



MONTH-BY-MONTH PREVENTION PROMOTION AND

CALL TO ACTION AND **PLANNING GUIDE**

**A Comprehensive Guide To Help Plan Your Monthly Substance Abuse Prevention and
Mental Health Promotion Awareness Events**

Brought to you by the 2011–13 Cohort of the CSAP Prevention Fellowship Program



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Disclaimer: Information in this guide is adapted from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (CSAP), Underage Drinking Prevention, Action Guide and Planner (2001). Adapted by 2011-13 CSAP Prevention Fellowship Program fellows, 2012. Any information provided in this guide can be copied, adapted, and used to meet your individual prevention planning needs.



FOREWORD

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention, launched the Prevention Fellowship Program (PFP) in 2006. The PFP is a 2-year fellowship opportunity and was developed in an effort to build a workforce of substance abuse professionals and help them to acquire the necessary skills for success in the fields of allied, public, and behavioral health.

The 2011–13 PFP cohort was the first to be assigned the Make Your Mark Fellowship group project, in which they were instructed to develop a resource that would be beneficial to the community and align with the goals of the SAMHSA Strategic Initiatives.

This group of fellows realized that individuals working in the field of prevention have limited time and resources to obtain information and ideas crucial for implementing their prevention programs. To assist prevention professionals in their efforts addressing substance abuse prevention and mental health promotion, the 2011–13 PFP cohort composed the following guide:

PFP: Prevention and Promotion Month-by-Month Call to Action and Planning Guide

This publication will assist prevention professionals in identifying strong messages, coordinating outreach efforts with other organizations and groups, and making substance abuse prevention and mental health promotion a priority in their health and wellness messaging.

The *PFP: Prevention and Promotion Month-to-Month Call to Action and Planning Guide* can substantially improve the planning and management of your prevention programs, provide resources that focus on prevention interventions, and potentially serve as the foundation for science-based and proven prevention activities. The 2011–13 fellows urge those working in prevention to carefully review, consider, and use the information in this publication to strengthen their continuing efforts to help prevent substance abuse and promote overall mental health and wellness within their communities.

Thank you for using our resource in your prevention planning.

Sincerely,

The 2011–2013 PFP Fellows

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EFFECTIVE PREVENTION STRATEGY

CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP) SIX PREVENTION STRATEGIES*

There are six prevention strategies that address risk behaviors (e.g., alcohol/drug use, suicide, etc.) and increase resiliency. This list is known as CSAP effective prevention strategies. A community planning team decides which strategies best meet its needs to address the issue or problem. Communities at different levels of readiness may want to use different strategies. A community at the beginning stages of readiness may use strategies one and two (information and education). After the community is ready to address issues on a deeper level, other strategies may be selected. Community efforts are most effective when a combination of strategies are used together.

#1 INFORMATION DISSEMINATION

This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. [Note: Information dissemination alone has not been shown to be effective at preventing substance abuse.]

Examples: resource centers; pamphlets, posters, and flyers; motivational events/speakers; newspaper/newsletter articles; radio and television public service announcements (PSAs); community resource directory; health fairs and wellness gatherings; informational Web sites; and media campaigns

#2 EDUCATION

This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., critically analyzing media messages), and systematic judgment abilities.

Examples: classroom and small group sessions, peer leader and peer helper programs, education programs for youth groups, community and volunteer workshops, groups for children experiencing distress, life skills (e.g., bully prevention, conflict resolution, refusal skills, etc.), peer-to-peer mentoring/teaching, parenting and family management classes

#3 ALTERNATIVE ACTIVITIES

This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to—or otherwise meet the needs usually filled by—alcohol and drugs and would, therefore, minimize or obviate resort to the latter. [Note: Alternative activities alone have not been shown to be effective at preventing substance abuse, but do lend themselves to building protective factors, resiliency, and developmental assets.]

Examples: community service activities, youth centers and community drop-ins, intergenerational events and celebrations, culturally based activities, social and recreational activities, recognition events, leadership activities, mentoring programs, and job shadowing/internships.

#4 COMMUNITY-BASED PROCESS

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

Examples: coalitions, collaborations, or wellness teams; needs assessments and community readiness surveys; youth/adult partnerships addressing community issues; efforts to decrease barriers to service (e.g., provide scholarships, transportation, childcare); community team building; and cross-systems planning (e.g., schools, health, police).

#5 PROBLEM IDENTIFICATION AND REFERRAL

This strategy aims to identify those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

Examples: driving while intoxicated education program, students and employee assistance programs, depression and mental health screening programs, alcohol information schools, crisis lines and hotlines, and nicotine use and addiction screenings.

#6 ENVIRONMENTAL

This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

Examples: establishing policy/practice, enforcement/judicial, norms and attitudes, public perceptions, school norms, media strategies, and responsible vendor education.

*Information adapted from Center for Substance Abuse Prevention (CSAP). *Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms*. National Clearinghouse for Alcohol and Drug Information. 1993. by 2011–13 PFP fellows.



EFFECTIVE PREVENTION APPROACH

STRATEGIC PREVENTION FRAMEWORK*

To help Americans lead healthier and longer lives, CSAP promotes a structured, community-based approach to substance abuse prevention through the Strategic Prevention Framework (SPF).

SPF uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, state/tribal, and community levels.

The idea behind SPF is to use the findings from public health research along with evidence-based prevention programs to build capacity within states/tribes/territories and the prevention field. This, in turn, will promote resilience and decrease risk factors in individuals, families, and communities.

SPF requires states, territories, federally recognized tribes and tribal organizations, and communities to systematically

- Assess their prevention needs based on epidemiological data;
- Build their prevention capacity;
- Develop a strategic plan;
- Implement effective community prevention programs, policies, and practices; and
- Evaluate their efforts for outcomes.

Throughout all five steps, implementers of SPF must address issues of sustainability and cultural competence.



*Information adapted from Center for Substance Abuse Prevention (CSAP). *Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms*. National Clearinghouse for Alcohol and Drug Information. 1993. by 2011–13 PFP fellows.

YEARLY AWARENESS CALENDAR AT-A-GLANCE

<p>JANUARY</p> <p><i>Focus On:</i> Fetal Impact Awareness</p> <ul style="list-style-type: none"> • National Birth Defects Month • National Drug Facts week (Last Week) 	<p>FEBRUARY</p> <p><i>Focus On:</i> COA Awareness</p> <ul style="list-style-type: none"> • National Heart Month • National Wear Red Day (1st Friday) • Children of Alcoholics Week (3rd Week) 	<p>MARCH</p> <p><i>Focus On:</i> Drugs and the Brain Awareness</p> <ul style="list-style-type: none"> • Brain Injury Awareness Month • Inhalant & Poison Awareness Week (3rd Week) • Kick Butts Day (3rd Wednesday) 	<p>APRIL</p> <p><i>Focus On:</i> Alcohol Abuse Awareness</p> <ul style="list-style-type: none"> • Alcohol Awareness Month • National Alcohol Screening Day (1st Thursday) • Alcohol Free Weekend (1st Weekend) • World Health Day (1st Saturday)
<p>MAY</p> <p><i>Focus On:</i> Mental Health Promotion Awareness</p> <ul style="list-style-type: none"> • Mental Health Month • National Children's Mental Health Awareness Week (2nd Week) • ATOD Related Birth Defects Week (2nd Week) • National Prevention Week (3rd Week) • World No Tobacco Day (May 31) 	<p>JUNE</p> <p><i>Focus On:</i> Marijuana Use and Abuse Awareness</p> <ul style="list-style-type: none"> • International Day Against Drug Abuse (June 26) • National HIV Testing Day (4th Wednesday) 	<p>JULY</p> <p><i>Focus On:</i> Rx. Drug Abuse</p> <ul style="list-style-type: none"> • World Hepatitis Day 	<p>AUGUST</p> <p><i>Focus On:</i> Your Community Needs</p> <ul style="list-style-type: none"> • International Overdose Awareness Day (August 31) • National Night Out (August 6)
<p>SEPTEMBER</p> <p><i>Focus On:</i> Recovery Awareness</p> <ul style="list-style-type: none"> • National Recovery Month • FASD Awareness Day (2nd Sunday) • National Suicide Prevention Week (2nd Week) • World Heart Day (September 30) 	<p>OCTOBER</p> <p><i>Focus On:</i> Prevention Awareness</p> <ul style="list-style-type: none"> • National Substance Abuse Prevention Month • Mental Health Awareness Week (2nd Week) • World Mental Health Day (October 10) • College Alcohol Awareness Week (3rd Week) • National Red Ribbon Week (4th Week) 	<p>NOVEMBER</p> <p><i>Focus On:</i> Tobacco Awareness</p> <ul style="list-style-type: none"> • Lung Cancer Awareness Month • COPD Awareness Month • Great American Smoke-out (3rd Thursday) • International Survivors of Suicide Day (November 17) 	<p>DECEMBER</p> <p><i>Focus On:</i> Drinking, Drugs & Driving Awareness</p> <ul style="list-style-type: none"> • National 3-D Month (Drugged, Drinking & Driving) • World AIDS Awareness Day



MONTH-BY-MONTH CALL TO ACTION AND PLANNING GUIDE

THIS ACTION AND PLANNING GUIDE IS DESIGNED TO

- Provide community organizers with ideas and suggestions for accomplishable substance abuse prevention and mental health promotion activities that target communities, businesses, social events, media, parents, and youth;
- Provide community organizers with ways to coordinate prevention efforts with government agencies, local groups, and other grassroots organizations; and
- Provide factual information about the issues involved with substance abuse and mental illness, which can be disseminated through your prevention activities and help inform your audiences.

USING THE PLANNER

The following section is a monthly planner. Each month suggests a “Focus On” theme or issue your organization can use to focus your prevention efforts as well as a “Did You Know?” fact relevant to the theme. The planner offers suggested activities that align with each month’s theme as well as a wealth of resources that will help in your planning. Use the calendar to schedule and track what prevention activities you choose to undertake each month and to keep track of your timelines.

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JANUARY

FETAL IMPACT OF SUBSTANCE ABUSE AWARENESS MONTH

FOCUS ON: FETAL IMPACT OF SUBSTANCE USE AND ABUSE

Suggested Activities

Listed below are activities that may be used to promote Birth Defects Prevention Month. In addition to providing pamphlets and other educational resources to local health departments and community-based organizations, states can

- Partner with local, state, or other Fetal Alcohol Syndrome (FAS) prevention, advocacy, and support groups to mobilize efforts aimed at legislators and other policy makers, or to conduct community education activities;
- Seek out health educators and school nurses at middle schools and high schools to provide FAS materials to distribute to staff members, students and students' families;
- Contact the communications lead for your own agency and ask about having Birth Defects Prevention Month and the availability of the packet materials announced by the head of your agency in your monthly newsletter, in an email, or as a stuffer in payroll envelopes;
- Contact community and local colleges and universities to provide materials for their health center waiting rooms. Materials about alcohol consumption and about folic acid are especially relevant;
- Enlist the support of the March of Dimes; Spina Bifida Association; National Healthy Mothers, Healthy Babies Coalition; or Planned Parenthood to mobilize their constituents to distribute materials and send letters to legislators;
- Seek support from statewide or local businesses. Companies may add information about birth defects to their corporate or wellness newsletters, sponsor events such as baby fairs, or donate door prizes such as, 'folic acid rich' food baskets for wellness, bridal, or other community events;
- Provide pamphlets or fact sheets to managed care plans to educate their patients and providers;
- Distribute materials to the state's Children's Special Health Care Services program, Maternal and Child Health programs including Reproductive Health and Family Planning, Women, Infants and Children (WIC) program and Medicaid;
- Collaborate with hospitals or clinics on community outreach projects. Topics may include preparing for pregnancy or prevention strategies to reduce the risk of birth defects;
- Distribute educational materials to reproductive genetics clinics that offer genetic counseling services to women prior to conception and in early pregnancy;

Did you know?

A national survey on drug use and health found that among pregnant women ages 15 to 44, the youngest ones generally reported the greatest substance use.

**REMEMBER:
PREVENTION MATTERS!!!**

JANUARY

- Share prevention materials with pediatric and family medicine practices as well as OB/GYN providers; and
- Connect with partners in the media who are committed to MCH issues. Prepare public service announcement scripts and write articles that may be used and adapted by local media. Recruit a birth defects prevention 'champion' for media interviews.

JANUARY'S PREVENTION ACTIVITY PLAN

Awareness Event: National Birth Defects Month

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st	NATIONAL BIRTH DEFECTS MONTH						
2nd							
3rd							
4th							
5th							

FETAL IMPACT RESOURCES

Focus on FAS

The information and resources listed here are intended for educational use only and are provided solely as a service. The information provided through this section should not be used for diagnosing or treating a health problem or disease, and is not a substitute for professional care. These links do not constitute an endorsement of these organizations or their programs by the National Birth Defects Prevention Network (NBDPN) and none should be inferred. NBDPN is not responsible for the content of the individual organization Web pages found at these links.

BIRTH DEFECTS RESEARCH AND PREVENTION INFORMATION

International Clearinghouse for Birth Defects Monitoring Systems

<http://www.icbd.org>

This site is dedicated to the sharing of data, news, and views on congenital malformations monitoring, research, and prevention. It provides information about the clearinghouse, membership directory, publications/papers, and birth defects links for professionals and general audiences.

March of Dimes Birth Defects Foundation

<http://www.modimes.org>

This site contains a wealth of information about the March of Dimes, birth defects information, and infant health statistics in addition to numerous links to other birth defects data sources.

National Birth Defects Prevention Network (NBDPN)

<http://www.nbdpn.org/NBDPN>

NBDPN is a national organization of individuals at the local, state, and national levels working in birth defects surveillance, research, and prevention. The site offers organizational information, a newsletter, and related links to state birth defects monitoring programs and national organizations.

BIRTH DEFECTS DATABASES

Alcohol and Alcohol Problems Science Database

<http://etoh.niaaa.nih.gov/Resourcesmain.htm>

This site includes databases and resources for alcohol researchers and practitioners. It includes an introduction to the National Library of Medicine's PubMed, and some sample searches on alcohol to run in the PubMed database; descriptions of and links to the various databases of the National Clearinghouse for Alcohol and Drug Information; a selection of alcohol and other drug databases with their descriptions and links; links to peer-reviewed journals most often used by alcohol researchers; and links to a selection of Web sites pertinent to the substance abuse field.

GeneClinics

<http://www.geneclinics.org>

GeneClinics is a medical knowledge base relating genetic testing to the diagnosis, management, and genetic counseling of individuals and families with specific inherited disorders. The Web site contains a database of genetic diseases with summary and diagnostic information, clinical description, management, resources, and references.

Medical Genetics, University of Kansas Medical Center

<http://www.kumc.edu/gec/geneinfo.html>

This Web site is replete with information and hyperlinks; it is a resource for many birth defects and genetics/birth defects organizations, both nationally and internationally. Additionally, the site contains referral information for those wishing to see a health care professional about a birth defect or genetic disorder.

FAMILY SUPPORT GROUPS

Alliance of Genetic Support Groups

<http://www.geneticalliance.org>

This is a national coalition of consumers, professionals, and genetic support groups to voice the common concerns of children, adults and families living with, and at risk for, genetic conditions. This Web site contains membership information and a searchable member directory, useful resources, newsletters, and other publications.

American Heart Association

<http://www.americanheart.org>

This site provides information on heart disease in children, including congenital heart defects. It has an “Ask the Pediatric Cardiologist” section as well as links to other sites.

Congenital Heart Defects

<http://www.congenitalheartdefects.com>

This link provides a user-friendly clearinghouse of information to the worldwide congenital heart defect (CHD) community.

Congenital Heart Disease (CHD) Online Handbook

<http://my.execpc.com/~markc/congenit.html>

This site provides information on diagnostic testing, surgery, and medications used to treat congenital heart defects. Also included is a section on issues of concern to adults with CHD.

FAS Bookshelf Inc.

<http://www.fasbookshelf.com>

This Web site consolidates a variety of resources that may be useful to families and professionals in one location so they are easy to find, view, and purchase. Available items include videos, books, posters, and FAS baby manikins.

FAS Community Resource Center

<http://www.come-over.to/FASCRC/>

This site provides a wide array of resources on the spectrum of disorders associated with prenatal exposure to alcohol. Useful links provide information on topics such as recommended evaluation tools, an affected child’s behavior, early intervention for affected infants and toddlers, “FAS in the News,” and online support groups. This is a terrific resource for families and professionals.

FAS World

<http://fasworld.com>

This site highlights international recognition of September 9 as FAS Awareness Day. Links include an online manual of how to conduct FAS Day activities (including organizing a bell concordance), a sample FAS Day proclamation, an FAS Day press release, and a one-page fact sheet on Fetal Alcohol Spectrum Disorders.

Family Village

<http://www.familyvillage.wisc.edu>

This site integrates information and resources on the Internet for persons with disabilities and their families. It includes informational resources on specific diagnoses, communication connections, adaptive products and technology, adaptive recreational activities, education, worship, health issues, disability-related media and literature, and much more.

Internet Resources for Special Children (IRSC)

<http://irsc.org>

IRSC is an online resource dedicated to children with disabilities and their families. The site supports a directory of links to a variety of subject areas including cognitive disabilities, diseases and conditions, and support/assistance. Useful FAS links are included.

National Organization on Fetal Alcohol Syndrome (NOFAS)

<http://www.nofas.org>

NOFAS is committed to raising public awareness of FAS and to developing and implementing innovative ideas in prevention, intervention, education, and advocacy in communities throughout the nation. The site provides many useful links for families and professionals including information on advocacy, a parent handbook, and an information and resource clearinghouse.

Our Kids

<http://www.our-kids.org>

This Web site is designed to provide information and support for caregivers and family members and others who work with special needs children. Sections include organizational information, support staff, and caregiver resources.

Special Child

<http://www.specialchild.com>

This link is dedicated to providing support and information to parents and caregivers of special needs children. This site includes family issues, success stories, information, and a caregiver tips section.

The Arc of the United States

<http://www.thearc.org/fetalalcohol.html>

This national organization works to promote services and support for people with mental retardation and other developmental disabilities. The Arc offers fact sheets and other resources pertaining to disabilities, including FAS and other alcohol-related conditions.

The Congenital Heart Information Network

<http://www.tchin.org>

The goal of this site is to provide information and resources to families affected by congenital heart defects, acquired heart disease, adults with CHD, and the professionals who care for them. It contains listings of support groups by state, region, and country.

The FAS Family Resource Institute

<http://www.fetalalcoholsyndrome.org>

The mission of this organization is to identify, understand, and care for individuals disabled by prenatal alcohol exposure and their families, and to prevent future pregnancies from exposure. The institute offers trainings and workshops as well as a wealth of information to families and professionals on such topics as identifying, understanding, caring for, and educating individuals with FAS/E.

GOVERNMENT AGENCIES

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/ncbddd/>

This site provides information regarding various divisions, branches, and offices working in birth defects and developmental disabilities. Other information includes publications, employment, and links to the CDC homepage, and health topics A–Z.

CDC Fetal Alcohol Syndrome

<http://www.cdc.gov/ncbddd/fas/default.htm>

This Web site provides information on fetal alcohol spectrum disorders and preventing and monitoring alcohol-exposed pregnancies. It highlights recent publications focusing on FAS and provides links to educational materials.

CDC Folic Acid Now

<http://www.cdc.gov/ncbddd/folicacid>

This Web site provides information on the importance of folic acid in the prevention of birth defects. The site also features an online CDC folic acid publication order form, a section on “Frequently Asked Questions,” folic acid fact sheets, and a quiz.

CDC Acido Fólico Ahora

<http://www.cdc.gov/ncbddd/folico/default.htm>

This is the Spanish version of the CDC Folic Acid Now Web site. This site features a questions section and a publications section for the Hispanic population.

CDC Science Ambassador Program

<http://www.cdc.gov/ncbddd/folicacid/ScienceAmbassador.htm>

Follow the “Lesson Plans” link to “Standards Aligned Lesson Plans and Activities” to access a collection of health and science lesson plans. The lesson plans have been correlated to state and national standards and were developed to reach middle and high school audiences. Topics include birth defects, neural tube defects, cystic fibrosis, alcohol and pregnancy, folic acid, cytogenetics, and epidemiology.

Education Resource Organization Directory (EROD)

<http://bcol02.ed.gov/Programs/EROD/>

The State Directors of Children with Special Health Care Needs are listed at this site under “Organizations by Type.”

Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence

<http://www.fascenter.samhsa.gov>

The FAS Center for Excellence Web site is designed to provide resources and information on FAS to improve knowledge about the condition and promote best practices. It also offers information to individuals, families, and communities affected by FAS in an effort to improve quality of life. The site offers helpful links to an information resource center, as well as posters, pamphlets, and fact sheets. A presentation on the economic costs of FAS is available at <http://fascenter.samhsa.gov/pdf/RickHarwoodPresentation.pdf>.

MEDLINEplus

<http://www.nlm.nih.gov/medlineplus/fetalalcoholsyndrome.html>

This site is a service of the U.S. Library of Medicine and the National Institutes of Health. Under “Health Topics” select “Fetal Alcohol Syndrome” for the latest news and links to other sites.

National Institutes of Health (NIH)

<http://www.nih.gov>

This site provides updates on the latest health and scientific research conducted by NIH. The “Health Information Index” has a subject-word guide to diseases and conditions under investigation at NIH. The site also provides access to online catalogs, journals, and grant funding information.

HEALTHCARE PROFESSIONALS AND SCIENTIFIC RESEARCHERS

American Academy of Pediatrics (AAP)

<http://www.aap.org>

This site provides online access to AAP’s recommendations, research findings, and policy statements. It provides helpful tips and health information for parents and providers on all child health topics.

Fetal Alcohol Syndrome Diagnostic & Prevention Network (FAS DPN)

<http://depts.washington.edu/fasdpn/>

The Washington State Fetal Alcohol Syndrome Diagnostic & Prevention Network is an internationally acclaimed network of five Washington State community-based clinics linked by the core clinical/research/training clinic at the Center on Human Development and Disability at the University of Washington in Seattle. The network’s Web site provides professionals with informative links on FAS screening, diagnosis, surveillance, prevention, and intervention. Information is also provided for ordering the network’s resources (Diagnostic Guide for FAS and Related Conditions; Lip-Philtrum Guide; FAS Facial Photographic Analysis Software; FAS Tutor™ CD-ROM; and the educational FAS series of videotapes, video CDs, and workbooks entitled *Journey through the Healing Circle*).

HuGE Net

<http://www.cdc.gov/genomics/hugenet/default.htm>

HuGE Net represents the collaboration of individuals and organizations from diverse backgrounds that are committed to the development and dissemination of population-based human genome epidemiologic information. The Web site provides information about the HuGE Net and peer-reviewed synopses of epidemiologic aspects of human genes, prevalence of allelic variants in different populations, population-based disease risk information, gene-environment interaction, and quantitative data on genetic tests and services.

Institute for Child Health Policy

<http://www.ichp.edu/institute/Default.htm>

The Institute for Child Health Policy, a statewide institution of Florida's State University System, was established in October 1986. Given the substantial changes in both the financing and organization attendant to the growth of managed health care, the Institute for Child Health Policy has focused its attention on children in managed care with special emphasis on children with special health care needs. Issues of access, utilization, cost, quality and family involvement are principal areas of interest for the policy/program development, health services research, and evaluation programs.

Journal of FAS International (JFAS Int)

<http://www.motherisk.org/JFAS>

This online, peer-reviewed journal is dedicated to all aspects of Fetal Alcohol Spectrum Disorder and is the official journal of the FACE (Fetal Alcohol Canadian Expertise) Research Network. The journal features original research articles as well as significant papers published elsewhere in the literature. The target audience includes clinicians, researchers, teachers, individuals affected by FASD (including parents, partners and siblings), program providers, community leaders, and the public at large.

National Center for Biotechnology Information—Online Mendelian Inheritance in Man (OMIM)

<http://www3.ncbi.nlm.nih.gov/entrez/query.fcgi?db=OMIM>

This database is a catalog of human genes and genetic conditions and offers textual information, pictures, and reference information. It also contains numerous links to NCBI's Entrez database of MEDLINE articles and sequence information.

Online Clinic

http://www.online-clinic.com/Content/FAS/fetal_alcohol_syndrome.asp#Introduction

This Web site offers useful tools for professionals working in community settings and/or directly with women of child-bearing age who may be at risk for having an alcohol-exposed pregnancy. Helpful links include a maternal risk assessment tool, a tool for community-based screening for fetal alcohol spectrum disorders, and abstracts to informative articles.

Organization for Teratology Information Services (OTIS)

<http://www.otispregnancy.org>

This site offers information about exposures to possibly harmful substances during pregnancy. Contains a list of state contacts for teratology information, fact sheets, special projects, and links.

Screening for Substance Abuse During Pregnancy: Improving Care, Improving Health

<http://www.ncemch.org/pubs/PDFs/SubAbuse.pdf>

This prenatal screening tool is available for download from the National Center for Education in Maternal and Child Health. This tool may assist professionals in identifying female clients who may be at risk for alcohol problems who would benefit from a more comprehensive evaluation by a specialist.

Teratology Society

<http://www.teratology.org>

The Teratology Society Web site provides information on teratology, membership information, and links to numerous birth defects sites. It also features a teratology discussion forum.

ADDITIONAL RESOURCES

Centers for Disease Control and Prevention

http://www.cdc.gov/ncbddd/fasd/acog_toolkit.html http://www.cdc.gov/ncbddd/fasd/curriculum/FASDguide_web.pdf

Minnesota Organization of Fetal Alcohol Syndrome

<http://www.mofas.org/>

National Organization of Fetal Alcohol Syndrome

<http://www.nofas.org/>

National Institute on Alcohol Abuse & Alcoholism

<http://pubs.niaaa.nih.gov/publications/Tips/tips.htm>

Great Lakes FASD Regional Training Center

<http://fasdeducation.org/resources/>

Arctic FASD Regional Training Center

<http://www.uaa.alaska.edu/arcticfasdrtc/>

FASD Southeast Regional Training Center

<http://www.fasdsoutheast.org/>

National Healthy Start Association

http://www.nationalhealthystart.org/site/assets/docs/IMAC_ToolKit%20Web.pdf

FASD SAMPLE FACT SHEET

What are fetal alcohol spectrum disorders?

Fetal alcohol spectrum disorders (FASDs) is the name given to a group of conditions that a person can have if that person's mother drank alcohol while pregnant. These conditions include physical and intellectual disabilities, as well as problems with behavior and learning. Often, a person has a mix of these problems. FASDs are a leading known cause of intellectual disability and birth defects.

What causes FASDs and how can they be prevented?

FASDs are caused by a woman drinking alcohol while she is pregnant. There is no known amount of alcohol that is safe to drink while pregnant. All drinks that contain alcohol can harm an unborn baby. There is no safe time to drink during pregnancy. Alcohol can harm a baby at any time during pregnancy. So, to prevent FASDs, a woman should not drink alcohol while she is pregnant, or even when she might get pregnant. FASDs are 100 percent preventable. If a woman doesn't drink alcohol while she is pregnant, her child will not have an FASD.

What are some signs of FASDs?

Signs of FASDs can be physical or intellectual. That means they can affect the mind or the body, or both. Because FASDs make up a group of disorders, people with FASDs can show a wide range and mix of signs.

Physical signs of FASDs can include abnormal facial features such as narrow eye openings and a smooth philtrum (the ridge between the upper lip and nose), small head size, short stature, and low body weight.

www.cdc.gov/actearly

What can I do if I think my child has an FASD?

Talk to your child's doctor or nurse. If you or the doctor thinks there could be a problem, ask to see a specialist (someone who knows about FASDs) such as a developmental pediatrician, child psychologist, or clinical geneticist. In some cities, there are clinics whose staff members have special training in recognizing and dealing with children with FASDs. Also, contact your local early intervention agency (for children younger than 3 years of age) or local public school (for children 3 years of age or older). To find out who to call, contact the National Information Center for Children and Youth with Disabilities at www.nichcy.org/states.htm or by calling 1-800-695-0285.

To learn more about FASDs, go to the CDC Web site at www.cdc.gov/ncbddd/fas, or the National Organization on Fetal Alcohol Syndrome at www.nofas.org.

To help your child reach his or her full potential, it is very important to get help for FASDs as early as possible!

FEBRUARY CHILDREN OF ALCOHOLICS (COA) AWARENESS MONTH

FOCUS ON: THOSE AFFECTED BY A PARENT OR LOVED ONE'S SUBSTANCE ABUSE

Suggested Activities

During Children of Alcoholics (COA) Week (and throughout the month of February), you and your organization can be a part of spreading the word that children living with addiction in the family need the support of caring adults. During this month we join our voices and connect our activities to raise awareness that children of addiction can be encouraged and supported just knowing there are safe people who can help. By raising our voices together we can encourage able, caring adults to be there for children who suffer when a parent or loved one abuses alcohol and other drugs.

