year before treatment, suicide attempts declined in the year after treatment. There was a reduction of about 80 percent in the proportion of both male and female clients reporting suicide attempts after treatment.

Summary

The findings from this analysis suggest that substance-abuse treatment has a positive effect on the mental health of both male and female clients. Overall, the proportion of all clients reporting the use of outpatient mental health services, depression, or attempted suicide declined by about one-third to four-fifths after treatment. Although a higher proportion of female than male clients reported the use of mental health treatment, depression, and suicide attempts at intake and at follow-up, the pattern of reduction following treatment was similar for male and female clients for each of the three mental health outcomes examined in this analysis. Among both male and female clients, the largest reduction was in the proportion of clients reporting attempted suicide in the past year. The findings from this analysis are similar to those found for other populations in NTIES. After treatment, for example, the proportion of abused and non-abused women who reported attempting suicide declined by over half (see Fact Sheet 20). Across age groups (i.e., adolescents, young adults, and adults) and racial/ethnic groups (i.e., white, black, and Hispanic), mental health status improved by at least one-third or more (see Fact Sheet 78 and Fact Sheet 112, respectively) after substance-abuse treatment.

This is one of a series of fact sheets comparing characteristics of male and female clients in NTIES. Fact Sheet 120 compares male and female clients by age, race/ethnicity, and education, and Fact Sheet 123 compares male and female clients on marital, child-rearing, and residency status. The reasons clients sought treatment by gender are presented in Fact Sheet 124, and treatment completion status and treatment modality by gender are presented in Fact Sheet 126. Fact Sheet 127 presents satisfaction with treatment among male and female clients by modality and substance(s) used. Substance use before and after treatment by gender is presented in Fact Sheet 131, and Fact Sheet 132 examines high-risk sexual behaviors before and after treatment by gender. Fact Sheet 134 presents an analysis of criminal activities before and after treatment by gender.

Overview of NTIES

The National Treatment Improvement Evaluation Study (NTIES) was a national evaluation of the effectiveness of substance-abuse treatment services delivered in comprehensive treatment demonstration programs supported by the Center for Substance Abuse Treatment (CSAT). The NTIES project collected longitudinal data between FY 1992 and FY 1995 on a purposive sample of clients in treatment programs receiving demonstration grant funding from CSAT. Clients were interviewed at treatment intake, at treatment exit, and 12 months after treatment exit.

Overview of the Briefing Toolkit

The National Evaluation Data Services (NEDS) Secondary Analysis Briefing Toolkit is a product line developed to provide visual aid materials on substance-abuse treatment. The purpose of the briefing toolkit is to provide a ready-reference tool that treatment professionals can use to inform other professionals on topics related to treatment effectiveness. The briefing toolkit is designed in a modular format that gives the presenter maximum flexibility in developing internal or external briefings or other documents. Modules can be used on a stand-alone basis or by combining pages from different modules for a more tailored presentation. The briefing toolkit modules are available on the NEDS Web site for downloading.

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Technical Writer: Tom Ewing

For more information, please contact call (703) 385-3200 or visit the NEDS Web site at <http://neds.calib.com>. The NEDS Web site also may be accessed through the Substance Abuse and Mental Health Services Administration (SAMHSA) Web site at (<http://www.samhsa.gov/csar>).

The perspective offered in this document is solely that of the author(s) and does not reflect the policies or views of the Federal Government or any of its departments or agencies.

What's New!

Teen Drug Linked with Later Health Problems

A long-term study has linked adolescent drug use with health problems in early adulthood. Subjects in their mid-to-late twenties who had used drugs as teens reported more health problems than those who had never used drugs. Health problems included: increased incidence of respiratory conditions, such as colds and sinus infections; cognitive problems, such as difficulty in concentrating, remembering, and learning; and headaches, dizziness, and vision problems. The National Institute on Drug Abuse (NIDA)-funded study found also that rebelliousness,

distrust of authority, and risk-taking behavior in early adolescence and peer influences in middle adolescence were precursors to later drug use, which, in turn, led to increased health problems. These findings are from a 22-year study that tracked the self-reported substance abuse and health histories of more than 600 youths through their early- and mid-teen years into early adulthood. Scientists from the Mount Sinai School of Medicine and Columbia University started collecting data on the children in 1975, when the subjects were 1 through 10 years of age. Four follow-up interviews were conducted in 1983, 1986, 1992, and 1997 respectively. By the time of the last interview, the average subject was 27 years old.

WHAT IT MEANS: This study adds to the body of research about the long-term public health consequences of drug abuse and the importance of early intervention to prevent adolescent drug abuse.

