

3. Educate parents. Host an informational meeting during *Recovery Month* for parents from the community on drug and alcohol use, addiction, treatment options, and the recovery process. Talk about the effects of addiction on children, the tremendous influence the parent without the drug or alcohol problem can have on his or her children, and resources in the local community to assist families who are dealing with drug and alcohol problems and how to contact them. Ask your local community newspaper and cable access channels to assist you in promoting the event free-of-charge. Post fliers around town, and ask local schools to send notices home with their students.
4. Create a community resource guide. Create a list of treatment options, self-help recovery programs and other resources for families dealing with drug and alcohol problems. Publish it in any way that you can and share it with your community via any means possible. It does not need to be elaborate; even a one-sheet photocopy will do. What is important is to get the message across that help is available, not only for the person with the drug or alcohol problem, but for that individual's family and friends as well.
5. Write an op-ed. Write an op-ed for your local newspaper on the effects of drug and alcohol addiction in your community, particularly on its families and children. Highlight the fact that September is *Recovery Month*, and that your organization is taking steps to support area families in coping with the problems associated with addiction. Talk about the efforts you are making and why. End by offering your organization as a resource to anyone who is in need of additional information.
6. Facilitate partnerships. During the month, facilitate partnerships among key community players who have an interest in addressing local drug- and alcohol-related issues and enhancing the continuum of treatment and recovery services and programs in the area. Make sure to include representatives from the health care system, treatment community, criminal justice system, social and child welfare services, education system, and policymakers. Consider organizing a community legislative forum and drawing participation from state legislators, other policymakers, and community leaders of influence. This type of event allows for collaboration between the public and private sectors and typically evokes media interest.

Additional Resources

CSAT National Helpline
Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration
U.S. Department of Health and Human Services
800-662-HELP (Toll-Free)

4-H
1400 Independence Avenue, SW
Stop 2225
Washington, DC 20250-2225
202-720-2908
www.4h-usa.org

Al-Anon/AlAteen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4Al-ANON/888-425-2666 (Toll-Free)
www.al-anon.org
www.al-anon.org/alateen.html

Alcoholics Anonymous
P.O. Box 459
Grand Central Station
New York, NY 10164
212-870-3400
www.alcoholics-anonymous.org

Aliviane NO-AD, Inc.
7722 North Loop Road
El Paso, TX 79915
915-782-4000

American Council on Alcoholism
3900 North Fairfax Drive, Suite 401
Arlington, VA 22203
800-527-5344 (Toll-Free)
www.aca-usa.org

American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
202-336-5857
www.apa.org

American Public Health Association
800 I Street, NW
Washington, DC 20001
202-777-2742 (APHA)
202-777-2500 (TTY)
www.apha.org

Association of State and Territorial Health Officials
1275 K Street, NW, Suite 800
Washington, DC 20005-4006
202-371-9090
www.astho.org

Big Brothers/Big Sisters of America
230 North 13th Street
Philadelphia, PA 19107
215-567-7000
www.bbbsa.org

Boys & Girls Clubs of America
1230 West Peachtree Street, NW
Atlanta, GA 30309
404-815-5700
www.bgca.org

Catholic Charities, USA
1731 King Street, Suite 200
Alexandria, VA 22314
703-549-1390
www.catholiccharities.org

Catholic Youth Organization
305 Michigan Avenue, 9th floor
Detroit, MI 48226-2614
313-963-7172

'Cause Children Count Coalition
1875 Connecticut Avenue, NW
Washington, DC 20009
202-884-8378

Child Welfare League of America
440 1st Street, NW, 3rd Floor
Washington, DC 20001
202-638-2952
www.cwla.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
202-628-8787
www.childrensdefense.org

Church of Jesus Christ of Latter Day Saints
529 14th Street, NW, Suite 900
Washington, DC 20045
202-662-7480
www.lds.org

Community Anti-Drug Coalitions of America
901 North Pitt Street, Suite 300
Alexandria, VA 22314
800-54-CADCA (Toll-Free)
www.cadca.org

Congress of National Black Churches
National Anti-Drug Campaign
1225 I Street, NW, Suite 750
Washington, DC 20005
202-371-1091
www.cnbc.org

Connecticut Community for Addiction Recovery
465 Silas Deane Highway
Wethersfield, CT 06109
860-418-6816

General Board of Global Ministries
of the United Methodist Church
Program on Substance Abuse
110 Maryland Avenue, NE, Suite 404
Washington, DC 20002
202-488-5653

Girl Power!
Campaign Headquarters
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
www.health.org/gpower

* Girl Power! is a national public education campaign sponsored by the U.S. Department of Health and Human Services with leadership from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention, the Office on Women's Health, and the Office of the Secretary.

Girl Scouts
Just for Girls, 15th Floor
Girl Scouts of the U.S.A.
420 5th Avenue
New York, NY 10018-2798
800-GSUSA4U (Toll-Free)
www.gsusa.org

Griffin Recovery Enterprises
702 Holly Avenue, #9
Saint Paul, MN 55104
651-298-1463

Jewish Alcoholic and Chemically Dependent
Persons and Significant Others
850 Seventh Avenue
New York, NY 10019
212-397-4197
www.jacsweb.org

Johnson Institute Foundation
2314 University Avenue, Suite 24
Saint Paul, MN 55114
651-659-9100
www.jifoundation.org

Join Together
441 Stuart Street, 7th Floor
Boston, MA 02116
617-437-1500
www.jointogether.org

K.I.D.S. - Kids in a Drug-Free Society
6515 GW Memorial Highway, Suite 105
Yorktown, VA 23692
757-833-0833
www.keepkidsdrugfree.com

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

Miami Coalition for a Safe
and Drug Free Community
University of Miami/North South Center
1500 Monza Avenue
Coral Gables, FL 33146-3027
305-284-6848
www.miamicoalition.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-554-COAS (Toll-Free)
www.nacoa.org

National Association of Community
Health Centers, Inc.
1330 New Hampshire Avenue, NW, Suite 122
Washington, DC 20036
202-659-8008
www.nachc.com

National Association of Rural Health Clinics
426 C Street, NE
Washington, DC 20002
202-543-0348
www.narhc.org

National Association of State Alcohol
and Drug Abuse Directors
808 17th Street, NW, Suite 410
Washington, DC 20006
202-293-0090
www.nasadad.org

National Council for Community
Behavioral Healthcare
12300 Twinbrook Parkway, Suite 320
Rockville, MD 20852
301-984-6200
www.nccbh.org

National Council on Alcoholism
and Drug Dependence, Inc.
12 West 21st Street
New York, NY 10010
212-206-6770
800-NCA-CALL (Hopeline) (Toll-Free)
www.ncadd.org