- Speak out as an organization and as an individual. Advocate for the children and families affected by alcoholism and other drug dependencies.
- Host classroom presentations. Host classroom presentations about how chemical dependency affects the family. Offer confidential support services (or resources for such) to those wanting further support and/or information.
- Ask churches and other faith-based organizations to join your awareness event. Something as simple as recognition in the bulletin and newsletter would be a start. Clergy may want to address addiction as it impacts family or how it can be a barrier to spiritual growth.
- Stimulate a proclamation. Join with other groups in your town or state to persuade the mayor or governor or state legislators to make an official proclamation of Children of Alcoholics Week, or recognize February as "Affected Others" Month. (A sample proclamation is provided on page 25.)
- Help health care providers focus on the needs of COAs and their families. Give your community hospitals, health clinics, and physicians and other local health care providers copies of the COA Week posters and brochures for display in waiting rooms and professional lounges for patients and clients. Help health care providers focus on the needs of COAs and their families.
- Download and disseminate fact sheets. Disseminate fact sheets within your schools and community that provide latest COA facts as well as local support groups such as Alanon and Alateen.

Did you know?

An estimated 25 percent of all children in the United States are affected by or exposed to a family alcohol problem.

This does not include those affected by or exposed to other drug problems.

FEBRUARY

- Air Public Service Announcements (PSAs). Air PSAs to help educate your schools and community and those adults in the position to help children who are affected by a parent or loved one's substance abuse.
- Draft an article to your local newspaper or school newsletter. Draft an article to your local newspaper or school newsletter to increase awareness and support of COAs.
- Develop a local resource guide/list. Develop a local resource guide/list with support group information and disseminate during your awareness activities.

FEBRUARY PREVENTION ACTIVITY PLAN

*Awareness Events: National Heart Month
National Wear Red Day, National Children of Alcoholics Week*

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
1st	NATIONAL HEART MONTH						<i>National Wear Red Day</i>	
2nd								
3rd	NATIONAL CHILDREN OF ALCOHOLICS WEEK							
4th								
5th								

SAMPLE: COA TALKING POINTS

- The 2012 National Survey on Drug Use (NSDUH) showed that nearly 5 million parents with an alcohol problem had at least 1 child under 18 living at home. These parents accounted for more than one in four of adults with alcohol problems.
- Children in homes in which there is alcoholism are more likely than children from homes without such problems to develop serious problems of their own. For example, COAs are two to four times more likely to develop an alcohol or drug problem than others.
- Research shows that a combination of factors account for the increased alcohol abuse risks for COAs, including the following: possible inherited genetic vulnerability to addiction; poor family communication; poor role modeling; and the stresses of living in a family lacking stability, predictability, and clearly defined, appropriate, and consistent roles for all family members.
- Many COAs respond to supportive interventions by caring adults and appear to be resilient. Despite their heightened risk, many do not experience substance abuse or other serious problems in their own lives, often because of such support.
- When a person who is an alcoholic receives intervention and treatment, other family members—particularly children—need help of their own. They should be referred to appropriate programs and services, either in conjunction with alcohol abuse treatment or independently. Resources exist in or near most communities.
- Even when a person who is dependent on or addicted to alcohol has not received the benefit of treatment, children and other family members can find help from a number of sources, such as Al-Anon or Alateen.
- Without formal training or special tools, many adults still can help foster resiliency among COAs. These adults include relatives, older siblings, and those who interact with COAs at school, in the community at large, through faith-based organizations, and through health and social services organizations.
- Help for COAs improves the likelihood they will grow up safe and healthy without repeating their parents' alcohol abuse problems. Such prevention efforts also help break the cycle of alcoholism in families.
- The most important message for COAs is that they are not responsible for the problems of adults in their homes and that their own lives can be different and better than the lives of their alcohol-abusing parents/guardians. They also need to know help is available for them and how to get it.
- The American Association of Retired Persons estimates that 4.5 million American children under age 18 live in households headed by a grandparent, often because of alcohol- or drug-dependent parents who cannot take care of them. These grandparents should be encouraged to help their grandchildren benefit from supportive programs and to participate in Alateen.

SAMPLE: COA FACT SHEET

How many children of alcoholics are there?

- More than 6 million children live with at least one parent who abuses or is dependent on alcohol or an illicit drug.¹

Why should we be concerned about children of alcoholics?

- Alcoholism tends to run in families. COAs are four times more likely than non-COAs to develop alcoholism or drug problems.²
- COAs are at higher risk than others for depression, anxiety disorders, problems with cognitive and verbal skills, and parental abuse or neglect. They are significantly more likely than other children to be abused or neglected by their parents or guardians and are more likely to enter foster care.^{2,3,4,5}
- If not prevented, the difficulties faced by COAs can place increased burdens on state and local governments. These include increased costs for health care, mental health services, child welfare, education, police and juvenile justice, and lost economic opportunity.

How are families with alcoholism different from other families?

- Families with alcoholism have higher levels of conflict than other families. Lack of adequate parenting and poor home management and family communication skills often leave children without effective training and role modeling.^{3,6,7}
- Families with alcoholism often lack structure and discipline for their children; as a result, the children often are expected to take on responsibilities normally assigned to older youth or adults.^{3,6}

How can we help prevent children of alcoholics from repeating their families' alcohol-related problems?

- Although they are at increased risk, many COAs do not develop alcohol or drug use disorders or other serious problems in their lives. Often, they appear to be resilient, bolstered by protective factors and the support of caring adults in their lives.^{3,4,5,6,8,9,11}
- COAs can be helped, whether or not the alcohol-abusing family members are receiving help. Prevention programs often help COAs reduce stress; deal with emotional issues; and develop self-esteem, coping skills, and social support.⁸
- Children who cope effectively with alcoholism in their families often rely on support from a nonalcoholic parent, grandparent, teacher, or other caring adult. Support groups, faith communities, and trained professionals also are available to help.^{8,9}

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COA SAMPLE PROCLAMATION

Office of the [Governor, Mayor, or County Executive], State of [your state]

Children of Alcoholics (or Affected Others)
PROCLAMATION

WHEREAS, it is estimated that one in four children in the United States under age 18 is hurt by family alcohol abuse or alcoholism, and that countless others are affected by parental drug use; and

WHEREAS, there is strong scientific evidence that alcoholism runs in families with children of alcoholics being two to four times more likely to develop alcoholism than children of non-alcoholics; and

WHEREAS, parental alcohol abuse or drug use is a significant factor in a large proportion of child abuse and neglect cases; and

WHEREAS, young children of alcoholics exhibit symptoms of depression and anxiety to a greater extent than children of non-alcoholics; and incur increasing health care costs and experience more life problems over the life span; and

WHEREAS, young children of alcohol- or drug-dependent parents often have difficulty in school and are more likely to be truant, drop out of school, repeat grades, or be referred to a school counselor or psychologist; and

WHEREAS, children of addicted parents, with interest and support from family, friends, health professionals, teachers, clergy, and others, can avoid the negative effects of familial alcoholism and drug dependence;

NOW, THEREFORE, I, [official's full name], [GOVERNOR, MAYOR, OR COUNTY EXECUTIVE] OF [your jurisdiction], do hereby proclaim February Children of Alcoholics (or Affected Others) Month

in [your jurisdiction] and encourage all [people of your state (e.g., Marylanders)] to help break the silence often surrounding familial alcoholism and drug addiction and to reach out to support these children and their families.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of [your state], in the City of [city], this [XXth] day of February, (YEAR).

(SEAL)

Governor/ Mayor

Secretary of State

SAMPLE COA PSAs

Please air the following PSAs to help educate your community and those adults in a position to help the one in four children hurt by alcohol abuse and alcoholism in the family. Feel free to adapt these messages to call attention to local or regional resources. These PSAs are not date sensitive and may be used at any time.

:30

“Let’s put an end to an old family tradition. The fact is, alcoholism tends to run in families, and letting children of alcoholics know that they aren’t alone, that it isn’t their fault, and that others are available to help them can help break the cycle of family addiction. Call (local organization’s telephone number or 1-800-729-6686) for more information to help children of alcoholics. That’s (repeat previous phone number).”

Tag: A message from the U.S. Department of Health and Human Services, (insert your organization name), and this station.

:20

“Let’s end a family tradition. Alcoholism tends to run in families. Letting children of alcoholics know that they aren’t alone and that others are available to help can break the cycle of family addiction. Call (local organization’s telephone number or 1-800-729-6686) for more information. That’s (repeat previous phone number).”

Tag: A message from the U.S. Department of Health and Human Services, (insert your organization name), and this station.

:15

“Break the cycle of family addiction by helping children of alcoholic parents. They deserve our attention and support. Call (local organization’s telephone number or 1-800-729-6686) for more information. That’s (repeat previous phone number).”

Tag: A message from the U.S. Department of Health and Human Services, (insert your organization name), and this station.

:15

“So your parents drink and you think it’s your fault? Well, it’s not. Lots of kids hurt from their parents’ drinking. Stop the hurt. Find someone you trust and talk about it.”

Tag: A message from the U.S. Department of Health and Human Services, (insert your organization name), and this station.

COA HELPFUL INFORMATION

What can individuals do to help children of alcoholics avoid alcohol abuse and other serious problems?

Simple acts of kindness and compassion can make a difference for COAs. By making yourself available to listen, discuss feelings, share interests, and support their efforts to make friends, you can help COAs cope with their present situations and develop the resilience and skills necessary for their futures.

- Tell them they are not alone, that responsible adults are available to help them, and that millions of others have had similar experiences and have grown up to lead healthy, satisfying lives.
- Remind them that their families' problems are not their fault and not their responsibility to solve. Their jobs are to be children and help take good care of themselves; learn the facts about alcohol, tobacco, and drugs; recognize their risks; and learn how to avoid repeating their families' alcohol abuse patterns.
- Encourage them to ask for help. Assure them that getting help is a sign of strength. Offer your own examples and be prepared to help them connect with caring, trustworthy adults and with student assistance programs and other services designed to provide them with further skill building and support.
- Reach out to your community by participating in the annual COA Week during the week of February 14. Help break through the barriers of shame, silence, and isolation to help these children live healthy, happy lives, despite their family problems.

COAs Remember: The Seven Cs

I didn't **Cause** it

I can't **Cure** it

I can't **Control** it

I can take better **Care** of myself by

Communicating my feelings,

Making healthy **Choices**,

Celebrating myself.

COA RESOURCES

National Association for Children of Alcoholics

301-468-0985 | nacoa@nacoa.org

The people hurt most by drugs and alcohol don't even use them: they are the CHILDREN of alcoholics and other drug-dependent parents. The National Association for Children of Alcoholics (Nicola) believes that none of these vulnerable children should grow up in isolation and without support. Nicola is the national nonprofit 501(c)3 membership and affiliate organization working on behalf of children of alcohol and drug-dependent parents.

SAMHSA

<http://www.samhsa.gov>

SAMHSA's National Clearinghouse for Alcohol and Drug Information

1-800-729-6686 | <http://ncadi.samhsa.gov>

SAMHSA Radio Newslines

1-800-272-7723

The SAMHSA Radio Newslines provides broadcast-ready substance abuse news and public affairs reports. The audio spots feature sound bites from nationally recognized experts in the fields of substance abuse prevention and treatment and the effect of substance abuse on families. Broadcast ready news line reports (usually 60 to 90 seconds) can easily be folded into radio news or public affairs programming, or can serve as a source of quotes and sound bites for your own news coverage.

SAMHSA Media Services Web Site

www.samhsa.gov/news/news.html

The SAMHSA Media Services Web site provides SAMHSA's latest news releases, statistics, fact sheets, data, and policy reports on mental health, substance abuse, prevention, managed care, and the workplace. The Web site also provides links to other SAMHSA resources.

Substance Abuse Treatment Facility Locator

1-800-662-HELP (4357) | <http://www.findtreatment.samhsa.gov>

National Institute on Alcohol Abuse and Alcoholism:

<http://www.niaaa.nih.gov>

Al-Anon Family Group Headquarters, Inc.

1-888-4AL-ANON (425-2666) | <http://www.al-anon.alateen.org>

ADDITIONAL AWARENESS EVENT RESOURCES

NATIONAL HEART MONTH AND NATIONAL WEAR RED DAY RESOURCES

Sponsor: The American Heart Association (<http://www.heart.org/HEARTORG/>)

Heart disease, including stroke, is the leading cause of death for men and women in the United States. Every year, one in four deaths is caused by heart disease.

The good news? Heart disease can often be prevented when people make healthy choices and manage their health conditions. Communities, health professionals, and families can work together to create opportunities for people to make healthier choices.

Make a difference in your community: spread the word about strategies for preventing heart disease and encourage people to live heart healthy lives.

How can American Heart Month make a difference?

We can use this month to raise awareness about heart disease and how people can help prevent it—both at home and in the community.

Here are just a few ideas:

- Encourage families to make small changes, like using spices to season their food instead of salt.
- Motivate teachers and administrators to make physical activity a part of the school day to help students start good habits early.
- Ask doctors and nurses to be leaders in their communities by speaking out about ways to prevent heart disease, such as limiting excess drinking and eliminating tobacco use.

How can I help spread the word?

- Add information about living a heart healthy lifestyle to your newsletter.
- Tweet about American Heart Month.
- Host a community event where families can be active while learning about local health resources.
- Take action: be the cure (<http://yourethecure.org/aha/advocacy/default.aspx>).

American Heart Association

<http://www.heart.org/HEARTORG>

Center for Disease Control

www.cdc.gov/features/heartmonth

Health Fair

www.healthfair.com/february-is-national-heart-month

Indian Health Services

www.ihs.gov

MARCH SUBSTANCE ABUSE AND BRAIN AWARENESS MONTH

FOCUS ON: DRUGS AND THE BRAIN

Suggested Activities

Substance abuse carries many risks to adolescents and society. Substance abuse includes alcohol and drug use and addiction. The effects and risks of substance abuse include traffic accidents, risky sexual behavior, juvenile delinquency, subpar academic performance, and developmental problems in the adolescent brain. Some of these effects can lead to death or permanent injury or disability. Other effects, including developmental effects that hinder the proper development of the brain, can have a lifelong impact on a person's ability to reason and/or use sound judgment.

WHAT CAN WE DO?

- Develop a classroom presentation about how substance abuse affects adolescent brain development. Find publications and further information at: <http://www.drugabuse.gov/publications/science-addiction/drugs-brain>.
- Develop a community awareness event. Invite local treatment and/or mental health agencies to provide resources and present on adolescent brain development.
- Talk to friends and family about the effects of substance abuse on the brain.
- Invite a member of the Speakers Bureau to present to your group about substance abuse and brain injury.
- Volunteer with your local Brain Injury Alliance.
- Set up a resource table at lunch, and provide educational materials to students about substance abuse and brain awareness. Encourage students to share what they do to keep their brains healthy. (Sharing can be on poster paper, which can be displayed at other events.) Find resources at SAMHSA's National Clearinghouse for Alcohol and Drug Information/1-800-729-6686/<http://ncadi.samhsa.gov>

**Did you
know?**

*An adolescent's developing
brain will become addicted
faster and easier to
substances than a fully
developed adult's brain.*

MARCH PREVENTION ACTIVITY PLAN

*Awareness Events: Brain Injury Awareness Month,
Inhalant and Poison Awareness Week, Kick Butts Day*

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st	BRAIN INJURY AWARENESS MONTH						
2nd							
3rd	Inhalant and Poison Awareness Week						
				<i>Kick Butts Day</i>			
4th							
5th							

ALCOHOL AND THE ADOLESCENT BRAIN FACT SHEET

Alcohol can cause alterations in the structure and function of the developing brain, which continues to mature into a person's mid-twenties, and it may have consequences reaching far beyond adolescence.

In adolescence, brain development is characterized by dramatic changes to the brain's structure, neuron connectivity (i.e., "wiring"), and physiology. These changes in the brain affect everything from emerging sexuality to emotionality and judgment.

Not all parts of the adolescent brain mature at the same time, which may put an adolescent at a disadvantage in certain situations. For example, the limbic areas of the brain mature earlier than the frontal lobes. The limbic areas regulate emotions and are associated with an adolescent's lowered sensitivity to risk. The frontal lobes are responsible for self-regulation, judgment, reasoning, problem-solving, and impulse control.

Differences in maturation among parts of the brain can result in impulsive decisions or actions and a disregard for consequences.

HOW ALCOHOL AFFECTS THE BRAIN

Alcohol affects an adolescent's brain development in many ways. The effects of underage drinking on specific brain activities are explained below.

Alcohol is a central nervous system depressant. Alcohol can appear to be a stimulant because, initially, it depresses the part of the brain that controls inhibitions.

Cerebral Cortex—Alcohol slows down the cerebral cortex as it works with information from a person's senses.

Central Nervous System—When a person thinks of something he wants his body to do, the central nervous system—the brain and the spinal cord—sends a signal to that part of the body. Alcohol slows down the central nervous system, making the person think, speak, and move slower.

Frontal Lobes—The brain's frontal lobes are important for planning, forming ideas, making decisions, and using self-control.

When alcohol affects the frontal lobes of the brain, a person may find it hard to control his or her emotions and urges. The person may act without thinking or may even become violent.

Drinking alcohol over a long period of time can damage the frontal lobes forever.

Hippocampus—The hippocampus is the part of the brain where memories are made.

- When alcohol reaches the hippocampus, a person may have trouble remembering something he or she just learned, such as a name or a phone number. This can happen after just one or two drinks.
- Drinking a lot of alcohol quickly can cause a blackout—not being able to remember entire events, such as what he or she did last night.
- If alcohol damages the hippocampus, a person may find it hard to learn and to hold on to knowledge.

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Cerebellum—The cerebellum is important for coordination, thoughts, and awareness. A person may have trouble with these skills when alcohol enters the cerebellum. After drinking alcohol, a person’s hands may be so shaky that they can’t touch or grab things normally, and they may lose their balance and fall.

Hypothalamus—The hypothalamus is a small part of the brain that does an amazing number of the body’s housekeeping chores. Alcohol upsets the work of the hypothalamus. After a person drinks alcohol, blood pressure, hunger, thirst, and the urge to urinate increase while body temperature and heart rate decrease.

Medulla—The medulla controls the body’s automatic actions, such as a person’s heartbeat. It also keeps the body at the right temperature. Alcohol actually chills the body. Drinking a lot of alcohol outdoors in cold weather can cause a person’s body temperature to fall below normal. This dangerous condition is called *hypothermia*.

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Office of the Surgeon General. (2007). *The Surgeon General’s Call to Action To Prevent and Reduce Underage Drinking: A Guide for Families* (PDF 900KB) Rockville, MD: U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. *Reach Out Now* Teach-In Lesson Plan.

BRAIN RESOURCES

YOUTH

Too Smart to Start

<http://www.toosmarttostart.samhsa.gov/families/facts/brain.aspx>

Science and Management of Addictions (SAMA)

<http://samafoundation.org/youth-substance-addiction/effects-of-drugs-on-adolescent-brain/>

Drugs Fact Week/Drug Fact Chat Day

<http://drugfactsweek.drugabuse.gov/chat/>

NIDA for Teens

<http://teens.drugabuse.gov/drug-facts/brain-and-addiction>

TEACHERS

NIDA for Teens/Teachers Guide

<http://teens.drugabuse.gov/educators/curricula-and-lesson-plans/mom-teachers-guide>

“Mind Over Matter” series on drugs and the brain

<http://www.drugabuse.gov/parent-teacher.html>

“Brain Power” (elementary–middle school)

<http://www.drugabuse.gov/publications/brain-power>

Scholastic “Heads Up, Real News, About Drugs and Your Body”

<http://headsup.scholastic.com/>

The Neurobiology of Ecstasy (MDMA)

<http://www.drugabuse.gov/publications/teaching-packets/neurobiology-ecstasy>

The Neurobiology of Drug Addiction

<http://www.drugabuse.gov/publications/teaching-packets/neurobiology-drug-addiction>

The Brain and the Actions of Cocaine, Opiates, and Marijuana

<http://www.drugabuse.gov/publications/teaching-packets/brain-actions-cocaine-opiates-marijuana>

Understanding Drug Abuse and Addiction: What Science Says

<http://www.drugabuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction>

GENERAL

National Institute on Drug Abuse (NIDA)

www.drugabuse.gov

Drugs, Brains & Behavior: The Science of Addiction

<http://www.drugabuse.gov/publications/science-addiction>

Bringing the Power of Science to Bear on Drug Abuse and Addiction

<http://www.drugabuse.gov/publications/teaching-packets/power-science>

Drug Abuse, Addiction, and the Brain: WEB MD

<http://www.webmd.com/mental-health/drug-abuse-addiction>

Partnership for a Drug-Free America

www.drugfreeamerica.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.samhsa.gov

BRAIN RESEARCH PUBLICATIONS AND WEB LINKS

Brain Basics

http://www.brainline.org/multimedia/interactive_brain/the_human_brain.html

This link provides information about the different regions of the brain using a graphical user interface to highlight each region. This interactive tool is a great way to learn about what each region of the brain is responsible for.

BrainLine Webcast: Substance Abuse and TBI BrainLine

http://www.brainline.org/webcasts/4-TBI_and_Substance_Abuse/

This webcast is the fourth installment of BrainLine.org's webcast series on traumatic brain injury (TBI), "Substance Abuse and TBI," hosted by Doris McMillon. Learn about how substance abuse and TBI together can result in a vicious cycle and how prompt treatment can greatly impact recovery.

Substance Abuse/Brain Injury Client Workbook

<http://www.brainline.org/content/2009/10/subi-client-workbook.html>

This workbook was created for people who are living with the effects of a brain injury and are also having some problems due to drug or alcohol use.

Adolescent Brain Development and the Risk for Alcohol and Other Drug Problems

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2988999/pdf/11065_2010_Article_9146.pdf

Dynamic changes in neurochemistry, fiber architecture, and tissue composition occur in the adolescent brain. The course of these maturational processes is being charted with greater specificity, owing to advances in neuroimaging and indicate grey matter volume reductions and protracted development of

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white matter in regions known to support complex cognition and behavior. Together, findings in this arena underscore the importance of refined research and programming efforts in adolescent health and interventional needs.

Resources Provided by: SAMHSA PATH Program: <http://pathprogram.samhsa.gov/>

ADDITIONAL AWARENESS EVENT RESOURCES

INHALANT AND POISON AWARENESS WEEK *(3RD WEEK IN MARCH)*

National Inhalants and Poisons Awareness Week is an opportunity to raise awareness of the dangers of inhalants and to get your community engaged on this issue.

National Inhalant Prevention Coalition

<http://www.inhalants.org/nipaw.htm>

Community Anti-Drug Coalitions of America (CADCA)

<http://www.cadca.org/resources/detail/get-ready-national-inhalants-poisons-awareness-week>

National Inhalant Abuse Prevention

<http://www.inhalant.org/2013/02/national-inhalants-and-poisons-awareness-week>

SAMHSA: Inhalants = Poison: That's the Message

http://www.samhsa.gov/samhsanewsletter/Volume_17_Number_2/Inhalants.aspx

Inhalants and Poisons Awareness Week—E-promos

<http://www.epromos.com/education/calendars/inhalants-poisons-awareness-week/>

KICK BUTTS DAY *(3RD WEDNESDAY IN MARCH)*

Kick Butts Day is a national day of activism that empowers youth to speak up and take action against tobacco use at more than 1,000 events from coast to coast.

Campaign for Tobacco-Free Kids

<http://www.kickbuttsday.org/>

Facebook

<https://www.facebook.com/kickbuttsday>

Twitter

<https://twitter.com/KickButtsDay>

The Eighty Four

<http://www.the84.org/2013kickbuttsday/>

The Fix

<http://www.thefix.com/content/national-kick-butts-day-targets-tobacco91432>

The Filter

<http://thefilterwales.org/join-in/kick-butts-day/>

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/tobacco/index.htm>

American Lung Association

<http://www.lung.org/stop-smoking/about-smoking/?gclid=COT05KeUm7YCFSSCQgodalIAfQ>

American Heart Association

http://www.heart.org/HEARTORG/Advocate/IssuesandCampaigns/Prevention/Building-a-Tobacco-Free-Nation_UCM_311388_Article.jsp

APRIL ALCOHOL ABUSE AWARENESS MONTH

FOCUS ON: ALCOHOL ABUSE

Suggested Activities

FOR COMMUNITIES

- Issue an Alcohol Awareness Month proclamation the Mayor's Office.
- Offer public recognition to young people and community members who lead alcohol and other drug-free lifestyles.
- Observe Alcohol-Free Weekend (see sample news release). In some communities, family-oriented businesses provide discounts or free admission to members of the community who have signed a pledge to remain alcohol-free with an organization that works to prevent alcoholism and other drug addictions.
- Partner with local businesses (including fast food restaurants; book, video and music stores; movie theaters; skating rinks; bowling alleys; and miniature golf courses) for alcohol-free youth events or promotions.
- Hold a Town Hall Meeting on Underage Drinking in your community.
- Schedule Parent Empowerment Workshops to raise awareness and understanding of issues of family recovery, to teach how adult role models both within and outside the family influence young people, to look at the effect of advertising, and to show how every parent can do his/her part to change social attitudes.
- Organize an Alcohol Awareness parade or rally.
- Insert a list of self-help groups and local resources with public utility bills.
- Plan an Alcohol Awareness Month luncheon at a local hospital with guest speakers who represent health community.

FOR MIDDLE AND HIGH SCHOOLS:

- Review school rules regarding the use of alcohol, paying particular attention to athletic codes, and determine if the rules are adequately enforced.
- Counter the pressures on young people to drink alcohol through after-school programs, good recreational facilities, alternative programs for potential school dropouts, job training, confidential health services, and community service opportunities.

Did you know?

Youth who start drinking before age 15 years are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21 years.

APRIL

- Organize alcohol-free extracurricular activities, sporting events, dances and rock concerts, using promotional items such as t-shirts and hats, and promote them to other students as alcohol-free activities.
- Ask local grocery stores to provide quantities of grocery bags to schools and ask students to illustrate these bags with Alcohol Awareness Month messages. Return the illustrated bags to the grocery stores for use with customers during April.
- Guidance counselors can develop a checklist regarding college alcohol policies to assist students and parents in their selection of schools.
- Administrators can examine advertising solicited by the school, including student newspapers and yearbooks, to ensure that there is a consistent and appropriate message regarding no use of alcohol. They can also examine policy that is used in the selection of favors for dances to ensure that there is a consistent no-use message for people under age 21. If a change in these policies seems advisable, use Alcohol Awareness Month as an opportunity to announce them.
- Teachers can teach critical skills for watching television and understanding selling techniques and commercials during Alcohol Awareness Month. Ask students to clip print ads for alcoholic beverages and bring them to class for discussion. Students can learn that drinking isn't a way to feel or be independent. Rather, students can learn that they are being influenced to drink and that independence from advertising influences really means not drinking. Also ask students to prepare a list of other pro-drinking influences, including sponsorships of sporting events and rock concerts, and promotional items such as t-shirts and hats.

FOR STUDENTS

- Remember that use of alcohol is your decision and that drinking is not necessary for having a good time.
- Know that drinking too much too fast can kill you and that alcohol poisoning, a drug overdose, is more common than many people think.
- Avoid situations where someone else's alcohol consumption or other drug use may put you at risk.
- Always respect another person's decision not to drink alcohol.
- If you are concerned about yourself, a friend or family member, seek out a school counselor or attend an Alateen meeting.

FOR COLLEGES

- Raise awareness of the fact that alcohol—the drug of choice for college students—and binge drinking are key factors in academic and social problems on American campuses. Recognize the link between serious campus problems and alcohol: vandalism, date rape, poor academic performance, dropouts, injuries, and death.
- Appoint a task force of school administrators, faculty, students, Greek system representatives, and others to make recommendations for a broad range of policy and program changes to reduce alcohol- and other drug-related problems, and provide the resources necessary for implementing and promoting such changes.

APRIL

- Provide maximum opportunities for students to live in an alcohol-free environment and to engage in stimulating, alcohol-free recreational and leisure activities. Increase programming and social activities at the beginning of the academic year when students may be more susceptible to high-risk drinking.
- Enforce a zero-tolerance policy on the illegal consumption of alcohol by students both on and off campus and take steps to reduce the opportunities for students, faculty, staff, and alumni to legally consume alcohol on campus by limiting places and times for drinking, prohibiting drunkenness, regulating conditions of use, and not sanctioning a bar on campus.
- Establish alcohol education programs on college campuses that include information on alcoholism prevention and treatment, and stress the non-use of alcohol as a healthy and viable option. Support programs and services, including housing for students in recovery, is essential.
- Ban alcohol sales at sporting arenas, or establish alcohol-free seating sections.
- Eliminate alcoholic beverage advertising and promotion in all forms from university and college campuses, including alcohol industry sponsorship of college activities.
- Form “Town/Gown” alliances with community leaders to encourage commercial establishments that promote or sell alcoholic beverages to curtail illegal student access to alcohol and adopt responsible alcohol marketing and service practices.
- Encourage prevention efforts by having students and faculty direct studies in their discipline toward college drinking problems.
- Organize and promote alcohol-free activities during spring break.

