Webinar: Saving Our Youth from Alcohol and Drugs – How Faith Leaders Can Help

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Susan Lumb, Executive Director, Healing and Transition (HAT) Program
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Welcome
Jamila Robinson: Good afternoon. On behalf of the Office of National Drug Control Policy and the Department of Justice (DOJ) Center for Faith-based and Neighborhood Partnerships (CFBNP), I would like to welcome you to today’s Webinar: Saving Our Youth from Alcohol and Drugs – How Faith Leaders Can Help. My name is Jamila Robinson and I am a Policy Analyst at the Office of National Drug Control Policy, and I will serve as your co-moderator for today along with David Wilson, who is a Senior Public Health Analyst at the Center for Substance Abuse and Prevention.

Jamila Robinson: David Wilson has more than 20 years of experience in health and behavioral health communications at SAMHSA, and he is a part of the Materials Development Team in CSAP’s Division of Systems Development and is the Coordinator for SAMHSA’s National Prevention Week. Mr. Wilson was also CSAP’s Faith-based Program Coordinator previously.

Jamila Robinson: I am happy to introduce today’s panelists. Each of their photos and bios can be found in the handouts pod on your dashboard. The panelists are: Mr. John Scherbenske, Section Chief, Office of Diversion Control, Drug Enforcement Agency (DEA); Ms. Liz Robertson, Prevention Research Branch Chief of the National Institute on Drug Abuse (NIDA); Susan Lumb, Executive Director, Healing and Transition (HAT) Program in Florida; and Ms. Jocelyn Whitfield, Senior Public Health Advisor from SAMHSA’s Faith-based and Community Initiative.

Jamila Robinson: Now I would like to hand it over to Ms. Callie Long. She will discuss with you your technical capabilities and how to connect via Adobe.

Adobe Platform Information
Callie Long: Good afternoon, everyone. My name is Callie Long and I am with OJJDP’s National Training and Technical Assistance Center. As your host, I would like to take a couple of minutes
to discuss a few features of Adobe Connect, which will help you maximize your opportunity to participate in today’s Webinar.

Callie Long: To view the bios and photos of the presentation panel, please access the Word documents which are available now in the upper right quadrant of your Webinar dashboard. The PowerPoint and handout are also located there for you to access. To send a chat message to me, your host, a panelist, or another attendee, click the menu icon in the upper-right corner of the Chat pod. Choose Start Chat With, then choose Hosts, Presenters, or specific attendees. Type your message into the Chat box and hit Enter or click the message bubble icon to send.

Help Us Count!

Callie Long: For those of you participating in today’s Webinar as a group, please take a minute and help us count. Go to the Chat window and type in the name of the person registered and the total number of additional people in the room with you today. This will help us with our final count. Again, if you are viewing with a larger group, please type in the name of the person registered and the number of additional people joining you today.

Callie Long: There will be two opportunities for Q&A throughout the presentation today. As questions arise, please send them to me to share with the panelists. During that time, we will take every opportunity to address some of the questions you have posed during the presentation.

Callie Long: At the conclusion of today’s Webinar, you will be provided with a link to take a 5-minute online survey about today’s presentation. We appreciate your feedback regarding this Webinar. For those of you participating as a group, when you return to your office, please enter the link on the last slide into your Web browser to share your feedback.

Callie Long: Finally, this event will be archived on OJJDP’s Training Center at www.nttac.org in approximately 2 weeks. Again, thank you for joining us today. I will turn it back over to Jamila.

Welcome and Opening Remarks

Jamila Robinson: Thank you, Callie. I now would like to introduce Mr. Eugene Schneeberg, Director of the Center for Faith-based and Neighborhood Partnerships. He will be followed by Mr. David Mineta, Deputy Director for Demand Reduction, Office of National Drug Control Policy.

Jamila Robinson: Mr. Schneeberg, as Director of the Center for Faith-based and Neighborhood Partnerships for the U.S. Department of Justice, helps coordinate between White House and Department of Justice efforts to reach out to and partner with faith-based and other nonprofit organizations around the country. Under his leadership, the Center works to advance the goals of the President's National Fatherhood and Mentoring Initiative, assists in coordinating the National Forum on Youth Violence Prevention, and serves on the Federal Interagency Reentry Council. Please welcome Mr. Eugene Schneeberg.

Eugene Schneeberg: Thank you, Jamila. I just want to thank everyone on the call today for taking time out of busy schedules to spend the next hour or so with us lifting up an issue of critical
importance, our faith and community-based leaders can support young people to avoid abusing alcohol and drugs. I especially want to thank our co-[unclear], the White House Office of National Drug Control Policy, in particular David Mineta for his leadership within that agency. I also want to thank the Office of Juvenile Justice and Delinquency Prevention at DOJ for co-sponsoring this Webinar, and Michelle Duhart-Tonge and Callie Long from the National Training and Technical Assistance Center. You are going to hear from an amazing group of experts, so I am equally excited with you all to take out my pen and pad to learn about trends in this space. Again, I particularly want to thank all of you throughout the country who have taken time to be with us today. My office, the Center for Faith-based and Neighborhood Partnerships, stands ready and willing to work with you all. If you are interested in reaching out to us, you can reach us at partnerships@usdoj.gov. And with that, I am going to say thank you very much.

Jamila Robinson: Thank you, Eugene. Now I would like to introduce Mr. David Mineta. Mr. David Mineta was confirmed unanimously by the United States Senate on June 22, 2010, to be the Deputy Director of Demand Reduction for the Office of National Drug Control Policy. In this position, Mr. Mineta oversees the ONDCP’s focus on promoting drug prevention and drug treatment programs, as well as its newly created focus on programs for individuals in recovery from addiction. Mr. Mineta's commitment to drug prevention and treatment services has been longstanding. I would like to welcome you to Mr. David Mineta.

David Mineta: Thank you, Jamila, and welcome, everyone. Thank you all for joining us this afternoon. I would first like to just extend a welcome to our panelists, our group of expert panelists. We are very fortunate, as Eugene just said, we are very fortunate to have this level of expertise on this panel. I would also like to shout out to Susan Lumb in Florida for taking the time also to join us from Florida. In addition, I would like to acknowledge my colleague, Director Schneeberg from the Department of Justice Center for Faith-based and Neighborhood Partnerships. Eugene is walking the talk every day, and I just want to thank him as we are very, very grateful for this opportunity the Center is providing for faith leaders on preventing substance abuse among youth.

David Mineta: We recently released the 2013 National Drug Control Strategy, a science and evidence-based approach to reducing drug use and its consequences. And I would invite you to visit our Web site at www.whitehouse.gov/ondcp to actually look at our strategy and also just our 21st century drug policy that is the foundation of what we will be talking about today.

David Mineta: To fully implement the Nation’s drug policy, we must recognize the challenges before us. These include the continuing shift in preventing funding, incidents of violence across our Nation, such as the shooting in Newtown, Connecticut, that have focused our attention on mental health issues in this country and the pressing need to address the connections among substance use disorders, academic performance, truancy, and military and workforce preparedness. In light of these and other issues, it is essential that we work together more closely than ever to address the challenges in the prevention field. Troubling increases in youth marijuana use, cuts in drug use prevention resources, and state laws legalizing marijuana only make our jobs more difficult. But our Nation has a history of overcoming obstacles and I am hopeful we will succeed here as well.

David Mineta: While the task of preventing alcohol and drug use, particularly among youth, may be more challenging today, it is our responsibility, all of us, to protect the health and safety of
our young people. And I would like to challenge each of you to think about how your
congregation will contribute to our shared mission to reduce drug use and its consequences,
and how together, all of us as partners, we can achieve the goals set forth in the strategy. We
must be steadfast and continue to make prevention the focus of our efforts, and the more we
can coordinate our resources, the broader and deeper will be our impact, and the greater our
success.