National Families in Action
Century Plaza II
2957 Clairmont Road, Suite 150
Atlanta, GA 30329
404-248-9676

National Institute on Drug Abuse
National Institutes of Health
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov
www.clubdrugs.org

Partnership for a Drug-Free America
405 Lexington Avenue, Suite 1601
New York, NY 10174
212-973-3516
www.drugfreeamerica.org

Step One
665 West 4th Street
Winston Salem, NC 27101
336-714-2116

Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Treatment
National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance
abuse treatment and referral)
www.samhsa.gov/centers/csat/csat.html

Substance Abuse and Mental Health
Services Administration
Center for Mental Health Services Clearinghouse
P.O. Box 42490
Washington, DC 20015
800-789-2647 (Toll-Free)
www.mentalhealth.org/CMHS

Substance Abuse and Mental Health
Services Administration
National Clearinghouse for Alcohol
and Drug Information
P.O. Box 2345
Rockville, MD 20847
800-729-6686 (Toll-Free)
www.health.org

The Alliance Project
1954 University Avenue, Suite 12
Saint Paul, MN 55104
651-645-1618
www.defeataddiction.org

Therapeutic Communities of America
1611 Connecticut Avenue, NW, Suite 4-D
Washington, DC 20009
202-296-3503
www.tcanet.org

U.S. Department of Education
Safe and Drug-Free Schools
400 Maryland Avenue, SW
Washington, DC 20202-6123
877-433-7827 (Toll-Free)
www.ed.gov/offices/OESE/SDFS

Young Men's Christian Association of the U.S.A.
1701 K Street, NW, Suite 903
Washington, DC 20006
202-835-9043
www.ymca.net

Young Women's Christian Association
YWCA of the U.S.A.
Empire State Building
350 5th Avenue, Suite 301
New York, NY 10118
212-273-7800
www.ywca.org

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Educators/Schools

Today over half (55 percent) of America's young people have tried an illicit drug by the time they finish high school, while more than a third of seniors are current smokers and 62 percent of them have already been drunk at least once by the time they graduate.¹ Adolescent drug and alcohol use is associated with declining grades, absenteeism from school, and dropping out of school. Cognitive and behavioral problems experienced by teens who use drugs or alcohol may interfere with academic performance.² Of course, use does not always lead to addiction, but without early intervention, the chance that it will is greatly increased. Sadly, once addiction has taken hold, only 20 percent of adolescents who are in need of treatment for their problems receive it.³

The number of children affected by drug and alcohol problems at home is also considerable. In fact, one of every four to five children in a typical elementary school classroom is the son or daughter of an alcoholic.⁴ The disruption to these children's lives and negative effects on their overall well-being are tremendous. However, it is estimated that 95 percent of children living with drug and alcohol problems at home are never identified and never receive intervention of any kind through the schools.⁵

All told, the effects suffered by youth today as a result of drug and alcohol problems are virtually incalculable. As true advocates for young people, educators and the schools in which they work have a responsibility to become and remain informed about issues related to drug and alcohol use prevention, intervention, treatment, and recovery. In addition, schools need to provide comprehensive student assistance programs that make dealing with issues related to drug and alcohol use, addiction, and recovery a top priority. Unfortunately, teacher/school counselor referrals of students to treatment and recovery programs appear to have declined in recent years.⁶

Before schools can take action to combat drug and alcohol use among young people, they must know the extent of the problem. Here are some important facts:

Current Usage Data⁷

- ▶ Marijuana is the most widely used illicit drug, with 38 percent of high-school seniors reporting they have tried it.
- ▶ The use of MDMA (or "ecstasy"), a so-called "club drug" because of its popularity at night clubs and "raves," rose sharply in 1999 among older teens, as did the use of steroids among younger male teens.
- ▶ Although the use of inhalants, Rohypnol (the "date rape drug"), crack, and crystal methamphetamine (or "ice") showed some small measure of decline in 1999, the rates of use among young people are significant enough, and the potential consequences of use grave enough, to warrant national attention.
- ▶ Four out of five students have consumed alcohol by the end of high school. In fact, 62 percent of 12th graders and 25 percent of 8th graders have reported being drunk at least once.
- ▶ Nearly two-thirds (65 percent) of seniors have tried cigarettes, while more than a third are current smokers.

- Current data from the National Institute on Drug Abuse indicate that Ritalin abuse may also be increasing, primarily among youths who crush and snort tablets.⁸
- One study indicated that 15 percent of young people who attend recovery support programs also attend 12-step programs to deal with their own drug and alcohol problems.⁹

Making a Difference: What Can I Do?

People who have chosen to teach are truly dedicated to bettering the lives of young people. Educators and other school staff members can have a tremendous impact on the children they encounter by enhancing their overall self esteem, supporting and modeling good decision-making, providing guidance, and encouraging positive behaviors. Here are some steps teachers and other school staff members can take to make a difference.

1. Educate yourself and others. Learn all you can about drug and alcohol use and addiction and its effects, so that you can identify young people who may have a problem themselves, or who are dealing with related issues at home. If you are a school administrator, encourage your staff in this area whenever and however you can. There are a number of organizations out there to help, including the U.S. Department of Education's Safe and Drug-Free Schools program and the National PTA Drug and Alcohol Abuse Prevention Project. (See attached resource list for contact information.)
2. Declare your school grounds free of drugs and alcohol. Teens in self-identified drug-free schools are two times more likely to report to school authorities other teens who use or sell illicit drugs on school grounds.¹⁰ Involve parents and students in your school's effort to declare itself drug-free. Make drug and alcohol education and student assistance programs integral parts of your school's curriculum and prevention work. Plan and promote school activities that make drug-free activities interesting and attractive. For instance, many schools have created highly successful substance-free after-prom parties.
3. Become an advocate. Recognize that drug and alcohol problems can be treated successfully. In fact, studies have shown that treatment programs can significantly reduce drug use in adolescents between the ages of 13 and 17.¹¹ In addition, support groups, peer counseling, group counseling, and family therapy can make all the difference for young people who are dealing with drug and alcohol problems at home. Support students in their efforts to deal with their own drug and alcohol problems or those of their family members and friends.
4. Be aware of available resources. Find out what local support groups, treatment centers, family-oriented community action groups, and self-help recovery programs are available in your area to assist students with drug and alcohol problems, as well as their family members and friends. Reach out to students who are living with drug and alcohol problems at home by providing them with educational support groups and information on where they can go for help as well. Work with the school guidance counselor or psychologist to find out when and how you can intervene appropriately.
5. Support students in recovery. Students who are recovering from drug and alcohol problems require support when they return to school. In addition to assuring students with drug and alcohol prob-

lems complete anonymity and confidentiality, teachers and other school staff members can assist them in the following ways:¹²

- Making schedule adjustments to allow for aftercare treatment to reduce the opportunities for negative peer pressure influences and to match student and teacher learning and teaching styles to maximize self esteem and academic success
- Mentoring to ensure the student feels supported in the transition back to school
- Providing recovery groups to encourage healthy peer interaction and support in a secure school setting
- Ensuring periodic assessments are made to track progress

School-based mental health programs that include drug- and alcohol-related services are extremely helpful in ensuring students with drug and alcohol problems get the support they need. It's important to keep in mind that students whose family members are in recovery are also in need of special consideration.