FOR PARENTS

- Teach your child that abstinence from alcohol is an acceptable lifelong decision and that they have a right to stand up for a safe academic environment.
- Teach your child that drinking can be risky and to intervene when they see that their classmates are in trouble.
- If you drink, be sure to set an ongoing healthy example regarding adult alcohol use and never brag about your use of alcohol or other drugs during your own college years.
- When helping your children to select an appropriate college, be willing to question officials about campus alcohol policies. When your children go to college, set clear and realistic expectations regarding academic performance, and continue to be as interested and involved in their lives as you were when they were in high school.
- If you are concerned about yourself, a friend, or family member, seek help today!

APRIL PREVENTION ACTIVITY PLAN

*Awareness Events: National Alcohol Awareness Month;
National Alcohol Screening Day; Alcohol Free Weekend; World Health Day*

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st	NATIONAL ALCOHOL AWARENESS MONTH						
					<i>National Alcohol Screening Day</i>		<i>World Health Day</i>
2nd	<i>Alcohol-Free Weekend</i>						
3rd							
4th							
5th							

TIPS FOR PARENTS ON UNDERAGE DRINKING

Research has shown that strong family ties help protect adolescents from alcohol and drug use. Some tips for parents:

- **Set a good example.** “Do as I say, not as I do” doesn’t cut it with teens. Adolescents can understand that some things appropriate for adults are not acceptable for teens. But keep that distinction sharp. Do not allow children to mix cocktails, bring you a beer, or sip from your wine glass.
- **Emphasize that actions have consequences.** Talk about why values such as honesty, self-reliance, and responsibility are important.
- **Make your opinions known.** Adolescents are less likely to use alcohol or drugs if they know their parents disapprove of teens using those substances. And start your talks early. Average age for first use of alcohol is about 12.
- **Set firm but reasonable rules.** Tell your child what behavior is expected. Explain the reasons for your rules and discuss the consequences for breaking them.
- **Be consistent.** Make it clear to your child that a no-alcohol rule remains in effect at all times: in your home, in a friend’s home, at a party, anywhere.
- **Get to know your child’s friends.**
- **Get to know the parents of your child’s friends.** Have everyone agree to forbid each other’s children from consuming alcohol or drugs in their homes and pledge to notify each other if one of you becomes aware of a child who violates the pact.
- **Call parents whose home is to be used for a party.** Make sure no alcohol or drugs will be tolerated. Don’t be afraid to check out a party for yourself.
- **Be straightforward.** Tell your child that you know what happens among many teens, maybe even their friends, and discuss why your child should not participate in those activities. Point out the dangers of alcohol use.
- **Give your child a way out.** Discuss in advance how to contact you or another adult to get a ride home if alcohol or drugs are being used at a party.
- **Don’t be naïve.** Watch for signs of abuse like dropping grades, a sudden change in friends, or missing money. If you sense a problem, seek help.

Resource provided by: The U.S. Department of Education offers free copies of *Growing Up Drug Free: A Parent’s Guide to Prevention*. The publication is available online at www.health.org/pubs/parguide98/ or call 1-800-624-0100 to order.

UNDERAGE DRINKING FACT SHEET

UNDERAGE DRINKING

Alcohol use by persons under age 21 years is a major public health problem.¹ Alcohol is the most commonly used and abused drug among youth in the United States, more than tobacco and illicit drugs,¹ and is responsible for more than 4,700 annual deaths among underage youth.² Although drinking by persons under the age of 21 is illegal, people aged 12 to 20 years drink 11 percent of all alcohol consumed in the United States.³ More than 90 percent of this alcohol is consumed in the form of binge drinks.³ On average, underage drinkers consume more drinks per drinking occasion than adult drinkers.⁴ In 2010, there were approximately 189,000 emergency room visits by persons under age 21 for injuries and other conditions linked to alcohol.⁵

DRINKING LEVELS AMONG YOUTH

The 2011 Youth Risk Behavior Survey⁶ found that among high school students, during the past 30 days

- 39 percent drank some amount of alcohol;
- 22 percent binge drank;
- 8 percent drove after drinking alcohol; and
- 24 percent rode with a driver who had been drinking alcohol.

Other National Surveys

In 2011, the National Survey on Drug Use and Health reported that 25 percent of youth aged 12 to 20 years drink alcohol, and 16 percent reported binge drinking.⁷

In 2011, the Monitoring the Future Survey reported that 33 percent of 8th graders and 70 percent of 12th graders had tried alcohol, and 13 percent of 8th graders and 40 percent of 12th graders drank during the past month.⁸

CONSEQUENCES OF UNDERAGE DRINKING

Youth who drink alcohol^{1,4,9} are more likely to experience

- School problems, such as higher absence and poor or failing grades;
- Social problems, such as fighting and lack of participation in youth activities;
- Legal problems, such as arrest for driving or physically hurting someone while drunk;
- Physical problems, such as hangovers or illnesses;
- Unwanted, unplanned, and unprotected sexual activity;
- Disruption of normal growth and sexual development;
- Physical and sexual assault;
- Higher risk for suicide and homicide;
- Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning;

- Memory problems;
- Abuse of other drugs;
- Changes in brain development that may have life-long effects; and/or
- Death from alcohol poisoning.

In general, the risk of youth experiencing these problems is greater for those who binge drink than for those who do not.

Youth who start drinking before age 15 years are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21 years.^{10,11}

PREVENTION OF UNDERAGE DRINKING

Reducing underage drinking will require community-based efforts to monitor the activities of youth and decrease youth access to alcohol. Recent publications by the Surgeon General¹ and the Institute of Medicine⁴ outlined many prevention strategies that will require actions on the national, state, and local levels, such as enforcement of minimum legal drinking age laws, national media campaigns targeting youth and adults, increasing alcohol excise taxes, reducing youth exposure to alcohol advertising, and developing comprehensive community-based programs. These efforts will require continued research and evaluation to determine their success and to improve their effectiveness.

REFERENCES

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3. *Office of Juvenile Justice and Delinquency Prevention. Drinking in America: Myths, Realities, and Prevention Policy*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2005.
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9. Miller JW, Naimi TS, Brewer RD, Jones SE. Binge drinking and associated health risk behaviors among high school students. *Pediatrics* 2007;119:76–85.

10. Hingson RW, Heeren T, Winter MR. Age at drinking onset and alcohol dependence: age at onset, duration, and severity. *Pediatrics* 2006;160:739–746.
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SAMPLE ALCOHOL AWARENESS MONTH PROCLAMATION

**ALCOHOL AWARENESS MONTH
PROCLAMATION**

WHEREAS, alcohol is the most commonly used addictive substance in the United States; and

WHEREAS, 1 in every 12 adults (17.6 million people) suffer from alcohol abuse or dependence; and

WHEREAS, more than half of all adults have a family history of alcoholism or problem drinking; and

WHEREAS, 100,000 persons die each year from alcohol-related causes: drinking and driving crashes, other accidents, falls, fires, alcohol-related homicides and suicides; and

WHEREAS, more than 7 million children live in a household where at least one parent is dependent on or has abused alcohol; and

WHEREAS, alcohol is a primary factor in the four leading causes of death for young people ages 10–21; and

WHEREAS, young people who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 21; and

WHEREAS, alcohol-related problems cost America \$224 billion (\$746 per person) in lost productivity, absenteeism, healthcare costs, crime and family-related problems; and

WHEREAS, the typical American will see 100,000 beer commercials before he or she turns 18;

NOW, THEREFORE, I, (INSERT NAME OF LOCAL PUBLIC OFFICIAL) do hereby proclaim that April (year) is Alcohol Awareness Month in (INSERT NAME OF AREA GOVERNED BY LOCAL PUBLIC OFFICIAL). As the (INSERT TITLE OF LOCAL PUBLIC OFFICIAL), I also call upon all citizens, parents, governmental agencies, public and private institutions, businesses, hospitals, schools and colleges in (REPEAT NAME OF AREA) to support efforts that will reduce stigma, increase community awareness, and increase support for individuals and families coping with alcoholism. Through these efforts, together, we can provide help and hope for those in our community who are facing challenges with alcohol use and abuse.

May it be so decreed.

(SEAL)

Governor/ Mayor

Secretary of State

SAMPLE ALCOHOL AWARENESS PSAs

GENERAL USE

April is Alcohol Awareness Month and the National Council on Alcoholism and (INSERT NAME OF YOUR ORGANIZATION) remind you that if your drinking has caused problems in your relationships, at work, at home, financially, physically or legally, it's time to get Help for Today, Hope for Tomorrow. For more information about alcoholism and recovery in (INSERT NAME OF AREA), call (INSERT YOUR PHONE NUMBER). That's (REPEAT PHONE NUMBER). Help is available right now.

April is Alcohol Awareness Month and the (INSERT NAME OF YOUR ORGANIZATION) want you to know that if you are concerned about your own use of alcohol or that of a friend, family member or child, help is available. For more information about alcohol problems in (INSERT NAME OF AREA), call (INSERT YOUR PHONE NUMBER). That's (REPEAT PHONE NUMBER). Call today for the information you need.

IN THE WORKPLACE

April is Alcohol Awareness Month and the (INSERT NAME OF YOUR ORGANIZATION) want to remind employers that alcohol-related problems and alcoholism cost employers billions of dollars each year in lost productivity, accidents, and poor job performance. For more information about alcoholism and recovery in (INSERT NAME OF AREA), call (INSERT YOUR PHONE NUMBER). That's (REPEAT PHONE NUMBER) to provide Help for Today, Hope for Tomorrow.

FOR PARENTS

April is Alcohol Awareness Month and the (INSERT NAME OF YOUR ORGANIZATION) want parents to know that with your help, progress is being made in the struggle to address underage drinking in our community. To join us in providing Help for Today, Hope for Tomorrow in (INSERT NAME OF AREA), call (INSERT YOUR PHONE NUMBER). That's (REPEAT PHONE NUMBER). Call and help us to prevent underage drinking.

April is Alcohol Awareness Month and if you think your child is drinking just to "have a good time," think again: many kids drink alone because they are bored or depressed. This puts them at greater risk for developing alcoholism. To provide Help for Today, Hope for Tomorrow in (INSERT NAME OF AREA), call (INSERT YOUR PHONE NUMBER). That's (REPEAT PHONE NUMBER). You can make a difference.

FOR YOUTH

April is Alcohol Awareness Month and the (INSERT NAME OF YOUR ORGANIZATION) want young people to remember that you don't have to drink if you don't want to. Who says party animals have to set the agenda? For more information about finding Help for Today, Hope for Tomorrow, (INSERT NAME OF AREA), call (INSERT YOUR PHONE NUMBER). That's (REPEAT PHONE NUMBER).

April is Alcohol Awareness Month and the (INSERT NAME OF YOUR ORGANIZATION) want to remind you of several tragic reasons, besides the law, to take alcohol-related problems and alcoholism

APRIL

seriously: highway death, drowning, suicide, violent injury, disrupted families, and unwanted pregnancy. For more information about getting Help for Today, Hope for Tomorrow in (INSERT NAME OF AREA), call (INSERT YOUR PHONE NUMBER). That's (REPEAT PHONE NUMBER). Call today and help us save a life.

FOR SCHOOLS

April is Alcohol Awareness Month and the (INSERT NAME OF YOUR ORGANIZATION) remind you that drinking is associated with the leading causes of death among young people, including car crashes, murder and suicide. Get involved. Join us in providing Help for Today, Hope for Tomorrow in (INSERT NAME OF AREA). Call (INSERT YOUR PHONE NUMBER). That's (REPEAT PHONE NUMBER). Don't wait till it's too late.

April is Alcohol Awareness Month) and the (INSERT NAME OF YOUR ORGANIZATION) remind you that alcohol is the deadliest drug for America's teenagers: a 16-year-old is more likely to die from an alcohol-related problem than any other cause. For more information about how you can provide Help for Today, Hope for Tomorrow, call (INSERT YOUR PHONE NUMBER). That's (REPEAT PHONE NUMBER). Help save a life.

NATIONAL ALCOHOL AWARENESS RESOURCES

ADULT CHILDREN OF ALCOHOLICS

World Service Organization
P.O. Box 3216
Torrance, CA 90510
310-534-1815
www.adultchildren.org

AFRICAN AMERICAN FAMILY SERVICES

2616 Nicollet Avenue South
Minneapolis, MN 55408
612-871-7878
www.aafs.net

AL-ANON/ALATEEN FAMILY GROUPS

1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
757-563-1600
U.S. Meeting Information: 888-425-2666
www.al-anon.alateen.org

ALCOHOLICS ANONYMOUS (AA)

AA World Services
P.O. Box 459
New York, NY 10163
212-870-3400
www.aa.org

AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)

4601 North Park Avenue, Suite 101
Chevy Chase, MD 20815-4520
301-656-3920
www.asam.org

BETTY FORD CENTER

39000 Bob Hope Drive
Rancho Mirage, CA 92270
800-434-7365
www.bettyfordcenter.org

CARON

P.O. Box A, Galen Hill Road
Wernersville, PA 19565
800-678-2332
www.caron.org

CENTER FOR ALCOHOL AND ADDICTION STUDIES

Box G-S121-5, Brown University
Providence, RI 02912
401-863-6600
www.caas.brown.edu

CENTER FOR SCIENCE IN THE PUBLIC INTEREST (CSPI)

1875 Connecticut Avenue NW
Suite 300
Washington, DC 20009
202-332-9110
www.cspinet.org

CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)

1 Choke Cherry Road
Rockville, MD 20857
800-726-4727 for Publications-
www.samhsa.gov

CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)

1 Choke Cherry Road
Rockville, MD 20857
800-662-4357 (for National Helpline)
www.samhsa.gov

CHILDREN OF ALCOHOLICS FOUNDATION, INC.

164 West 74th Street
New York, NY 10023
646-505-2060
www.coaf.org

COCAINE ANONYMOUS

World Service Office
3740 Overland Avenue, Suite C
Los Angeles, CA 90034-6377
310-559-5833
800-347-8998 (Hotline)
www.ca.org

COMMUNITY ANTI-DRUG COALITIONS OF AMERICA (CADCA)

625 Slaters Lane, Suite 300
Alexandria, VA 22314
703-706-0560
800-54-CADCA
www.cadca.org

DRUG STRATEGIES

1616 P Street NW, Suite 220
Washington, DC 20036
202-289-9070
www.drugstrategies.org

EAPA—EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION

4350 North Fairfax Drive, Suite 410
Arlington, VA 22203
703-387-1000
www.eapassn.org

ENTERTAINMENT INDUSTRIES COUNCIL

1760 Reston Parkway, Suite 415
Reston, VA 20190
703-481-1414
www.eiconline.org

FACES AND VOICES OF RECOVERY

1010 Vermont Avenue NW, Suite 708
Washington, DC 20005
202-737-0690
www.facesandvoicesofrecovery.org

HAZELDEN FOUNDATION

Box 11
Center City, MN 55012
800-257-7810
www.hazelden.org

INTERNATIONAL COUNCIL ON ALCOHOL AND ADDICTION

P.O. Box 189
CH 1001 Lausanne, Switzerland
011 41 21 320 9865
www.icaa.ch

INTERNATIONAL NURSES SOCIETY ON ADDICTIONS (IntNSA)

P.O. Box 16365
Columbus, OH 43216
614-221-9989
www.intnsa.org

JEWISH ALCOHOLICS, CHEMICALLY DEPENDENT PERSONS AND SIGNIFICANT OTHERS (JACS)

120 West 57th Street
New York, NY 10019
212-397-4197
www.jacsweb.org

JOIN TOGETHER

715 Albany Street, 580
3rd Floor
Boston, MA 02118
617-437-1500
www.jointogether.org

LEGAL ACTION CENTER

225 Varick Street
New York, NY 10014
212-243-1313 or 800-223-4044
www.lac.org

MARIN INSTITUTE FOR THE PREVENTION OF ALCOHOL & OTHER DRUG PROBLEMS

24 Belvedere Street
San Rafael, CA 94901
415-456-5692
www.marininstitute.org

MOTHERS AGAINST DRUNK DRIVING (MADD)

511 E. John Carpenter Freeway
Suite 700
Irving, TX 75062
214-744-6233 or 800-438-6233
www.madd.org

NAR-ANON FAMILY GROUP HEADQUARTERS, INC.

22527 Crenshaw Boulevard, Suite 200B
Torrance, CA 90505
310-534-8188 or 800-477-6291
www.nar-anon.org

NARCOTICS ANONYMOUS (NA)

World Service Office
P.O. Box 9999
Van Nuys, CA 91409
818-773-9999
www.na.org

NATIONAL ALLIANCE FOR HISPANIC HEALTH

1501 16th Street NW
Washington, DC 20036
202-387-5000
www.hispanichealth.org

NATIONAL ASSOCIATION FOR CHILDREN OF ALCOHOLICS (NACoA)

11426 Rockville Pike, Suite 301
Rockville, MD 20852
888-554-2627
www.nacoa.org

NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS (NAATP)

313 West Liberty Street, Suite 129
Lancaster, PA 17603-2748
717-392-8480
www.naatp.org

NATIONAL ASSOCIATION OF ALCOHOLISM AND DRUG ABUSE COUNSELORS (NAADAC)

1001 N. Fairfax Street, Suite 201
Alexandria, VA 22314
800-548-0497
www.naadac.org

NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS (NADCP)

4900 Seminary Road, Suite 320
Alexandria, VA 22311
703-575-9400
www.nadcp.org

NATIONAL ASSOCIATION OF LESBIAN & GAY ADDICTION PROFESSIONALS (NALGAP)

901 North Washington Street
Suite 600
Alexandria, VA 22314
703-465-0539
www.nalgap.org

NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS (NASADAD)

1025 Connecticut Avenue NW
Suite 605
Washington, DC 20036
202-293-0090
www.nasadad.org

NATIONAL ASSOCIATION ON ALCOHOL, DRUGS, AND DISABILITY, INC. (NAADD)

2165 Bunker Hill Drive
San Mateo, CA 94402-3801
650-578-8047

NATIONAL BLACK ALCOHOLISM AND ADDICTIONS COUNCIL

5104 N. Orange Blossom Trail
Suite 111
Orlando, FL 32810
407-532-2774
www.nbacinc.org

NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY

633 Third Avenue, 19th floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION (NCADI)

P.O. Box 2345
Rockville, MD 20847-2345
800-726-4727
www.health.org

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE (NCADD)

244 East 58th Street, 4th Floor
New York, NY 10022
212-269-7797
www.ncadd.org

NATIONAL FAMILIES IN ACTION

2957 Clairmont Road NE, Suite 150
Atlanta, GA 30329
404-248-9676
www.nationalfamilies.org

NATIONAL FAMILY PARTNERSHIP

2490 Coral Way
Miami, FL 33145
800-705-8997
www.nfp.org

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION (NHTSA)

1200 New Jersey Avenue SE, West Building
Washington, DC 20590
888-327-4236
www.nhtsa.dot.gov

NATIONAL INHALANT PREVENTION COALITION

322-A Thompson Street
Chattanooga, TN 37405
800-269-4237
www.inhalants.org

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

5635 Fishers Lane, MSC 9304
Bethesda, MD 20892-9304
301-443-3860
www.niaaa.nih.gov

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

6001 Executive Boulevard, Room 5213
Bethesda, MD 20892
301-443-1124
www.nida.nih.gov

NATIONAL ORGANIZATION ON FETAL ALCOHOL SYNDROME (NOFAS)

900 17th Street NW, Suite 910
Washington, DC 20006
202-785-4585
www.nofas.org

OFFICE OF MINORITY HEALTH RESOURCE CENTER

P.O. Box 37337
Washington, DC 20013-7337
800-444-6472
www.omhrc.gov

OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP)

Executive Office of the President
750 17th Street NW, 6th Floor
Washington, DC 20503
202-395-6751
www.whitehousedrugpolicy.gov

PARTNERSHIP FOR A DRUG-FREE AMERICA

405 Lexington Avenue, Suite 1601
New York, NY 10174
212-922-1560
www.drugfree.org

PHOENIX HOUSE FOUNDATION

164 West 74th Street
New York, NY 10023
212-595-5810
www.phoenixhouse.org

PHYSICIANS AND LAWYERS FOR NATIONAL DRUG POLICY

Box G-S121-4, Brown University
Providence, RI 02912
401-863-6635
www.plndp.org

PRIDE YOUTH PROGRAMS

4 West Oak Street
Fremont, MI 49412
231-924-1662
www.prideyouthprograms.org

REMOVE INTOXICATED DRIVERS (RID)

P.O. Box 520
Schenectady, NY 12301
888-283-5144
www.rid-usa.org

RUTGERS UNIVERSITY CENTER OF ALCOHOL STUDIES LIBRARY

607 Allison Road
Piscataway, NJ 08854-8001
732-445-2190
www.alcoholstudies.rutgers.edu

THE CHRISTOPHER D. SMITHERS FOUNDATION

P.O. Box 67
Mill Neck, NY 11765
516-676-0067
www.smithersfoundation.org

STUDENTS AGAINST DESTRUCTIVE DECISIONS SADD-

255 Main Street
Marlborough, MA 01752
877-723-3462
www.sadd.org

SUBSTANCE ABUSE LIBRARIANS AND INFORMATION SPECIALISTS (SALIS-

P.O. Box 9513
Berkeley, CA 94709
510-597-3440
www.salis.org

THERAPEUTIC COMMUNITIES OF AMERICA (TCA)

1601 Connecticut Avenue NW
Suite 803
Washington, DC 20009
202-296-3503
www.tca.nonprofitoffice.com

THE TRAUMA FOUNDATION

Building One, Room 300
San Francisco General Hospital
San Francisco, CA 94110
415-821-8209
www.traumaf.org

WOMEN FOR SOBRIETY

P.O. Box 618
Quakertown, PA 18951-0618
215-536-8026
www.womenforsobriety.org

Source: Resources adapted from NCADD Resource and Referral Guide—National Council on Alcoholism and Drug Dependence, Inc. (www.ncadd.org)

ADDITIONAL AWARENESS EVENT RESOURCES

NATIONAL ALCOHOL SCREENING DAY (NASD)

NASD is an initiative first launched in 1999 by the National Institutes of Health (NIH). The aim of this event is to increase public awareness that alcohol abuse and alcoholism (in which a person is dependent on alcohol) are recognized disorders that can be treated.

Am I an Alcoholic?

www.alcoholscreening.org

Screening for Mental Health (SMH): National Alcohol Screening Day

<https://www.mentalhealthscreening.org/events/national-alcohol-screening-day.aspx>

ALCOHOL-FREE WEEKEND

Alcohol-Free Weekend invites all Americans to engage in 3 alcohol-free days.

National Council on Alcoholism and Drug Dependence/NCADD: Alcohol Awareness Month

<http://www.ncadd.org/index.php/programs-a-services/alcohol-awareness-month/>

Alcoholics Anonymous (AA)

www.aa.org

Al-Anon and Alateen

<http://www.al-anon.alateen.org/>

Phi Delta Theta: Alcohol-Free Social Events

http://students.case.edu/greek/leadership/doc/pdt_dry_soc.pdf

WORLD HEALTH DAY

World Health Day is celebrated on April 7 to mark the anniversary of the founding of WHO in 1948. Each year a theme is selected for World Health Day that highlights a priority area of public health concern in the world.

World Health Organization

<http://www.who.int/world-health-day/en/>

World Health Day Suggested Activities

<http://www.emro.who.int/world-health-days/2013/organize-world-health-day-activities.html>

History of World Health Day

http://en.wikipedia.org/wiki/World_Health_Day

MAY MENTAL HEALTH AWARENESS MONTH

FOCUS ON: MENTAL HEALTH PROMOTION

Suggested Activities

Plan to celebrate National Prevention Week and promote substance abuse prevention and mental health promotion within your schools and community.

- Hold an open house or luncheon at your facility and invite community partners.
- Distribute resource information to schools in your area, or help facilitate group discussions about mental health and wellness in high school classrooms.
- Develop a billboard campaign or place signs around your town to bring awareness to your organization and to show how you are observing the day.
- Facilitate health screenings for children/adolescents at community centers, clinics, hospitals, etc.
- Use the day to promote your organization's newsletter.
- Organize a brown-bag lunch series for professionals.
- Link with your local library. Provide reading lists that help parents and kids understand trauma. Suggest a book-reading contest. Have local/school librarian display the library's collection of books on mental health-related topics.
- Hold a movie screening. Choose a movie that brings sensitivity and understanding to the complexities of the adolescent experience and mental health issues; follow with discussion.
- Organize an open-mic poetry session for teens and/or parents.
- Plan a youth talent show, including art, poetry, and music.
- Partner with local organizations in organizing a family fair with activities, food, art, etc., from the cultures represented in your community.
- Organize a local or state conference (or track at a conference) addressing the mental health needs of children.
- Link with a local children's museum, negotiating reduced/free admission and featuring children's artwork on National Children's Mental Health Awareness Day.
- Develop and distribute a fact sheet about children's mental health in your region/state.
- Encourage students in your area to participate in an essay, poster,

Did you know?

The Surgeon General's Report states that among children 9–17, almost 21 percent have diagnosable mental disorders, and that only one in five children and/or adolescents will receive mental health services in a given year.

MAY

or video contest in which participants can creatively express what they can do to help raise awareness about childhood trauma and promote mental, emotional, and behavioral health in their communities.

- Work with a school (or schools) to identify an area in the school building or on the grounds where students could paint a mural. Help the students design and create a mural that raises awareness about childhood trauma and emotional well-being and includes positive messages about the community.
- Organize a community-wide walk/run/bike ride to raise money for local prevention, mental health, treatment, or recovery organizations, or a local community center or coalition to promote the importance of an active community.
- Host a Town Hall Meeting with a question and answer (Q&A) session for local officials, leaders, and representatives during which members of the community can ask a panel of officials about prevention, substance abuse, mental health, bullying, community efforts, and programs in these areas and more. Arrange for experts in these topic areas to be present to answer questions.

MAY PREVENTION ACTIVITY PLAN

Awareness Events: Mental Health Awareness Month, National Prevention Week, National Children’s Mental Health Awareness Week, ATOD-Related Birth Defects Week, World No Tobacco Day.

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	MENTAL HEALTH AWARENESS MONTH						
1st							
2nd		<i>ATOD-Related Birth Defects Week</i>		<i>Children’s Mental Health Awareness Day</i>			
3rd							
4th							
5th							<i>May 31st – World No Tobacco Day</i>

MENTAL HEALTH AWARENESS RESOURCES

National CRISIS LINE: 1-800-273-TALK

RESEARCH, ADVOCACY, AND GOVERNMENT ORGANIZATIONS

National Institute of Mental Health
www.nimh.nih.gov

Campaign for Mental Health Reform
www.mhreform.org

SAMHSA: Center for Mental Health Services
www.samhsa.gov/centers/cmhs/cmhs.html

Mental Health America
www.nmha.org*

NAMI
www.nami.org*

World Federation for Mental Health
www.wfmh.com

Bazelon Center for Mental Health Law
www.bazelon.org

Social Security and Disability Resource Center
<http://www.ssdrc.com/>

MINDS Foundation
www.mindsfoundation.org

Child Mind Institute
www.childmind.org

ANTI-STIGMA/OUTREACH

Bring Change 2 Mind
www.bringchange2mind.org

Minds on the Edge
www.mindsontheedge.org

ADS Center

<http://www.stopstigma.samhsa.gov>

The Carter Center

www.cartercenter.org

Open Minds Open Doors

www.openmindsopendoors.com

Silver Ribbon Coalition

www.silverribbon.org

MULTICULTURAL ORGANIZATIONS AND RESOURCES

National Asian American Pacific Islander Mental Health Association

www.naapimha.org

National Organization of People of Color Against Suicide

www.nopcas.com

HBCU Center for Excellence in Substance Abuse and Mental Health

<http://www.hbcucfe.net>

Jewish Association for the Mentally Ill (UK)

www.jamiuk.org

SPECIFIC: MENTAL HEALTH AWARENESS RESOURCES

Depression

University of Michigan Depression Center

www.med.umich.edu/depression

Federation of Families for Children's Mental Health

www.ffcmh.org

Anxiety Disorders

Anxiety Disorders Association of America

www.adaa.org

Obsessive Compulsive Disorder

Beyond OCD: The College Student's Guide (formerly OCD Chicago)

www.beyondocd.org

Bipolar Disorder

The Balanced Mind Foundation (formerly the Child and Adolescent Bipolar Foundation)
www.thebalancedmind.org

Depression and Bipolar Support Alliance
www.dbsalliance.org

Eating Disorders

National Eating Disorders Association
www.nationaleatingdisorders.org

Eating Disorder Hope
www.eatingdisorderhope.com

Eating Disorders Coalition for Research Policy and Action
www.eatingdisorderscoalition.org

Rogers Memorial Hospital
www.rogershospital.org

Post-traumatic Stress Disorder (PTSD)

National Center for PTSD
www.ptsd.va.gov

Schizophrenia

Brain and Behavior Research Foundation
www.bbrfoundation.org

Professional Associations

American Psychological Association
www.apa.org

American Psychiatric Association
www.psych.org

American College Health Association
www.acha.org

American Mental Health Counselors Association
www.amhca.org

American Art Therapy Association
www.americanarttherapyassociation.org

MENTAL HEALTH AWARENESS IN SCHOOLS

EDUCATE SCHOOL PROFESSIONALS ABOUT MENTAL ILLNESS

Schools can be a primary location to promote your mental health awareness activities. Here are some ideas for approaching schools during National Mental Health Awareness Month:

- **School Board**—Organize a group of parents to meet with school board members to talk about the impact that early onset mental illness has on children, especially on school and family life. Ask for their support to help educate other leaders in the school community.
- **Superintendent**—Ask a group of parents to meet with the superintendent of the school district. Share information about mental illness in school-aged children. Brainstorm ideas about how communities and schools can work together to best address the needs of students living with mental illness.
- **Health Professionals**—Meet with school counselors, social workers, and psychologists and nurses, all of whom have the potential to be close allies in raising awareness about mental illness in schools. Ask how everyone can best work together to improve the academic and functional achievement of students with mental illness.
- **General and Special Education Teachers**—Find teachers in the community who are also family members and ask for their help in developing stronger alliances with the schools.
- **Parent-Teacher Association (PTA)**— Ask PTA leaders in one or more schools about presenting at the next scheduled PTA meeting about mental illness in children.
- **Consider Presenting NAMI's Parents and Teachers as Allies** in-service mental health education program for school professionals in the schools in your district. For more information about the in-service program, contact NAMI's Child and Adolescent Action Center at (703) 524-7600 or visit www.nami.org/caac. NAMI's Parents and Teachers as Allies: Recognizing Early-onset Mental Illness in Children and Adolescents pamphlet was designed to help raise awareness in the school community about mental illness in children. The publication, available in the NAMI bookstore, is popular with school professionals around the country and can be a great tool for outreach efforts.
- **Faith Outreach**—In addition to schools, many churches and synagogues have weekly or monthly bulletins announcing events in the community. Submit Mental Illness Awareness Week (first full week of October) activities for publication along with a short piece on the importance of ending stigma against people with severe mental illness. Stress the challenges people living with severe mental illness face and the ways others can provide spiritual support.