Lead investigator Dr. Judith S. Brook published the study in the June 2002 issue of the *Journal of Adolescent Health*.

Methamphetamine, Cocaine Abusers Have Different Patterns of Drug Use, Suffer Different Cognitive Impairments

Studies supported by NIDA show that methamphetamine abusers typically use the drug 20 days per month, beginning early in the morning and using it at regular intervals throughout the day. In contrast, cocaine abusers are more likely to exhibit a “binge” pattern. They use the drug fewer days per month, typically in the evening rather than in the daytime, and use it continuously over several hours. Both drugs cause deficits in measures of reasoning and concentration, but methamphetamine abusers perform more poorly than cocaine abusers on tests measuring perceptual speed and the ability to manipulate information, according to Dr. Sara Simon of the University of California, Los Angeles. The typical methamphetamine abuser reported using the drug when he or she first got up in the morning and then using it approximately every two to four hours during the waking day. Most of the descriptions of use more closely resembled taking a medication than using a drug for pleasure. Cocaine abusers, however, reported patterns of use that began in the evening and continued until all the cocaine had been used. Both drugs are associated with similar cognitive deficits, although some types of impairment differ. The most striking difference is that methamphetamine abusers had more trouble than cocaine abusers with tasks requiring attention, organizing information, and switching points of view.

WHAT IT MEANS: “. . . of methamphetamine and cocaine use.” This understanding can be incorporated into the development of treatment strategies that help abusers avoid or copewith situations that put them at risk for relapse and give them behavioral tools they can learn, understand, and apply in those situations.

Dr. Simon and her colleagues described their findings in a special methamphetamine issue of *Journal of Addictive Diseases* (Vol. 21, Number 1, 2002).

Methadone Treatment May Improve Completion of Tuberculosis Therapy in Injection Drug Abuser

Researchers from the State University of New York Upstate Medical University in Syracuse and the University of California, San Francisco, have found evidence that methadone treatment programs are effective platforms for providing tuberculosis (TB) preventive therapy to substance abusers. In the study, methadone treatment combined with directly observed TB preventive therapy improved adherence to and completion of TB preventive therapy by injection drug abusers. Previous research has shown that under normal treatment conditions, substance abusers are more likely to miss doses of the TB medication isoniazid (INH) and that direct observation of preventive treatment is less effective in substance abusers than in other TB-positive individuals. In the study conducted by Dr. Steven L. Batki at San Francisco General Hospital, 111 opioid-dependent patients with latent TB infection were randomly assigned to receive one of three treatments:

- Standard methadone treatment—substance abuse counseling and directly observed daily INH
- Minimal methadone treatment—directly observed INH but with no counseling
- Routine care—referral to TB clinic for monthly visits for 30-day supplies of INH without direct observation of medication ingestion or methadone treatment.

More than 77 percent of patients receiving minimal methadone treatment and over 59 percent of those receiving standard methadone treatment completed their INH therapy, whereas less than 14 percent of those receiving routine care completed INH therapy. On average, patients receiving both forms of methadone treatment stayed in INH therapy more than five months, while those receiving routine TB treatment stayed in treatment less than two months.

WHAT IT MEANS: The findings from this study indicate that methadone treatment offers public health benefits when it is used to deliver preventive medical services to substance abusers.

Dr. Batki, the lead investigator for the study, reported the findings in the May 2002 issue of *Drug and Alcohol Dependence*. Dr. Batki is now at SUNY Upstate Medical University.

Research Helps Explain Why Perception of Pleasure Decreases With Chronic Cocaine Use

Investigators demonstrated in rats that repeated starting and stopping of cocaine use decreased the brain’s reward function and reduced the pleasurable effects of cocaine. This decrease in

continued..

pleasure-perception was highly correlated with escalation of cocaine intake. The persistence of this pleasure deficit after stopping prolonged cocaine use may be part of the neurobiological basis for the continued craving and increased vulnerability to relapse associated with drug addiction. The study's findings also show that tolerance does not result from a decreased effect of cocaine on basal reward thresholds, but results instead from the establishment of a new basal reward threshold, above the initial threshold. As a result, more doses are progressively needed to maintain the same hedonic effect, thereby further aggravating the dysregulation of brain reward function. Changes in pleasure thresholds were only observed in animals that developed excessive levels of cocaine intake. Those that developed stable and moderate levels of cocaine intake did have altered pleasure perception. Thus, a chronic shift in pleasure thresholds appears to be one of the neurobiological signatures of the transition to addiction.

WHAT IT MEANS: Based on this study, it appears that promising new therapies for addiction may be based on treatments that mute the desire to escalate cocaine intake by blocking the elevation of brain reward thresholds produced by chronic cocaine use.