David Mineta: Faith leaders and faith-based organizations are important and fundamental parts
of local communities. In fact, you are often the first individuals and groups people turn to for
help, information, and support. So, again, thank you to Eugene, thank you to all of our experts,
thank you to you for being here and for your vital contribution to this partnership. We look
forward to hearing more about how we can help and collaborate in the future.

Jamila Robinson: Thank you, Mr. Mineta.

**Webinar Objectives**

Jamila Robinson: At this point we will go over the Webinar objectives. Objective one,
understand how youth substance abuse is related to education, health, and violence challenges
many communities face. Learn what makes youth more vulnerable to addiction and other
negative consequences of substance abuse. Explore which new or re-emerging drugs of concern
are growing in popularity, particularly among youth users. And examine the key elements of
drug prevention best practices, and connect with resources and tools to help faith-based and
community leaders implement effective substance abuse prevention for youth.

**Presenter Introduction**

Jamila Robinson: I would now like to introduce our first panelist, Mr. John Scherbenske, Office of
Diversion Control, Drug Enforcement Agency (DEA). Mr. John Scherbenske has been a Special
Agent with the United States DEA since 1991, and has worked in the Washington, DC, and
Richmond, Virginia, field offices investigating both international and domestic high-level drug
trafficking organizations. In 2003, Special Agent Scherbenske was promoted to Supervisory
Special Agent and supervised a DEA Task Force ...

John Scherbenske: Good afternoon. Thank you for inviting the DEA to participate in such an
important topic and important message here today.

**Drug Abuse Awareness**

John Scherbenske: Over recent years, society has done a pretty good job about letting our
children know the dangers of illicit drug use, drugs like cocaine, methamphetamine, and heroin.
But what we have not talked to our children and teenagers about are the dangers associated
with prescription drug abuse. How prescription drugs, when used improperly or abused, can be
every bit as dangerous as the illicit drugs.

John Scherbenske: I also want to talk to you briefly about a drug threat that we are experiencing
in the United States. It is the synthetic drugs that are being sold as spice, herbal incense, and
bath salts. I will discuss the dangers of these drugs as well.
Prescription Drug Abuse Quick Facts

John Scherbenske: First, talk about prescription drug abuse. Prescription drug abuse has been around for a long time, however it is now the Nation’s fastest growing drug problem. In 2008, of the 36,000 unintentional drug overdose deaths, over 20,000 were attributed to prescription drugs; 73 percent of prescription drug overdose deaths involved opioid pain relievers. And there are more prescription pain reliever overdose deaths than cocaine and heroin combined.

Teens and Their Attitudes

John Scherbenske: Many teens and adults mistakenly believe that pharmaceuticals are safer than street drugs for a variety of reasons. They are medicines. You can get them from doctors, pharmacies, friends or family members. You do not have to go to traditional drug dealers to get them. Information on the effects of these drugs is widely available. There are fewer side effects than street drugs, and there is less shame attached to using them than street drugs.

John Scherbenske: But what parents and teens need to understand is that when over-the-counter and prescribed medications are used to get high, they are every bit as dangerous as street drugs. When prescribed drugs are used by or distributed to individuals without prescriptions, it is illegal.

Drugs of Concern

John Scherbenske: I will talk to you about some of the drugs of concern that we are seeing throughout the Nation. I will talk to you about pain medications like hydrocodone, oxycodone, oxymorphone, methadone, and Fentanyl. We know them as Vicodin, Lorcet, OxyContin, and Opana. The anti-anxiety medication, alprazolam, we know it as Xanax. ADHD medications like Adderall and Ritalin, the cough syrups with codeine, and the muscle relaxants like Soma.

Pain Medications

John Scherbenske: First, I will talk to you a little bit about pain medications. Hydrocodone is a Schedule III narcotic and the most prescribed pain medication in the United States. It is structurally related to codeine and equal to morphine in producing opiate-like effects. Oxycodone IR, or the immediate release, also referred to as Hillbilly Heroin, OC, and Oxy. The effects of Oxycodone are similar to morphine and the potential for abuse and dependence is there as well. Oxycodone is twice the strength of hydrocodone and sells for about $1 per mg on the street. A 30 mg pill sells for $30. An 80 mg pill for about $80. There is addiction and fatal overdoses associated with oxycodone abuse as well. Oxycodone is a Schedule II controlled substance with abuse liability similar to morphine. And just to let you know, heroin is also processed from morphine so there is a very distinct relationship between oxycodone abuse and heroin use.

How to Abuse Oxycodone

John Scherbenske: So how are people abusing oxycodone? You can crush it, by doing that you defeat the time release, and you can ingest it. You can crush and snort. Crush, mix with water, heat and inject it. And would you believe you can smoke an oxycodone pill by simply placing a pill on foil, heat, and inhale the vapors. All these methods are used to abuse heroin as well.
Circle of Addiction

John Scherbenske: What we are seeing is a circle of addiction. When it comes to prescription pain medication abuse, we see it leading to heroin use as well. First you get hooked on the most prescribed drug in the United States, hydrocodone, you build a tolerance to this drug, and then move to something a little stronger like the combination oxycodones. Those oxycodones are mixed with acetaminophen and, therefore, you cannot take a lot of it before you start having some side effects. So you move on to the single entity products like OxyContin or Roxicodone. The problem is the street price for these oxys is about $1 per mg, as I previously stated. A bag of heroin sells for about $15. If you are getting the same effects, it does not take you long before you switch to heroin for simple economic reasons.

Heroin Use by Young Adults Devastates Outer Suburbs

John Scherbenske: To validate my circle of addiction slide, this information was taken from the Detroit News. Here, an addiction medicine physician says that more youths have turned to heroin after abusing gateway prescription drugs. He also indicates it comes down to economics, and heroin is cheaper. It does not take long, you can Google this information online and find hundreds of newspaper articles that tell you the same thing.

Adderall Abuse

John Scherbenske: I also want to talk to you about Adderall abuse. Adderall is a Schedule II amphetamine, a stimulant drug that is used to treat ADHD and is effective in weight loss. Abuse is prevalent among college students who often refer to it as College Crack. It is used to lengthen academic and enhance athletic performance. Students are using it to replace coffee and Red Bull type stimulants. It sells for about $5 to $10 per pill on the illicit market, and is also used by snorting, injecting, and smoking it. One thing to note, Adderall abusers are five times more likely to abuse prescription pain relievers and eight times more likely to abuse the benzodiazepines, or the downers.

John Scherbenske: There is other information about prescription drugs that you should educate yourself on. But now I am going to move to a new designer drug threat.

Synthetic Designer Drug Threat

John Scherbenske: Since 2009, the United States has encountered over 200 new synthetic drug compounds. Most of these drugs are not controlled in the United States. These synthetic designer drugs are being marketed and sold as incense, bath salts, glass cleaner, shoe and carpet deodorizer, plant food, as well as many innocuous other names. These drugs are perceived as legal alternatives to marijuana, cocaine, methamphetamine, MDMA, LSD, and heroin. And they are often more dangerous than the traditional illegal drugs they are purported to mimic.

2011 Monitoring the Future Survey

John Scherbenske: From the 2011 Monitoring the Future Survey, one in nine high school seniors has admitted to trying one of these synthetic designer drugs.
**Synthetic Cannabinoids**

John Scherbenske: I will first talk to you about synthetic cannabinoids. These drugs are being marketed and sold as spice, herbal incense, potpourri, legal weed, and among many other names. These are just a few of the hundreds, if not thousands of different packets that these drugs are sold in. They are sold under such names as Scooby Snax, K-2, Killer Buzzz [sic], Mr. Nice Guy, Cloud Nine, Zombie Matter, and many others.

John Scherbenske: A synthetic cannabinoid is a drug that is applied to or laced on a plant material, then smoked. That is the primary reason that these drugs are commonly referred to as synthetic marijuana. They come from an unregulated and unlicensed industry with multiple manufacturers. These drugs are being sold in convenience stores, gas stations, and online. There is significant batch-to-batch variance or hot spots. There is no quality control. From week to week or batch to batch, you may have a different drug in each packet. Attempting to avoid prosecution, those that are selling these drugs are hiding behind the fact that it is being labeled as “not for human consumption.”