MENTAL HEALTH WELLNESS MESSAGES

- Wellness is essential to living a full and productive life. It's about keeping healthy as well as getting healthy.
- Wellness involves a set of skills and strategies that prevent the onset or shorten the duration of illness and promote recovery and well-being. Wellness is more than just the absence of disease.
- Wellness is more than an absence of disease. It involves complete general, mental, and social well-being. Mental health is an essential component of overall health and well-being. The fact is, our overall well-being is tied to the balance that exists between our emotional, physical, spiritual, and mental health.
- Whatever our situation, we are all at risk of stress, given the demands of daily life and the challenges they bring—at home, at work, and in life. Steps that build and maintain well-being and help us all achieve wellness involve a balanced diet, regular exercise, an adequate amount of sleep, a sense of self-worth, development of coping skills that promote resiliency, emotional awareness, and connections to family, friends, and community.
- These steps should be complemented by taking stock of one's well-being through regular mental health checkups and screenings. Just as we check our blood pressure and get cancer screenings, it's a good idea to take periodic reading of our emotional well-being.
- Fully embracing the concept of wellness not only improves health in the mind, body, and spirit, but it also maximizes one's potential to lead a full and productive life. Using strategies that promote resiliency, strengthen mental health, and prevent mental health and substance use conditions lead to improved general health and a healthier society. Also, using these strategies leads to greater academic achievement by our children, a more productive economy, and families that stay together.

CHILDREN'S MENTAL HEALTH FACTS

Some of the major mental illnesses and behavioral disorders that affect children are as follows:

Anxiety disorders: Children have fears that adults often don't understand, but when they persist or when they begin to interfere with a child's normal daily routine, he or she may have a diagnosable and treatable anxiety disorder.

Depression: Studies of children aged 6 to 12 have shown that as many as 1 in 10 suffers from the illness of depression. These children cannot escape their feelings of sadness for long periods of time.

Attention-Deficit Disorders (ADD): This condition affects a child's ability to concentrate, to learn, and to maintain a normal level of activity. Attention-deficit disorder affects from 3 to 10 percent of all children in America. Thought to be 10 times more common in boys than in girls, this disorder often develops before the age of 7 but is most often diagnosed when the child is between ages 8 and 10.

Bipolar: This illness involves persistent feelings of sadness and/or rapidly changing moods. Feelings of extreme well-being that is out of the ordinary or thoughts about suicide may be present.

Schizophrenia: This disorder involves distorted perceptions and thoughts. Children may have delusions and/or hallucinations and may hear voices or see things that are not there.

- Remember, all mental illnesses and behavioral disorders are treatable. In general, the earlier the diagnosis and treatment, the less severe the disease or disorder becomes.
- If you see symptoms that concern you contact your doctor.
- Along with treatment of a diagnosed mental illness or behavioral disorder, it is important to gain knowledge about your child's particular condition.
- Stigma strikes those affected by mental illness in almost all areas of life. Work to eliminate stigma every chance you can by sharing the fact that all mental illnesses are no-fault diseases.

If you are a parent, friend, or professional concerned about a child or teen who may show signs of a mental illness or serious behavior disorder and need support, contact the National Federation of Families for Children's Mental Health at www.fcmh.org, for area resources and information for your local chapter.

CHILDREN'S MENTAL HEALTH FACTS

DID YOU KNOW?

- It has been estimated that almost 21 percent of U.S. children, ages 9 to 17, have a diagnosable mental health or addictive disorder associated with at least minimum impairment.
- Despite the prevalence of mental health disorders in the nation's children, 79 percent of children, aged 6 to 17, with mental health disorders, do not receive mental health care. Uninsured children have a higher rate of unmet need than children with public or private insurance.
- Suicide is the third leading cause of death of youth aged 15 to 24 in the nation.
- Anxiety disorders are the most common mental disorders among children.
- With early detection and appropriate treatment, chances are excellent that most children with mental health needs can recover and lead healthy lives.
- The treatment success rate for children's mental health disorders is 80 percent. Children are best served by early intervention, which can prevent them from being placed in more costly forms of treatment later on.
- Approximately 74 percent of students who drop out of school and who are categorized as seriously emotionally disturbed are arrested within 5 years of dropping out.
- Untreated mental illness may also increase a child's risk of coming into contact with the juvenile justice system—66 percent of boys and almost 75 percent of girls in juvenile detention have at least one mental health disorder, according to one study.

Sources: Bazelon Center for Mental Health Law, National Institute of Mental Health and the Substance Abuse and Mental Health Services Administration.

SOCIAL DETERMINANTS OF HEALTH

UNDERSTANDING THE SOCIAL DETERMINANTS OF HEALTH

What are the social determinants of health?

The social determinants of health are the conditions in which children, youth, and families are born, grow up, live and work, as well as the quality and accessibility to health care. Where you live can be a significant indicator of how well you live as well as how long you live. Such non-medical factors influence health and well-being, including health-related knowledge, attitudes, beliefs, or behaviors.¹ Socioeconomic inequalities in health have been widening for decades. In the United States, the data consistently show that people living in poverty, and particularly those who are minorities, bear a disproportionate burden of exposure to unhealthy environments and are at greater risk for mental and behavioral health-related conditions.² In addition to health literacy, gender, education, sexual orientation, and geography, culture, acculturation, language, race, ethnicity, socioeconomic status, and social exclusion significantly influence overall health status as well.³ These factors tend to be interrelated and contribute to disparities among, as well as within, groups.

ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

Who should address social determinants of health?

Social determinants of health should be addressed by groups of all different kinds, including but not limited to

- Policy Makers;
- State Health Directors; and/or
- Communities.

Why address the social determinants of health?

Creating a framework that incorporates the social determinants of health can provide a more complete picture of why people become ill initially, and, moreover, what it will take to restore their health. It recognizes the value of equity and social justice as essential to staying healthy and accessing quality health care. Policy changes to alleviate the social determinants of health, such as poverty, racism, violence, and access to resources, can have a far reaching impact on improving the health of a community. Here are just a few of the facts:

- Approximately 3.5 million individuals are homeless in America.⁴

1 WHO (2010). Social determinants of health. Retrieved from http://www.who.int/social_determinants/en/

2 Evans, G., & Kantrowitz, E. (2002). Socioeconomic status and health: The potential role of environmental risk exposure. *Annual Review of Public Health*, 23, 303-31.

3 Shern, D., Steverman, S., Ahmed, E., & Shea, P. (2011). *Situational Analysis: Issues of Relevance in Designing a National Strategy to Promote Mental, Emotional, and Behavioral Health and to Prevent/Reduce Mental Illness and Substance Use Disorders*. Alexandria, VA: National Association of State Mental Health Program Directors. Retrieved from:

<http://www.nasmhpd.org/docs/PreventionResources/Situation%20Analysis.pdf>

4 National Coalition for the Homeless. (2009). *How many people experience homelessness?* Retrieved from http://www.nationalhomeless.org/factsheets/How_Many.html

- In the United States, 44 million people are living in poverty and 41.3 million are using food stamps.⁵
- Children living in poverty are seven times more likely to have poor health than children in higher income households.⁶
- With a prison population of 2.3 million, we now have the highest rate of incarceration in the world.⁷
- Approximately 30 percent of LGBT youth report having been physically abused by family members because of their sexual orientation, gender identity, or expression.⁸
- LGBT individuals had a 1.5 times higher risk for depression and anxiety disorders over a period of 12 months or a lifetime than heterosexual individuals.⁹
- African Americans are 30 percent more likely to report having serious psychological distress than non-Hispanic Whites.¹⁰

TIPS FOR ADDRESSING SOCIAL DETERMINANTS OF HEALTH

Tips for Policy Makers

1. Lawmakers should consider the impact of social determinants of health as a framework when developing policies.
2. Public policies should be developed that promote equitable access to important social and material resources.
3. Policies that promote social inclusion and acceptance of diverse communities should be pursued.
4. Consider the social determinants of health as a guide for the development of policies for behavioral health prevention that call for multi-agency partnerships or collaboration.
5. Key decision makers can use this information to coordinate with foundations and other stakeholders in identifying solutions.

Tips for State Health Directors

1. Encourage state public health departments to partner with their state behavioral health program directors to guide implementation of evidence-based programs using the social determinants of health (e.g., parks, other recreational areas, the Good Behavior Game, etc.).
2. Incorporate behavioral health into a broader public health state plan using social determinants of health to guide the drafting of the plan. The social determinants can be used as a frame of reference to get behavioral health folded into broader public health goal(s) of states.

5 DeNavus-Walt, C., Proctor, B.D., & Smith, J.C. (2010). *Income, poverty, and health insurance coverage in the United States: 2009*. U.S. Census Bureau, Current Population Reports, P60-238. Washington, DC: U.S. Government Printing Office. Retrieved from <http://www.census.gov/prod/2010pubs/p60-238.pdf>

6 Shern, D., Steverman, S., Ahmed, E., & Shea, P. (2011). Situational Analysis. Retrieved from: <http://www.nasmhpd.org/docs/PreventionResources/Situation%20Analysis.pdf>

7 Ibid.

8 <http://minorityhealth.hhs.gov/>

9 http://books.nap.edu/openbook.php?record_id=13128&page=206

10 <http://minorityhealth.hhs.gov/>

3. To facilitate and provide support to the state health directors working with other agencies to be cognizant regarding the impact of the social determinants of health.
4. Address unequal access to health care in all aspects of policy including: location of clinical facilities, culturally appropriate outreach to populations who are known to underutilize health care, ensure that lower income first-time mothers have access to a visiting nurse service.
5. Educate political leadership regarding the importance of addressing problems of poverty, racism, and social exclusion for the health and productivity of the population.
6. Reach out to the leadership of other components of state government to address the multiple social determinants (education, safe housing, healthful food) known to drive population health.

TIPS FOR COMMUNITIES

1. Raise awareness of the importance of the social determinants of health and their impact on individuals and communities.
2. Pursue policies to ensure that healthful food, safe housing, and living wages are available to everyone in the community.
3. Support community activities to build social networks among individuals who represent differing racial or ethnic groups.

KEY MESSAGES FOR EVERYONE

- Social determinants of health are the primary determinants regarding whether individuals stay healthy or become ill.
- The larger the gap in health disparities, the more the overall health status of entire populations is reduced.
- The larger the difference in health status between the healthiest and least healthy in a community, the lower the overall health status of the population.
- Assess the community with the community using a community-based participatory approach (community engagement).
- Significant health inequalities persist among and within minority groups.
- Equity and social justice are the cornerstones of health.

THE PREVENTION PLEDGE TO PROMOTE SUBSTANCE ABUSE PREVENTION AND MENTAL HEALTH PROMOTION

Everyone can play a role in prevention. Your choices make a big difference. Choose items below and pledge to make healthy choices that help prevent substance abuse and promote mental health in your own life and in your community.

I will...

- Take care of my own personal health and well-being, and get help if I experience a health problem or a stressful situation that I don't know how to handle;
- Talk to others about the prevention of substance use and the promotion of mental, emotional, and behavioral well-being;
- Learn about and support suicide prevention programs such as the National Suicide Prevention Lifeline (1-800-273-TALK [8255]) and the Trevor Project;
- Stay tobacco-free OR seek help to quit smoking or using tobacco;
- Encourage my children, friends, and/or family members to improve their mental, emotional, and behavioral health by promoting rest, a healthy diet, physical exercise, and time outdoors;
- Point loved ones in the direction of resources that can help them improve their mental, emotional, and behavioral well-being;
- Talk with a friend or loved one who has been having a difficult time and discuss things that are bothering him/her; and
- Spread the prevention message online by posting about and linking to National Prevention Week on my Facebook and Twitter pages, and on my blog or Web site. https://www.facebook.com/samhsa?sk=app_331189933586634

COMMUNITY STEPS

I will...

- Attend a National Prevention Week event;
- Host a drug- and alcohol-free party or event;
- Be a positive role model in my community and someone others can look up to;
- Volunteer with a community program or organization that provides support for at-risk populations such as youth, tribal communities, veterans, and military families;
- Encourage my local school district to implement an alcohol and substance use prevention program and provide programs to promote students' mental health; and
- Encourage friends, family, neighbors, and loved ones to sign the Prevention Pledge!

I know that prevention matters! I pledge to take action to prevent substance abuse and promote mental, emotional, and behavioral well-being. I recognize that I have the ability to make a difference—in my own life, in the lives of my friends and family, and in my community. I pledge to take responsibility for the daily choices that I make and to focus on maintaining a healthy lifestyle.

Sign: _____

MENTAL HEALTH AWARENESS MONTH SAMPLE PROCLAMATION

**MENTAL HEALTH AWARENESS MONTH
PROCLAMATION**

WHEREAS, mental health is essential to everyone’s overall health and well-being; and

WHEREAS, all Americans experience times of difficulty and stress in their lives; and

WHEREAS, promotion and prevention are effective ways to reduce the burden of mental health conditions; and

WHEREAS, there is a strong body of research that supports user-friendly tools that all Americans can access to better handle challenges, and protect their health and well-being; and

WHEREAS, mental health conditions are real and prevalent in our nation; and

WHEREAS, with effective treatment, those individuals with mental health conditions can recover and lead full, productive lives; and

WHEREAS, each business, school, government agency, faith-based organization, health care provider, and citizen has a responsibility to promote mental wellness and support prevention efforts.

THEREFORE, I [NAME OF PUBLIC OFFICIAL], do hereby proclaim May (YEAR) as Mental Health Awareness Month in [STATE OR COMMUNITY]. As the [TITLE OF LOCAL OFFICIAL], I also call upon the citizens, government agencies, public and private institutions, businesses, and schools in [STATE OR COMMUNITY] to re-commit our community to increasing awareness and understanding of mental health, the steps our citizens can take to protect their mental health, and the need for appropriate and accessible services for all people with mental health conditions.

May it be so decreed.

(SEAL)

Governor/ Mayor

Secretary of State

ADDITIONAL AWARENESS EVENT RESOURCES

NATIONAL PREVENTION WEEK

National Prevention Week is a SAMHSA-supported annual health observance dedicated to increasing public awareness of, and action around, substance abuse and mental health issues. This observance is an opportunity to join with other individuals, organizations, and coalitions in your community to promote prevention efforts, educate others about behavioral health issues, and create and strengthen community partnerships. (<http://www.samhsa.gov/preventionweek>)

NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS DAY

National Children's Mental Health Awareness Day is a key strategy of the Caring for Every Child's Mental Health Campaign, which is part of the Public Awareness and Support Strategic Initiative by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. This awareness day is held on the second Thursday in May. (<http://www.samhsa.gov/children/national.asp>)

ATOD-RELATED BIRTH DEFECTS WEEK

Each May, the National Council on Alcoholism and Drug Dependence (NCADD) and its national network of affiliates play a major and vital role across the United States in educating people, especially women, about the dangers of consuming alcohol and using drugs during pregnancy. It is not pretty. Newborns can come into the world with severe birth defects. The reality is harsh and sad. NCADD believes children deserve better! (<http://www.ncadd.org>)

WORLD NO-TOBACCO DAY

Every year, on May 31, WHO and partners everywhere mark World No-Tobacco Day, highlighting the health risks associated with tobacco use and advocating for effective policies to reduce tobacco consumption. Tobacco use is the single most preventable cause of death globally and is currently responsible for killing 1 in 10 adults worldwide. (www.who.int/tobacco/wntd/)

JUNE MARIJUANA ABUSE AWARENESS MONTH

FOCUS ON: MARIJUANA USE AND ABUSE

Suggested Activities

- Invite a speaker to talk to your school, organization, or business about marijuana trends and consequences of use.
- Give a speech in your classroom, school, or business; take a stand, point out the harmful effects of marijuana on lives, families, brains, bodies, and futures.
- Distribute information packets to parents and teens about the harmful effects of marijuana use. <http://www.drugabuse.gov/publications/drugfacts/marijuana>
- At school, involve English, social studies, science, health, speech, journalism, and audiovisual communications classes in research and reports regarding the current use and harmful effects of marijuana abuse. Mathematics and economics classes could examine the effect on our economy regarding the costs of drug use, law enforcement, and public health care.
- Develop critical thinking exercises to include distinguishing between and evaluating fact and non-factual information regarding marijuana and marijuana-infused products.
- Intercom messages, audio or video, can be made daily to highlight the awareness activities and deliver the message of the harmful effects of marijuana use.
- Post large poster paper within your school or local community center, asking for people to sign and commit to being “Marijuana Free.”
- Host an Anti-Drug Abuse rally at your school or local community center. Invite local officials, parents, and town members to attend.
- Encourage the media to visit your awareness activities and share the marijuana prevention message with the rest of the community and state.
- Develop pledge cards and host a contest to see which class/school can sign the most pledges. Invite the media to help you judge and share the information in the news.
- Write essays, poems, letters to editors, and short stories explaining what being drug-free means to you and your future. Describe a drug-free world and the differences your own children could have.
- Have a contest to name as many drug-free activities as you can.
- Host a recognition event, where you take time to thank parents, teachers, law enforcement, and community members for being drug free and making your home and community a safe place to live.

Did you know?

That teens who use marijuana are at a greater risk for using other drugs, such as cocaine and heroin, than those who have never tried marijuana.

Remember: prevention matters!

JUNE

- Create signs with prevention information and start a parade walk, before a game or community event, for “I’d walk a mile to be marijuana free,” invite the media to cover the event.
- Write thank you letters to businesses in your community for sending positive drug free messages and setting strong role models for students in your town.

JUNE PREVENTION ACTIVITY PLAN

*Awareness Events:
International Day Against Drug Abuse, National HIV Testing Day*

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st							
2nd							
3rd							
4th				<i>National HIV Testing Day</i>	<i>June 26th – International Day Against Drug Abuse</i>		
5th							

MARIJUANA INFORMATION

Marijuana is a dry, shredded green-and-brown mix of leaves, flowers, stems, and seeds from the hemp plant *Cannabis sativa*. In a more concentrated, resinous form, it is called hashish, and as a sticky black liquid, hash oil. The main psycho-active (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC.

Marijuana is the most common illicit drug used in the United States. After a period of decline in the last decade, its use has generally increased among young people since 2007, corresponding to a diminishing perception of the drug's risks. More teenagers are now current (past-month) smokers of marijuana than of cigarettes, according to annual survey data.

HOW IS MARIJUANA ABUSED?

Marijuana is usually smoked in hand-rolled cigarettes (joints) or in pipes or water pipes (bongs). It is also smoked in blunts—cigars that have been emptied of tobacco and refilled with a mixture of marijuana and tobacco. Marijuana smoke has a pungent and distinctive, usually sweet-and-sour, odor. Marijuana can also be mixed in food or brewed as a tea.

HOW DOES MARIJUANA AFFECT THE BRAIN?

When marijuana is smoked, THC rapidly passes from the lungs into the bloodstream, which carries the chemical to the brain and other organs throughout the body. It is absorbed more slowly when ingested in food or drink.

However it is ingested, THC acts upon specific molecular targets on brain cells, called cannabinoid receptors. These receptors are ordinarily activated by chemicals similar to THC called endocannabinoids, such as anandamide. These are naturally occurring in the body and are part of a neural communication network (the endocannabinoid system) that plays an important role in normal brain development and function.

The highest density of cannabinoid receptors is found in parts of the brain that influence pleasure, memory, thinking, concentration, sensory and time perception, and coordinated movement. Marijuana overactivates the endocannabinoid system, causing the high and other effects that users experience. These include distorted perceptions, impaired coordination, difficulty with thinking and problem solving, and disrupted learning and memory.

Research has shown that, in chronic users, marijuana's adverse impact on learning and memory persists after the acute effects of the drug wear off; when marijuana use begins in adolescence, the effects may persist for many years. Research from different areas is converging on the fact that regular marijuana use by young people can have long-lasting negative impact on the structure and function of their brains.

A recent study of marijuana users who began using in adolescence revealed a profound deficit in connections between brain areas responsible for learning and memory. And a large prospective study (following individuals across time) showed that people who began smoking marijuana heavily in their teens lost as much as 8 points in IQ between age 13 and age 38; importantly, the lost cognitive abilities were not restored in those who quit smoking marijuana as adults. (Individuals who started smoking marijuana in adulthood did not show significant IQ declines.)

EFFECTS ON LIFE

Research clearly demonstrates that marijuana has the potential to cause problems in daily life or make a person's existing problems worse. In fact, heavy marijuana users generally report lower life satisfaction, poorer mental and physical health, relationship problems, and less academic and career success compared to their peers who came from similar backgrounds. For example, marijuana use is associated with a higher likelihood of dropping out from school. Several studies also associate workers' marijuana smoking with increased absences, tardiness, accidents, workers' compensation claims, and job turnover.

WHAT ARE THE OTHER HEALTH EFFECTS OF MARIJUANA?

Marijuana use can have a variety of adverse, short- and long-term effects, especially on cardiopulmonary and mental health.

Marijuana raises heart rate by 20–100 percent shortly after smoking; this effect can last up to 3 hours. In one study, it was estimated that marijuana users have a 4.8-fold increase in the risk of heart attack in the first hour after smoking the drug. This may be due to increased heart rate as well as the effects of marijuana on heart rhythms, causing palpitations and arrhythmias. This risk may be greater in older individuals or in those with cardiac vulnerabilities.

Marijuana smoke is an irritant to the lungs, and frequent marijuana smokers can have many of the same respiratory problems experienced by tobacco smokers, such as daily cough and phlegm production, more frequent acute chest illness, and a heightened risk of lung infections. One study found that people who smoke marijuana frequently but do not smoke tobacco have more health problems and miss more days of work than nonsmokers, mainly because of respiratory illnesses.

A number of studies have shown an association between chronic marijuana use and mental illness. High doses of marijuana can produce a temporary psychotic reaction (involving hallucinations and paranoia) in some users, and using marijuana can worsen the course of illness in patients with schizophrenia. A series of large prospective studies also showed a link between marijuana use and later development of psychosis. This relationship was influenced by genetic variables as well as the amount of drug used and the age at which it was first taken—those who start young are at increased risk for later problems.

Associations have also been found between marijuana use and other mental health problems, such as depression, anxiety, suicidal thoughts among adolescents, and personality disturbances, including a lack of motivation to engage in typically rewarding activities. More research is still needed to confirm and better understand these linkages.

Marijuana use during pregnancy is associated with increased risk of neurobehavioral problems in babies. Because THC and other compounds in marijuana mimic the body's own cannabinoid-like chemicals, marijuana use by pregnant mothers may alter the developing endocannabinoid system in the brain of the fetus. Consequences for the child may include problems with attention, memory, and problem solving.

Finally, marijuana use has been linked in a few recent studies to an increased risk of an aggressive type of testicular cancer in young men, although further research is needed to establish whether there is a direct causal connection.

IS MARIJUANA ADDICTIVE?

Contrary to common belief, marijuana is addictive. Estimates from research suggest that about 9 percent of users become addicted to marijuana; this number increases among those who start young (to about 17 percent, or 1 in 6) and among daily users (to 25–50 percent). Thus, many of the nearly 7 percent of high-school seniors who (according to annual survey data) report smoking marijuana daily or almost daily are well on their way to addiction, if not already addicted (besides functioning at a sub-optimal level all of the time).

Long-term marijuana users trying to quit report withdrawal symptoms including irritability, sleeplessness, decreased appetite, anxiety, and drug craving, all of which can make it difficult to remain abstinent. Behavioral interventions, including cognitive-behavioral therapy and motivational incentives (i.e., providing vouchers for goods or services to patients who remain abstinent) have proven to be effective in treating marijuana addiction. Although no medications are currently available, recent discoveries about the workings of the endocannabinoid system offer promise for the development of medications to ease withdrawal, block the intoxicating effects of marijuana, and prevent relapse.

Source: NIH–National Institute on Drug Abuse; <http://www.drugabuse.gov/publications/drugfacts/marijuana>

MARIJUANA LETTER TO TEENS

Dear_____:

Did you know that marijuana use among U.S. teens has dropped dramatically since the late 1990s? So... if you were thinking everyone smokes pot, they don't. Statistics show that about 15 percent, or roughly 1 in 7 teens, report past-month marijuana use. In the last few years, however, the decline in marijuana use has stalled, and the reason may be that fewer of you consider marijuana to be a harmful drug.

BUT... that perception is not correct. In 2009, among marijuana users 12 and older, 4.3 million had a marijuana abuse or addiction problem, according to clinical diagnostic criteria. Look inside this booklet to see what else we know, because marijuana is not as harmless as you may think.

Our goal is to give you the straight facts, so you can make smart choices and be your best self—without drugs. Here are some things to think about:

Addiction: Marijuana is addictive. Of course, not everyone who smokes marijuana will become addicted—that depends on a whole bunch of factors—including your family history (genes), the age you start using, whether you also use other drugs, family and peer relationships, success in school, etc. Repeated marijuana use can lead to addiction—which means that people have difficulty controlling their drug use and often cannot stop even though they want to, and even though it undermines many aspects of their lives. Research shows that approximately 9 percent, or about 1 in 11, of those who use marijuana at least once will become addicted. This rate increases to 16 percent, or about 1 in 6, if you start in your teens, and goes up to 25-50 percent among daily users. Moreover, among young people in drug abuse treatment, marijuana accounts for the largest percentage of admissions: 61 percent of those under age 15 and 56 percent of those 15–19.

Driving: Marijuana is unsafe if you are behind the wheel. Marijuana is the most common illegal drug found in drivers who die in accidents (around 14 percent of drivers), often in combination with alcohol or other drugs. Marijuana affects a number of skills required for safe driving—alertness, concentration, coordination, and reaction time—so it's not safe to drive high or to ride with someone who's been smoking. Marijuana makes it hard to judge distances and react to signals and sounds on the road. And combining marijuana with drinking even a small amount of alcohol greatly increases driving danger, more than either drug alone.

School: Marijuana is linked to school failure. Marijuana's negative effects on attention, memory, and learning can last for days and sometimes weeks—especially if you smoke often. Someone who smokes marijuana daily may be functioning with a “dimmed-down” brain most or all of the time. Compared with their peers who don't smoke, students who smoke marijuana tend to get lower grades and are more likely to drop out of high school. Also, longtime marijuana users themselves report being less satisfied with their lives, experiencing memory and relationship problems, poorer mental and physical health, lower salaries, and less career success.

We hope you will continue to make healthy choices for yourself and continue the conversation and share this information with your peers, parents, teachers, and others. Thanks for listening!

For more information, get free publication of Marijuana Facts for Teens: <http://www.drugabuse.gov/publications/marijuana-facts-teens>.