Making a Difference: How Can I Focus My Efforts During Recovery Month?

Recovery Month is celebrated every year in September. The month provides educators and schools with an opportunity to talk openly about drug and alcohol problems and the recovery process. This year's national theme is, "We Recover Together: Family, Friends, and Community." Schools are encouraged to plan activities during the month that will reinforce the theme, as well as the commitment of students, teachers, and staff members to creating and maintaining a drug- and alcohol-free environment. Here are some thoughts on how:

1. Let them tell you all about it. Involve students in creating activities throughout the month that will get them talking about drug and alcohol use, addiction, and the recovery process. Poetry slams, rap contests, and debates that focus on these issues encourage young people to share their thoughts and ideas in a safe and secure setting. What you hear just may surprise you, or even teach you something you did not already know.
2. Foster parent education. Schedule an evening program for parents, grandparents, step-parents, and foster parents to learn about the most current trends in drug and alcohol use, the effects on children living with alcoholism or drug addiction, the signs to look for if they believe their own children or other family members may have a drug or alcohol problem, what they can do about it, and where to go for assistance. Invite speakers from the surrounding community to talk about the various issues, including representatives from local recovery support programs.
3. Set aside "talk time." Set aside a couple of hours each week throughout the month for students to speak confidentially with guidance counselors and school psychologists about any concerns they have related to drug or alcohol addiction, in school or at home. Post fliers around the school promoting the fact that September 2001 is *Recovery Month*, and encouraging students to take advantage of the opportunity to talk with an adult who cares about them.
4. Hold in-service training. Use *Recovery Month 2001* as an opportunity to plan and hold an in-service education program for teachers and staff on how to identify drug and alcohol problems among

students or students who are dealing with drug or alcohol problems at home. In particular, educate them about the signs of use associated with new drug trends, such as steroid use among young men, and inform them about local recovery support groups. Guide them on how to proceed should they suspect a student is having problems, and assure them they will have the school administration's full support in addressing those problems.

5. Encourage discussion, while reducing stigma. The stigma surrounding drug and alcohol addiction is one of the greatest barriers to treatment and recovery not only for the person with the problem, but for his or her family and friends as well. Unfortunately, society frowns on addiction as if it were some moral failing, rather than the very complex disease it is. Additionally, many people still do not appreciate the fact that treatment for drug and alcohol problems is effective. These facts need to be conveyed frequently so that they gradually begin to replace outdated assumptions and become an equal if not greater part of the national consciousness.

Use *Recovery Month* as an opportunity to encourage your teachers and staff members to combat stigma by talking openly about addiction and recovery in health and wellness classes, physical education classes, and social psychology and psychology classes. Tell your coaching staff to make an effort to talk about these issues with your school's athletes. If addiction is to ever be destigmatized, it must be confronted head-on and discussed out in the open.

Additional Resources

CSAT National Helpline
Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration
U.S. Department of Health and Human Services
800-662-HELP (Toll-Free)

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AI-ANON/888-425-2666 (Toll-Free)
www.al-anon.org
www.al-anon.org/alateen.html

American Council for Drug Education
164 West 74th Street
New York, NY 10023
800-488-DRUG (Toll-Free)
www.acde.org (for information)
800-DRUG HEL(P) (Toll-Free)
www.drughelp.org (for referrals)

American Psychological Association
Policy and Advocacy in the Schools
750 1st Street, NE
Washington, DC 20002-4242
800-374-2723 (Toll-Free)
202-336-5858
www.apa.org

'Cause Children Count Coalition
1875 Connecticut Avenue, NW
Washington, DC 20009
202-884-8378

Child Welfare League of America
440 1st Street, NW, 3rd Floor
Washington, DC 20001
202-638-2952
www.cwla.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
202-628-8787
www.childrensdefense.org

Drug Enforcement Administration
Demand Reduction Section
Washington, DC 20537
202-307-7936
www.dea.gov

Girl Power! *
Campaign Headquarters
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
www.health.org/gpower

* Girl Power! is a national public education campaign sponsored by the U.S. Department of Health and Human Services with leadership from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention, the Office on Women's Health, and the Office of the Secretary.

Join Together
441 Stuart Street, 7th Floor
Boston, MA 02116
617-437-1500
www.jointogether.org

K.I.D.S. - Kids in a Drug-Free Society
6515 GW Memorial Highway, Suite 105
Yorktown, VA 23692
757-833-0833
www.keepkidsdrugfree.com

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-554-COAS (Toll-Free)
www.nacoa.org

National Association of School Psychologists
4340 East West Highway, Suite 402
Bethesda, MD 20814
301-657-0270
www.naspweb.org

National Association of Social Workers
750 1st Street NE, Suite 700
Washington, DC 20002-4241
202-408-8600
www.socialworkers.org

National Association of State Alcohol
and Drug Abuse Directors
808 17th Street, NW, Suite 410
Washington, DC 20006
202-293-0090
www.nasadad.org

National Association of Student
Assistance Professionals
4200 Wisconsin Avenue, NW, Suite 106-118
Washington, DC 20016
800-257-6310 (Toll-Free)
www.nasap.org

National Council on Alcoholism
and Drug Dependence, Inc.
12 West 21st Street
New York, NY 10010
212-206-6770
800-NCA-CALL (Hopeline) (Toll-Free)
www.ncadd.org

National Directory of Drug Abuse
and Alcoholism Treatment Programs
www.samhsa.gov

National Institute on Alcohol Abuse
and Alcoholism
National Institutes of Health
Keeping Kids Alcohol Free Campaign
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

National Institute on Drug Abuse
National Institutes of Health
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov
www.clubdrugs.org

National Peer Helping Association
P.O. Box 32272
Kansas City, MO 64171
877-314-7337
www.peerhelping.org

National PTA Drug and Alcohol Abuse
Prevention Project
330 North Wabash Avenue, Suite 2100
Chicago, IL 60611-3690
800-307-4782 (Toll-Free)
www.pta.org

Partnership for a Drug-Free America
405 Lexington Avenue, Suite 1601
New York, NY 10174
212-973-3516
www.drugfreeamerica.org

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

Students Against Destructive Decisions (National)
Box 800
Marlboro, MA 01752
800-787-5777 (Toll-Free)
www.saddonline.com

Substance Abuse and Mental Health
Services Administration
Center for Mental Health Services Clearinghouse
P.O. Box 42490
Washington, DC 20015
800-789-2647 (Toll-Free)
www.mentalhealth.org

Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Prevention
Youth Substance Abuse Prevention Initiative
301-443-1845
www.samhsa.gov/centers/csap/csap.html

Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Treatment
National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance
abuse treatment and referral)
www.samhsa.gov/centers/csat/csat.html

Substance Abuse and Mental Health
Services Administration
National Clearinghouse for Alcohol
and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

U.S. Department of Education
Safe and Drug-Free Schools
400 Maryland Avenue, SW
Washington, DC 20202-6123
877-433-7827 (Toll-Free)
www.ed.gov/offices/OESE/SDFS

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- ¹² Codori, Mike. Aftercare for recovering students: Four follow-up methods. *Student Assistance Journal*, 11 (4): 28-29, March/April 1999.