**Synthetic Cathinones**

John Scherbenske: Now to discuss drugs that are being marketed and sold as bath salts, plant food, and glass cleaner. These drugs are classified as synthetic cathinones. These synthetic cathinones are stimulant with hallucinogenic properties. Again, it is unregulated and from an unlicensed industry. They are sold in convenience stores, gas stations, and online. And these drugs mimic MDMA or Ecstasy, also methamphetamine.

John Scherbenske: As you can see here, this package is labeled plant food and “not for human consumption.” It is being sold under the name Blow. The cost for this half gram quantity in a small Ziploc baggie is about $40. It should not take a drug agent with over 20 years of experience to look at this and say something is not right. Blow is a street name for cocaine. The way it is packaged and sold is consistent with cocaine and methamphetamine in appearances. And who would pay $40 for a half gram of plant food?

**Adverse Health Effects: Cannabinoids and Cathinones**

John Scherbenske: There are some adverse health effects that are being presented at hospital emergency rooms due to the abuse of these products as well. I will just name a few of them. People are coming to the ERs with aggressive behavior, anger, anxiety, agitation, auditory and visual hallucinations, depression, panic attacks, paranoia, self-mutilation, suicidal ideations, and organ damage, just to name a few.

**Hospital Emergency Room Admissions**

John Scherbenske: To show you how quickly these drugs are coming into the market, we can look at the number of emergency room admissions. In 2010, there were more than 11,000 emergency room admissions for the smokable synthetic drugs. That more than doubled in 2011, to more than 28,000 ER admissions. For bath salt type products, there were more than 22,000 in 2011.
Hallucinogens

John Scherbenske: There are also other drugs that you need to be aware of, such as the hallucinogens with chemical names like 25I and 25C-NBOMe. It has a street name of N-BOMB. These drugs mimic LSD both in appearance and effect. They have hallucinogen effect and are abused orally or through nasal passages. We encounter them on blotter paper and in dropper bottles. Again, they are taken as a substitute for LSD and they have been linked to several deaths nationally.

Synthetic Opioid – AH-7921

John Scherbenske: Another drug that we are encountering in the U.S. is synthetic opioid, the chemical name it is going by is AH-7921. This synthetic opioid drug mimics heroin, it is relatively new in the United States, and has been seen in Europe where they have had 21 overdose deaths associated with this drug. In this instance it is being sold and marketed as badger repellant. However, like many of the other drugs, it is disguised and sold under many other names.

DEA Resources

John Scherbenske: I ask the parents to educate yourselves about prescription and synthetic designer drug abuse. There are excellent resources out there about drug abuse from DEA. Get Smart About Drugs, this is a resource for parents. And for kids and teenagers, a Web site called Just Think Twice, and that is geared towards teenagers. As mentioned earlier, ONDCP and SAMHSA also have excellent resources in this area as well. Thank you for your time in this matter.

Jamila Robinson: Thank you, John.

Evidence-based Prevention: Principles and Examples

Jamila Robinson: At this time I would like to introduce Dr. Liz Robertson. Dr. Robertson served as Chief of the Prevention Research Branch (PRB) at the National Institute on Drug Abuse from 1998 until 2011. In that capacity, she broadened the focus of the prevention research portfolio to include a developmental perspective that ranges from early childhood through adulthood. In addition, prevention intervention contexts such as the family, media, and existing service delivery systems were targeted for growth. High priority areas for continued portfolio development include the integration of HIV prevention...

Liz Robertson: ...[audio cuts back in]... states and communities represented. My presentation focuses on ...

Mission

Liz Robertson: Integral to the Prevention Research Branch at the National Institute on Drug Abuse is the mission of the Prevention Research Branch, which focuses on the prevention of initiation and progression of drug use to abuse.
Prevention Research Branch

Liz Robertson: This mission is accomplished through funding developmentally based grants on the psychological and social behavioral approaches to the prevention of drug use, including interventions that address healthy development from the prenatal period into adulthood.

Addiction Involves Multiple Factors

Liz Robertson: This image illustrates the origins of drug abuse and addiction, and emphasizes the interplay of biological and environmental factors, which, in combination with the opportunity to use drugs, can lead to substance use and abuse. And over time, can result in changes in the brain and addiction.

Drug Abuse Prevention Also Involves Multiple Factors

Liz Robertson: Prevention focuses on identifying risk factors for individuals or groups and intervening before the biological and environmental precursors of drug use behavior lead to either initiation or progression of use.

Reductions in Genetic Risk for Preteens: Change in Risk Behaviors After 2.5 Years

Liz Robertson: This finding illustrates that point. It is from the Strong African American Families program, which, incidentally, was administered through faith-based organizations. They collected and examined genetic data from youth after the intervention was completed. On this chart you see the intervention and control groups were each divided into two groups, those with and those without genetic risk. On this chart you see that the intervention group with both genetic risk and no genetic risk were very low on expression of risk behaviors, which were a combination of psychological and social risk behaviors. In contrast, within the control group, those at genetic risk had very high expression of those behaviors.

Putting Prevention in Context

Liz Robertson: This diagram graphically illustrates our mission through depicting the stages of life, the important environments of development, and development-related events that present both risk and protection over the life course. Transitions between stages of development are often called periods of vulnerability because the biological, cognitive, psychological, and social changes occurring within and around the individual present both opportunities and risks. Interventions are often targeted to these points of vulnerability to help promote positive development through building age-appropriate skills, competencies, and abilities such as self-control and social skills during the transition to middle and high school.

Systems Perspective

Liz Robertson: This systems perspective frames development within context, considers interactions and transactions between the child and other individuals such as parents and peers within those important contexts such as home, school, or peer organizations, and considers the influence of contexts in which the child is not actually present. For example, the stress of the parent’s workplace on their development.
Target Group Characteristics

Liz Robertson: In addition to periods of vulnerability in environments, there are some individuals or groups who have characteristics that should be considered in the selection and implementation of prevention interventions. These characteristics include those that are relatively unchangeable, such as gender, and those that can be manipulated to achieve better developmental outcomes, such as learning style.

Contexts for Prevention Intervention

Liz Robertson: This slide lists some of the environments or contexts that can provide venues for the implementation of prevention interventions. Individuals and groups with characteristics that place them at risk can be helped through prevention interventions that address those risks.

Level of Risk

Liz Robertson: These categories indicate the level of risk addressed by the prevention intervention. Universal interventions target the general population. Selective interventions are for groups or individuals at risk due to some shared characteristic such as living in a high-crime neighborhood. And indicated interventions are for individuals who have begun using drugs, but are not diagnosable. In addition, there are interventions that include multiple levels of risk, we call these tiered interventions.

Context and Level of Risk

Liz Robertson: All of these previously mentioned environments can be venues for the implementation of interventions for individuals and groups at all levels of risk. However, the last two columns are some of the context where the focus of the interventions implemented is more likely to be on groups and individuals at the selected or indicated levels of risk.

Intervention Strategy

Liz Robertson: There are many strategies that have been used in addressing specific levels of risk within a variety of contexts. These strategies can focus on intra-personal factors such as emotion regulation; inter-personal factors such as parenting style; and environmental factors such as classroom management strategies.

How Do Prevention Interventions Work?

Liz Robertson: Given all of this, I know that the burning question on your minds must be, “How are interventions conceptualized to work? And how are prevention research studies structured?” This is my take on it. Moderators are the fixed or virtually unchangeable factors mentioned before, so gender, ethnicity, socioeconomic status. Although moderators are unchangeable, they can and do affect modifiable risks, so they must be taken into account. The modifiable risk factors are those factors that are hypothesized to be open to change, such as the development of social skills. Interventions provide activities and information designed to influence the modifiable risk factors through developing skills, abilities, and competencies. Moreover, interventions are typically targeted to points of vulnerability.
**Poll Question**

Liz Robertson: You should be seeing a poll question in just a moment. Which factors can be modified by reducing the risk of drug use? Please make your selection.