Source: NIH–National Institute on Drug Abuse; <http://www.drugabuse.gov>

MARIJUANA LETTER TO PARENTS

Dear Parents:

Marijuana remains the most abused illicit substance among youth. By the time they graduate high school, about 44 percent of U.S. teens will have tried marijuana at least once in their lifetime. Although use among teens has dropped dramatically in the past decade (to a prevalence of about 15 percent for past-month use in 2010), this decline has stalled and, in fact, may now be on the upswing. Recent survey data show that daily marijuana use is up among students in 8th, 10th, and 12th grades, compared to the year prior. A principal reason is that today's teens have come to view marijuana as less dangerous than before—even among 8th graders, whose marijuana use increased across past-year, past-month, and daily measures. These statistics were taken from the 2010 Monitoring the Future Survey, which has been tracking teen attitudes and drug use since 1975.

Survey results show that we still have a long way to go in our efforts to prevent marijuana use and avoid the toll it can take on a young person's life. Research recognizes that parents have an important role in this effort and can strongly influence their children's attitudes and behaviors. However, the subject of marijuana use has become increasingly difficult to talk about—in part, because of the mixed messages being conveyed by the passage of medical marijuana laws and calls for marijuana legalization in certain States. In addition, many parents of today's teens may have used marijuana when they were younger, which could make talking openly and setting definitive rules about its use more difficult.

Talking to our children about drug abuse is not always easy, but it is crucial. You can also get involved in your community and seek out drug abuse prevention programs that you and your child can participate in together. Sometimes, just beginning the conversation is the hardest part. We hope these booklets can help:

1. Marijuana: Facts Parents Need to Know [<http://www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know>] and
2. Marijuana: Facts for Teens [<http://www.drugabuse.gov/publications/marijuana-facts-teens>]

Although it is best to talk about drugs when children are young—since that is when drug use often begins—it is never too late to start.

For more information or if you would like further support please contact: (YOUR INFORMATION)

Thanks for listening.

Source: NIH–National Institute on Drug Abuse; <http://www.drugabuse.gov>

MARIJUANA RESOURCES

EDUCATIONAL RESOURCES

Marijuana Resource Center, White House
<http://www.whitehouse.gov/ondcp/marijuanainfo>

NIH–National Institute on Drug Abuse
<http://www.drugabuse.gov/publications/drugfacts/marijuana>

The Brain and the Actions of Cocaine, Opiates, and Marijuana
<http://www.drugabuse.gov/publications/teaching-packets/brain-actions-cocaine-opiates-marijuana>

NIDA for Teens
<http://teens.drugabuse.gov/drug-facts/marijuana>

Marijuana Facts for Teens, U.S. Department of Health and Human Services,
National Institute on Drug Abuse
<http://publications.usa.gov>

Drug-Free Action Alliance; DFAA
https://www.drugfreeactionalliance.org/marijuana_resources

The Partnership at Drug-Free.org
<http://www.drugfree.org>

American Cancer Society
<http://www.cancer.org/treatment/treatmentsandsideeffects/complementaryandalternativemedicine/herbsvitaminsandminerals/marijuana>

Just Think Twice
<http://www.justthinktwice.com>

TREATMENT AND RECOVERY RESOURCES

National Institute on Drug Abuse–NIH
<http://www.drugabuse.gov/publications/marijuana-abuse>

Marijuana Addiction—Drug Rehabs
<http://www.drug-rehabs.com/marijuana.htm>

Coalition Against Drug Abuse
<http://drugabuse.com/library/marijuana-abuse>

National Drug and Alcohol Treatment Hotline
1-800-662-HELP

Marijuana Abuse Recover
<http://www.alcoholanddrugsrehab.com>

Marijuana Anonymous (MA)
<http://www.marijuana-anonymous.org>

Addictions and Recovery.org
<http://www.addictionsandrecovery.org/marijuana.htm>

Livestrong
<http://www.livestrong.com/article/23138-marijuana-addiction-recovery>

MARIJUANA SAMPLE FACT SHEET

SHORT-TERM EFFECTS

Marijuana affects people in different ways, depending on the user's previous experience, how strong the marijuana is (how much THC it has), how the marijuana is taken, what the user expects to happen, where the drug is used, and/or whether the user is drinking alcohol or using other drugs. Possible side effects are as follows:

- Altered perception of time, distance, space, sights, sounds and touch;
- Impaired judgment and decision making;
- Loss of coordination and slowed reaction time;
- Disorientation;
- Red eye;
- Dry mouth and throat;
- Increased appetite (“the munchies”);
- Sleepiness;
- Racing heart rate;
- May suffer feelings of anxiety and have paranoid thoughts or temporary psychosis;
- Problems with memory and learning; and
- Trouble thinking and problem solving.

The effects are greater when mixed with alcohol or other drugs.

LONG-TERM EFFECTS

Regular use of marijuana can cause:

- Increased risk of cancer. The amount of tar, carbon monoxide, and cancer-causing chemicals inhaled in marijuana smoke are three to five times greater than that inhaled from the same amount of tobacco smoke.
- Damage to lungs and airways. Just like cigarette smokers, people who smoke marijuana often develop breathing problems— coughing, wheezing. They tend to have more chest colds as non-users and are at greater risk of getting lung infections like pneumonia.
- Weakened immune system. Studies have shown that THC can damage the immune system—the cells and tissues in the body that help protect against disease. When the immune cells are weakened, you are more likely to get sick.
- Difficulty remembering things and concentrating.
- Lack of motivation. You could lose interest in school, work and activities that you enjoy.
- Risk of mental health problems— depression, anxiety, schizophrenia
- Risk of addiction. Today, more teens enter treatment for marijuana dependency than for all other illicit drugs combined.

ADDITIONAL AWARENESS EVENT RESOURCES

JUNE 26—INTERNATIONAL DAY AGAINST DRUG ABUSE

By resolution 42/112 of December 7, 1987, the General Assembly decided to observe June 26 as the International Day against Drug Abuse and Illicit Trafficking as an expression of its determination to strengthen action and cooperation to achieve the goal of an international society free of drug abuse. This resolution recommended further action with regard to the report and conclusions of the 1987 International Conference on Drug Abuse and Illicit Trafficking.

(<http://www.un.org/en/events/drugabuseday>)

JUNE 27—NATIONAL HIV TESTING DAY

National HIV Testing Day (NHTD), June 27, is an annual observance to promote HIV testing. The National Association of People with AIDS (NAPWA) founded the day in 1995 and continues to be the lead for this observance. This is a particularly important time for YOU to get involved! Take the Test, Take Control.

(<http://aids.gov/news-and-events/awareness-days/hiv-testing-day>)

JULY PRESCRIPTION DRUG ABUSE AWARENESS MONTH

FOCUS ON: IV AND PRESCRIPTION DRUG ABUSE

Suggested Activities

- Host Parent information night or community awareness event. Use Parents 360 video and discussion guide to inform attendees. <http://pact360.org/programs/parents360rx>
- Host a Town Hall question-and-answer (Q&A) session with local officials, leaders, and representatives. Invite a local doctor or clinical supervisor to speak about the consequences of prescription drug abuse.
- Distribute resource information to middle and high schools in your area, and follow up in the fall to help facilitate group discussions about the prescription drug abuse in school classrooms.
- Meet with local officials and have a proclamation signed, declaring July Prescription Drug Abuse Awareness Month in your community.
- Host a fun resource fair in your community. Invite local agencies to set up tables with prescription drug abuse resources and ask each to provide a fun and informative game/activity for families attending.
- Work with your mayor to launch a public service campaign. Use sample PSAs provided in this section.
- Organize a Take Back Your Meds event in your community. Ensure you provide resources on the safe disposal of prescription medication. For more information on organizing such an event, go to http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html
- Host a “Lock Your Meds” campaign. Offer resources for medication lock boxes. For more information, go to <http://www.lockyourmeds.org>

**Did you
know?**

*Every day, more than 2,500
teenagers abuse prescription
medication for the first time!*

*Remember: prevention
matters!!!*

JULY PREVENTION ACTIVITY PLAN

<i>Awareness Events: World Hepatitis Day</i>							
Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st							
2nd							
3rd							
4th							<i>July 28th – World Hepatitis Day</i>
5th							

PRESCRIPTION DRUG ABUSE FACT SHEET

- Every day, more than 2,500 teenagers abuse prescription medication for the first time.
- More than half of teens obtain medications from friends and family.
- 12- to 17-year-olds abuse prescription drugs more than they abuse ecstasy, crack/cocaine, heroin, and methamphetamine combined.
- Prescription drug abuse by teens is exceeded only by marijuana use, and there are just as many new users (initiates) 12 and older of pain relievers as there are for marijuana
- The prescription drugs most commonly abused by teens are painkillers, prescribed to treat pain; depressants, such as sleeping pills or anti-anxiety drugs; and stimulants, mainly prescribed to treat attention-deficit hyperactivity disorder (ADHD).
- Sixty percent (60%) of teens who have abused prescription painkillers did so before age 15.
- Some teens use prescription and Over-the-Counter (OTC) drugs with alcohol or other drugs, which could lead to dangerous drug interactions and other serious medical consequences.
- Many young people mistakenly think that it is safer to misuse prescription medications than illegal street drugs. There is less social stigma attached to misusing medications so it seems more acceptable to teens.
- These medications have a legitimate medical use when used properly under a doctor's supervision, but misuse of these medications can lead to addiction, overdose, and even death.
- The illegal trafficking and abuse of prescription medications can interfere with the care of people suffering from serious illnesses and injuries by making it difficult for them to get the medications they need.
- People should keep their medications in a secure location and know how much medication is in the prescription container, encourage friends and relatives, especially grandparents, to also safeguard and regularly monitor the medications in their homes, and consult a pharmacist about how to properly dispose of medications that are no longer needed.

Source: http://www.usmayors.org/chhs/uploads/Fact_Sheet_2011.pdf

PRESCRIPTION DRUG ABUSE TALKING POINTS

MESSAGE PLATFORM ON RX MEDICATION ABUSE

What is the nature of the RX abuse problem in our area?

- The abuse of prescription medications is a growing public health concern.
 - » Every day, more than 2,500 teenagers abuse prescription medication for the first time.
 - » Most teens obtain medications they take from friends and family.
- Many young people mistakenly think that it is safer to misuse prescription medications than illegal street drugs. There is less social stigma attached to misusing medications so it seems more acceptable to teens.
- Parents often are unaware that young people are abusing prescription and OTC medications.
 - » Even when they do know, they don't know how to talk to their children about the dangers.
- These medications have a legitimate medical use when used properly under the doctor's supervision, but misuse of these medications can lead to addiction, overdose, and even death.
- Prescription drug abuse is still drug abuse.
- It is time for officials at the federal, state, and local levels to call attention to this problem and help parents and families curb the abuse of prescription medications.

What can parents do to prevent their children from abusing Rx medications?

Parents should do the following:

- Keep their medications in a secure location and know how much medication is in the prescription container.
 - » Encourage friends and relatives, especially grandparents, to also safeguard and regularly monitor the medications in their homes.
 - » Consult a pharmacist about how to properly dispose of medications that are no longer needed.
 - » Visit <http://www.safeguardmymeds.org> for more information.

How does Rx medication abuse affect medical care?

- The illegal trafficking and abuse of prescription medications can interfere with the care of people suffering from serious illnesses and injuries by making it difficult for them to get the medications they need.
- We need to make sure that people who are under a doctor's care continue to get the treatment they deserve.

Source: http://www.usmayors.org/chhs/uploads/USCM_message_platform_2011_draft.pdf

PRESCRIPTION DRUG ABUSE RESOURCES

U.S. CONFERENCE OF MAYORS PRESCRIPTION DRUG ABUSE AWARENESS CAMPAIGN RESOURCE LIST

Tips for Parents

1. **The Partnership** at drugfree.org is a nonprofit organization that unites parents, scientists, and communications professionals to help families raise healthy children. The Partnership offers interactive tools that translate the latest science and research on teen behavior, addiction, and treatment into easy-to-understand resources.
 - **The Parent Toolkit** offers practical advice for guiding your child toward a healthy life at every age. Parenting and health experts as well as real parents share the latest tips and tools for raising drug-free kids. <http://TheParentToolkit.org>
 - **The Medicine Abuse Project** is an expansive national action campaign rallying parents, grandparents, educators, health care providers, communities and law enforcement to collectively help end teen medicine abuse, and ultimately save lives. <http://MedicineAbuseProject.org>.
 - **Time to Act** offers guides and tips on what parents can do if they suspect or know that their child is abusing drugs. <http://timetoact.drugfree.org>
 - **Time to Get Help** offers advice and support for parents who are looking for substance abuse treatment services for their child. <http://timetogethelp.drugfree.org>

For more information, visit the Partnership's Web site at <http://www.drugfree.org>.

2. **The National Council on Patient Information and Education** (<http://www.talkaboutrx.org>), which offers an array of information about safe medicine use.

SAFE STORAGE AND DISPOSAL

The safe storage and proper disposal of medications is an important part of curbing the diversion and abuse of prescription drugs and can help protect the environment by keeping pharmaceutical ingredients out of the water supply. In many communities, drug take-back programs are becoming increasingly popular; however, federal agencies have indicated that certain medications should be flushed down the toilet.

The U.S. Food and Drug Administration has issued guidance to consumers about how to dispose of unused medications, and maintains a list of medications that should be flushed.

<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/default.htm>

HELPING COMMUNITIES COMBAT SUBSTANCE ABUSE

Many communities have existing anti-drug coalitions and groups that are dedicated to preventing and reducing substance abuse. The Community Anti-Drug Coalitions of America (CADCA), <http://www.CADCA.org> is a national nonprofit organization representing more than 5,000 anti-drug

community groups across the country. CADCA seeks to strengthen the capacity of local anti-drug groups so that they can more effectively and sustainably reduce substance abuse in their communities.

GETTING SUBSTANCE ABUSE TREATMENT SERVICES

Many people don't know where to turn when seeking substance abuse treatment services.

The Partnership at drugfree.org (formerly the Partnership for a Drug-Free America) has launched Time to Get Help, an online resource for parents who are seeking substance abuse treatment for their child. Visit <http://timetogethelp.drugfree.org>. The Partnership also has a toll-free helpline (1-855-DRUG-FREE, 855-378-4373) for parents who are seeking information and support about getting substance abuse treatment for their child.

SAMHSA, part of the U.S. Department of Health and Human Services, provides programs, resources, and financial support for the prevention and treatment of alcohol and substance abuse. SAMHSA's Center for Substance Abuse Treatment offers a toll free number (800-662-HELP or 800-662-4357) and an online resource, the Substance Abuse Treatment Facility Locator (<http://www.samhsa.gov/treatment>) to help families and individuals struggling with substance abuse find treatment programs in their communities.

Another source of information on treatment services may be your state's department of health.

PRESCRIPTION DRUG ABUSE SAMPLE PSAs

FOR IMMEDIATE RELEASE

[Date]

CONTACT:

[Name]

[Mayor's office]

[Telephone number]

MEDIA ADVISORY***Mayor [Name] Launches Public Service Announcement on Prescription Drug Abuse***

Safeguard My Meds Campaign Seeks to Educate Families About the Importance of Safe Storage and Disposal of Prescription Medications

What:

Mayor [Name], in partnership with [add local agencies and community partners] is launching a public service campaign to educate families about the importance of safe storage and disposal of prescription medications.

- Every day, more than 2,500 teenagers abuse prescription medication for the first time.¹
- More than half of teens obtain medications from friends and family.¹
- 12- to 17-year-olds abuse prescription drugs more than they abuse ecstasy, crack/cocaine, heroin, and methamphetamine combined.

“Many young people mistakenly think that it is safer to misuse prescription medications than illegal street drugs. There is less social stigma attached to misusing medications so it seems more acceptable to teens,” according to Mayor [Name] of [Town/City]. “Through this campaign, we want to educate the public about the steps they can take to help keep prescription medications out of the wrong hands.”

Parents and grandparents should

- Keep their medications in a secure location and know how much medication is in the prescription container.
- Encourage friends and relatives to safeguard their medications.
- Consult a pharmacist about disposing of medications that are no longer needed.
- Visit <http://www.safeguardmymeds.org> for more information on safe storage and disposal of prescription medications. Download a medication inventory sheet and helpful brochures of prescription drug abuse.

The PSA campaign is part of a national awareness initiative called **Safeguard My Meds**, supported by the U.S. Conference of Mayors, the National Community Pharmacists Association and pharmaceutical company Purdue Pharma to reduce the abuse of prescription drug abuse.

PRESCRIPTION DRUG ABUSE SAMPLE PROCLAMATION

July is Prescription Drug Abuse Awareness Month

WHEREAS, the abuse of prescription medications is a growing public health concern; and

WHEREAS, every day, more than 2,500 teenagers abuse prescription medication for the first time; and

WHEREAS, most teens obtain medications they take from friends and family; and

WHEREAS, many young people mistakenly think that it is safer to misuse prescription medications than illegal street drugs; and

WHEREAS, parents often are unaware that young people are abusing prescription and OTC medications; and

WHEREAS these medications have a legitimate medical use when used properly under the doctor’s supervision, but misuse of these medications can lead to addiction, overdose, and even death; and

WHEREAS it is time for officials at the federal, state, and local levels to call attention to this problem and help parents and families curb the abuse of prescription medications.

NOW, THEREFORE, I, [name and title of your elected official], by virtue of the authority vested in me by the laws of [city, state, or locality], do hereby proclaim the month of July as

Prescription Drug Abuse Awareness Month in [city or state] and call upon the people of [city or state] to observe this month with appropriate programs, and activities promoting the safeguarding and proper disposal of medications in the home.

IN WITNESS WHEREOF, I have hereunto set my hand this [day of the month] day of July, in the year of our Lord (YEAR).

Signature

[Insert City/State or Other Official Seal]

ADDITIONAL AWARENESS EVENT RESOURCES

WORLD HEPATITIS DAY

Organizations such as the United Nations and the World Hepatitis Alliance work with individuals and community groups to promote awareness raising campaigns worldwide about hepatitis. Information about World Hepatitis Day is usually distributed via social media, newspapers, posters, and through the World Health Organization (WHO) Web site. <http://www.worldhepatitisalliance.org/WorldHepatitisDay/WHD2013.aspx>

AUGUST COMMUNITY NEEDS AWARENESS MONTH

FOCUS ON: YOUR OWN COMMUNITY'S NEEDS

Suggested Activities

To succeed, a prevention program should be tailored to the strengths and needs of the community it serves. An assessment to identify those strengths and needs can take many forms, such as a compilation of demographic data from census records, results of surveys, and partners' responses to questions about the community they serve. Assessments can be expanded to include focus group discussions, town meetings, interviews with stakeholders, and telephone or mailed surveys to partnership members. An image or chart of community assets will show opportunities for building on strengths of individuals, agencies, and businesses within the community.

- Conduct interviews with local officials, town councils, school board members, law enforcement, parents, and students and come to understand what they believe the needs of your community are.
- Conduct a public forum and/or listening session, with a panel of speakers to address questions and concerns of attendees.
- Conduct a needs assessment to fully identify the needs of your community.
- Form a coalition and/or planning team to help identify and address the needs of your community. Invite members that represent a variety of sectors within your community.
- Conduct an assessment of resources within your community, and disperse the list among community members.
- Conduct a 'photo voice' project in your community with a local youth group.
- Identify local youth groups, and provide a resource list of such to school officials.
- Conduct focus groups to identify community needs.
- Work with your State Epidemiological Workgroups to help integrate data about the nature and distribution of substance use and related consequences into assessment activities, so that prevention resources are used effectively and efficiently.
- Celebrate National Night Out, after assessing the needs of your community, provide resources to community members during a Town Hall Meeting or block party.

**Did you
know?**

*“Be the change that you wish
to see in the world.”*

—Mahatma Gandhi

AUGUST PREVENTION ACTIVITY PLAN

*Awareness Events:
National Night Out, International Overdose Awareness Day*

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st						<i>National Night Out</i>	
2nd							
3rd							
4th							
5th		<i>International Overdose Awareness Day</i>					

CONDUCTING A COMMUNITY NEEDS ASSESSMENT

WHO: PREVENTION LEADER

Tasks of the Prevention Leader

- Conducting a needs assessment to determine the most relevant information about the target population and its immediate environment.
- Selecting activities according to recommended content areas, emphasizing areas deemed appropriate by needs assessment findings.
- Considering the National Health Standards (for classroom teachers with mandated health education requirements) and the learning styles each activity engages.
- Ensuring that the substance abuse prevention activities and materials that accompany them are customized to as many of the target population's demographic characteristics as possible.

WHAT: BALANCING THE NEED FOR INFORMATION WITH TIME AND FINANCIAL CONSTRAINTS

Needs Assessment

- Prevention leaders who are limited to only basic needs assessment options should be reassured that even these should result in a substance abuse prevention curriculum that is more customized to a particular target population than are other available curriculum options.
- Prevention leaders who have the resources to conduct more comprehensive needs assessments will likely gain substantially from such additional efforts.
 - » The resulting curriculum will be better customized to the needs of the target group by including school-, classroom-, and organization-based data that reflect more specifically the risks faced by each audience.
 - » When armed with target population-specific data, the prevention leader may feel more prepared and motivated to be thorough in assembling and implementing a curriculum, further enhancing the likelihood of achieving desired results.
 - » The data collection process may create allies in substance abuse prevention in the source institution or community.

WHY

“Just as good physicians get to know their patients and make diagnoses before undertaking | treatment, good planners must get to know the population under study and define its problems before recommending actions.” (Butler, 2001).

WHAT: RISK AND PROTECTIVE FACTORS

Risk and Protective Factors

Risk and protective factors for substance abuse are numerous and relate to different aspects of an individual's life (community, school, family, peers, and self). A composite of these factors determines an individual's overall risk for or resistance to substance abuse.

A general knowledge of the risk and protective factors to which the target group is exposed can be a helpful tool in determining which substance abuse prevention content areas to stress in the curriculum and, thus, which interactive activities to select and implement.

Environmental factors tend to play a more universal role in increasing risk of substance abuse than risk factors that are specific to individuals. Examples may include:

School risk factors:

- Pro-drug-use norms
- Availability of drugs in or near the school
- Poor school academic climate
- Lack of, unclear, or poor enforcement of school policies related to substance abuse

Community risk factors:

- Lack of positive afterschool academic programming
- Lack of positive afterschool and weekend recreational programming
- Low levels of law enforcement of underage use of both legal and illegal drugs; beliefs that drug abuse is generally tolerated
- Easy access to drugs
- Misperceptions of the extent and acceptability of substance-abusing behaviors in school, peer, and community environments
- Poverty

Such environmental risk factors will not necessarily predict substance abuse problems, but exposure to any combination of them may create a need to enhance youths' protective factors.

Information on risk factors associated with school bonding and academic performance can be collected through surveys and focus groups with members of the target population.

HOW

- Use Existing Data Sources
- Interviews
- Surveys
- Focus Groups

HOW DO YOU CARRY OUT A NEEDS ASSESSMENT SURVEY?

ASK YOURSELF

1. **What are our reasons for choosing to do this survey?** Why are we getting involved in this? The answers may be immediately clear to you. They may also include many of the reasons previously listed. Perhaps your reasons are not entirely clear. Asking these questions gives you the chance to become clearer.
2. **What are our goals in doing this survey?** What do we want to get out of it? How will the results be used? Again, your goals (and uses) may be readily apparent; they may also relate to your reasons above. You ought to be able to state them before you begin.
3. **Are we ready to conduct this survey?** Are we prepared to do the work that needs to be done, with high-quality effort? Before you begin, make sure your answer is “yes.”

DECIDE

4. **How much time you have to do the survey, from start to finish.** How much time can you allow? Your answer will depend upon what is already known, upon the size of your target group, upon the importance involved, and upon the resources you have at your disposal. (How many people can help? How much money is available to spend?)
5. **How many people are going to be asked.** If you are surveying the needs of a small or even medium-sized group, you can (and should) include every single person. But if you have a neighborhood of 5,000 people, or a larger community, you probably will not be able to ask everyone directly.

When the group is larger, you can make your survey available to everyone who wants to answer it. A more objective technique, which will usually give you more reliable information, is to construct a sample—a predetermined percentage of the total group—and to ask each member of the sample for his or her input.

6. **What kinds of people will be asked.** For a smaller group where you are asking everybody, this question will not arise. But with a larger group, when you are using a sample of the total population, you may want to be sure that certain parts of that population are included. For example, are you assessing community childcare needs? You’d then want to be sure to include parents of young children, and you might also survey or interview that group separately.
7. **What questions will be asked.** These questions will depend upon the scope of the assessment. If you are asking about all possible needs in the community, then phrase your questions accordingly, and allow for a wide range of possible answers. On the other hand, if you are asking only about certain types of needs—transportation, or violence prevention, for example—then your questions will naturally be geared to them.
8. **Who will ask the questions.** If you do interviews, the more people asking, the more ground you can cover. However, you’ll also have to train more interviewers, both in general interviewing skills and in using a standard procedure, so that results don’t vary just because the interviewers operated differently. If you use written surveys, this question is less relevant, but those who give out and collect the surveys should be thoroughly and uniformly instructed.

CREATE

9. **A draft of the full survey.** Include the instructions; this is an often-neglected part of survey work, but don't forget it. Your instructions will set the tone for those who will be responding.

TRY

10. **Try out the survey on a test group.** The test group should ideally be composed of the same kinds of people who will be taking the full survey. A test group will let you know if your instructions are clear and if your questions make sense. Even if your survey is perfectly clear to you, it may not be clear to them. You need to find this out before the full survey gets dispersed. Don't bypass this step. Your test group is like a trial run, or dress rehearsal, which will help you get rid of the rough spots before you hit the big time.

REVISE

11. **Revise the survey on the basis of your test group feedback.** Sometimes this test-and-revision process may need to be repeated more than once.

ADMINISTER

12. **When you are satisfied that all necessary revisions have been made, administer the survey to the people you have chosen.**

EVALUATE

13. **Tabulate your results.** For closed-ended questions, this can be a matter of simple addition. For open-ended questions, you can code the results into categories. Get some feedback from others about what categories to use, because the ones you decide on will shape how you interpret the data—the next step.
14. **Interpret your results.** Interpretation goes beyond simple tabulation. It asks the questions: What is the meaning of the results? What are the main patterns that occur? What possible actions do the results point to? It's helpful if several people—perhaps the same people who carried out the assessment—review the results and share their own interpretations. Because the same numbers can mean different things to different people, it may take a fair amount of discussion here to clarify the most nearly accurate interpretation of the information you have.

PLAN

15. **Plan future actions.** Now comes the main payoff of your needs assessment survey, and your main reason for having done all this work. Bring the results and interpretations to your full group, and decide what to do next. A good answer may once again take thought and discussion, but you can now plan and implement future actions with greater confidence that those actions are based upon the real needs of the people you want to serve.

There are added benefits here, too.

- The actions you take are more likely to be supported by your group or community.
- Because they are supported, they are more likely to be successful.

- And let's not forget a basic principle of community work: success attracts resources to your cause. Directly or indirectly, success can lead to more (and more favorable) publicity, to more members, to more dollars coming your way, and to a variety of unexpected happy opportunities.

And many of those benefits might be traced back to your assessment.

Now, all that is left for you to do is the following:

IMPLEMENT

16. **Implement your actions.** Which, of course, is the reason we do these surveys in the first place. The results are there to be used for action; your group should have already agreed to use them, going back to the beginning.

REPEAT

17. **Repeat your assessment at regular intervals.** Just as it makes sense to see a doctor once a year or so for a checkup, even if you're young and healthy, it makes sense to revisit community needs as well. Community needs can change; you want to be sure you know if, when, how, and why they do. Needs assessment is really an ongoing process, just like community action itself.

Source: Community Tool Box: <http://ctb.ku.edu>

HELPFUL INFORMATION GATHERING SITES

<http://www.childstats.gov>

This Web site offers easy access to federal and state statistics and reports on children and their families, including population and family characteristics, economic security, health, behavior and social environment, and education.

<http://www.monitoringthefuture.org>

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of some 50,000 8th-, 10th-, and 12th-grade students are surveyed (12th graders since 1975 and 8th and 10th graders since 1991).

<http://www.whitehousedrugpolicy.gov/drugfact/sources.html>

This link is part of the National Drug Control Policy's Web site and is a listing of all federal drug data sources.

<http://www.oas.samhsa.gov>

The National Survey on Drug Use and Health (NSDUH) is an annual survey conducted by SAMHSA. This survey has been the primary source of estimates of the prevalence and incidence of illicit drug, alcohol, and tobacco use in the population since 1971.

<http://ojjdp.ncjrs.org>

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is a source for youth-focused publications and other resources available from OJJDP, other agencies within the Office of Justice Programs, other federal government entities, and agencies and organizations around the country and the world.

<http://factfinder.census.gov>

This site includes selected data on urban versus rural residences, school enrollment, educational attainment, crime, and several other important variables.

<http://www.casacolumbia.org>

This site contains data on youth substance abuse, its impact on young lives, and its economic and social costs.

<http://houseandhome.msn.com>

This site provides current information on neighborhood demographics, schools, and crime, and is helpful for researching environmental risk factors. Once on the Web page, click on "Research Neighborhood and Cities," then select "Find Great Neighborhoods" and enter the state and region.