Serge H. Ahmed, Paul J. Kenny, and colleagues from the University of Bordeaux, France and The Scripps Research Institute in LaJolla, California published the study in the July 2002 issue of the journal *Nature Neuroscience*.

We've Moved . . .

Our office has moved as of September 3, 2002 to:

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**Need Technical Assistance
But Don't Know What to Do?**

There are five steps in requesting technical assistance (TA):

1. Identify your TA needs
 - a. Grantees may identify TA needs within their program or TA may be recommended by your Government Project Officer (GPO).
 - b. ACS/Birch & Davis staff can assist you with outlining and defining your TA needs or you can contact your GPO to discuss them. For assistance, contact Lou Podrasky-Mattia, Deputy Director, CSAT TCE Project, at (703) 310-0188 or Louis.Mattia@acs-inc.com
2. Complete a TA request form. TA forms are available from ACS/Birch & Davis staff or your GPO.
3. Forward the completed form to your GPO.
4. Approved TA requests are sent to ACS/Birch & Davis by the GPO.
5. ACS/Birch & Davis staff will work directly with the grantee and the GPO to plan and execute the requested TA.

CONFERENCE CALENDAR CORNER

OCTOBER

- October 1, 2002 - Ypsilanti, Michigan** 734-973-7892
Teens Using Drugs: What to Know and What to Do—Part One
Saint Joseph Mercy Health System Education Center
- October 4, 2002 - Dallas, Texas** 800-328-9000
From Discovery to Recovery: A Model for Successfully Treating Teenage Addiction and Drug Abuse CARE and Solutions in partnership with Hazelden
- October 4-6, 2002 - Lake Lanier Island, Georgia** 888-727-5695
Medical Management of HIV in the Rural Southeast
Karlotta Caldwell
- October 7-8, 2002 - Binghamton, New York** 607-777-2496
Treating Addictions in Special Populations: Research Confronts Reality
Jane Angelone
- October 8, 2002 - Ypsilanti, Michigan** 734-973-7892
Teens Using Drugs: What to Know and What to Do—Part Two
Saint Joseph Mercy Health System Education Center
- October 11-12, 2002 - Atlanta, Georgia** 770-777-1115
The National Kaiser Permanente Conference on HIV Atlanta
Lisa Crouse

October 25-28, 2002 - Detroit, Michigan 510-302-0933
2002 National Black Lesbian and Gay Leadership Forum (NBLGLF)
Conference: Discovery
National Black Lesbian and Gay Leadership Forum;
The Blackstripe
Chyrrill Quamina, NBLGLF Registrar

NOVEMBER

November 6-9, 2002 - Crystal City, Virginia 888-232-2275
Evaluation: Evaluation 2002 - A Systemic Process that Reforms Systems
American Evaluation Association Annual Meeting

November 8-10, 2002 - Alexandria, Virginia 401-349-0000
25th Annual National Conference
The Association for Medical Education and Research in Substance Abuse

November 14-15, 2002 - Atlanta, Georgia 404-639-8008
CDC Advisory Committee on HIV and STD Prevention (ACHSP)
Paulette Ford Knights

November 15-17, 2002 - Oakland, California 800-749-9620
The 1st National Asian and Pacific Islander Summit on HIV/AIDS Research
University of California San Francisco, School of Medicine; Center for AIDS Prevention; Asian & Pacific Islander Wellness Center (A&PIWC); Office of AIDS Research (OAP); National Institutes of Health (NIH)
Brenda Robin

November 19-21, 2002 - Springfield, Illinois 217-524-5983
11th Annual HIV/STD Conference
Illinois Department of Public Health; Illinois State Board of Education; Illinois Public Health Association

DECEMBER

December 1-3, 2002 - Mumbai, India 00-91-22-3453253
2nd International Conference on Substance Abuse and HIV
The Hope 2002 Secretariat at DAIRRC Headquarters

December 1-4, 2002 - Seattle, WA 212-213-6376
4th National Harm Reduction Conference: Taking Drugs Seriously
Harm Reduction Coalition Conference Coordinator

December 4-7, 2002 - Atlanta, Georgia 888-506-7394
SECAD/2002: The Southeastern Conference on Alcohol and Drug Addiction
SECAD/2002, c/o NAATP

December 8-11, 2002 - New Orleans, Louisiana 202-483-6622
NATAF 2002: North America AIDS Treatment Action Forum
Paul Woods, Conference Registrar