Employers

An estimated 14.8 million Americans were current illicit drug users in 1999, while 66.8 million Americans reported they currently used tobacco and 12.4 million were considered heavy drinkers.¹ In addition, 9.4 million (77 percent) of the 12.3 million adults (age 18 and older) identified as illicit drug users that year were employed either full-time or part-time.² According to a national survey conducted by the Hazelden Foundation, more than 60 percent of adults know people who have gone to work under the influence of drugs or alcohol.³

The fact is that untreated drug- and alcohol-related problems greatly affect any employer's bottom line in the form of decreased productivity and increased on-the-job accidents, absenteeism, turnover, and medical costs. And those costs are not just associated with employees who themselves have a problem. The on-the-job performance of workers whose family members or friends have drug and alcohol problems is also affected. Consider these findings:

How Drug and Alcohol Use and Addiction Affects Employers

- ▶ Drug and alcohol use and addiction has a significant impact in the workplace, with costs estimated at more than \$100 billion per year.⁴ Alcoholism alone causes an estimated 500 million lost work-days per year.⁵
- ▶ Full-time workers, age 18-49, who reported current illicit drug use were more likely than those reporting no current illicit drug use to state that they had worked for three or more employers in the past year (32.1 percent versus 17.9 percent), taken an unexcused absence from work in the past month (12.1 percent versus 6.1 percent), voluntarily left an employer in the past year (25.8 percent versus 13.6 percent), and been fired by an employer in the past year (4.6 percent versus 1.4 percent). Similar results were reported for employees who were heavy alcohol users.⁶
- ▶ Up to 40 percent of industrial fatalities and 47 percent of industrial injuries can be linked to alcohol consumption and alcoholism.⁷
- ▶ Sixty percent of alcohol-related work performance problems can be attributed to employees who are not alcohol dependent, but who occasionally drink too much on a work night or drink during a weekday lunch.⁸
- ▶ Twenty-one percent of workers report being injured or put in danger, having to re-do work or to cover for a co-worker, or needing to work harder due to others' drinking.⁹
- ▶ Non-alcoholic members of alcoholics' families use 10 times as much sick leave as members of families in which alcoholism is not present.¹⁰
- ▶ Eighty-two percent of family members of alcoholics are employed, and 80 percent of them report their ability to function at work and home is impaired as a result of living with an alcoholic.¹¹

Supporting Employees in Recovery and Their Loved Ones Is Good Business

Employers of all sizes, from the largest corporation to the smallest neighborhood business, have everything to gain by taking an active role in addressing their employees' drug- and alcohol-related problems and

supporting the recovery process. By committing to a drug- and alcohol-free workplace and supporting treatment and recovery programs for employees and their families, organizations experience a variety of benefits, which include:

- Increased productivity and higher morale among employees
- Reduced errors and increased quality of performance
- Lower workers' compensation insurance or health insurance premiums in some states
- Reduced absenteeism
- Increased retention of qualified and well-trained employees
- Improved safety

Of course, the cost of making treatment and recovery support programs more readily available and affordable for employees with drug and alcohol problems and their significant others is always a tremendous concern to any business, large or small. Numerous reports have shown that the money invested in these services and programs is minimal when you consider the huge payoff. For instance:

- A RAND study found that addiction treatment services could be made available to employees for \$5.11, or just 43 cents per month.¹²
- Companies that invest in an Employee Assistance Program, or EAP, can expect to recover significant losses on the order of \$5 to \$7 for every \$1 invested in the EAP.¹³
- Adding full and equal coverage for drug and alcohol addiction only increases premiums by 0.2 percent,¹⁴ about \$1 per month for most families.¹⁵
- Findings from a follow-up survey of 668 drug and alcohol treatment residents in Ohio one year after completing treatment indicated that absenteeism decreased by 89 percent, tardiness by 92 percent, and on-the-job injuries by 57 percent.¹⁶
- Chevron reports that it saves \$10 for every dollar spent on coverage for addiction services.¹⁷

Employers who create an atmosphere that is supportive of individuals with drug and alcohol problems or who are in recovery, as well as their family members and friends, will see their commitment returned many times over in the form of increased productivity, loyalty, and profitability.

Making a Difference: What Can I Do?

Whether you are a small business owner, a larger employer or somewhere in between, here are some steps you can take to address drug and alcohol problems, not just among your own employees, their families, and friends, but in the community or communities in which you operate. While it is true that drug and alcohol use and addiction's negative impact is felt by all of us, the incredible rewards associated with recovery can also be shared.

1. Get real. Even if it is not readily apparent, odds are that someone who works for you is abusing alcohol, using illicit drugs, or trying to cope with addiction-related problems at home. Assume that

the physical, mental, and emotional toll that a drug or alcohol problem is having on that person is hindering his or her work performance and, ultimately, your business interests.

2. Get educated. Educate yourself about drug and alcohol use and addiction issues in the workplace and how to address them. There are a number of resources out there to assist you, including the Substance Abuse and Mental Health Services Administration's Workplace Helpline (1-800-WORKPLACE), the U.S. Department of Labor's Working Partners for an Alcohol- and Drug-Free Workplace, the Institute for a Drug-Free Workplace in Washington, DC, and the Employee Assistance Professionals Association (EAPA) in Arlington, VA. A list of these and other resources and how to contact them has been provided at the end of this fact sheet.
3. Form programs/policies/procedures. Establish programs/policies/procedures that provide acceptance, support, and encouragement for individuals who have a drug or alcohol problem or family members and friends who are affected by related issues in their personal lives. Suggestions include: forming an EAP (work with other businesses in your community to defray costs if need be), providing informational materials on local community resources and support programs to employees, creating supervisor training programs, promoting your concerns about drug and alcohol use and addiction and your company's support for treatment via established company vehicles, and hosting alcohol-free, work-related events. Again, the list of resources provided at the end of this fact sheet can assist you in locating the information you need to take action.
4. Provide inclusive health care coverage. When determining which health plan is best for your company, negotiate for coverage of drug and alcohol treatment and counseling. The EAPA can serve as a tremendous resource to you in this regard.
5. Make an announcement. Announce the creation of any programs/policies/procedures, and then remind employees about them on a routine basis.
6. Get feedback. Create a confidential feedback mechanism for employees to provide you with input on how helpful and informative the programs/policies/procedures are to them. An employee survey may suffice. Make changes to address any issues that arise as appropriate.