COMMUNITY ASSESSMENT ADDITIONAL RESOURCES

Collaboration for the Application of Prevention Technologies (CAPT)

<http://captus.samhsa.gov>

Substance Abuse and Mental Health Services Administration

<http://www.samhsa.gov>

Center for Substance Abuse Prevention (CSAP)

<http://www.samhsa.gov/about/csap.aspx>

STRATEGIC PREVENTION FRAMEWORK:

The Strategic Prevention Framework (SPF) uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, state/tribal, and community levels.

The idea behind SPF is to use the findings from public health research along with evidence-based prevention programs to build capacity within states/tribes/territories and the prevention field. This, in turn, will promote resilience and decrease risk factors in individuals, families, and communities.

SPF steps require states, territories, federally recognized tribes and tribal organizations, and communities to systematically

- Assess their prevention needs based on epidemiological data;
- Build their prevention capacity;
- Develop a strategic plan;
- Implement effective community prevention programs, policies and practices; and
- Evaluate their efforts for outcomes.

Step #1 = Assessment

The assessment phase helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data to:

- Understand a population's needs;
- Review the resources that are required and available; and
- Identify the readiness of the community to address prevention needs and service gaps.

ADDITIONAL AWARENESS EVENT RESOURCES

NATIONAL NIGHT OUT

The introduction of National Night Out, “America’s Night Out Against Crime,” in 1984 began an effort to promote involvement in crime prevention activities, police-community partnerships, neighborhood camaraderie, and to send a message to criminals, letting them know that neighborhoods are organized and fighting back. National Association of Town Watch’s (NATW) National Night Out program culminates annually, on the first Tuesday of August. (<http://www.natw.org/about-nno>)

INTERNATIONAL OVERDOSE AWARENESS DAY

Celebrated around the world on August 31, International Overdose Awareness Day aims to raise awareness of overdose and reduce the stigma of a drug-related death, especially for those mourning the loss of family and friends. It also spreads the message that the tragedy of overdose death is preventable. (<http://www.overdoseday.com>)

SEPTEMBER RECOVERY AWARENESS MONTH

FOCUS ON: SUBSTANCE ABUSE RECOVERY

Suggested Activities

Recovery Month promotes the societal benefits of prevention, treatment, and recovery for mental and substance use disorders, celebrates people in recovery, lauds the contributions of treatment and service providers, and promotes the message that recovery in all its forms is possible. Recovery Month spreads the positive message that behavioral health is essential to overall health, that prevention works, treatment is effective, and people can and do recover.

WHAT YOU CAN DO TO CELEBRATE:

- Increase your community and school's awareness of Addiction and Mental Health Recovery, and en-sure that audience knows that recovery is possible.
- Have a proclamation signed by a local official, declaring September as National Recovery Month in your community.
- Host a Recovery Walk or Run in your community.
- Host a Recovery Rally. Get youth involved by making awareness signs for your event.
- Host a forum, community roundtable, and/or discussion group. Invite a speaker who has had long-term recovery to speak about how recovery is possible.
- Assess your community needs and identify support resources that can be passed on to those seeking recovery support.
- Invite the media to cover your events.

**Did you
know?**

*Almost two-thirds of
Americans have friends or
family members who have
struggled with addiction.*

*Remember: prevention
matters!!!*

RECOVERY RESOURCES

SAMHSA, within the U.S. Department of Health and Human Services (HHS)

<http://www.recoverymonth.gov>

Recovery Month Toolkit

http://www.recoverymonth.gov/~media/Images/Files/Kit/2012/2012_RecoveryMonth_Toolkit.ashx

National Alcohol and Drug Addiction Recovery Month Booklist

<http://www.npl.lib.va.us/bibliographies/2012ARM.pdf>

SAMHSA's National Helpline

1-800-662-HELP (4357) or 1-800-487-4889 (TDD), provides 24-hour, free and confidential information about mental and/or substance use disorders and prevention, treatment, and recovery referrals in English or Spanish.

National Suicide Prevention Lifeline

1-800-273-TALK (8255), provides a free, 24-hour helpline available to anyone in suicidal crisis or emotional distress.

SAMHSA's "Find Substance Abuse and Mental Health Treatment" Web site

<http://www.samhsa.gov/treatment>

Provides information about treatment options and special services located in your area.

Alcoholics Anonymous World Services

<http://www.alcoholics-anonymous.org>

Narcotics Anonymous

<http://www.na.org>

Recover Resources

<http://www.recoverresources.com>

Recovery.org

<http://www.recovery.org>

Hazelden

<http://www.hazelden.org>

Wellness Recovery

<http://www.mentalhealthrecovery.com>

National Coalition for Mental Health Recovery

<http://ncmhr.org>

Faces and Voices of Recovery

<http://www.facesandvoicesofrecovery.org>

RECOVERY FACT SHEET

There are millions of Americans in long-term recovery from addiction to alcohol and other drugs, improving the lives of individuals, families, and communities. Faces & Voices advocates for a recovery research agenda to provide policy makers, the media, and citizens with more information on the pathways that these people have taken on their recovery journeys, as well as their numbers and experiences. Taxpayers have invested millions of dollars in understanding addiction. It is time to understand recovery—so that the 21 million Americans who still need help can experience long-term recovery from addiction.

- Almost two-thirds of Americans have friends or family members who have struggled with addiction.
Source: “What Does America Think about Addiction Prevention and Treatment?” Harvard School of Public Health/Robert Wood Johnson Foundation/ICR (2006)
- Over 21 million Americans suffer from addiction or dependence on alcohol and drugs and have yet to experience recovery.
Source: “2006 National Survey on Drug Use and Health, U.S. Department of Health and Human Services,” Substance Abuse and Mental Health Services Administration (SAMHSA)
- Nearly two-thirds of Americans (66 percent) view addiction as a form of illness and something individuals cannot remedy alone.
Source: “What Does America Think about Addiction Prevention and Treatment?” Harvard School of Public Health/Robert Wood Johnson Foundation/ICR (2006)
- One in four people in recovery from alcoholism and drug addiction say they have been discriminated against when trying to obtain employment or insurance.
Source: “The Face of Recovery,” Peter D. Hart Research Associates (2001)
- Addiction, left untreated, costs Americans more than 100,000 lives and \$400 billion each year.
Source: “Updating Estimates of the Economic Costs of Alcohol Abuse in the United States: Estimates, Updated Methods, and Data,” H. Harwood (2000)
- Every dollar spent on drug treatment in the community is estimated to return \$18.52 in benefits to society in terms of reduced incarceration rates and associated crime costs to taxpayers.
Source: “Substance Abuse Treatment and Public Safety,” Justice Policy Institute (2008)

SAMPLE PROCLAMATION RELEASE

Recovery Month

[Adapt as needed for your event by modifying the type of event, date, etc.]

[Name of Local Official] to Issue Proclamation and Lead Recovery Walk to Raise Awareness of Mental and/or Substance Use Disorders

According to recent data released by the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2012, 2.6 million people aged 12 or older who needed treatment for an illicit drug or alcohol use problem received treatment at a specialty facility in the past year, and an estimated [XX thousand/million] people in [City or State] are affected by these conditions. Also, 31.3 million adults aged 18 or older received mental health services during the past 12 months, and an estimated [XX thousand/million] people in [City or State] are affected by these conditions. This is an all-too-common problem, and it is imperative that individuals in [City or State] understand that the benefits of preventing and overcoming mental and/or substance use disorders are significant and valuable.

To address the problem, [Name of local official] will be signing a proclamation to honor National Recovery Month this September to raise awareness that prevention works, treatment is effective, and people recover from mental and/or substance use disorders. Additionally, [Name of expert] will discuss local mental and/or substance use disorders and provide details on available services.

Last year, 164 proclamations were issued nationwide, including one by the President of the United States. The signing of the proclamation is part of the twenty-third observance of Recovery Month, sponsored by SAMHSA. After the signing of the proclamation, attendees and all citizens of [City] are encouraged to join a Recovery Walk around the community to highlight the significance of helping people in need of treatment and recovery support services, while also celebrating the accomplishments of individuals in recovery.

WHO: [Participants]

WHEN: [Date and Time]

WHERE: [Address of Location]

CONTACT: [Name and Phone Number of Primary Contact for Event]

SAMPLE RECOVERY MONTH PRESS RELEASE

[Adapt as needed for your event by modifying the type of event, date, and local statistics as available.]

For Immediate Release:

Contact:

[Name of person who is available to answer questions from the media]

[Phone number of contact person—include office and cell numbers]

[E-mail address of contact person]

[Name of Local Official] Issues Proclamation and Hosts Recovery Walk to Raise Awareness About Mental and/or Substance Use Disorder Support Services in [City or State]

[City, State], [Date]—Mental and/or substance use disorders are a critical challenge that [City or State] must address immediately, according to [Name of local official], who today proclaimed September as National Recovery Month (Recovery Month). To draw attention to the issue, [Name of local official] led a Recovery Walk around the community to raise awareness about people in need of treatment and recovery support services. The walk, which was attended by more than [number of people who attended the walk] people, drew support from many individuals in recovery, as well as their friends and families.

“My hope is that through these activities, people will recognize that while the road to recovery may be difficult, the benefits of preventing and overcoming mental and/or substance use disorders are significant and valuable,” stated [Name of local official]. “As you know, mental and/or substance use disorders not only affect those who are suffering, but also their families, friends, and the larger community. This underscores how crucial it is to provide access to prevention, treatment, and recovery support services.”

[Replace the following paragraph with local statistics, if available.] In 2010, 31.3 million people aged 18 or older (13.7 percent of the U.S. population) received mental health services according to the 2010 National Survey on Drug Use and Health, an annual survey released by the Substance Abuse and Mental Health Services Administration (SAMHSA). In 2010, 2.6 million people aged 12 or older (1.0 percent of the U.S. population) who needed treatment for an illicit drug or alcohol use problem received specialty treatment at a specialty facility in the past year.

To showcase the impact these issues have on the local community, the five-mile Recovery Walk processed throughout downtown [City], gaining support of local businesses and organizations. While many participants had previously planned on walking in the event, several bystanders joined in throughout it to support the cause.

“Seeing people of all ages and from all walks of life join together for a common cause was extraordinary,” said [Name of person], a walk participant who has been in recovery for [number of years in recovery] years. “Through each event, each proclamation issued, and each Recovery Month observance, more people across the United States will be able to embrace recovery.”

Today’s event was part of a national initiative sponsored by SAMHSA, within the U.S. Department of Health and Human Services (HHS). The observance of Recovery Month, which takes place each September, raises awareness of mental and/or substance use disorders, celebrates individuals in long-

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term recovery, and acknowledges the work of prevention, treatment, and recovery service providers. Each September, and throughout the year, Recovery Month encourages communities nationwide to spread the message that prevention works, treatment is effective, and people can recover from mental and/or substance use disorders.

ADDITIONAL AWARENESS EVENT RESOURCES

FASD AWARENESS DAY

Every year on September 9, International FASD Awareness Day is observed. Proclamations are issued in countries, states, provinces, and towns all around the world. Bells are rung at 9:09 a.m. in every time zone from New Zealand to Alaska. People all around the world gather for events to raise awareness about the dangers of drinking during pregnancy and the plight of individuals and families who struggle with Fetal Alcohol Spectrum Disorders (FASD). The first FASD Day was celebrated on 9/9/99. This day was chosen so that on the ninth day of the ninth month of the year, the world will remember that during the 9 months of pregnancy a woman should abstain from alcohol. Anytime is a good time to raise awareness about FASD. (<http://fasday.com>)

NATIONAL SUICIDE PREVENTION WEEK

AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services. AAS sponsors National Suicide Prevention Week during the Sunday through Saturday surrounding World Suicide Prevention Day, September 10. (<http://www.suicidology.org/about-aas/nspw>)

WORLD HEART DAY

Every year on September 29, we celebrate World Heart Day and encourage all people worldwide to take care of their hearts. Aligning with the 1-year anniversary of the United Nations High-level Meeting on Non-communicable Diseases, last year's World Heart Day took on a special meaning. (<http://www.world-heart-federation.org>)

OCTOBER SUBSTANCE ABUSE PREVENTION AWARENESS MONTH

FOCUS ON: SUBSTANCE ABUSE PREVENTION

Suggested Activities

- Host an Alcohol and Drug Free Party or Event.
- Volunteer with a community program or organization that provides support for at-risk populations such as youth, tribal communities, veterans, and military families.
- Encourage local school districts to implement an alcohol and substance use prevention program and provide programs to promote students' mental health.
- Use sample fact sheets to talk to others about the prevention of substance use and the promotion of mental, emotional, and behavioral well-being.
- Encourage your city's mayor to officially proclaim October National Substance Abuse Prevention Month. Plan a community-wide celebration that includes fun activities, live music, games, and food. Emphasize that everyone can have fun without drugs.
- Show a video or invite a guest speaker to your school to talk about the dangers of tobacco, alcohol, and other drug use.
- Invite a member of the Drug Enforcement Administration (DEA) in your area to speak to the students about the dangerous consequences of using drugs and the legal implications.
- Visit your middle school and elementary schools and speak to the students about the consequences of drug use and ask them for their commitment to be drug-free.
- Conduct a poster contest in the elementary school depicting dangerous drugs and their consequences.
- Set up a health fair in your school. Invite local agencies to set up displays and exhibits with hands-on activities emphasizing the consequences of using tobacco, alcohol, and other drugs.
- Work to educate business leaders in your community on substance abuse issues. Distribute prevention materials geared to the workplace and offer to help them sponsor a "lunch 'n' learn" for employees by recommending local experts able to speak about various topics including prescription drug abuse, drugged driving, marijuana use, and/or underage drinking.
- Create a Prevention Webpage. On your Web site, create a special page promoting National Substance Abuse Prevention Month that includes a downloadable copy of the Presidential Proclamation and a link to ONDCP's prevention page at <http://www.whitehouse.gov/ondcp/prevention-intro>.

Did you know?

Most young people don't drink alcohol. Research shows that more than 70 percent of youth age 12 to 20 haven't had a drink in the past month.

*Remember:
prevention matters!!!*

OCTOBER

- Organize a candlelight vigil. Host a community candlelight vigil at a public location where community members can gather to honor loved ones who have lost their lives to substance abuse. Partner with organizations such as Mothers Against Drunk Driving (MADD) to help identify possible speakers at these events.
- Convene a Community Forum. Make the most of National Substance Abuse Prevention Month observance by hosting an educational event, such as a Town Hall Meeting or community forum about preventing prescription and OTC medicine abuse. For more information, tools, and resources, visit <http://www.PreventRxAbuse.org>.
- Create Community Public Service Announcements. Work with community members to create a public service announcement (PSA) about substance abuse prevention, then approach local radio stations or popular Web sites and ask them to air the PSA.
- Promote Alternative Activities. Sports, art, and other healthy and fun activities such as a substance-free tailgate before a school football game or a safe homecoming after-party in a community center or gymnasium are great ways to deter youth from substance use and other risky behaviors.
- Target Local Newspapers and Publications. Issue a news release about National Substance Abuse Prevention Month and highlight your coalition's activities planned for the month. Share the press release with local television stations and newspapers, as well as with any newsletters issued through the school district.
- Recognize Community Leaders. Honor law enforcement, local elected leaders, school partners, parents, youth, and business partners for their sacrifice and commitment to substance abuse prevention by issuing certificates of appreciation at local events throughout the month.
- Engage Faith Communities. Ask your partners in the faith community to make substance abuse prevention a topic of discussion throughout October, particularly in youth educational settings.

OCTOBER PREVENTION ACTIVITY PLAN

Awareness Events: National Substance Abuse Prevention Month, Mental Health Awareness Week, World Mental Health Day, Collegiate Alcohol Awareness Week, National Red Ribbon Week

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st	NATIONAL SUBSTANCE ABUSE PREVENTION MONTH						
2nd	Mental Health Awareness Week						
		<i>Oct. 10th – World Mental Health Day</i>					
3rd							
4th	National Red Ribbon Week National Collegiate Alcohol Awareness Week						
5th							

PREVENTION RESOURCES

FOR COALITIONS AND PROFESSIONALS

Communities That Care (CTC) Curriculum

<http://store.samhsa.gov/product/Communities-That-Care-Curriculum/PEP12-CTCPPT>

A training program that equips communities with information to create a public health prevention approach to target youth problem behaviors such as violence, delinquency, and substance abuse. Includes PowerPoint slides that cover strategic consultation, training, and research-based tools.

National Registry of Effective Programs and Practices

<http://nrepp.samhsa.gov>

A searchable online registry of interventions supporting substance abuse prevention and mental health promotion.

National Survey on Drug Use and Health (NSDUH)

<http://www.samhsa.gov/data/NSDUH.aspx>

A primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse in the general U.S. civilian non-institutionalized population, age 12 and older.

Find Youth Info

<http://findyouthinfo.gov/youth-topics/substance-abuse/evidence-based-programs-youth-substance-abuse-prevention-and-treatment>

A Web site that provides information on the elements of effective prevention programs, the core components of evidence-based prevention programs, and a program directory of up-to-date information for effective programs that address risk and protective factors related to substance abuse.

Binge Drinking and Youth: What Everyone Needs to Know

<http://store.samhsa.gov/product/Binge-Drinking-and-Youth-What-Everyone-Needs-to-Know/DVD205>

A webcast that describes the problem of binge drinking and the dangers it poses to youth, including alcohol dependency. It examines the subcultures and behaviors that support binge drinking in youth and highlights prevention, early intervention, and treatment options.

National Strategy for Suicide Prevention 2012: Goals and Objectives for Action

<http://store.samhsa.gov/product/PEP12-NSSPGOALS>

A report outlining a national strategy to guide suicide prevention actions.

StopBullying.gov

<http://www.stopbullying.gov>

A Web site that contains comprehensive information about bullying prevention. Youth substance use and bullying have many risk and protective factors in common.

FOR INDIVIDUALS

Too Smart to Start

<http://www.toosmarttostart.samhsa.gov/Start.aspx>

A Web site dedicated to helping youth, families, educators, and communities prevent underage alcohol use and its related problems.

Stop Underage Drinking

<https://www.stopalcoholabuse.gov/default.aspx>

A comprehensive portal of federal resources for information on underage drinking and ideas for combating this issue.

Tips for Teens

<http://store.samhsa.gov/list/series?name=Tips-for-Teens&sortBy=3&ascending=false>

A series of brochures that provide facts and dispel myths about use of substances including marijuana, club drugs, hallucinogens, cocaine, inhalants, and others. The brochures provide information on long-term and short-term effects, physical and psychological risks, and legal implications.

As You Age...A Guide to Aging, Medicines, and Alcohol

<http://store.samhsa.gov/product/As-You-Age-A-Guide-to-Aging-Medicines-and-Alcohol/SMA04-3940>

A brochure that warns about the dangers of the elderly misusing alcohol, prescription drugs, and over-the-counter drugs. It describes the signs of misuse and steps that older adults can take to prevent problems.

Building Blocks for a Healthy Future

<http://bblocks.samhsa.gov>

A Web site that provides parents, caregivers, and teachers of children aged 3 to 6 the opportunity to find lots of great tips, materials, and ideas for spending time with their children and learning together.

Top Health Issues for Lesbian, Gay, Bisexual and Transgender Populations Information & Resource Kit

<http://store.samhsa.gov/product/Top-Health-Issues-for-LGBT-Populations/SMA12-4684>

A kit that contains information on important health issues for the LGBT community, including substance abuse.

Keeping Your Teens Drug-Free: A Guide for African American Parents and Caregivers

http://store.samhsa.gov/product/Keeping-Your-Teens-Drug-Free-A-Guide-for-African-American-Parents-and-Caregivers/PHD1116?WT.ac=AD20120720_PHD1116

A brochure that discusses skills African American parents and caregivers can use to prevent illicit drug use among teens.

National Strategy for Suicide Prevention 2012: How You Can Play a Role in Preventing Suicide

A fact sheet that describes how individuals can take action to prevent suicide. <http://store.samhsa.gov/product/PEP12-NSSPROLE>

NATIONAL SUBSTANCE ABUSE PREVENTION RESOURCES

Center for Substance Abuse Prevention (CSAP)

5600 Fishers Lane, Rockwall II
Rockville, MD 20857
301-443-0365

<http://www.samhsa.gov/csap/index.htm>

Community Anti-Drug Coalitions of America (CADCA)

901 North Pitt Street, Suite 300
Alexandria, VA 22314
800-54-CADCA

<http://www.cadca.org>

National Institute on Drug Abuse (NIDA)

6001 Executive Boulevard
Bethesda, MD 20892-9561
301-443-1124

<http://www.nida.nih.gov>

SAMHSA's National Clearinghouse for Alcohol and Drug Information

P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686

<http://www.health.org>

SUBSTANCE ABUSE PREVENTION FACT SHEET

SUBSTANCE ABUSE IS NOT ADDICTION

Substance abuse is not addiction (other names for “addiction” include: alcohol dependence, alcoholism, drug addiction, drug dependence).

Substance abuse is abuse. It is the kind of substance misuse that changes the way a person’s brain works—whether that’s repeatedly engaging in at-risk drinking, or taking prescription drugs without a prescription or in excess of the prescribed dosage, or using illegal drugs. And it is these brain changes that alter a person’s behaviors. Why should we care?

We should care for three reasons:

1. To help the person with the substance abuse problem, understand the slippery slope down which they are headed, given substance abuse can lead to addiction (dependence) and addiction is a developmental, chronic, often relapsing brain disease.
2. To help others not have to suffer secondhand drinking or secondhand drugging.
3. To help the person abusing a substance do what they can to change substance use to fall within “normal” or “low-risk” levels—namely low-risk drinking limits or prescription drug use in accordance with the prescription and no illegal drug use in any quantity. And for some, “normal” or “low-risk” levels mean none at all—such is the case for the developing teen brain, the pregnant woman, or the person taking someone else’s prescribed pain medications.

Stopping substance abuse before it begins can increase a person’s chances of living a longer, healthier, and more productive life. Stopping substance abuse before it begins can increase the chances for the loved ones in their life (the spouses, parents, children, siblings) not to have to experience the physical and emotional consequences caused by secondhand drinking/drugging.

THE SCOPE OF SUBSTANCE ABUSE IN AMERICA

Substance abuse, which includes inappropriate substance use, such as underage drinking and the non-medical use of prescription and over-the-counter medications, significantly affects the health and well-being of our nation’s youth and people of all ages:

- An estimated 10 million people aged 12 to 20 report drinking alcohol during the past month.¹ To put that in perspective, there are more Americans who have engaged in underage drinking than the number of people who live in the state of Michigan.²
- Approximately 23 million Americans—roughly the population of Australia—are current illicit drug users.^{3,4} Marijuana use and non-medical use of prescription medications are the most common types of drug use in America.
- Almost 18 million Americans are classified with alcohol dependence or abuse.⁵
- Heavy alcohol use can cause serious damage to the body and affects the liver, nervous system, muscles, lungs, and heart.⁶
- Alcohol is a factor in approximately 41 percent of deaths from motor vehicle crashes.⁷

Not only are these numbers significant, but so are the numbers of people who are on the receiving end of a person's substance abuse behaviors—the drunken arguments; physical fights; verbal, physical, or emotional abuse; driving while impaired; engaging in risky sexual behaviors; and/or blackouts. These numbers are the one in four children and the over half of American adults who experience secondhand drinking or secondhand drugging—the impacts, the outcomes, and the fallout of being on the receiving end of a person's substance abuse behaviors.

Add to these numbers all of the people who interact with the person with a substance abuse problem or the person coping with secondhand drinking, secondhand drugging—the fellow students, co-workers, the person seriously injured in a car accident caused by an impaired driver, the victims of drug-related crimes, the taxpayer whose tax dollars contribute to paying the costs of incarceration of the individual convicted of a drug-related crime. This ripple effect widens as we think of the family members and friends of all these individuals whose lives are also impacted—the grieving relatives and friends whose loved one was killed by a drunk driver, for example.

SOURCES

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WEEKLY PREVENTION ACTIVITY EXAMPLES

One fun and popular way to celebrate substance abuse prevention in schools is to host week-long activities that align with daily themes. You may also incorporate specific drug, tobacco, and alcohol prevention messages into each day through school announcements, lunchroom activities, and classroom activities. **Remember: prevention matters!**

Monday: *“I’m too Busy for Drugs Day”*—Students wear clothing that portrays different hobbies. Lunchroom activities can include students writing down their hobbies and/or alternative activities on large poster board.

Tuesday: *“Don’t Slip Into Drugs Day”*—Students wear slippers to school. Activities can include students “slipping” drug-free messages to each other during lunch, written on small pieces of paper.

Wednesday: *“Put a Cap on Drugs Day”*—Students wear their fun and favorite hats to school. Activities to include lunchroom Pledge to Be Drug Free signing banner.

Thursday: *“Band Against Drugs Day”*—Students wear headbands, wristbands, and bandanas. Have school band play music, and pass out drug-free wristbands during lunch.

Friday: *“Turn Your Back on Drugs Day”*—Host a Drug-Free Party at lunch. Students can participate in games and other educational activities with drug-free messages.

OTHER THEME IDEAS

Boot Out Drugs Day: Wear fun and crazy boots.

Sock It to Drugs Day: Wear your fun and crazy socks.

Tie Down Drugs Day: Wear your fun and crazy ties.

Don’t Let Drugs Turn You Day: Wear clothing turned inside out.

Living Drug Free is No Sweat Day: Wear sweat suits.

Turn Your Back on Drugs Day: Wear your clothes backwards.

Shade Out Drugs Day: Wear fun and funky sunglasses.

Source: <http://www.redribbon.com>

“THE DRUG-FREE PLEDGE!”

I Pledge to be drug free!

I, _____ pledge to live a life without drugs and alcohol regardless of peer pressure. I would also like to go to school and learn without being interrupted by the problems of drugs and alcohol. To this end:

I pledge to live a Drug-Free life.

I pledge not use drugs, alcohol, or cigarettes because I can make my dreams come true if I stay Drug-Free and believe in myself.

I pledge to show my friends that Drug-Free is more fun.

I pledge to stay in school and learn the things that I need to know.

I pledge not to accept the use or sale or drugs in or around my school and community.

I pledge to learn more about how drugs harm people and tell people the truth about the harmful effects of drugs.

I pledge to help others and to keep myself Drug-Free.

I know that I can achieve my dreams and live my life as I choose because of my pledge to stay Drug-Free.

Signature of Youth: _____

Signature of Parent/Caregiver/Leader: _____

Date: _____

ADDITIONAL AWARENESS EVENT RESOURCES

MENTAL HEALTH AWARENESS WEEK

In 1990, the U.S. Congress established the first full week of October as Mental Illness Awareness Week (MIAW) in recognition of the National Alliance on Mental Illness's (NAMI's) efforts to raise mental illness awareness. Since 1990, mental health advocates across the country have joined together during the first full week of October in sponsoring many kinds of activities.

http://www.nami.org/template.cfm?section=mental_illness_awareness_week

WORLD MENTAL HEALTH DAY

World Mental Health Day, which is supported by the United Nations (UN), is annually held on October 10 to raise public awareness about mental health issues worldwide. This event promotes open discussions on illnesses, as well as investments in prevention and treatment services.

<http://www.wfmh.org/00WorldMentalHealthDay.htm>

NATIONAL COLLEGIATE ALCOHOL AWARENESS WEEK

Held each year during the third week of October, National Collegiate Alcohol Awareness week aims to bring attention to the serious public health issues posed by excessive drinking among college students during a part of the academic calendar that is marked by football games, homecoming weekends, and other large celebrations on many campuses.

<http://www.bacchusnetwork.org/ncaaw.html>

The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention

<http://www.higheredcenter.org>

U.S. Department of Education

<http://www.edc.org>

Coalition of Higher Education Associations for Substance Abuse Prevention (CoHEASAP)

<http://www.collegesubstanceabuseprevention.org/index.htm>

Enlisting Support to Keep Our Campuses Safe

Ways that parents, students, and administration members can promote prevention efforts.

<http://www.collegesubstanceabuseprevention.org/iatfpack.htm>

NATIONAL RED RIBBON WEEK

The National Red Ribbon Campaign is now the oldest and largest drug prevention program in the nation, reaching millions of young people during Red Ribbon Week, October 23 through October 31 each year. Wear your red badge proudly and have the courage to say NO to drugs!!!