Liz Robertson: So 91 percent of you, almost 92 percent, selected all of the above, which is the correct response.

**Risk Factors for Adolescent Problem Behaviors**

Liz Robertson: For adolescents, these are some of the risks that could be assessed for targeting specific problems. And specifically for drug abuse and delinquency, here are risk factors that we know could be addressed through interventions in the family, school, peer, and community environments.

**Preventing Drug Use Among Children and Adolescents: A Research-based Guide**

Liz Robertson: The core principle of prevention is that drug abuse prevention works. There are many other identified principles of prevention that are presented in the booklet shown here, *Preventing Drug Use Among Children and Adolescents*. The staff of the Prevention Research Branch is currently working on the third edition of this booklet where we reviewed the last 10 years of research. We have identified a number of additional principles.

**Drug Abuse Prevention Does Work**

Liz Robertson: The following slides are examples that come from the current research on programs that target different ages with a concentration on early to middle adolescence, at different levels of risk, but with an emphasis on universal interventions. These interventions have different approaches and take place in different environments, but they have all been found to reduce drug use and abuse and other problem behaviors in the target population.

**Preventive Interventions Can Have Long-term Effects on Drug Use and Abuse**

Liz Robertson: The first emerging principle is that prevention interventions can have long-term effects on drug use and abuse.

**Good Behavior Game (GBG) versus All Controls on Drug Abuse or Dependence Disorders for Males in Young Adulthood**

Liz Robertson: The Good Behavior Game is a universal school-based intervention, which was administered in the first and second grades by teachers trained in classroom behavior management. The intent of the program is to socialize young children to the student role, thereby preventing aggressive, disruptive behavior. Incidentally, SAMHSA is doing a large scale-up of this program in a number of sites across the United States.

Liz Robertson: This randomized controlled trial followed subjects from childhood into adulthood. The data presented here for subjects between the ages of 19 and 21 years. The results show that those males who were rated as highly aggressive by their teachers in first grade and who were in the Good Behavior Game classrooms were significantly less likely to have drug abuse or...
dependence disorders in young adulthood compared with youth in the control group. These findings clearly indicate that prevention interventions can have long-term effects on drug use and abuse. This may be especially true for interventions delivered in early childhood.

**Preventive Interventions Can Have Unintended Positive Effects on Other Health Risking Behaviors**

Liz Robertson: We know that many youth can exhibit multiple risk behaviors, thus the second emerging principle is a very important one. Prevention interventions can have unintended positive effects on health risking behaviors that are not targets of the original intervention.

**Life Skills Training (LST) Program Six-year Follow-up: Cross-over Effect on Driving Behaviors**

Liz Robertson: The Life Skills Training program is an academic, social, and resistant skill based prevention intervention for middle school students. Participants were followed up after 6 years after the program ended. Youth in the intervention group were significantly less likely to have violations and points on their Department of Motor Vehicles records relative to the control group. Other findings that exemplify this principle are in the areas of academic and career achievement, sexuality, criminality, and mental health.

**High Risk Populations May Benefit Most From Prevention Interventions, EVEN Universal Interventions**

Liz Robertson: The third emerging principle is that high risk populations may benefit the most from prevention interventions, even universal interventions.

**Universal PROSPER Sustainability Trial: Impact on Marijuana Use Among Higher-risk Students**

Liz Robertson: These findings come from a very large randomized controlled trial that implemented evidence-based family and school skill development interventions community-wide. This analysis examined marijuana use at 6.5 years after baseline data were collected, with stronger outcomes emerging over time. In this analysis, intervention and control groups were split into higher and lower risk groups. What we see here is very interesting. Among both groups there is a slower growth in marijuana use for the intervention compared with the control group. However, the divergence is enlarged when the groups are split by risk, showing that it is the high risk group that benefits the most from the intervention.

**Brief Interventions Can Be Effective**

Liz Robertson: This is the last principle I will present, but it is just one of many, many more.

**Probability of Arrest from Age 11 to 17 as a Function of Intervention Engagement**

Liz Robertson: This slide shows an approach to family intervention focused on middle school students and targets substance use and antisocial behavior. Parents in the family check-up condition received a screening and brief intervention that provided feedback on family and parenting style strengths and weaknesses, and then offered follow-up services at the selective and indicated levels for at-risk families. About 25 percent of those families used the follow-up services. The intervention had a wide range of positive effects on health risking behaviors. This
The result shows the long-term effects on arrest, with the effect becoming greater as time goes by. By age 17, the intervention group is very close to the baseline level, whereas the control group is showing escalating arrest rates. Moreover, this program has shown to be cost effective, saving $5 per dollar invested, for a total savings of almost $2,000 per youth. On NIDA Web site, www.drugabuse.gov, you will find a brief illustration of this program with video scenarios where you can actually look at your own parenting behavior.

The Bottom Line: Public Health Impact

Liz Robertson: In conclusion, when a prevention intervention is based on a sound theory of human behavior, targets a problem or problems that are readily identifiable with epidemiological data on risk factors and resources, the program strategies fit the target audience in context in which it will be delivered, there is capacity to deliver it with fidelity over time, and the intervention strategies have been empirically tested with results that demonstrate reduced initiation and progression of drug use, then the outcome of implementing an evidence-based intervention has public health impacts and is cost beneficial. Thank you very much.

Questions?

Jamila Robinson: Thank you, John and Liz. We will take a few questions now. The first question that came in for John is: What is a gateway drug?

John Scherbenske: I think that when I referenced that newspaper article, that physician described prescription drug abuse as a gateway drug to heroin. It is basically when someone is abusing a prescription pain medication, it will lead you to use of another drug, so it kind of leads you into abuse of another drug.

Jamila Robinson: The second question. Will there be any policy control for synthetic drugs?

John Scherbenske: In July of 2012, the President signed into law making 26 of these new synthetic designer drugs a Schedule I controlled substance. The problem is that those that are manufacturing these drugs are developing many more than that 26, and we are attempting to play catch-up with the new drugs that are entering the market. They are synthetic compounds that mimic the illicit drugs, and they are specifically designed by chemists to mimic the same effects as the illicit drugs like methamphetamine, LSD, cocaine, and heroin.

Jamila Robinson: Thank you. We have a few questions for Liz. What is SAAF?

Liz Robertson: The name of the program is Strong African American Families. It is an adaptation of the Iowa Strengthening Families program. It is a relatively short program, it is about five sessions where parents meet in parent groups and talk about good parenting. Youth meet in youth groups and talk about family-based communication strategies. And then the parents and the family children get back together and practice these strategies that they have learned in the two groups. It could easily be adapted for faith-based organizations, in fact, that is something that I have tried to get research going on in the last 5 years and really cannot find anybody to take on the challenge.
Jamila Robinson: Thank you, Liz. Next question. Where can we get a list of illegal synthetic drugs?

John Scherbenske: That is kind of a tough question because these substances are sold and we do not know the exact compound that is in the drug itself until it is analyzed by a chemist to let us know what the drug is. These kinds of rogue chemists that are producing these drugs are tweaking the molecules in the chemical compound ever so slightly that it varies from the controlled substance but has the same general effect. But, generally, if you go online and do some research like from the illicit Web sites that we mentioned, either on Drug Control Division (DCP) or Drug Enforcement Agency (DEA) Web sites, they will give you a general idea of how these drugs are being sold, where, and in what type of packaging, and you can find it on the internet like kids generally do. They do their research and find out what is being abused, then try to find it that way.

Jamila Robinson: Thank you, John. We have another question for Liz. Does Good Behavior Games need follow-up over the years to be successful?