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TE NEWS

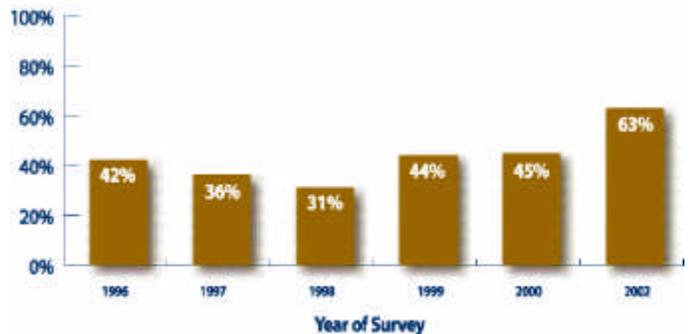
T A R G E T E D C A P A C I T Y E X P A N S I O N

DATA BYTES

Majority of Youths Report That Their School Is Drug-Free

Nearly two-thirds of youths report that their school is drug-free, according to a 2002 survey conducted by the National Center on Addiction and Substance Abuse (CASA) at Columbia University. This is the first time since CASA began surveying youths in 1996 that the majority of youths reported that students do not keep, use, or sell drugs on school grounds. In past years, the percentage reporting drug-free schools has ranged from 31 percent to 45 percent (see figure below). According to the authors, "Whether or not a school is drug free has a dramatic influence on the substance-abuse risk of the student body," (p. 11). The survey found that youths at schools that are not drug-free are twice as likely to have tried marijuana; more than twice as likely to know a youth who uses acid, cocaine, or heroin; and three times as likely to smoke cigarettes.

Percentage of Youths (Ages 12-17) Reporting That Their School is Drug-Free 1996-2002



SOURCE: CESAR Fax, Volume 11, Issue 35, September 2, 2002

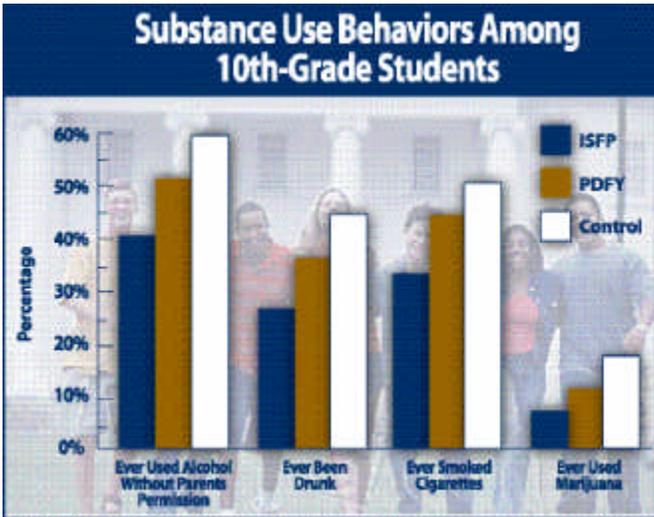
CSAT

Center for Substance Abuse Treatment
SAMHSA
 Produced under a contract funded by the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
 Center for Substance Abuse Treatment, 5600 Fishers Lane
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Substance Abuse and Mental Health Services Administration
 Center for Substance Abuse Treatment

RESEARCH FILE



Shortened Family Prevention programs Yield Long-Lasting Reductions in Adolescent Drug Abuse

Two brief family-focused drug abuse prevention programs have produced long-term reductions in substance abuse among adolescents in rural Iowa public schools who were assigned to the programs in the sixth grade, a study funded by National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health has shown. The programs may offer communities a practical approach to effective family-based drug abuse prevention.

The longer of the two programs reduced the proportion of students who used any marijuana, tobacco, or alcohol in grades six through 10 as well as students' current use of alcohol and tobacco. The shorter program significantly decreased alcohol use among 10th-graders, and reduced lifetime substance use behaviors.

“The study demonstrates that brief family interventions can reduce drug use among young people during the high-risk years when they are making the transition from childhood to adolescence,” says Dr. Richard Spoth of Iowa State University in Ames, who led the study. Reducing the number of children who begin substance use during these years may have important

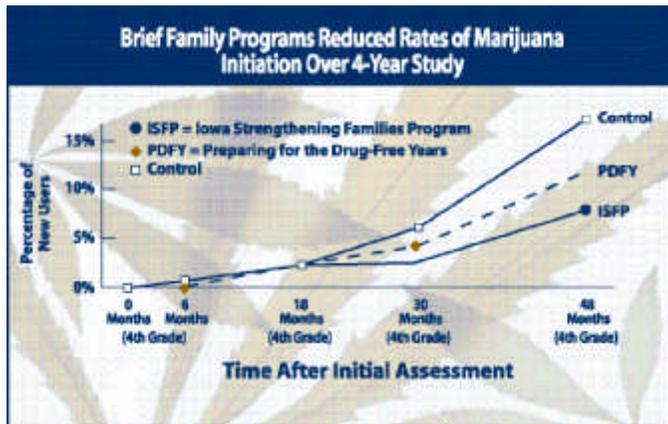
public health benefits because early initial use is associated with higher rates of substance dependence in later adolescence and young adulthood, he says.