United States Drug Enforcement Administration (DEA)—Red Ribbon Campaign

<http://www.justice.gov/dea/redribbon/RedRibbonCampaign.shtml>

National Institute on Drug Abuse (NIDA)

<http://drugpubs@nida.nih.gov>

The National Family Partnership

<http://www.nfp.org>

Red Ribbon

<http://redribbon.org>

I'm Drug Free

<http://www.imdrugfree.com>

Red Ribbon Resources

<http://www.redribbonresources.com/home.php>

Red-Ribbon-week.com

<http://www.red-ribbon-week.com/50-Ways-To-Make-Your-Red-Ribbon-Week-Celebration-Better.html>

Stop Alcohol Abuse.gov—Red Ribbon Week

<http://www.stopalcoholabuse.gov/redribbonweek>

Red Ribbon Parent/ School Planning Guide

<http://www.nfp.org/userfiles/2012%20NFP%20Red%20Ribbon%20Planning%20Guide%20Final.pdf>

NOVEMBER TOBACCO AWARENESS MONTH

FOCUS ON: TOBACCO

Suggested Activities

WORKPLACE

- Send flyers asking for employees to participate in the Great American Smokeout (GASO) and let them know about the planned activities for the month.
- Hold an informal sign-up breakfast for smokers and nonsmokers who have “adopted” a fellow employee. Hand out tobacco education and cessation materials and treat the participating employees to juice and muffins.
- Create a competition between departments or regional offices to collect the most kept pledges to quit smoking.
- Feature a Cold Turkey special on the company cafeteria menu and give cold turkey sandwiches to tobacco quitters.
- Raffle a “cold turkey” for Thanksgiving to Smoke-out participants or hold a company drawing.
- Adopt smoke-free policies, or display Quite Line posters and information at smoking sites.
- Ask nonsmokers to give up something to empathize with smokers. Design pledge cards for the nonsmokers so they can indicate what they will give up, such as coffee, chocolate, or soft drinks.
- Set up stations where smokers can trade cigarettes or smokeless tobacco products for chewing gum, carrot sticks, or lollipops to help them “lick” the habit.
- Make tobacco cessation part of an employee health promotion or wellness program. Arrange for blood pressure screenings, fitness activities, and healthy diet counseling for smokers trying to quit and for nonsmokers as well.

SCHOOLS

- Develop a Substance Abuse Prevention Club at your college, if already in place, get involved.
- Incorporate anti-tobacco messages in curriculum, such as smoking experiments in science, essays on smoking in English, smoking equations in math, and effects of smoking in health. For social studies, review cigarette ads to determine who tobacco companies’ target.

Did you know?

Tobacco Companies have to recruit 3,000 new smokers every day to replace those who have quit or lost their lives to smoking. Additionally, 90 percent of new smokers are under the age of 18! Remember: prevention matters!!!

NOVEMBER

- Have students research and write stories for the school newspaper about the social and health consequences of smoking.
- Hold a contest for the best anti-smoking creation (e.g., a poster, essay, song, debate, radio or TV commercial, home video, editorial, poetry, slogan, banner, cartoon, joke, comedy routine, or no-smoking pledge).
- Organize high school or junior high students to put on a show for elementary school students in your district. The older kids learn from writing and producing a show while the younger kids learn from people they look up to. It's a fun idea that gets everyone involved.
- Work with local radio or TV stations to sponsor a public service announcement (PSA) contest. Students write the script for the PSA and a local radio or TV station produces it.
- Encourage students to “adopt” their parents or other loved ones who smoke. Students can promise to provide moral support and keep a watchful eye on their charges who are trying to quit.

COLLEGE CAMPUSES

- Develop a Substance Abuse Prevention Club at your college; if already in place, get involved.
- Ask the cafeteria to serve cold turkey lunches for those smokers who are trying to quit.
- Distribute quit smoking survival kits during lunch and activities times.
- Ask the student government to pass a resolution for a smoke-free learning environment.
- Announce smoke-free campus policies with ceremonies and local media coverage to coincide with other tobacco-free events.
- Suggest a competition among campus fraternities and sororities to help smokers quit.
- Recruit the college radio station to include continuous coverage of campus events for quit smoking events.
- Work with college newspaper staff to cover tobacco awareness activities on campus.
- Work with the education department to coordinate students who are majoring in health and education to visit local schools to student-teach children about the hazards of smoking.

MILITARY

- Schedule a planning session with command supervisors, on-site medical personnel, and appropriate representatives who can help implement a base-wide anti-tobacco campaign. If possible, include a local representative of the American Cancer Society to help coordinate activities.
- Set up quit smoking stations in recreation areas, clubs, dining facilities, and other central locations so quitters can trade their cigarettes and smokeless tobacco products for chewing gum, carrot sticks, popcorn, mineral water, sunflower seeds, lollipops, and other snacks.
- Work with the dining hall to have cold turkey sandwiches available for quitters during the GASO.
- Promote physical fitness activities such as fun runs (Cold Turkey Trots), walks (Walk Your Butts Off), or dances to promote quitting.

NOVEMBER

- Distribute posters and flyers about tobacco quit lines. Arrange for distribution in payroll stuffers/flyers.
- Use bulletin boards, marquees, public address systems, and regularly scheduled meetings to remind smokers of the GASO.
- Place a large bin at the main entrance or in key buildings for personnel to dispose of cigarettes and smokeless tobacco products. Arrange a funeral for the discarded tobacco.
- Turn your former smokers into film stars by making a video featuring quitters explaining why and how they quit. Ask them to make their stories humorous with tips that others can use, such as getting through their worst “nic fit.” Show the video on the base’s TV channel, at the dining hall, or at recreational activities the week of the GASO.
- Sponsor a Cold Turkey raffle in which participants would be eligible to win frozen turkeys.
- Involve nonsmokers in a supportive Adopt-a-Smoker program. Ask nonsmokers to give up a favorite treat or activity for the day to empathize with smokers and “adopt” a friend to provide.

Source: American Cancer Society – <http://www.cancer.org>

NOVEMBER PREVENTION ACTIVITY PLAN

Awareness Events: Lung Cancer Awareness Month, COPD Awareness Month, Great American Smokeout, International Survivors of Suicide

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st	NATIONAL LUNG CANCER & COPD AWARENESS MONTH						
2nd							
3rd			<i>Nov. 17th – National Survivors of Suicide Day</i>		<i>Great American Smoke-out</i>		
4th							
5th							

TOBACCO FACT SHEET

YOUTH

Some facts about teens and tobacco:

- Nine out of 10 regular smokers began using tobacco products before age 18.
- The average teen smoker begins at age 13.
- About 2/3 of teen smokers say they want to quit smoking.
- Every day, 3,000 kids become addicted to tobacco products.
- Almost 1/3 of those addicted to tobacco products will die prematurely from tobacco-related disease.
- Eighty-five percent of underage smokers purchase the three most heavily advertised brands: Marlboro, Newport, or Camel.
- After the Joe Camel cartoon campaign was introduced, Camel's market share among underage smokers jumped from 0.5 percent to 32.8 percent.
- Fifty percent of kids 12 to 17 who smoke own at least one promotional item with a tobacco logo.

Each year, more than 400,000 Americans die from a tobacco-related illness, the number one preventable cause of death in the United States. More lives are lost to tobacco than those caused by fires, alcohol, suicides, car accidents, AIDS, illegal drugs, and homicides, combined. Most of these deaths occur in adulthood, but the damage begins with the onset of smoking, which, in about 90 percent of the cases, begins at or before the age of 18.

- An infant's risk of dying from Sudden Infant Death Syndrome (SIDS) increases five times if he or she is exposed to secondhand smoke in the room. Secondhand smoke also increases the risk of lung cancer and asthma.
- Smoking in childhood or adolescence increases the risk of developing cardiac disease—the number one cause of death in the United States.
- Young adult smokers are 1.43 times more likely to have a stroke than their nonsmoking peers.
- Smoking is linked to not only lung cancer, but also other respiratory problems like coughing, wheezing, and shortness of breath.
- Children and adolescents who use tobacco have smaller lungs than their peers, and therefore tend to be less physically fit than their peers.
- Adolescents' use of smokeless tobacco increases their risk of oral cancer and nicotine addiction.

Source: U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004. Retrieved from <http://www.surgeongeneral.gov/library/reports/smokingconsequences/index.html>.

ADULTS AND HEALTH

- An estimated 45.3 million people, or 19.3 percent of all adults (aged 18 years or older), in the United States smoke cigarettes.¹ Cigarette smoking is more common among men (21.5 percent) than women (17.3 percent).¹
- Cigarette smoking is the leading cause of preventable death in the United States², accounting for approximately 443,000 deaths, or one of every five deaths, in the United States each year.^{3,4}
- Smoking harms nearly every organ of the body, causing many diseases and affecting the health of smokers in general. Quitting smoking has immediate as well as long-term benefits for you and your loved ones.

Smoking causes death.

- The adverse health effects from cigarette smoking account for an estimated 443,000 deaths, or nearly one of every five deaths, each year in the United States.^{2,3}
- More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.^{2,4}
- Smoking causes an estimated 90 percent of all lung cancer deaths in men and 80 percent of all lung cancer deaths in women.¹
- An estimated 90 percent of all deaths from chronic obstructive lung disease are caused by smoking.¹

Smoking and Increased Health Risks

- Compared with nonsmokers, smoking is estimated to increase the risk of coronary heart disease by two to four times,^{1,5} stroke by two to four times,^{1,6} men developing lung cancer by 23 times,¹ women developing lung cancer by 13 times,¹ and dying from chronic obstructive lung diseases (such as chronic bronchitis and emphysema) by 12 to 13 times.

Smoking and Cardiovascular Disease

- Smoking causes coronary heart disease, the leading cause of death in the United States.¹
- Cigarette smoking causes reduced circulation by narrowing the blood vessels (arteries) and puts smokers at risk of developing peripheral vascular disease (i.e., obstruction of the large arteries in the arms and legs that can cause a range of problems from pain to tissue loss or gangrene).^{1,7}
- Smoking causes abdominal aortic aneurysm (i.e., a swelling or weakening of the main artery of the body—the aorta—where it runs through the abdomen).¹

Smoking and Respiratory Disease

- Smoking causes lung cancer.^{1,2}
- Smoking causes lung diseases (e.g., emphysema, bronchitis, chronic airway obstruction) by damaging the airways and alveoli (i.e., small air sacs) of the lungs.^{1,2}

Smoking and Cancer

Smoking causes the following cancers¹:

- Acute myeloid leukemia;
- Bladder cancer;
- Cancer of the cervix;
- Cancer of the esophagus;
- Kidney cancer;
- Cancer of the larynx (voice box);
- Lung cancer;
- Cancer of the oral cavity (mouth);
- Pancreatic cancer;
- Cancer of the pharynx (throat); and
- Stomach cancer.

Smoking and Other Health Effects

Smoking has many adverse reproductive and early childhood effects, including increased risk for the following:

- Infertility;
- Preterm delivery;
- Stillbirth;
- Low birth weight; and
- SIDS.^{1,8}

Smoking is associated with the following adverse health effects:

- Postmenopausal women who smoke have lower bone density than women who never smoked.
- Women who smoke have an increased risk for hip fracture than women who never smoked.

REFERENCES

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TOBACCO PREVENTION RESOURCES

Advocacy Institute

<http://www.advocacyinstitute.org>

National Center for Tobacco Free Kids

<http://www.tobaccofreekids.org>

Center for Disease Control—Youth Tobacco Prevention

<http://www.cdc.gov/tobacco/youth>

No Tobacco

<http://www.notobacco.org>

NIDA for Teens

<http://www.teens.drugabuse.gov>

Surgeon General Report on Teen Smoking

<http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use>

NIMCO

<http://www.nimcoinc.com/Tobacco-Prevention-Resources>

Tobacco Control and Prevention Among African American Youth

<http://www.apha.org/programs/resources/tobacco>

Smokefree America

<http://www.tobaccofree.org>

American Cancer Society

<http://www.cancer.org>

American Lung Association

<http://www.lung.org>

American Heart Association

<http://www.americanheart.org>

National Networks for Tobacco Control and Prevention

<http://www.tobaccopreventionnetworks.org>

Kick Butts Day

<http://www.kickbuttsday.org>

American Legacy Foundation

<http://www.americanlegacy.org>

Counter Tobacco—Information about tobacco sales

<http://www.countertobacco.org>

Environmental Impact of Cigarettes

<http://www.legacyforhealth.org/buttoreally>

Teen Health and the Media

<http://www.teenhealthandthedia.org>

Smoke Screeners—Smoking in the Movies

<http://www.fablevision.com/smokescreeners>

TOBACCO CESSATION RESOURCES

If you are a smoker, chances are you have thought about quitting and already tried to quit at least once. If you have tried and failed, don't give up! You are not alone. Help is available.

There are a lot of options to find the best help for you on quitting smoking.

Take a look at what's happening at your school or in your neighborhood. You may be able to sign up for a group program or activity that offers support to help you beat smoking once and for all. Or, you can talk to your parents or your doctor about help to quit smoking. They may be able to provide the support and advice you need to help quit.

Also, check out the free resources and experts available:

Web sites and toll-free numbers to help adults quit smoking, like <http://www.SmokeFree.gov> and 1-800-QUIT-NOW (1-800-784-8669), have online guides and step-by-step advice to help adults and may have some quit tips that you can find useful.

The American Cancer Society Quit For Life® Program operated by Free & Clear® is a telephone-based coaching and Web-based learning support service to help people quit smoking. To learn more about Quit For Life, or for help with any cancer-related question, call any time at 1-800-227-2345.

To help adult smokers quit, the American Lung Association offers Freedom From Smoking®. The program teaches the skills and techniques that have been proven to help smokers quit. Freedom From Smoking® is available as a group clinic, an online program and a self-help book. You can also speak to a cessation counselor at the Lung HelpLine. You can visit them online at <http://www.ffsonline.org> or call 1-800-548-8252.

TEEN-SPECIFIC CESSATION PROGRAMS

National Cancer Institute—Air It Out

<http://rtips.cancer.gov/rtips/programDetails.do?programId=984006>

American Lung Association N O T—Not On Tobacco

<http://www.notontobacco.com>

Youth Tobacco Cessation Collaborative

<http://www.youthtobacco cessation.org>

Through With Chew—smokeless tobacco cessation

<http://www.throughwithchew.com>

Whatever option you choose, don't forget that support is there to help you quit smoking!

Source: Youth Tobacco Cessation Collaborative <http://www.youthtobacco cessation.org/resources/programs.html#yccp>

TOBACCO MYTHS AND FACTS

MYTH #1: MOST PEOPLE IN THE UNITED STATES SMOKE.

Fact: Actually, most people in the United States don't smoke. This is true for both adults and teens.

- 80.3 percent of teens DO NOT SMOKE.
- 82.2 percent of adults DO NOT SMOKE.

MYTH #2: SMOKING IS COOL.

Fact: Actually most teenagers don't think smoking is cool. In fact,

- 67 percent of teenagers say that seeing someone smoke turns them off.
- 65 percent say that they strongly dislike being around smokers.
- 86 percent would rather date people who don't smoke.

Even teenagers who use tobacco don't think that smoking is cool. More than half of all teens who smoke want to quit and 70 percent wish they had never started. So where did this "smoking is cool" image come from anyway? Tobacco use is often portrayed in advertising and movies associating it with a positive image. Keep in mind that Big Tobacco spends millions of dollars per year in the United States (according to the Campaign for Tobacco-Free Kids) on advertising; these images are carefully designed by advertising professionals with the goal of manipulating you into making the poor choice to start smoking. That's exactly what they want.

MYTH #3: SURE, SMOKING IS UNHEALTHY, BUT A LOT OF OTHER THINGS ARE JUST AS BAD FOR YOU.

Fact: Smoking is far worse than most any other health hazard. Think about this:

- Smoking is the number one cause of preventable death in the United States.
- Every year more than 440,000 Americans die from tobacco use.
- Approximately 8.6 million people in the U.S. are suffering from a smoking-related illness.
- Smoking kills more people in the United States than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides combined.

MYTH #4: SMOKING ONLY CAUSES A FEW HEALTH PROBLEMS— THE ONES ON THE WARNING LABELS.

Fact: Warning labels include health effects like heart disease, emphysema, and lung cancer.

- Truthfully, seconds after a smoker inhales a cigarette, over 4,000 chemicals enter his or her bloodstream. These toxic substances travel through the entire body, affecting every cell. Thus, smoking doesn't just affect your heart and lungs, it actually does damage throughout your entire body.

MYTH #5: SMOKING WON'T AFFECT MY HEALTH UNTIL I'M MUCH OLDER.

Fact: Using tobacco can affect you now. Immediate effects of tobacco use are smelly clothes, bad breath, and yellowing teeth. It also increases your heart rate and blood pressure. It causes an increase in respiratory problems, a reduction in immune function, increased illness, tooth decay, and gum disease.

MYTH #6: I ONLY SMOKE A LITTLE.

Fact: Every cigarette delivers over 4,000 chemicals to every part of your body, so there is no safe level of use. More important, tobacco use is highly addictive. Because of that fact, most people can't continue to be an occasional smoker for long. The body becomes accustomed to the chemicals and begins to need them more and more frequently; that's the path of addiction.

MYTH #7: I'M ONLY GOING TO SMOKE FOR A FEW YEARS, THEN I'LL QUIT. MY SMOKING NOW DOESN'T REALLY MATTER.

Fact: The health effects of tobacco use begin immediately. Many of those effects are irreversible, meaning even after a person quits, they still don't disappear completely. Tobacco use, even for a short time, can cause permanent damage to your body. In as little time as 5 years, organs like your lungs, heart, throat, urinary tract, digestive organs, bones, joints, and skin can be damaged. Even after quitting, tobacco users are still at higher risk of death from diseases related to smoking. So, many of tobacco's effects can never be undone.

In addition, many smokers struggle for years (even decades) trying to quit. The addictive nature of tobacco is so strong that even using all the modern methods to quit millions of people cannot, even though they recognize it may kill them.

MYTH #8: SMOKING WILL HELP ME LOSE WEIGHT.

Fact: Actually, it won't. Smoking is not proven to decrease body weight. Unfortunately, many people gain weight when they quit using tobacco. There are many reasons this is true. Tobacco use damages a person's taste buds, so when someone quits, food begins to taste better than ever. Many people who quit tobacco also struggle with other issues (like what to do with their hands, stress or boredom) that may cause them to reach for food as a substitute, thus causing even more weight gain.

MYTH #9:

I DON'T SMOKE CIGARETTES. I JUST SMOKE CIGARS OR BIDIS OR USE SMOKELESS TOBACCO. SO I DON'T HAVE A PROBLEM.

Fact: All forms of tobacco are seriously harmful to your health and are very addictive. No tobacco product is safe for use. Actually, the body is exposed to higher levels of nicotine, tar and carbon monoxide when you smoke bidis and kreteks. In addition, one can of smokeless tobacco contains as much nicotine as 60 cigarettes and increases a person's risk for developing oral cancers.

MYTH #10: OK, I ADMIT THAT SMOKING IS BAD FOR ME. BUT THAT'S MY PROBLEM, NOT ANYBODY ELSE'S. THE ONLY PERSON I'M HURTING IS ME, SO IT'S NOBODY ELSE'S BUSINESS.

Fact: Smoking hurts you and everyone who cares about you. None of them want to see you hurt yourself and they all would love you to quit. In addition, the secondhand smoke can be deadly to the people to breathe it in.

Source: Reprinted with permission from American Lung Association *Teens Against Tobacco Use (TATU) Teen Teacher Manual*.

ADDITIONAL AWARENESS EVENT RESOURCES

LUNG CANCER AWARENESS MONTH

November is officially Lung Cancer Awareness Month. This all started as Lung Cancer Awareness Day way back in 1995. As the lung cancer community and the lung cancer movement grew, the awareness activities increased and grew into Lung Cancer Awareness Month. During the month, many people throughout the country and the world come together for the lung cancer community. Events are held. Articles are written. Facebook statuses are updated. Videos are created and spread online. Proclamations are issued. It is important to remember that these are all important things that can happen throughout the entire year, not just in November.

<http://www.lungcanceralliance.org/get-involved/help-raise-awareness/lung-cancer-awareness-month.html>

COPD AWARENESS MONTH

November is National COPD Awareness Month sponsored by the U.S. COPD Coalition. The month-long observance is an opportunity for communities and organizations to increase awareness around COPD and ties in the National Heart, Lung, and Blood Institute's educational awareness campaign, COPD Learn More Breathe Better.

<http://www.lung.org>

GREAT AMERICAN SMOKEOUT

The American Cancer Society sponsors the Great American Smokeout each November by encouraging smokers to use the date to make a plan to quit, or to plan in advance and quit smoking that day. By quitting, even for 1 day, smokers will be taking an important step toward a healthier life, one that can lead to reducing cancer risk.

<http://www.cancer.org/healthy/stayawayfromtobacco/greatamericansmokeout/index>

INTERNATIONAL SURVIVORS OF SUICIDE DAY

Every year, survivors of suicide loss gather together in locations around the world to feel a sense of community, to promote healing, and to connect with others that have had similar experiences. Each location welcomes survivors of suicide loss, providing a safe and healing space where everyone can comfortably participate in a way that is meaningful to them. Join with others to listen to a diverse panel of survivors discuss their losses, how they coped, and much more. Come in person to experience the powerful sense of connection and community that is forged between survivors of suicide loss. You are not alone. Draw strength and meaning from your community and from your own experiences by showing up this November. This day is for you.

<http://www.afsp.org/coping-with-suicide/international-survivors-of-suicide-day>

DECEMBER DRUNK AND DRUGGED DRIVING AWARENESS MONTH

FOCUS ON: IMPAIRED DRIVING

Suggested Activities

- Issue a National Drugged, Drinking and Driving (3D) Month proclamation with the Mayor's Office.
- Host a public recognition to young people and community members who lead alcohol and other drug-free lifestyles.
- Host an alcohol-free holiday party.
- Recruit area family-oriented businesses to provide discounts or free admission to members of the community who have signed a pledge to remain alcohol free over the holidays. Have a sample pledge card at each business listed with an organization that works to prevent alcoholism and other drug addictions.
- Schedule parent empowerment workshops to raise awareness and understanding of issues of family recovery, to teach how adult role models both within and outside the family influence young people, to look at the effect of drinking at parties and celebrations on youth, and to show how every parent can do his/her part to change social attitudes.
- Organize a 3D awareness parade or rally to ring in the new year.
- Insert a list of self-help groups and local resources with public utility bills.
- If you do host a party where alcohol is served, ensure it is an adult-only party and that you put the right measures in place to ensure the safety of all participants.

**Did you
know?**

Among drivers with BAC levels of 0.08 percent or higher involved in fatal crashes in 2010, more than one out of every three were between 21 and 24 years of age (34 percent). Remember: prevention matters!!!

DECEMBER PREVENTION ACTIVITY PLAN

Awareness Events:

National 3-D Prevention Month (Drunk and Drugged Driving), World AIDS Day

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st	NATIONAL 3-D PREVENTION MONTH: DRUNK AND DRUGGED DRIVING						
	<i>Dec. 1st – World AIDS Day</i>						
2nd							
3rd					1		
4th							
5th							

3D AWARENESS INFORMATION

MYTHS VS. FACTS ABOUT DRINKING AND DRIVING

Myth: Coffee can sober up someone who has had too much to drink.

Fact: Only time sobers. It takes about 1 hour to oxidize each drink.

Myth: Hard liquor is more intoxicating than beer or wine.

Fact: A 12-ounce can of beer, a five-ounce glass of wine, and a 12-ounce wine cooler contain the same amount of alcohol and the same intoxication potential as 1 1/2 oz. of liquor.

Myth: Someone who has had too much to drink will look intoxicated.

Fact: Someone's physical appearance can be misleading. One drink can impair someone's ability to drive. Judgment is the first thing affected when someone has been drinking and important motor skills are next.

WHAT EVERY HOST NEEDS TO KNOW

- Don't rely on coffee to sober up your guests. Only time can make someone sober.
- Beer and wine are just as intoxicating as hard liquor. A 12-ounce can of beer, a five-ounce glass of wine, a 12-ounce wine cooler, and an ounce and a half of liquor contain the same amount of alcohol.
- Don't rely on someone's physical appearance to determine if he or she has had too much to drink.
- Mixers won't help dilute alcohol. Carbonated mixers like club soda or tonic water cause alcohol to be absorbed into a person's system more quickly. Fruit juice and other sweet mixers mask the taste of alcohol and may cause people to drink more.

PLAN AHEAD

- If you will be drinking, do not plan on driving. Designate a sober driver or find another safe way home. Even one drink increases the risk of a crash.
- If you are impaired, find another way home. Use a taxi, call a sober friend or family member, or use public transportation.
- Be responsible. If someone you know is drinking, do not let him or her get behind the wheel. If you see an impaired driver on the road, contact law enforcement. Your actions may save someone's life, and inaction could cost a life.

DURING THE PARTY

- Never serve alcohol to someone under the legal drinking age, and never ask children to serve alcohol at parties.
- Don't let guests mix their own drinks. Choosing a reliable "bartender" will help you keep track of the size and number of drinks that guests consume.

DECEMBER

- If a guest appears to be drinking a bit much, offer to freshen his or her drink with a virgin version.
- Do not push drinks! Drinking at a party is not mandatory for having a good time.
- Have fun, but not too much fun. To be a good host, you should stay within your limits in order to make sure your guests stay within theirs.
- Close the bar 90 minutes before the party ends and serve a great dessert treat with coffee. Remember, only time sobers someone who has been drinking.
- If, despite your efforts, some of your guests have had too much to drink, drive them home, arrange for a ride with another guest who is sober, call a taxi, or invite them to stay over.

IF A GUEST IS DRINKING TOO MUCH

Q: *How do I approach one of my guests who has had too much to drink?*

A: The first time is the hardest, but your actions could save your friend's life. Offer to let the guest spend the night, call a cab, or ask a sober guest to drive the intoxicated person home.

- Engage him/her in a conversation to slow down the drinking.
- Offer high-protein food.
- Offer to make the next drink and use less alcohol.
- Don't be afraid to insist that he or she sit out the sipping for a while or switch to beverages of the non-alcoholic variety—sparkling cider makes a great substitute for a glass of champagne.

Q: *How will I be held responsible if one of my guests is involved in a crash?*

A: The laws vary from state to state, but you could be held responsible for the costs associated with the crash, including medical bills and property damage, and you could be sued for emotional pain and suffering.

IF YOU ARE GOING OUT TO DRINK

- Designate a driver ahead of time—a designated driver is a non-drinking driver.
- Take a cab or public transportation.
- Make a reservation and spend the night.
- Consume food, sip your drinks, and alternate with non-alcoholic beverages.
- Ask your server about a ride home if you have been drinking to the point of impairment.

Source: <http://www.silverspringcenter.com/Healthy/drunk.htm>

MARIJUANA USE AND DRIVING FACTS

DID YOU KNOW?

- People who use marijuana before driving are nearly twice as likely to cause a car crash as those not under the influence of alcohol or drugs.¹
- Nationwide, 6 to 11 percent of drivers responsible for fatal accidents test positive for marijuana.²
- Research has shown that marijuana's negative effects on attention, memory, and learning can last for days or weeks after the immediate effects of the drug wear off.³
- While alcohol is the predominant substance in fatal crashes, marijuana is the second most frequently found substance in crash-involved drivers, according to an NHTSA study. Alcohol and marijuana are also frequently found together, which results in a dramatic decrease in driving performance and spike in impairment levels.⁴
- Long-term use can lead to dependency. Withdrawal symptoms mirror those of nicotine, which can include irritability, difficulty sleeping, cravings, and anxiety.⁵
- Marijuana, even in low to moderate doses, negatively affects driving performance, such as the ability to avoid collisions with evasive action. The effect of combining moderate doses of alcohol and moderate doses of marijuana resulted in a dramatic decrease in driving performance and increased the level of impairment from a .04 BAC (alcohol alone) to impairment comparable to up to 0.14 BAC (alcohol and marijuana combined).⁴
- A study of patients in a shock-trauma unit who had been in collisions revealed that 15 percent of those who had been driving a car or motorcycle had been smoking marijuana and another 17 percent had both THC (the psychoactive chemical causes the "high" and impairment) and alcohol in their blood.⁴
- A roadside study of reckless drivers (not under the influence of alcohol) showed that one in three tested positive for marijuana and an additional 18 percent tested positive for marijuana and cocaine.⁴

SOURCES

1. *British Medical Journal* 2012. "Acute cannabis consumption and motor vehicle collision risk: Systematic review of observational studies and meta-analysis." *BMJ* 2012;344e536 (Published 9 February 2012).
2. Office of National Drug Control Policy. 2009. *New report finds highest levels of THC in U.S. marijuana to date*. Press Release. Retrieved from: <http://www.whitehousedrugpolicy.gov/news/press09/051409.html>
3. Schweinsburg, A.D.; Brown, S.A.; and Tapert, S.F. 2008. The influence of marijuana use on neurocognitive functioning in adolescents. *Current Drug Abuse Reviews*.
4. National Highway Traffic Safety Administration. *Drug Impaired Driving*. Retrieved on October 28, 2003, from the World Wide Web: <http://www.nhtsa.dot.gov>
5. National Institute on Drug Abuse. 2010. *Is there a link between marijuana use and mental illness?* Retrieved from: <http://www.nida.nih.gov/researchreports/marijuana/marijuana4.html>.

DRINKING AND DRIVING FACTS

HOW BIG IS THE PROBLEM?