Liz Robertson: No. The benefit of the follow-up of the research was that we got to see how changing early behavior really can have a long-term effect on many different behaviors. So the developers of the program, Sheppard Kellam and Nicholas Ialongo, published a whole journal recently based on findings out of this particular intervention showing that it had positive effects not only on addictive disorders, but also on suicide, career and educational attainment, HIV risk, and many other risk factors.

Jamila Robinson: This is our last question and then we will hand it off to our next presenters. Last question is: Are there people trying to find whatever they can to alter their states?

John Scherbenske: It should not be classified as “whatever they can.” These are specific chemical compounds that are designed to mimic the effects of the illicit drugs. So they are being packaged “not for human consumption” to basically throw people off, except for those that are using and abusing these drugs. They know exactly what they are used for, so it is not exactly “whatever they can find to alter their states.” There are specific drugs that are being designed for that purpose.

Jamila Robinson: Thank you all. Please continue with the questions. We hope...

Presenter Introduction

David Wilson: ...this Webinar, you have heard about the problem and the consequences. You have heard about specific drugs and drug trends and prevention and intervention. Now our final two presenters will speak to our last objective, which is to examine some key elements of best practices around drug prevention, specifically around faith-based organizations. And, more importantly, highlighting some resources and tools to help faith-based and community leaders implement effective substance abuse prevention programs for youth and for our young people.

David Wilson: So, first, I would like to introduce Susan Lumb. Susan is the Executive Director of the Healing and Transition Program located in Longwood, Florida, or HAT. The HAT Program is a
faith based, non-residential reentry day program that serves men and women who have recently been released from incarceration. HAT assists each program participant.....[audio cuts out]

Belief Statement

Susan Lumb: Thank you so much. It is such an honor and a privilege to be a part of this Webinar today on such an important topic, and I really do feel privileged to be a part of such an esteemed panel. So for the next several minutes I am going to be sharing with you how faith leaders can help and are helping in the reentry process for those who will and have been recently released from incarceration. Whether it be jail or prison, supportive collaborative support during this time of transition is critical.

Susan Lumb: We believe at HAT, and we believe it more every day, that creating or increasing positive connections in the lives of returning citizens, as we call them, will result in changes in moral and spiritual behavior, preventing a return to criminal behaviors.

What is HAT?

Susan Lumb: So what does that look like? What does that mean? So what is HAT? It is a faith-based, non-residential reentry program that offers pre- and post-release curriculum and services to men and women who have recently been released from incarceration and will be returning to the Central Florida area. We provide those pre- and post-release reentry services through a network of providers, with an emphasis on the mentoring process. It is all about relationships. A continuum of local churches working together form the volunteer structure that supports the returning citizens as well as their families. Our goal is to provide safer communities, supportive family units, and a new start for those who have been incarcerated, whether it be in local county jails or prisons. Faith communities can offer and do offer a transition in healing environment where nonjudgmental acceptance, love, caring, forgiveness, reconciliation, redemption, and restoration can occur. The HAT Program is a partnership of those enhanced faith-based programs, and it starts inside the jail. It is combined with a coaching mentoring program that is supported by faith-based organizations and churches in the community. This tightly knit collaboration allows for healing and transition to those returning to our communities from jail. This pre-release program is the beginning of the healing process. So let me share with you what the goals of the HAT Program are.

Goals of HAT

Susan Lumb: Our first goal is to transform the hearts and the minds, because transformation begins with renewal of our minds. That pre-release process addresses just that, it is the beginning of the heart and mind process. We will talk more about that later as we talk about pre-release and post-release.

Susan Lumb: We have to create a sense of inclusion to these citizens that often go unnoticed. The sense of inclusion begins as the mentors begin to develop relationships with them pre-release. The mentors actually go into the jail, they have agreed to have relationships with these soon to be released returning citizens. They begin to feel that sense of inclusion as though they are a member of a church family because they join us in live Web stream worship each week. It
also begins as they attend Celebrate Recovery inside the jail, which is a faith-based 12-step recovering program. They hear their peers speak in truth and they learn to begin to speak in transparency as part of the process of the healing initiative. Mentoring groups outside, including pro-social activities which are activities that create positive interaction as opposed to the anti-social interactions and behaviors they may have experienced in the past. The desired outcome for the pro-social activity is the learning of that non-criminal alternative behavior. Mindset changes pre-release and post-release curriculum addressing and then beginning to accept that they are not what they have done.

Susan Lumb: Reducing the stigma and shame is also associated with the pro-social activities. Positive social interactions with strong mentors and church family. These are goals that are connected with more than just the returning citizen. These are goals for the community, churches, and the workplace, because both benefit when the goal of safer, stronger communities is reached.

**HAT Services – Inside Services**

Susan Lumb: So what do HAT services look like? The services inside the jail, or the pre-release program, is a 10-week pre-release curriculum. It also includes transition planning, which is the most critical part of this pre-release process, that 24-hour transition plan that says, “What am I going to do within those first 24 hours of my release?” This most often determines whether we will see them in the outside program. It is a huge challenge.

Susan Lumb: We talk about character building, which addresses such topics as morals, values, personality versus character, skill sets and talents that help to identify job and career interests.

Susan Lumb: We also talk about mentoring, that is where we have mentors who are working with them individually as well as having others from surrounding churches, or Stations of Hope, begin to make a connection with them inside in preparation for that outside mentoring process. We begin the family process before that returning citizen is released.

Susan Lumb: We work with them on MRT, which is moral reconation therapy. It is a systematic cognitive behavioral therapy, a step-by-step treatment strategy that is designed to enhance self-image, promote growth of a positive, productive identity, and facilitate the development of higher stages of moral reasoning. Outcome is less risky thinking and feelings, and adopting pro-social activities.

Susan Lumb: There is worship service inside, live Web stream worship, where they start to become part of a church. A church maybe that they would never have otherwise experienced.

Susan Lumb: And then there is Celebrate Recovery once again, inside and outside, that faith-based 12-step recovery program that addresses the whole family.

**HAT Services – Outside Services**

Susan Lumb: The outside services, 14- to 16-week whole life training, which includes such topics as communication, relationship building, integrity, living solid. It speaks to, again, pro-social activities where they start to attend outside activities such as church as a family where they can
see their children and their families. They start to get involved with mentors, strong Christian mentors, who continue to show them the path along the way of reentering into their communities.

Susan Lumb: Substance abuse classes inside. MRT continued. Reintegration planning, that last 30 days from graduation where we start to work on job search and family plans. Social services, medical, dental, housing. Where can they find those services and how can they continue to be supported after graduating from the program?

Susan Lumb: And, again, career development. Networking via their outside activities. They have now begun to develop relationships through their mentor, through their churches, through their outside pro-social activities. Neighborhood partners have become a big part of their career development.

The Relationship Triangle

Susan Lumb: One of the things that we know that they struggle with is relationships. This is a diagram that we show them inside in the pre-release program that resonates loud and clear with them. So what does this mean? It is a simple math problem, as we explain it to them. Rarely do they just make one trip to jail or have one bad influence in their lives. As you can see, you have the returning citizen and you see all of these lines for the numerous times that they go in and out of jail or prison, the numerous past life and bad influences that they have had. And, as you can see down below, they have got one connection to a church, maybe one or two or three people that could be good mentors for them, if any. So what do we do about that? We ask them where they are presently being pulled. The direction of addition is the end result. What are you adding to your life? Negative or positive.

Susan Lumb: Going to church once does not solve your problem. We have to add to our base of positive touch-points. The more we add, the more we increase our chances for positive change in thoughts, actions and outcomes. The same is true for reducing the number of positive touch-points. We reduce our chance of positive touch-points and increase the potential for negative outcomes. We discover that increased positive touch-points are in direct correlation to positive outcomes. Simple addition and subtraction.

Susan Lumb: HAT is a life process of addition and subtraction. We will either end up on the positive or the negative side of life, depending on our choices.