A total of 667 families of sixth-graders from 33 public schools in Iowa were recruited for the study. The children’s schools were randomly assigned to either a five-session program called Preparing for the Drug Free Years (PDFY), a seven-session Iowa Strengthening Families Program (ISFP), or a control group. The two programs were designed for families with young adolescents. The ISFP was adapted from a more extensive program that had previously been evaluated in a variety of settings and with several racial and ethnic groups.

“The purpose of modifying longer programs and trying to replicate their results in new settings is to make them more practical for communities to implement and for families to participate in them,” notes Dr. Elizabeth Robertson of NIDA’s Division of Epidemiology, Services and Prevention Research. “The fact that the adapted programs achieved very positive results indicates they can be whittled down and still maintain their effectiveness,” she says.

Staff members from the Iowa Cooperative State Research, Education, and Extension Service of the U.S. Department of Agriculture worked with community facilitators to implement either PDFY or ISFP in a total of 22 schools with 459 families whose family, school, and community characteristics had previously been assessed. Eleven schools with 208 comparable families were assigned to a control group that was mailed leaflets on adolescent development and parent-child relationships. The programs were delivered in weekly evening sessions to participating families at the schools. Parents in PDFY attended four sessions and were joined by their children for a final joint session. In the relatively more intensive ISFP, parents and children attended both separate and joint sessions for six weeks and a final joint session. The weekly PDFY and ISFP sessions sought to improve how parents and children functioned individually and as a family in a variety of situations. Both programs taught skills such as effective parenting, appropriate

management of family conflicts, and how to resist peer pressure. The development of such skills has been linked to delayed onset or reduction of substance abuse.



Four years after the sixth-grade students had received the programs, researchers interviewed them. They found that significantly lower percentages of ISFP than control 10th-graders had ever initiated any of five substance abuse behaviors. Specifically, lower percentages of ISFP students than controls had begun to use alcohol, cigarettes, or marijuana; had ever used alcohol without parental permission; or had become drunk. The proportion of new marijuana users in the control group was 2.4 times greater than it was among ISFP youths.

Similarly, the proportion of controls who had been drunk or smoked cigarettes were 1.7 and 1.5 times greater than they were among ISFP youths. Participants in the PDFY program also showed lower rates of initiation of all five substance use behaviors than controls, but only the differences in lifetime drunkenness and marijuana use approached statistical significance. Nevertheless, the rates of new marijuana use and ever getting drunk were 1.5 and 1.2 times greater for controls than they were for PDFY youths. Actual rates of substance use behaviors among 10th-graders in all three groups are shown in Figure 2.

Among those 10th-graders in the three groups who had begun to use alcohol, tobacco, or marijuana, the study found lower proportions of PDFY and ISFP students than controls had used alcohol and tobacco in the preceding month and marijuana

during the preceding year. For example, frequency of past-month alcohol use among PDFY and ISFP students was about two-thirds that of controls. Among ISFP students, past-month cigarette use was approximately half that of control group students.

“Developmental timing is an important factor in the long-term effects of these interventions,” Dr. Spoth says. “Intervening at this time, in the sixth grade when kids are experimenting with substances, probably contributes greatly to the positive effects,” he says. The careful design of the interventions with their theory-based focus on parenting and family interactions also is important, he adds.

The critical element affected by both programs is the parent component, says NIDA’s Dr. Robertson. “When you provide parents with information about what to expect of children at that age, what is typical and what is not, and how to deal with some of the problems, you are shaping how parents relate to their children. Changing the family context can have a long-lasting effect because you are positively influencing the day-to-day environment of the child over a long period of time,” she says. Whether the findings of this study would apply to more diverse populations in other settings remains an open question, Dr. Robertson says. However, the original programs from which the critical elements in these programs were derived have been successfully tested in a variety of settings, she notes. In addition, the ISFP has been adapted for and is now being tested with urban and rural African-Americans and Native American families.

Source: Spoth, R.L.; Redmond, C.; and Shin, C. Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes four years following baseline. *Journal of Consulting and Clinical Psychology* 69(4):627-642, 2001.

Written by: Robert Mathias, NIDA NOTES (Volume 17, Number 2) Staff Writer