- In 2010, 10,228 people were killed in alcohol-impaired driving crashes, accounting for nearly one-third (31 percent) of all traffic-related deaths in the United States.¹
- Of the 1,210 traffic deaths among children ages 0 to 14 years in 2010, 211 (17 percent) involved an alcohol-impaired driver.¹
- In 2010, over 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics.³ That's 1 percent of the 112 million self-reported episodes of alcohol-impaired driving among U.S. adults each year.⁴
- Drugs other than alcohol (e.g., marijuana and cocaine) are involved in about 18 percent of motor vehicle driver deaths. These other drugs are often used in combination with alcohol.⁵

WHO IS MOST AT RISK?

- Young people are most at risk.
- At all levels of blood alcohol concentration (BAC), the risk of being involved in a crash is greater for young people than for older people.⁶
- Among drivers with BAC levels of 0.08 percent or higher involved in fatal crashes in 2010, more than one out of every three were between 21 and 24 years of age (34 percent). The next two largest groups were ages 25 to 34 (30 percent) and 35 to 44 (25 percent).¹

ALSO AT RISK ARE MOTORCYCLISTS

- Among motorcyclists killed in fatal crashes in 2010, 28 percent had BACs of 0.08 percent or greater.¹
- Nearly half of the alcohol-impaired motorcyclists killed each year are age 40 or older, and motorcyclists ages 40–44 have the highest percentage of deaths with BACs of 0.08 percent or greater (44 percent).⁷
- Drivers with prior driving while impaired (DWI) convictions:
- Drivers with a BAC of 0.08 percent or higher involved in fatal crashes were four times more likely to have a prior conviction for DWI than were drivers with no alcohol in their system (8 percent and 2 percent, respectively).¹

HOW CAN DEATHS AND INJURIES FROM IMPAIRED DRIVING BE PREVENTED?

Effective measures include the following:

- Actively enforcing existing 0.08 percent BAC laws, minimum legal drinking age laws, and zero tolerance laws for drivers younger than 21 years old in all states.^{3,8,9}
- Promptly taking away the driver's licenses of people who drive while intoxicated.¹⁰
- Using sobriety checkpoints.¹¹
- Putting health promotion efforts into practice that influence economic, organizational, policy, and school/community action.^{12,13}

DECEMBER

- Using community-based approaches to alcohol control and DWI prevention.^{10,14,15}
- Requiring mandatory substance abuse assessment and treatment, if needed, for DWI offenders.¹⁶

Source: Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/motorvehiclesafety/impaired_driving/impaired-drv_factsheet.html

DRUNK AND DRUGGED DRIVING RESOURCES

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov>

Do Something

<http://www.dosomething.org>

Friends Drive Sober

<http://www.friendsdrivesober.org>

“Along These Lines”...Impaired driving prevention programming guide

<http://www.friendsdrivesober.org/docs/ATLIdeaBook.pdf>

Mothers Against Drunk Driving

<http://www.madd.org>

National Council on Alcoholism and Drug Dependence, Inc.

<http://www.ncadd.org>

National Highway Traffic Safety Administration

<http://www-nrd.nhtsa.dot.gov>

Designated Driver Program

<http://www.nhtsa.gov/people/injury/alcohol/designateddriver/index.html>

Drive Sober or Get Pulled Over

<http://www.nhtsa.gov/drivesober>

Impaired Driving Prevention Toolkit

http://www.nhtsa.gov/people/injury/alcohol/IDPToolKit/IDP_index.html

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

<http://www.niaaa.nih.gov>

National Institute on Drug Abuse

<http://www.drugabuse.gov>

Remove Intoxicated Drivers (RID)

<http://www.rid-usa.org>

Silver Spring Maryland—Safe Holiday Party Tips

<http://www.silverspringcenter.com/healthy/drunk.htm>

Students Against Destructive Decisions (SADD)

<http://www.SADD.org>

BLOOD ALCOHOL CONTENT AND EFFECTS

Blood Alcohol Concentration (BAC)*	Typical Effects	Predictable Effects on Driving
.02 percent	<ul style="list-style-type: none"> • Some loss of judgment • Relaxation • Slight body warmth • Altered mood 	<ul style="list-style-type: none"> • Decline in visual functions (rapid tracking of a moving target) • Decline in ability to perform two tasks at the same time (divided attention)
.05 percent	<ul style="list-style-type: none"> • Exaggerated behavior • May have loss of small-muscle control (e.g., focusing your eyes) • Impaired judgment • Usually good feeling • Lowered alertness • Release of inhibition 	<ul style="list-style-type: none"> • Reduced coordination • Reduced ability to track moving objects • Difficulty steering • Reduced response to emergency driving situations
.08 percent	<ul style="list-style-type: none"> • Muscle coordination becomes poor (e.g., balance, speech, vision, reaction time, and hearing) • Harder to detect danger • Judgment, self-control, reasoning, and memory are impaired 	<ul style="list-style-type: none"> • Concentration • Short-term memory loss • Speed control • Reduced information processing capability (e.g., signal detection, visual search) • Impaired perception
.10 percent	<ul style="list-style-type: none"> • Clear deterioration of reaction time and control • Slurred speech, poor coordination, and slowed thinking 	<ul style="list-style-type: none"> • Reduced ability to maintain lane position and brake appropriately
.15 percent	<ul style="list-style-type: none"> • Far less muscle control than normal • Vomiting may occur (unless this level is reached slowly or a person has developed a tolerance for alcohol) • Major loss of balance 	<ul style="list-style-type: none"> • Substantial impairment in vehicle control, attention to driving task, and in necessary visual and auditory information processing

*Information in this table shows the BAC level at which the effect usually is first observed, and has been gathered from a variety of sources including the National Highway Traffic Safety Administration, the National Institute on Alcohol Abuse and Alcoholism, the American Medical Association, the National Commission Against Drunk Driving, and <http://www.webMD.com>.

ADDITIONAL AWARENESS EVENT RESOURCES

NATIONAL 3-D PREVENTION MONTH (DRUNK AND DRUGGED DRIVING)

Is a time when communities across the country join with the National 3D Prevention Month Coalition to conduct public awareness and enforcement campaigns to prevent impaired driving. The Coalition, a public-private sector partnership, provides a focus for communities interested in participating in National 3D Prevention Month by sponsoring national campaign activities.

<http://www.whitehouse.gov/blog/2012/11/30/national-impaired-driving-prevention-month>

http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/drugged_driving_toolkit.pdf

WORLD AIDS DAY

Observed on December 1 every year, World AIDS Day is dedicated to raising awareness of the AIDS pandemic caused by the spread of HIV. Government and health officials observe the day, often with speeches or forums on the AIDS topics. Since 1995, the President of the United States has made an official proclamation on World AIDS Day. Governments of other nations have followed suit and issued similar announcements.

<http://www.worldaidsday.org>



IDENTIFYING EVIDENCE-BASED PREVENTION PROGRAMS

The Substance Abuse and Mental Health Services Administration (SAMHSA) envisions “a life in the community for everyone” and has as its mission “building resilience and facilitating recovery.” SAMHSA strives to achieve its mission through programs supported by three goals: accountability, capacity, and effectiveness.

The Center for Substance Abuse Prevention (CSAP) helps to create healthy communities. SAMHSA/CSAP helps states provide resources and assistance to communities so that communities, in turn, can prevent and reduce substance abuse and related problems. SAMHSA/CSAP also provides training, technical assistance, and funds to strengthen the state prevention systems that serve local communities. SAMHSA/CSAP works with states to identify programs, policies, and practices that are known to be effective in preventing and reducing substance abuse and related problems.

Most prevention planners are specifically required to select and implement evidence-based interventions. SAMHSA/CSAP recognized that this requirement necessitates the availability of a broad array of evidence-based interventions and further must allow prevention planners the flexibility to decide which options best fit their local circumstances. To assist the field in meeting this requirement, a list of evidence-based program and practice sites are listed below, to help you research and identify the program that best fits the needs of your community.

SAMHSA

<http://www.samhsa.gov/ebpwebguide/appendixB.asp>

<http://store.samhsa.gov/shin/content//SMA09-4205/SMA09-4205.pdf>

National Registry of Evidence-Based Programs and Practices

<http://www.nrepp.samhsa.gov>

Office of National Drug Control Policy

https://www.ncjrs.gov/ondcppubs/publications/prevent/evidence_based_eng.html



PROMOTING YOUR PREVENTION EVENTS

START YOUR OWN AWARENESS CAMPAIGN!

The list below contains specific steps you can take to build an awareness campaign in your own community.

1. Find and partner with other community members who are concerned about drug and alcohol abuse/misuse.
2. Identify existing resources in your community you can request support from, starting with these:
 - » Police department;
 - » Area medical and dental providers;
 - » Agencies focused on drug and alcohol education and support;
 - » Marriage and family counseling centers specializing in substance abuse support;
 - » Pain management specialists;
 - » Pharmacies serving as drop-off centers for unused and expired prescription drugs;
 - » Library;
 - » Community service organizations, such as Rotary, Kiwanis, and Soroptimist International;
 - » Educators, from middle school through college;
 - » City/town leaders and administrators;
 - » Area political representatives;
 - » Local business owners; and
 - » Local media, online, newspaper, radio, and television.
3. Network with the resources that are most supportive and strategize about awareness campaign opportunities.
4. Contact CADCA if you're interested in establishing a nonprofit agency or coalition that's focused on drug and alcohol abuse.
5. If your town/city doesn't have any or enough prescription drug drop-off sites, work with your local police department to establish them.
6. Work with local resources to ensure that drug and alcohol abuse education is included in your city/town/local school district.
7. Help coordinate and/or participate in local parent/student education events. Request participation in these from members of our speaker's bureau by submitting our service request form.

8. Request discussion points and available sample materials from SAMHSA's National Clearinghouse, for use in your awareness campaign.
9. Conduct local youth-oriented contests, video, poster, T-shirt, etc., to engage students and generate awareness.
10. Connect and work with your local and federal legislative representatives to educate them about the drug/alcohol abuse epidemic and stimulate and support legislative action that can make a difference.

Source: National Coalition Against Prescription Drug Abuse, <http://nacpda.org>.



LETTER TO RETAILER

Dear Vendor:

Your help is needed! Every day, several young people die in alcohol-related automobile crashes in this country. In fact, alcohol-related incidents are the major cause of death and injury to underage youth today.

Know the facts; they're sobering. We know that purchase and possession of alcohol by anyone under 21 years of age is illegal in all 50 states and the District of Columbia, but the numbers tell us that we have become complacent, and the results of this complacency are often tragic.

A series of reports prepared by the U.S. Department of Health and Human Services (HHS) revealed that not only do some 10.4 million young people drink in America, but many of them simply walk in to a liquor store and purchase alcohol without ever being asked for identification to prove their age. The HHS studies also revealed that many youth do not understand the intoxicating effect of alcohol.

These two findings—easy access and ignorance about alcohol's effects—combine to present a frightening prospect for parents, for educators, and for our community as a whole. Ten percent of all drinking in America is done by underage youth.

Underage drinking is a problem for all of us. It makes our highways less safe, our schools less effective, and our future uncertain. [Name of your organization] is creating an Underage Drinking Prevention Program designed to alert all residents to the serious consequences of underage drinking and to motivate people to be part of the solution.

The purchase and possession law for 21-year-olds was enacted to save lives, and when enforced, it works! Please be part of our community-wide effort to save young lives—don't sell alcohol to minors, and train your staff to check the identification of anyone purchasing alcohol who appears to be close to the legal age. With your help, we will make a difference!

Sincerely,

Your name

Name of city

Underage Drinking Prevention Program

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), *Underage Drinking Prevention Action Guide and Planner*. 2001. Retrieved from <http://store.samhsa.gov/shin/content//SMA-3259/SMA-3259.pdf>

LETTER TO ELECTED OFFICIAL

Sample Letter to Representative or Senator

Date _____

Your Name _____

Your Address _____

Your City, State, ZIP Code _____

Your E-mail _____

Your Phone Number _____

The Honorable _____

House of Representatives or United States Senate

Office Address of Representative or Senator _____

Dear Representative/Senator _____,

(In your first paragraph include personal information) I am very fortunate to have been provided with an excellent education that prepared me for the future. I currently have children in both elementary and middle school. Recently, I have become very concerned about legislative impact on education. As a parent yourself, I am sure that you share many of these concerns.

(Include facts) Research has shown that schools with strong school library media programs have better rates of success. For example, in Alaska it was found that schools with a full-time librarian scored higher on standardized tests than schools with only part-time librarians. These schools were able to have longer hours of operation, leading to higher rates of circulation, thus impacting student achievement. Similar findings have been made in many other states across our country.

(State what you are asking for) I ask that you support (Insert name of bill here). In supporting this bill, funding will be provided that will support school library media programs. This is a very small price to invest in the futures of our nation's children. All children should have the opportunity to achieve and develop skills necessary for the future. I believe that in supporting this bill you will impact the lives of countless children.

Sincerely,

(Signature)

Your Name _____

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), *Underage Drinking Prevention Action Guide and Planner*. 2001. Retrieved from <http://store.samhsa.gov/shin/content//SMA-3259/SMA-3259.pdf>

LETTER TO THE EDITOR

All newspapers print many of the letters they receive from readers. Writing letters to the editor is one simple way to deliver your message to the community.

Dear Editor:

All parents worry about their children's health and safety. We worry about them doing well in school and staying away from a host of dangers, including drugs. Unfortunately, there's something else we should caution them about, but too often we fail to do so. I'm referring to alcohol and the dangerous mix of alcohol and underage youth.

Know the facts; they're sobering. The U.S. Department of Health and Human Services' 1999 National Household Survey on Drug Abuse established that there were about 10.4 million underage drinkers in the United States. Furthermore, 6.8 million in this age group were binge drinkers (five or more drinks on the same occasion at least once in the preceding month), and 2.1 million were heavy drinkers (five or more drinks on the same occasion on at least five different days in the preceding month).

Simply put: we, this community, have made it too easy for young people to put their lives and the lives of others at risk through the use of alcohol. The first thing we must evaluate is the message we are sending to young people concerning drinking. What is the message of our own behavior? What is the message of lax enforcement of the law? And what messages do young people receive through the media?

[Name of your city] is establishing an Underage Drinking Prevention Program. This program is designed to give a local community the tools and strategies needed to create an effective local effort to curb underage drinking. This grassroots program will attempt to motivate individuals and communities as a whole to change those community norms that encourage alcohol use by young people.

A particularly frightening piece of information is that young people do not understand the intoxicating effects of alcohol. In fact, two out of three junior high school students could not tell the difference between some alcoholic and nonalcoholic beverages.

All parents and caring adults need to talk to their children about drinking. Make sure their decisions are based on the facts—and not on a beer commercial or pressure from the friend down the block. Messages and materials are available to help. Contact [the Name of your city] Underage Drinking Prevention Program local coordinator at [your address and phone number] for more information.

Sincerely,

Your name

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), *Underage Drinking Prevention Action Guide and Planner*. 2001. Retrieved from <http://store.samhsa.gov/shin/content//SMA-3259/SMA-3259.pdf>

LETTER TO PARENTS

Date

Dear Parents or Guardian,

[City, State] — Please join us for an important meeting on [Date, Time, Location] to share information with parents of [Name of High School] students. The Parent Meeting, organized by [Local Organization], will provide parents with information about the dangers of underage drinking and drunk driving in our community, and will focus on how parents can learn to do more to keep youth from drinking. Speakers will include representatives from law enforcement, emergency medical services, education, and judicial system [Name of Panel Speakers].

As parents, our goal is to keep our teens safe, but often it may seem difficult to find the best strategies to ensure our child's safety. Alcohol-related traffic crashes continue to be the leading cause of death and disability among teenagers. Furthermore, alcohol is the number one drug of choice among teens.

So what can we do? Join us at our special parent meeting at [Name of School, Date, Time, Location]. The Parent Meeting will present some important information and simple tips to keep our youth from using alcohol and other drugs and allow us to share our ideas with each other.

This meeting is for parents who know or think that their son/daughter is drinking, and for those parents who believe that their son or daughter is not partaking drinking at all. Research has shown that the number one reason for teens refusing to drink alcohol and engage in other risky behaviors is that they worry about what their parents will think of them. Parental involvement is critical in affecting teen behavior regarding alcohol.

There are many reasons why you come to events at school: parent-teacher conferences, athletic events, special celebrations, etc. This could be one of the most important, and we hope you will make every effort to attend.

For more information, call [Event Coordinator/Facilitator, Title, Local Organization] at [Phone Number].

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), *Underage Drinking Prevention Action Guide and Planner*. 2001. Retrieved from <http://store.samhsa.gov/shin/content//SMA-3259/SMA-3259.pdf>

PARENTS YOU MATTER TIP SHEET

Here are important tips, resources, and information you can use to keep your kids healthy and safe, and help them avoid the dangers of drugs and alcohol.

COMMUNICATE

1. Clearly communicate the risks of alcohol and drug use.
2. Let your child know you disapprove of any drinking or drug use: *Kids who believe their parents will be upset if they try drugs are 43 percent less likely to do so.*
3. Use teachable moments to talk about drinking and using drugs, such as reading a news story or watching a movie.
4. Frequently talk *and listen* to your kids about how things are going in their lives.

MONITOR

1. Know **WHO** your child is with.
2. Know **WHAT** he or she is doing.
3. Know **WHERE** your child will be.
4. Know **WHEN** your child is expected home.
5. Know who your child's friends are—communicate with their parents.
6. Establish and enforce rules—including a clear “no use” policy.

SPOT ALCOHOL AND DRUG USE

✓ Here are **five** changes to watch for...

1. Declining school work and grades
2. Abrupt changes in friends, groups, or behavior
3. Sleeping habits and abnormal health issues
4. Deteriorating relationships with family
5. Less openness and honesty

✓ Be aware of **special vulnerabilities**, such as:

- Family history—predisposition to drug or alcohol problems
- Close friends who use drugs or alcohol
- Early first use
- Diagnosed or undiagnosed depression/other mental health disorders
- Problems in school/learning disabilities

Source: The Medicine Abuse Project: <http://medicineabuseproject.org>

WHAT TO DO WHEN YOU SPOT ALCOHOL AND DRUG USE

1. Focus, you can do this.
 - » Act right away.
2. Start talking:
 - » Let your child know you are concerned.
 - » Communicate your disapproval.
3. Set limits, rules, and consequences.
4. Monitor: look for evidence, make lists, keep track.
5. Get outside/professional help—you don't have to do this alone.

TAKE ACTION AND LEARN MORE

1. Protect your kids from medicine abuse:
 - » Safeguard prescription and over-the-counter drugs.
 - » Dispose of medications properly.
 - » Talk to family and friends about limiting access to prescription and over-the-counter drugs.
2. Talk to your kids about the dangers of drinking and using drugs, including prescription and over the-counter drugs.
3. Monitor your kids' whereabouts.
4. Connect with other parents.
5. Learn more about preventing teen drinking and drug use—go to www.drugfree.org.

IMPORTANT RESOURCES FROM THE PARTNERSHIP AT DRUGFREE.ORG

- » <http://www.drugfree.org/pact360>
Resource for The Partnership at Drugfree.org community education programs.
- » <http://www.MedicineAbuseProject.org>
The Medicine Abuse Project aims to prevent half a million teens from abusing prescription drugs in the next 5 years. Visit the campaign online for important tools and tips, and to sign a pledge to help end medicine abuse.
- » <http://www.theparenttoolkit.org>
<http://www.hablacontushijos.org>
The English and Spanish versions of The Parent Toolkit, which offers bilingual (Spanish and English) videos and articles on how to talk with your kids at any age.
- » <http://www.timetogethelp.drugfree.org/learn/helpline>
1-855-DRUG-FREE (855-378-4373) is a bilingual (English/Spanish), toll-free telephone helpline dedicated to helping parents and families.

Source: The Medicine Abuse Project: <http://www.medicineabuseproject.org>

OPINION COLUMN

Teen drinking kills. Too often, it takes not only lives, but hopes, dreams, and families with it.

- A 16-year-old left a keg party, missed a curve while driving, and killed two other teens in his truck. The driver and two other passengers were seriously injured. The young driver is serving 5 years' probation. The father who allowed the party to take place because he "didn't want to embarrass" his daughter was convicted of two counts of intoxicated manslaughter. His wife pled guilty to similar charges and was sentenced to 3 years in prison.
- A San Antonio teen on a graduation trip to Cancun fell to her death after a day of heavy drinking. A parent who accompanied the youths on the trip said students could buy seven drinks for \$7. The students nicknamed a sunset cruise the "booze cruise," according to the parent. The victim was an honors student who planned to attend New York University.

Too often in our community, the same parents who express shock over marijuana, heroin, and cocaine use among teenagers ignore the number one problem among our youth: alcohol.

The statistics are clear. Alcohol is a factor in the three leading causes of teen deaths, almost five times the number of deaths due to all illicit drugs combined.

National studies have found that children who begin drinking alcohol before the age of 15 are four times more likely to develop alcoholism in adulthood than children who do not drink until the legal age of 21.

Many people believe drinking is an inevitable part of growing up. It's not. Surveys show that parents' attitudes play a powerful role in a child's decision not to drink and parents need to make sure their children understand the dangers of alcohol. About 26 percent of seniors report binge drinking, or consuming five or more drinks at one time. Teens need to know that drinking large quantities of alcohol can be fatal.

Alcohol's impact on the brain, developing organs, and decision-making make it a dangerous substance for adolescents. Teen drinking is associated with risky sexual behaviors that can lead to sexually transmitted diseases and unintended pregnancies.

Parents who believe teen drinking is a rite of passage should consider the consequences:

- [ADD LOCAL STATISTIC ABOUT UNDERAGE DRINKING]
- [ADD LOCAL STATISTIC ABOUT UNDERAGE DRINKING]
- [ADD LOCAL STATISTIC ABOUT UNDERAGE DRINKING]

Drinking is not a rite of passage. Alcohol is powerful drug that can rob children of their health, their hopes, and their lives. Our community must take a strong stand against underage drinking, and parents must lead that crusade.

Talk to your child about the dangers of alcohol and other drugs. Do it today.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), *Underage Drinking Prevention Action Guide and Planner*. 2001. Retrieved from <http://store.samhsa.gov/shin/content//SMA-3259/SMA-3259.pdf>

PRESS RELEASE

Program Announcement

For Immediate Release

Date:

Local Contact:

Telephone:

New Program Seeks to Change Community Norms That Encourage Underage Drinking

Local citizens and organizations have combined to form the [Name of your city] Underage Drinking Prevention Committee and will undertake a community-wide program designed to identify and change those factors and community norms that encourage and allow underage drinking. The Underage Drinking Prevention Program is designed to raise community awareness of the seriousness of the underage drinking problem and deliver prevention messages to community leaders, public officials, health and prevention professionals, parents, educators, business leaders, and underage youth themselves.

“At a time when our nation is struggling to contain health care costs, prevention is truly the best investment we can make. And the best place for prevention to begin is with young people and their families,” said Ruth Sanchez-Way, Ph.D., Director, Center for Substance Abuse Prevention (CSAP). The primary goal of the program will be to motivate communities to change community standards that encourage youth drinking. Secondary goals will be to (1) de-glamorize the promotion and use of alcoholic beverages; (2) increase the number of underage youth who understand the risks associated with alcohol use; and (3) arm these young people with the power to resist the pressure to drink that they often get from peers and media messages.

“Underage drinking is a serious problem and affects all of us, sometimes in the most tragic ways,” said a local committee organizer. “This program is designed to rally all parts of the community and to evaluate our community standards that may be encouraging the problem.”

Members of the local coordinating committee are (if available).

Tailor press releases for use in your city. Quote local leaders and provide a local contact name and phone number.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), Underage Drinking Prevention Action Guide and Planner. 2001. Retrieved from <http://store.samhsa.gov/shin/content//SMA-3259/SMA-3259.pdf>



RESOURCES AT-A-GLANCE

NATIONAL SUBSTANCE ABUSE PREVENTION AND MENTAL HEALTH PROMOTION CONTACTS

Al-Anon/Alateen Family Group Headquarters, Inc.

1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON (meeting information)
<http://www.al-anon.alateen.org>

Boys & Girls Clubs of America

1230 West Peachtree Street, NW
Atlanta, GA 30309
404-487-5700
<http://www.bgca.org>

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road
Atlanta, GA 30333
404-639-3311
<http://www.cdc.gov>

Mothers Against Drunk Driving (MADD)

P.O. Box 541688
Dallas, TX 75354-1688
214-744-6233
800-GET-MADD
<http://www.madd.org>

National Alliance for Hispanic Health

1501 16th Street, NW
Washington, DC 20036
202-387-5000
<http://www.hispanichealth.org>
<http://www.health.org/nacoa>

National Black Child Development Institute

1101 15th Street NW
Suite 900
Washington, DC 20005
202-833-2220
<http://www.nbcdi.org>

Alcoholics Anonymous World Services

Grand Central Station
P.O. Box 459
New York, NY 10163
212-870-3400
<http://www.alcoholics-anonymous.org>

Center for Substance Abuse Prevention (CSAP)

5600 Fishers Lane, Rockwall II
Rockville, MD 20857
301-443-0365
<http://www.samhsa.gov/csap/index.htm>

Community Anti-Drug Coalitions of America

901 North Pitt Street
Suite 300
Alexandria, VA 22314
703-706-0560
800-54-CADCA
<http://www.cadca.org>

National Asian Pacific American Families

Against Substance Abuse, Inc.
340 East Second Street, Suite 409
Los Angeles, CA 90012
213-625-5795
<http://www.napafasa.org>

National Association for Children of Alcoholics

11426 Rockville Pike
Suite 100
Rockville, MD 20852
301-468-0985
888-554-COAS

National Council on Alcoholism and Drug Dependence, Inc.

12 West 21st Street
New York, NY 10010
212-206-6770
<http://www.ncadd.org>

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

6000 Executive Boulevard—
Willco Building
Bethesda, MD 20892-7003
301-443-3860
<http://www.niaaa.nih.gov>

National PTA Drug and Alcohol Abuse

Prevention Project
330 North Wabash Avenue
Suite 2100
Chicago, IL 60611
800-307-4PTA
312-670-6782
<http://www.pta.org>

Parent Resources and Information on Drug Education, Inc. (PRIDE)

3534 South 108th Street
Omaha, NE 68144
402-397-3309
<http://www.pride.org>

National Institute on Drug Abuse (NIDA)

6001 Executive Boulevard
Bethesda, MD 20892-9561
301-443-1124
<http://www.nida.nih.gov>

Office of Minority Health Resource Center

P.O. Box 37337
Washington, DC 20013-7337
800-444-6472
301-230-7199 (TDD)

<http://www.omhrc.gov>

SAMHSA's National Clearinghouse for Alcohol and Drug Information

P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686
800-487-4889 (TDD)
877-767-8432 (linea gratis en español)

<http://www.health.org>

ONLINE RESOURCES

CSAP's National Registry of Effective Prevention Programs

<http://www.samhsa.gov/csap/modelprograms>

National Network for Family Resiliency (NNFR)

<http://www.nnfr.org>

Above the Influence

<http://www.abovetheinfluence.com>

Parenting Is Prevention Project

<http://www.parentingisprevention.org>

Strengthening America's Families

<http://www.strengtheningfamilies.org>

The National Parenting Center

<http://www.tnpc.com>

Office of National Drug Control Policy

<http://www.whitehousedrugpolicy.gov>

Partnership for a Drug-Free America

<http://www.drugfreeamerica.org>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.samhsa.gov>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC AFFAIRS CONTACTS

Administration on Aging

202-401-4541

Administration for Children and Families

202-401-9215

Agency for Healthcare Research and Quality

301-427-1855

Agency for Toxic Substances and Disease Registry

404-498-0070

Centers for Disease Control and Prevention

404-639-3286

Centers for Medicare & Medicaid Services

202-690-6145

Food and Drug Administration

301-796-4540

Health Resources and Services Administration

301-443-3376

Indian Health Service

301-443-3593

National Institutes of Health

301-496-5787

National Vaccine Program Office

202-690-5566

Office of the Assistant Secretary for Health

Director of Communications
202-205-0143

Office of Disease Prevention and Health Promotion

240-453-8280

Office of HIV/AIDS Policy

202-690-5560

Office of Human Research Protections

240-453-6900

Office of Minority Health

240-453-2882

Office of Population Affairs
240-453-2800

Office of Research Integrity
240-453-8200

Office of the Surgeon General
301-443-4000

Office on Women's Health
202-690-7650

**President's Council on Physical
Fitness and Sports**
202-690-9000

Press Office of the Secretary
202-690-6343

**Substance Abuse and Mental Health
Services Administration**
240-276-2130



REFERENCES AND CREDITS

Sources of information are cited throughout this guide. Additional information in developing this guide was adapted from

1. Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), *Underage Drinking Prevention Action Guide and Planner*. 2001. Retrieved from <http://store.samhsa.gov/shin/content//SMA-3259/SMA-3259.pdf>
2. *2012 National Health Observances*. March 2012. National Health Information Center, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Washington, DC. Retrieved from <http://www.healthfinder.gov/nho/2012nho/2012nho.pdf>

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