Family Support

Susan Lumb: What about family support? Many times the family bridges have been burned. Trust is low, at best, and the insanity cycle is all too familiar. When we know that family support is key to reentry, we also know that no one goes to jail alone. The whole family does time, so the whole family must be addressed. We begin to establish during the pre-release program in the jail, we ask them what their current support team looks like and we use what is known as the Self-Sufficiency Matrix, which uses 17 different domains that ask them to rate on a scale of 1 to 5 their current level of relationship support from family friends, their current health of their environment, where they are in the job market, money, housing, childcare, etc.
Susan Lumb: As we continue to assess their family support we ask them to identify, using a tool called the Circle of Support, where their support is today so we are better able to contact those family members and ask for permission of the participant to contact them to find out if the family may be willing to get involved in their transition and be an active part of the team we are building with them. We educate the family members on the HAT Program and we ask them if they are willing to get involved and continue dialogue with us pre- and post-release.

Susan Lumb: Many family members contact us in reference to a program for their soon to be released family member. Let me give you a quick example. We had a young gal in our program who was being released within 60 days from Hernando Correctional Institute, which is a prison up in North Florida. Her family contacted us, her mother and her father, and said they had heard about our program through their local church, and they wanted to find out if our program may be a fit for their daughter. So we started working with them 60 days prior to her release. They came in and they observed the HAT Program, they attended Celebrate Recovery, they watched live worship service, they saw some of those pro-social activities, the Bible studies, the mentoring programs that were available, and they told their daughter about that as she sat in prison. She wrote us a letter and she told us that she believed that the HAT Program was key to her transition from prison back into her community, her family, her church, and the workplace. She did, in fact, join us and we spent the 16 months [sic] with her and her family as she walked through the HAT Program and its completion.

Susan Lumb: Another example of a young man who was in our county jail, had spent numerous days in the county jail, several times as a matter of fact, and had been through six different recovery programs, and had not completed any of them successfully. His mother came to us as somewhat of a last resort. She, too, had heard about us from a church member. She brought him here upon his release and we spent several hours speaking with them. He was doubtful that this program would work either; 16 weeks later he walked across that stage graduating for the first time from anything. And today he continues to work and be a productive member of his family and his community as well.

Susan Lumb: So, as you can see, beginning to orient the family on how they can get involved in the healing process is critically important as we begin to transition these returning citizens back into their home, their community, their church, and the workplace.

**Intervention**

Susan Lumb: So what about intervention? When we talk about intervention, we mean family intervention. Again, no one goes to jail alone. The whole family goes with them. So we have to prepare them for the new paradigm of whole family life. So those Stations of Hope, or community churches, that provide spiritual support as well as basic needs support are critical. The family is surrounded by those who have been trained to work with returning citizens. Faith-based organizations and churches that are willing and committed to walk alongside creating positive touch-points of support and encouragement are critical to the change process and the rebuilding of families and the change process of people, places, and things. A sense of inclusion is life changing.

Susan Lumb: What about mentoring? We talked about Celebrate Recovery, the faith-based 12-step program. There is also Celebration Station for the children, and The Landing for those
middle school and high school students, the children of these returning citizens. It is for the entire family, parents, spouses, etc., getting healing for themselves so that regardless of the outcome for the returning citizen, the family can move on with their lives in a healthy way. Again, positive touch-points for healing, support, and inclusion. Loving people the way God loves them, modeling trust, endurance, and perseverance.

Susan Lumb: How does all this affect family dynamics? There has to be a willingness of the family and availability of family. Celebrate Recovery as whole family healing requires willingness, not willfulness. Bible studies, service opportunities for the whole family, it is about whole family healing.

Tools

Susan Lumb: Let me talk about some of the assessment tools that we use. When we first meet a client in the jail, they are given a packet to complete. Included in this packet are various intake worksheets and assessments. First, they complete the basic intake form, which provides demographics, employment, self-reported substance abuse, prior treatment information, and so on, as well as a signed release of information form. Next, a Criminal Thinking Scales assessment, or TCU, is completed and scored, providing an understanding of the participant’s criminal thinking. The next assessment we use is the University of Rhode Island Change Assessment (URICA), it is a readiness to change theory. This helps us understand the client’s readiness to change.

Susan Lumb: The Self-Sufficiency Matrix, which I spoke of earlier, helps us gather information on those 17 domains, as mentioned previously, enabling us to better work their program for them specifically, with them. We ask them to write a letter to themselves while in jail to capture the sights, sounds, smells, and their thoughts while they were in the jail. So often we forget once we get out. Many times this particular activity is used to refocus an individual who may be straying off course. Those are just some of the tools that we use in the process of healing and transition.

Success Story

Susan Lumb: So let us talk about a success story. This young lady. Take, for example, “Mary.” She is depicted here. She was arrested 14 times in 10 years. She was a young woman who served time in prison and she returned to reoffend due to drugs. Many asked, “Why was she not rehabilitated in prison? Why does she keep going back to jail? Why?” Well, Mary attended one worship service while she was in jail and she was so overcome with emotion that she approached me following the service and she said, “No one has ever cared about what I do. You seem to care. Will you help?” Of course, we said yes. She enrolled in the HAT Program on the outside. Her time in the program allowed her to develop a deep relationship with the Lord. Instead of being sentenced to 2 more years in prison, she has been given the opportunity to attend drug court, a 1-year program. She has learned accountability, structure, and now has the tools to move forward in her life worshipping God and raising her son in a Christian household.

This is “Mary” Today

Susan Lumb: This is “Mary” today. I see her on a regular basis because she was hired full time by the company that she shadowed with during her time in the HAT Program. She continues to
work on her recovery through Celebrate Recovery, NA, with her sponsor, accountability team, and many mentors who have come alongside her. She received her 1 year sobriety chip in February and she will graduate from drug court in June.

**The Outcomes**

Susan Lumb: So all that being said, what are the outcomes of HAT? For those who are participants in HAT, meaning they participated for at least 14 days or more in the HAT Program, we see a 21 percent recidivism rate within the first 12 months. For those who graduate, and graduate means completing the program, which is defined as meeting all graduation requirements, service requirements, homework, etc., we see a 10 percent recidivism rate within that first year. Employment, through those partnerships of community employers who have come alongside us and said, “Yes, we will hire a HAT graduate because we know what they have gone through the last 14 to 16 weeks, and we know the faith that has come along with that.” So 70 percent of the HAT graduates are employed either prior to or immediately following their graduation.

**Challenges**

Susan Lumb: All that being said, there are challenges. Only 15 percent make it from HAT Inside to the HAT Outside Program. Why is that? Well, there are many factors doorstep to doorstep. Inside is very transitional. Many only experience two or three classes before they are released. Many of them are pre-sentenced in the program, which means once they are sentenced they leave the facility, so there is a bit of a revolving door as you do that inside pre-release program. And some, quite frankly, just do not show up.

Susan Lumb: From jail to prison we have found that it is highly dependent upon – I mean from jail to our front door is highly dependent upon who picks them up that day. What was that 24 hour transition plan? The most critical part of the pre-release. Do they have a plan for those first 24 hours upon release? And, if so, that plan must include transition.

Susan Lumb: What about housing? An ongoing challenge. We work with local missions, but the demand is greater than the supply. We are a non-residential program. There is an extreme shortage for women. Our participants do not work while they are in the program because they are in the program 6 days a week and 3 nights a week. Funding for the recently incarcerated is always a challenge, even a greater challenge is the housing. Men and women’s housing units would lend to growth of the program and solve issues such as transportation and shelter.