Making a Difference: How Can I Focus My Efforts During *Recovery Month*?

If the aforementioned steps are all too familiar to you, there is still a lot that you can do. Most importantly, you can use *Recovery Month* in September as an opportunity to keep your momentum going. This year's national theme is, "*We Recover Together: Family, Friends, and Community.*" If you can accomplish one or more of the following activities as a part of this year's effort, you will be serving your employees, your business, and the community well.

1. Communicate. Use your company's newsletter, the e-mail system, or paycheck stuffers, whatever vehicle works for your business, to promote September 2001 as *Recovery Month*, stressing that this year's theme promotes the critical role that families, friends, and the community play in motivating addicted individuals to begin and sustain the recovery process. Reaffirm

your company/business' commitment to assisting these individuals, their families, and friends. Remind employees of the programs/policies/procedures that are in place to help them.

2. Foster informal discussion. Schedule a brown-bag lunch during *Recovery Month* 2001 featuring a speaker from a local treatment program or other recovery-related organization to talk about the effectiveness of treatment and its availability in your area. Ask the speaker to mention local volunteer opportunities for employees who want to assist individuals in recovery and their families.
3. Evaluate impact to date. Use *Recovery Month* as an opportunity to survey your employees on their reactions to the drug and alcohol and treatment-related programs/policies/procedures you have implemented to date. Use that feedback to assess performance of current contractors, solve problems, and create measurable objectives for in-house human resources staff as appropriate.
4. Work together to accomplish key objectives. Work with other businesses to identify key issues of concern regarding drug and alcohol use, addiction, treatment, and recovery. Illustrate those concerns using anecdotal data, survey data, and the statistics provided in this year's *Recovery Month* promotional kit to reach out to and educate policymakers.
5. Participate. If you or your business is approached by a local treatment provider to participate in or sponsor a *Recovery Month* promotional event or activity, offer your support in any way possible (ie., attendance, donation of goods/services, providing a speaker, media outreach support, etc.).

Additional Resources

CSAT National Helpline
Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration
U.S. Department of Health and Human Services
800-662-HELP (Toll-Free)

American Council on Alcoholism
3900 North Fairfax Drive, Suite 401
Arlington, VA 22203
800-527-5344 (Toll-Free)
www.aca-usa.org

Association of Persons Affected by Addiction
1605 Dorado
Garland, TX 75040
972-686-4074

Brunoe Training and Consulting
2461 Santa Monica Boulevard, #440
Santa Monica, CA 90404
818-955-5726

Employee Assistance Professionals Association
2101 Wilson Boulevard, Suite 500
Arlington, VA 22201
703-522-6272
www.eap-association.com

Employee Assistance Society of North America
230 East Ohio Street, Suite 400
Chicago, IL 60611
312-644-0828

Institute for a Drug-Free Workplace
1225 I Street, NW, Suite 1000
Washington, DC 20005
202-842-7400
www.drugfreeworkplace.org

National Directory of Drug Abuse
and Alcoholism Treatment Programs
www.samhsa.gov

National Drug-Free Workplace Alliance
C/O P.O. Box 13223
Tucson, AZ 85732
800-592-3339 (Toll-Free)

National Institute on Alcohol Abuse and Alcoholism
National Institutes of Health
6000 Executive Boulevard
Willco Building
Bethesda, MD 20892
301-496-4000
www.niaaa.nih.gov

National Institute on Drug Abuse
National Institutes of Health
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov
www.clubdrugs.org

Office of National Drug Control Policy
Drug-Free Workplace Programs Information
P.O. Box 6000
Rockville, MD 20849-6000
800-666-3332 (Toll-Free)

Partnership for a Drug-Free America
405 Lexington Avenue, Suite 1601
New York, NY 10174
212-973-3516
www.drugfreeamerica.org

Small Business Administration
409 3rd Street, SW
Washington, DC 20416
800-U-ASK-SBA (Toll-Free)
www.sba.gov

Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Prevention
Workplace Hotline
800-967-5752 (Toll-Free)
www.samhsa.gov/CSAP

Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Treatment
National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance
abuse treatment and referral)
www.samhsa.gov/centers/csat/csat.html

Substance Abuse and Mental Health
Services Administration
National Clearinghouse for Alcohol
and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

Working Partners for an Alcohol- and
Drug-Free Workplace
U.S. Department of Labor
200 Constitution Avenue, NW, Room S-2312
Washington, DC 20210
202-693-5919
www.dol.gov/dol/workingpartners.htm

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Health Policymakers and Insurers

Drug and alcohol addiction is a nationwide epidemic. According to the 1999 National Household Survey on Drug Abuse, 10.3 million people were dependent on either illicit drugs or alcohol.¹ Estimates show that the costs associated with their untreated addiction problems are substantial: \$34.4 billion in unnecessary health care costs, \$45.1 billion in new prisons and accidents, and \$196.8 billion in lost earnings each year.²

Despite the tremendous toll that addiction takes on the individual and society as a whole, close to 60 percent of individuals who need treatment for drug or alcohol problems do not receive it.³ The reasons for this are many, but access and availability remain two of the greatest obstacles. In addition, individuals with drug and alcohol problems and their family members often find their health care benefit plans come up short when it comes to providing for adequate, long-term treatment and recovery services. All of this is especially troubling given the fact that treating addiction to drugs or alcohol is just as successful as treating other chronic health problems, such as hypertension, diabetes, and asthma.⁴ And, treatment is cost-effective.

Consider these facts:

- ▶ If the costs of untreated drug and alcohol problems were spread equally among every man, woman, and child in America, the total cost would be \$1,050 per person to cover the \$276.3 billion total. In contrast, it would cost about \$45 per year per each American to provide the full continuum of services needed to effectively treat addictive disorders.⁵
- ▶ A RAND study found that addiction treatment services could be made available to employees for \$5.11, or just 43 cents per month.⁶
- ▶ Chevron reports that it saves \$10 for every dollar spent on coverage for addiction services.⁷
- ▶ Blue Cross/Blue Shield found that families' health care costs dropped by 87 percent after treatment, a reduction from \$100 a month in the two years prior to treatment to \$13.34 per month in the fifth year after treatment. Aetna Federal Employee Health Benefit Plan showed overall health care costs of alcoholics rose from \$130 to \$1,370 per month prior to treatment; three years after treatment costs had dropped to \$190 per month.⁸
- ▶ Findings from a Congressionally mandated, five-year study on the impact of treatment nationwide found that treatment significantly reduces drug and alcohol use, increases employment/income, improves overall health, decreases criminal activity and homelessness, and decreases risky sexual practices,⁹ all of which result in cost savings to society.