Susan Lumb: How about employment partners? More successful job shadowing components are critical so that they learn how to be successful in the work environment. Scheduled, consistent progress communication from supervisors to HAT Program director and supervisor to the HAT participant is essential so that they always know whether they are progressing and where they are in that work component. Many have never worked. I was in the jails last week teaching one of the curriculums from HAT on the inside, and I asked a simple question, “How many of you were employed before you were arrested?” Not one hand went up. “How many of you were employed within 30 days of being arrested?” One hand went up. “How many within 6 months?” Another hand went up. “How many of you have never been employed?” Fifteen other hands went up.
Susan Lumb: So basic job interviewing processes. How to work in the work market. Developing relationships with local business partners that will interview our graduates when openings are available is critical. We case manage for first 90 days through that probationary period.

**How Do I Do This?**

Susan Lumb: So many of you may be asking, “How do I do this?” At least I hope many of you are asking, “How do I do this?” How can others learn from us? We are often asked how others can replicate what we are doing in their community, at their church, or with their local county jail. Our answer is always the same. It begins with building relationships. Become part of a reentry task force in your community, or start one. We are happy to come alongside any faith community interested in serving the returning citizens and their families.

Susan Lumb: What did we learn from our 3-year journey? And, yes, we are just 3 years old. There were many exciting times and many setbacks. Returning citizens will often disappoint us, but we remember that we are planting seeds that we may never experience their full growth. Faith-based organizations and government relationships can often be challenging simply because we come from different perspectives. So the investment in relationships cannot be over-emphasized. Funding, housing, and community support, as mentioned above, are all difficult to overcome and must be central to the development of any reentry initiative. Understanding the corrections culture and how to live within it is a significant challenge that comes with time and, again, relationships.

Susan Lumb: In terms of best practices, creating an environment that supports ...[audio cuts out]

David Wilson: Thank you, Susan, for sharing your valuable information and sharing your success stories.

**Presenter Introduction**

David Wilson: Our final presenter is someone that I consider – you spoke of mentoring programs – someone I consider my professional faith-based mentor. I consider her a friend and she is definitely a colleague. Ms. Jocelyn Whitfield is the Senior Public Health Advisor and Coordinator of the Community and Faith-based Initiative within the Center for Substance Abuse Treatment at SAMHSA. She is the only SAMHSA employee committed full-time to the faith-based initiative, and I know that it has been one of her professional missions for the past 20 years, working towards building the capacities of grassroots communities and faith-based organizations. She serves as the SAMHSA liaison to the Department of Health and Human Services Center for Faith-based and Neighborhood Partnerships, and the White House Office of Faith-based and Neighborhood Partnerships. So without any further ado, Ms. Jocelyn Whitfield with some valuable resources and technical tools.

**Behavioral Health is Essential to Health**

Jocelyn Whitfield: Thank you, David. It is really a pleasure this afternoon to speak to you on behalf of SAMHSA. First of all, I want to thank you for participating in this Webinar, and I want to even thank you for just investing your time this afternoon.
Jocelyn Whitfield: For the last 20 years, SAMHSA has worked with faith-based organizations to ensure that they are effective partners with government, including SAMHSA. Through capacity building opportunities and the utilities of best practices and best practice tools and toolkits and skill development activities, over 20,000 community and faith-based organizations have benefitted.

Jocelyn Whitfield: Today, I want to talk about some of the resources that have been very useful for faith-based organizations. But, first of all, I want to talk a little bit about SAMHSA. I have had the opportunity to travel almost all throughout our country to present at some of the capacity building meetings, and often I find that a lot of the community and faith-based organizations have never really heard of SAMHSA. They really know a little bit about the centers, but I just want to give you a brief overview of SAMHSA this afternoon to let you know what their vision is and what their mission is, and to introduce you to some of their centers.

Jocelyn Whitfield: SAMHSA believes that folks suffering from substance use and mental illnesses should have the care that is necessary to help them live productive lives. To this end, SAMHSA believes that behavioral health is essential to health. Prevention works when we get the most beneficial tools and knowledge in the hands of the community, including faith-based organizations to work with us. We know that treatment is effective because treatment has benefitted so many, and there are so many pathways to recovery. We know that people do recover and they use different pathways to do so.

Substance Abuse Mental Health Services Administration (SAMHSA)

Jocelyn Whitfield: I want to talk a little bit about the three centers and our mission. SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

Jocelyn Whitfield: We have four centers. We have the Center for Mental Health Services, which is called CMHS, and they lead our federal efforts to treat mental illnesses by promoting mental health and to prevent the development or worsening of mental illness among the community and community consumers.

Jocelyn Whitfield: We have the Center for Substance Abuse Prevention (CSAP), and we will be talking a lot about them this afternoon because they head up the – they are the national leadership in the federal effort to prevent alcohol, tobacco, and drug problems.

Jocelyn Whitfield: Also, there is the Center for Substance Abuse Treatment (CSAT). That is where I work full time. CSAT promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them. CSAT also works with the states and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment block grant program.

Jocelyn Whitfield: One of our latest, our newest centers, is the Center for Behavioral Health Statistics and Quality. They have primary responsibility for the collection, analysis, and dissemination of behavioral health data.
Strategic Initiative

Jocelyn Whitfield: SAMHSA’s strategic initiatives. SAMHSA has eight strategic initiatives but I would like to focus on the one that is presented before you. We believe that prevention is critical, so our first initiative focuses on the prevention of substance abuse and mental illness. 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 focuses on the Nation’s high-risk youth, youth in Tribal communities, and military families.

Prevention Resources

Jocelyn Whitfield: I would like to talk about some of our prevention resources because I believe that if you get tools into the hands, the correct tools, the most appropriate tools in the hands of community leaders, faith and otherwise, then a lot of our work is already done. We have a lot of prevention resources. We have Web sites. We have campaigns, we just released one today that I will share with you. And these are only a few in the interest of time. Please go to your SAMHSA Web site for additional information regarding these and others.

Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD)

Jocelyn Whitfield: There is the Interagency Coordinating Committee on the Prevention of Underage Drinking. The focus of this committee is to focus on underage drinking, to host a series of Webinars on preventing underage drinking, and the Web site for this particular committee is www.stopalcoholabuse.gov. It offers communities a wealth of information and resources, and I think this is one of the greatest Web sites for resources with SAMHSA.

Too Smart to Start Web Site

Jocelyn Whitfield: There is another Web site that I want to make you familiar with, and that is Too Smart to Start Web site. It targets community leaders, families, and educators. It provides resources and tools to help young people avoid underage alcohol use and its consequences. It also promotes underage alcohol use prevention messages that will influence the attitudes and behaviors of youth, their parents, and the broader community. The Web site is www.toosmarttostart.samhsa.gov/.

New Prevention Campaign for Underage Drinking: “Talk. They Hear You.”

Jocelyn Whitfield: Another important campaign, I think, that was just launched yesterday, it is a new prevention campaign for underage drinking. It is called “Talk. They Hear You.” It is targeted to parents and other caregivers of youth 9 to 15 years of age. The campaign provides them with the tools and information parents need to start talking to their children early about the dangers of alcohol. So we are working hard to address the needs of that particular population.

2013 National Prevention Week: May 12-18, 2013

Jocelyn Whitfield: This week at SAMHSA, and nationally, we are celebrating our National Prevention Week. This is the annual prevention health observance dedicated to increasing public awareness of substance abuse and mental health issues and to create and strengthen
community partnerships. And David may speak a little more about that at the end of this presentation.

Other Resources

Jocelyn Whitfield: One of the other resources that we have, I think it is a very important resource, is the National Registry of Effective Practices, and this is where you can find some of our best practices. A searchable online registry of more than 160 interventions supporting mental health promotion, substance abuse prevention, and substance abuse treatment.

Jocelyn Whitfield: There is another initiative that I really think is very important because it is coalition-based. Communities That Care (CTC). It is a coalition-based community prevention system to prevent youth problem behaviors including underage drinking, tobacco use, violence, delinquency, school dropout, and substance abuse.

Jocelyn Whitfield: Here are just a few additional resources that I think you would be interested in. It is the Screening, Brief Intervention, and Referral to Treatment. We call it SBIRT, and it is a comprehensive, early intervention public health approach for identifying persons with substance use disorders and those at risk.