Despite the overwhelming evidence that treatment is a necessary and worthwhile investment, the value of coverage offered by health care providers to treat drug and alcohol problems has been declining for years. Key findings from a study released in July 2000 by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment and Center for Mental Health Services revealed the following:¹⁰

- ▶ Addiction and mental health services represented 7.8 percent of U.S. health care expenditures in 1997, down from 8.8 percent in 1987.

- ▶ Spending on addiction and mental health treatment grew more slowly than spending for all health care.
- ▶ Real spending by private insurers for addiction services between 1987 and 1997 fell by 0.6 percent annually.

To contain costs, many insurers have limited their mental health coverage, which includes treatment services. According to the Physician Leadership on National Drug Policy, if the nation's addiction problems are to be adequately addressed, there must be full parity for addiction treatment with treatment for other chronic, relapsing conditions. In an effort to establish that parity, Congress passed the Mental Health Parity Act of 1996. A recent review of the progress that has been made since showed that although many employers are complying with the law, most of their plans place more restrictive limits on mental health benefits than on medical/surgical benefits.¹¹ This is despite the fact that parity comes at a reasonable price. In fact, most studies estimate the cost of full parity for individual states and on a national basis to be between two and four percent.¹²

Making a Difference: What Can I Do?

Health policymakers and insurers play a critical role in shaping a health care system for the 21st century that ensures patients have access to a full continuum of high-quality health care services, while at the same time reducing cost. This is no small challenge. In particular, tackling the nation's most pressing health concerns will require hard choices. The key to success is ensuring those choices are grounded in rational and evidence-based decision-making. Here's what you can do:

1. Become more knowledgeable. Find out all you can about addiction treatment and its effectiveness. When there is so much evidence to show that treatment is a wise investment, it's hard to believe savvy decision-makers would not do whatever they could to make it more readily available to those who need it.
2. Promote early identification and intervention. Emphasize the fact that early identification and intervention for drug and alcohol problems saves lives and money. Keep in mind that it is not only the individual with the problem who suffers, but that person's loved ones and friends as well.
3. Ensure access. Wherever possible, make an effort to ensure individuals with drug and alcohol problems and their loved ones have access to the services they need within their own communities.

People with drug and alcohol problems can be encountered across the health, human services, and justice systems. Individuals working in these vital systems must understand the important role they play in timely intervention and cooperate in efforts to bring those who are addicted to drugs or alcohol into treatment.

4. Support comprehensive systems of care. Support the development of comprehensive systems of care for individuals with drug and alcohol problems, ensuring a full continuum of services is in place to meet their needs and those of their families throughout the recovery process.
5. Tailor treatment services. Recognize that treatment is most effective when service plans are individualized. Understand that "one size does not fit all."

6. Understand that recovery is an ongoing process. Recovery from drug or alcohol addiction doesn't happen overnight. It takes time. It is a process. By its very nature, addiction is a relapsing condition. Relapse is part of the recovery process, not a sign of failure.

Making a Difference: How Can I Focus My Efforts During Recovery Month?

September 2001 is *Recovery Month*, a time for all of us to speak with one voice about the effectiveness of treatment for drug and alcohol problems. This year's national theme is, "*We Recover Together: Family, Friends, and Community.*" As part of this year's effort, health policymakers and insurers should view *Recovery Month* as an opportunity to:

1. Educate others. Educate other policymakers and insurers about the need to provide coverage for drug and alcohol treatment equal to that for medical care. Take any opportunity to inform the public about the magnitude of the drug and alcohol problem and the good news about recovery.
2. Host or participate in community forums. As part of *Recovery Month*, a number of cities will be hosting community forums to discuss a range of drug, alcohol, and treatment-related topics and to develop related objectives and solutions to identified problems. If your city is not already having a forum, consider hosting one yourself. If you are fortunate enough to be in a city that is already planning to hold a forum, participate in any way you can. The individual or organization that provides treatment services for individuals with drug or alcohol problems in your area can tell you what events are happening locally this year.
3. Issue a proclamation. Issue a proclamation in support of treatment, using *Recovery Month 2001* as a platform and promoting this year's theme, "*We Recover Together: Family, Friends, and Community.*"
4. Facilitate partnerships. During the month, facilitate a meeting of key community players who have an interest in addressing local issues related to drugs and alcohol and enhancing the continuum of treatment and recovery services and programs in the area. Make sure to include representatives from the health care system, treatment community, criminal justice system, social and child welfare services, and education system. Individuals working in these vital systems regularly encounter people in need of treatment, as well as loved ones and friends impacted by those individuals. These professionals must understand the critical role they can play in the intervention process.
5. Advocate stigma reduction. At every opportunity, reinforce the message that treatment is effective and that there is no shame in seeking treatment for drug and alcohol problems. Addiction to drugs or alcohol may begin with poor decision-making, but once it has an individual in its grasp, it becomes a chronic medical condition that should be treated like any other.
6. Approach your Workplace Benefits Coordinator. Identify the extent of your own workplace's coverage for addiction treatment. Educate your workplace employee assistance program staff about the need to provide employee options for the treatment of drug and alcohol problems.

Additional Resources

CSAT National Helpline
Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration
U.S. Department of Health and Human Services
800-662-HELP (Toll-Free)

Al-Anon/AlAteen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AI-ANON/888-425-2666 (Toll-Free)
www.al-anon.org
www.al-anon.org/alateen.html

American Bar Association
750 North Lakeshore Drive
Chicago, IL 60611
800-285-2221 (Toll-Free)
www.abanet.org

American Council on Alcoholism
3900 North Fairfax Drive, Suite 401
Arlington, VA 22203
800-527-5344 (Toll-Free)
www.aca-usa.org

American Managed Behavioral
Healthcare Association
700 13th Street, NW, Suite 950
Washington, DC 20005
202-434-4565
www.ambha.org

American Nurses Association
600 Maryland Avenue, SW, Suite 100 West
Washington, DC 20024
800-274-4ANA
www.ana.org

American Psychological Association
Office of Substance Abuse
Practice Directorate
750 1st Street, NE
Washington, DC 20002-4242
202-336-5857
www.apa.org

American Public Health Association
800 I Street, NW
Washington, DC 20001-3710
202-777-2742
202-777-2500 (TTY)
www.apha.org