Jocelyn Whitfield: There are some prevention grant opportunities that you may want to avail yourselves of or to find out about. These are competitive discretionary grants, and they are targeted to community and faith-based organizations and state governments. They are Strategic Prevention Framework Partnerships for Success (SPF-PFS), the Sober Truth on Preventing Underage Drinking Act Grants (STOP Act Grants), and Drug-free Communities (DFC) Support Program. And you can find all of these on SAMHSA’s Web site as well. There are several grant opportunities and I know that these grant opportunities may be of interest to you.

Publications

Jocelyn Whitfield: I think the greatest work that we have done at SAMHSA has really been with our publications and our resources. So I want to share some of them with you.

Technical Assistance Publications and Toolkits

Jocelyn Whitfield: We have a new publication and also a video that will be coming out in the next 2 months. It is called Building Strong and Effective Partnerships Among Community and Faith-based Organizations. It is a video and a guide. It elaborates on the benefits and challenges of working together, secular and faith-based organizations. It outlines strategies and building blocks for developing sustainable community partnerships. SAMHSA has had real success with all of our publications, but I think that this publication is quite unique, and I will talk a little bit about that in a few minutes when I talk about our collaborative partnerships.

Publications and Toolkits

Jocelyn Whitfield: Some of the other publications that I really believe in, and toolkits, that will be helpful to you and useful to you are Successful Strategies for Recruiting, Training, and Utilizing Volunteers. It is a guidance handbook designed for community groups and faith-based
organizations seeking to maximize the skills of their volunteers, expand their services to the community, and enhance their effectiveness.

Jocelyn Whitfield: We have another publication that I really think is geared towards clergy and congregations and has been very effective over the last 11 years, and that is called *Faith-based Core Competencies in Substance Abuse Knowledge*. Core competencies that enable clergy and other pastoral ministers to break through the wall of silence and to encourage faith communities to become actively involved in the effort to reduce alcoholism and drug dependency.

Jocelyn Whitfield: There is also what I call a technical tool, a guidance tool, that we provide for folks who really are interested in becoming prevention counselors and substance abuse counselors or mental health counselors, and that is *A National Review of State Alcohol and Drug Treatment Programs and Certification Standards*. What this publication provides is it presents each state’s licensing certification and credentialing standards for alcohol abuse and drug abuse treatment facilities, programs, counselors, and prevention professionals. It discusses the accreditation process, fees, and the types of services provided.

Jocelyn Whitfield: One of the most resourceful tools that we have used over the last year, and I think it has been very important for faith-based organizations, is the tool guidance publication that we have on *Maximizing Program Services Through Private Sector Partnerships and Relationships*. The reason why this is so important, we realize that the government funding is limited, we know that the competition is really steep when competing for these grants. But there are foundations and corporations in your local communities that you can benefit from that find those folks and those projects and community organizations in their own local communities. So this book will help you engage these corporations by establishing partnership relationships with them, so that funding and resources can be provided for your community projects.

Jocelyn Whitfield: The other toolkit that has been really touted as one of the national best practice toolkits is *Sustaining Grassroots Community-based Organizations*. And this book contains – it is a six-book toolkit on best practices to help grassroots organizations and faith-based organizations develop effective substance abuse and mental health treatment services and social services. It discusses organizational assessment, sustainability, strategic planning, financial management, fund development, and fundraising and evaluation. A very effective toolkit and that is used by, I guess, hundreds of faith-based organizations and is still being used today.

Jocelyn Whitfield: We have a couple of reports that are really significant that I want to talk about. These are dialogues that we have had with the faith community, and one is *Building Bridges: Mental Health Consumers and Members of the Faith and Community Organizations Dialogue*. And the reason why I am mentioning those is that we are finding out, basically, that a lot of the youth that have mental health issues also have substance abuse issues as well.

Jocelyn Whitfield: The other is on *The Role of Faith Communities in Preventing Suicide: A Report of an Interfaith Suicide Prevention Dialogue*. And I will talk about that later when we talk about some of the training that is provided for them.
Webcasts

Jocelyn Whitfield: We have Webcasts that you can just go on SAMHSA’s Web site and you can view for yourself. We have: Faith and Recovery: The Healing Role of Faith-based Organizations; The Role of Faith- and Community-based Systems in Addiction Treatment and Recovery; and Building Communities of Recovery: How Community-based Partnerships and Recovery Support Organizations Make Recovery Work. The fact is that we recognize that we cannot work in silos. We recognize, basically, that these resources are important to the community, as well as the faith-based community.

Capacity Building Training and Technical Assistance Meetings

Jocelyn Whitfield: There are a few capacity building training and technical assistance meetings that are coming up shortly that you may be interested in. We have a Faith-based and Neighborhood Partnership Capacity Building meeting that will be held in Hartford, Connecticut, and that is April 9-10 of this year – I mean that is May 9-10, I am sorry, 2013. And Faith-based and Neighborhood Partnership Capacity meeting will also be held in Helena, Montana, that is June 11-12. And each year we really hold a Community Leaders and Interfaith Partnership Summit where we select faith-based and community teams and community leaders from selected communities with economic – economic depressed communities to come in and talk about establishing partnerships and working together to build a collaborative network in their communities.

Mental Health First Aid

Jocelyn Whitfield: The mental health first aid training is available for our faith-based clergy and churches and synagogues, and houses of worship. It is an innovative training program to equip their congregations with the skills to recognize mental illness and respond to mental health emergencies.

Jocelyn Whitfield: Why is this resource important? Alcohol is the drug most commonly used among teens, and one of the risk factors associated with teen suicide, and is known to contribute to depressive symptoms. Eighty percent of high school seniors have used alcohol at some point.

Other Resources

Jocelyn Whitfield: I am going to conclude with mentioning just two other resources that we have, and also talk a little bit about our collaborative network. We have two other resources that I think you can use. I am going to do this very quickly. This is The QPR Institute, it offers comprehensive suicide prevention training programs and resources. Applied Suicide Intervention Skills Training (ASIST) provides caregivers with tools to help them prevent the immediate risk of suicide. Action Alliance Task Force on Faith Communities generates and/or distributes educational and training materials for use by faith-based communities in their efforts to prevent suicide and care for the survivors of completed suicides.
Collaboration is Everything

Jocelyn Whitfield: Each year we hold an annual Community Leaders and Interfaith Summit, and the outgrowth of the Summit has produced about 27 collaboratives throughout the United States, and they are working on behalf of SAMHSA to provide a collective response to the substance abuse and mental health issues that are pervasive in our communities.

Collaborative Networks

Jocelyn Whitfield: And these are the collaboratives and these are the states, which you may find [voice trails off]...

Webinars on OJJDP Training Center

David Wilson: So thank you, Jocelyn, and thank you to all of our speakers and presenters for this Webinar. Because we gave you so much knowledge and information, we will not be able to conduct the second question and answer session that we had planned. However, I do want to remind you that all of the questions that you posted to us will be answered and documented, and the entire event, along with the questions and answers, will be housed on OJJDP’s Training Center Web site, which you see the slide in front of you. Before I say good-bye, I want to remind everybody to please take 5 minutes to complete the online evaluation. It lets us know what a good job we have done and hopefully ways that we can improve when we provide this service to you again.

For More Information, Please Contact:

David Wilson: Lastly, I just wanted to mention, for more information, the Web sites that you see in front of you, specifically the Office of National Drug Control Policy, www.whitehouse.gov/ondcp, the Department of Justice Center for Faith-based and Neighborhood Partnerships, www.ojp.usdoj.gov/fbnp/about.htm, and lastly, the Office of Juvenile Justice and Delinquency Prevention, www.ojjdp.gov. And my agency, SAMHSA, the Substance Abuse and Mental Health Services Administration, www.samhsa.gov.

David Wilson: Thank you, again, for your time and your participation, and we all say good afternoon.