American Society of Addiction Medicine
4601 North Park Avenue, Arcade Suite 101
Chevy Chase, MD 20815
301-656-3920
www.asam.org

Families USA
1334 G Street, NW, 3rd Floor
Washington, DC 20005
202-628-3030
www.familiesusa.org

Join Together
441 Stuart Street, 7th Floor
Boston, MA 02116
617-437-1500
www.jointogether.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-554-COAS (Toll-Free)
www.nacoa.org

National Association of Alcoholism
and Drug Abuse Counselors
1911 North Fort Myer Drive, Suite 900
Arlington, VA 22209
800-548-0497 (Toll-Free)
www.naadac.org

National Association of State Alcohol
and Drug Abuse Directors
808 17th Street, NW, Suite 410
Washington, DC 20006
202-293-0090
www.nasadad.org

National Committee for Quality Assurance
2000 L Street, NW, Suite 500
Washington, DC 20036
202-955-3500
www.ncqa.org

National Council on Alcoholism
and Drug Dependence, Inc.
12 West 21st Street
New York, NY 10010
212-206-6770
800-NCA-CALL (Hopeline) (Toll-Free)
www.ncadd.org

National Directory of Drug Abuse
and Alcoholism Treatment Programs
www.samhsa.gov

National Health Law Program
Health Consumer Alliance
225 Bush Street, Suite 755
San Francisco, CA 94104
415-732-5750
www.healthlaw.org

National Institute on Alcohol Abuse and Alcoholism
National Institutes of Health
6000 Executive Boulevard
Willco Building
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

National Institute on Drug Abuse
National Institutes of Health
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov
www.clubdrugs.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
800-969-6642 (Toll-Free)
800-433-5959 (TTY) (Toll-Free)
www.nmha.org

National Partnership for Recovery and Prevention
333 Adams Street
Denver, CO 80206
303-320-1213

National Treatment Accountability
for Safer Communities
300 I Street, NE, Suite 207
Washington, DC 20001
703-522-7212
www.nationaltasc.org

Office of National Drug Control Policy
Office of Demand Reduction
750 17th Street, NW
Washington, DC 20503
202-395-7237
www.whitehousedrugpolicy.gov

Physician Leadership for National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

Pima Prevention Partnership
345 East Toole Avenue, Suite 104
Tucson, AZ 85707
502-884-1300

Substance Abuse and Mental Health
Services Administration
Center for Mental Health Services Clearinghouse
P.O. Box 42490
Washington, DC 20015
800-789-2647 (Toll-Free)
www.mentalhealth.org/CMHS

Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Prevention
5600 Fishers Lane, Rockwall II
Rockville, MD 20857
301-443-6780
www.samhsa.gov/centers/csap/csap.html

Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Treatment
National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance
abuse treatment and referral)
www.samhsa.gov/centers/csat/csat.html

Substance Abuse and Mental Health
Services Administration
National Clearinghouse for Alcohol
and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

The Alliance Project
1954 University Avenue, Suite 12
Saint Paul, MN 55104
651-645-1618
www.defeataddiction.org

U.S. Chamber of Commerce
1615 H Street, NW
Washington, DC 20062
202-463-5507
www.uschamber.com

Working Partners for an Alcohol-
and Drug-Free Workplace
U.S. Department of Labor
200 Constitution Avenue, NW, Room S-2312
Washington, DC 20210
202-693-5919
www.dol.gov/dol/workingpartners.htm

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- ⁹ *The National Treatment Improvement Evaluation Study (NTIES): Highlights*. DHHS Publication No. (SMA) 97-3159. Rockville, MD: Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1997.
- ¹⁰ *Health Care Spending: National Expenditures for Mental Health and Substance Abuse Treatment 1997*. Washington, DC: MEDSTAT Group, 1997.
- ¹¹ *Mental Health Parity Act: Despite New Federal Standards, Mental Health Benefits Remain Limited*. Publication No. GAO/HEHS-00-95. Washington, DC: United States General Accounting Office, Health, Education and Human Services Division, May 2000.
- ¹² *ibid.*

Health Professionals

According to the latest data, more than 10 million Americans are dependent on drugs or alcohol,¹ to say nothing of the millions of others who, although not yet addicted, may be headed in that direction. Between 1997 and 1998, well over half a million hospital emergency department visits were drug-related, and that number shows no sign of abating.² Individuals with drug and alcohol problems are at increased risk for HIV/AIDS, as well as other infectious diseases like hepatitis, tuberculosis, and sexually transmitted infections.³ The misuse of and addiction to drugs and alcohol often co-occurs with and contributes to a host of other mental health and physical disorders, including depression, eating disorders, and heart disease. In more ways than one, for the individual with the problem and the whole of society, drug addiction treatment is disease prevention.

Doctors, nurses, mental health service providers, and other health professionals often have a critical opportunity to identify individuals with drug and alcohol problems or their loved ones and refer them to treatment. Even a brief intervention on the part of a health professional at any point in the disease process can make a tremendous difference.

Unfortunately, studies show that those opportunities are frequently missed. Findings from a recent national survey conducted by researchers at Brown University found that primary care doctors often fail to offer intervention for their drug-addicted patients. According to the study, one-third of primary care doctors said they do not routinely ask new patients if they use illicit drugs, and 15 percent said they do not routinely offer any intervention to drug-abusing patients.⁴

The fact that drug and alcohol problems often go unnoticed or unaddressed by health care professionals should not be surprising given the following facts:

- ▶ Few medical schools or residency programs have an adequate required course in addiction.⁵
- ▶ Most physicians fail to screen for drug or alcohol dependence during routine examinations.⁶
- ▶ Many health professionals view such screening efforts as a waste of time.⁷

As a health care professional, you can have a tremendous impact on the lives of your patients with drug or alcohol problems, as well as their loved ones. Many of the steps you can take to assist these individuals with their problems do not require much time or effort. Here are some thoughts:

Making a Difference: What Can I Do?

1. Become more knowledgeable. Medical schools have been slow to train physicians in the prevention, diagnosis, and treatment of addiction.⁸ As a result, many health care professionals are uneducated about the nature of addiction, its detection, and its treatment.⁹ Learn all you can about how to identify patients with drug and alcohol problems, how to talk with them about it, and where to refer them for appropriate help or further evaluation.

Start by ordering a copy of *A Guide to Substance Abuse Services for Primary Care Clinicians*, one of a series of Treatment Improvement Protocols (TIP) written by the leading federal agency responsible for

treatment-related programs, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT). You can place your order for a free copy by calling the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 or 301-468-2600. You may also access them via the Internet at www.health.org or e-mail at info@health.org. Ask for DHHS Publication No. (SMA) 97-3139, printed in 1997. The Center for Substance Abuse Prevention also makes a number of materials available through NCADI. Any one of NCADI's trained information specialists can assist you in identifying and obtaining the materials you need.

Other key sources for information include:

- CSAT's Addiction Technology Transfer Center. Access it via the web under CSAT Web Resources at www.samhsa.gov/centers/csat/csat.html.
- The National Institute on Alcohol Abuse and Alcoholism. You can contact them at 301-496-4000 or on the web at www.niaaa.nih.gov.
- The Physician Leadership on National Drug Policy (PLNDP). You can contact the PLNDP National Project Office at (401) 444-1817, by fax at (401) 444-1850, via e-mail at plndp@brown.edu or on the web at www.caas.brown.edu/plndp.
- Professional medical or other health care-related associations.

2. Recognize that it is not just the person with the drug or alcohol problem who suffers. Be on the lookout not only for patients who themselves have a problem with drugs or alcohol, but for patients whose overall physical or mental health is affected by those individuals. Living with or even caring about someone who is addicted to drugs or alcohol can be physically and mentally taxing. The mental health and overall well-being of the family members and friends of individuals who have drug and alcohol problems improve when they participate in recovery support programs.¹⁰

Find out about the education and support programs that are available to assist these individuals. The Treatment Improvement Protocol and organizations referenced above are wonderful resources you can turn to for information in this area.

3. Fight your discomfort. The psychological aspects of addiction often make people uncomfortable. Health care providers are no exception. Sometimes the tendency is either to deny that a drug or alcohol problem exists or to immediately refer patients to a psychiatrist.¹¹ These feelings and this approach can be counterproductive.
4. Accept that addiction to drugs or alcohol is an illness that can be treated successfully. There is a tremendous amount of moral stigma associated with addiction, despite the fact that research has shown that addiction is a treatable medical condition. Many healthcare professionals remain critical of individuals with drug and alcohol problems, accurately reflecting society's tendency to want to punish rather than help.¹²
5. Be on the lookout for individuals who are hard to identify and treat. Individuals with co-occurring mental health disorders and drug and alcohol problems need appropriate treatment for their conditions. Older people are not stereotypically at risk for drug problems, but the misuse and

abuse of prescription drugs is a very real issue today, and alcohol problems among the elderly are on the rise. Cultural differences, which can include everything from language differences to firmly entrenched misperceptions about addiction and the recovery process, can also create tremendous barriers to recovery. Be alert to the fact that drug and alcohol addiction can happen to anyone, in any circumstance. Try to be sensitive to the barriers many people face in trying to recover. Use the resources cited previously and at the back of this document to obtain guidance on dealing with these special populations.

6. Familiarize yourself with local treatment and recovery program options. Know what treatment and recovery options are available in your area. Develop a relationship with key contacts associated with these programs and services to facilitate access for your patients and those who care about them. Collect referral information on local resources such as self-help and recovery groups.¹³

Learn more about drug addiction and treatment from a research perspective, as well as the many kinds of treatment programs and approaches currently available, by ordering a copy of the National Institute on Drug Abuse's 52-page booklet, *Principles of Drug Addiction Treatment: A Research-Based Guide*. You can place your order for up to eight free copies by contacting NCADI as referenced above. Ask for DHHS Publication No. 00-4180, printed in October 1999, and reprinted in July 2000.

Making a Difference: How Can I Focus My Efforts During Recovery Month?

Recovery Month is celebrated each year across the country in the month of September, providing a perfect opportunity for health care professionals to acknowledge addiction as a critical problem and assure those they serve that recovery is possible. September 2001 is no exception. This year's theme is, "We Recover Together: Family, Friends, and Community." Here are some activities you might want to undertake during the month of September or throughout the year to ensure you're contributing to the national effort:

1. Provide in-service education. Work with your associates and colleagues to host an in-service education luncheon or meeting. Invite an individual to speak who is well-versed in detecting and treating drug and alcohol problems to educate your staff on these issues.
2. Be a resource. Find creative ways to serve as a resource to your patients on the subjects of addiction and treatment. Print a list of local treatment options and recovery support programs, including 12-step programs. Contact these groups to provide literature and current meeting information. Make the information available in your waiting areas. Display it in a box that calls attention to the fact that September is *Recovery Month*. Create a brief fact sheet outlining the magnitude of the drug and alcohol problem, signs to look for if you think someone you care about might have a problem, and where to go for help. Give a photocopy to each patient you see during the month.
3. Speak out. No one else has your influence when it comes to health-related issues. Take any opportunity during *Recovery Month* to talk to the public about addiction and the value of treatment. Consider participating in a local community forum.
4. Write an op-ed. If you're a health professional who feels strongly about treatment and its effectiveness, write an op-ed to the local newspaper articulating your opinions. *Recovery Month* provides the perfect

"newshook" to draw the newspaper editor's attention. The fact that it is *Recovery Month* makes your opinions timely!

5. Facilitate partnerships. During the month, facilitate partnerships among key community players who have an interest in addressing local drug and alcohol problems and enhancing the continuum of treatment and recovery services and support programs in the area. Make sure to include representatives from the health care system, treatment community, criminal justice system, social and child welfare services, education system, and policymakers.
6. Advocate stigma reduction. At every opportunity, reinforce with your patients the facts that addiction is a disease, treatment for drug and alcohol problems is effective, and there is no shame in having the disease, seeking help for it, or being in recovery. It is true that addiction begins with poor decision-making, but once it takes hold, it becomes a chronic medical condition that should be treated, just like any other.

Additional Resources

CSAT National Helpline
Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration
U.S. Department of Health and Human Services
800-662-HELP (Toll-Free)

Addiction Technology Transfer Centers
University of Missouri-Kansas City
5100 Rockhill Road
Kansas City, MO 64110
877-652-ATTC (Toll-Free)
www.nattc.org

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AI-ANON/888-425-2666 (Toll-Free)
www.al-anon.org
www.al-anon.org/alateen.html

Alcoholism and Substance Abuse
Providers of New York State
99 Pine Street, Suite 109
Albany, NY 12207
518-426-3122
www.asapnys.org

American Academy of Child
and Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
202-966-7300
www.aacap.org

American Medical Association
515 North State Street
Chicago, IL 60610
312-464-5000
www.ama-assn.org

American Mental Health Counselors Association
801 North Fairfax Street, #304
Alexandria, VA 22314
800-326-2642 (Toll-Free)
www.amhca.org

American Psychiatric Association
1400 K Street, NW
Washington, DC 20005
202-682-6000
www.psych.org

American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
202-336-5857
www.apa.org

American Society of Addiction Medicine
4601 North Park Avenue, Arcade, Suite 101
Chevy Chase, MD 20815
301-656-3920
www.asam.org

Association for Medical Education
and Research in Substance Abuse
125 Whipple Street, 3rd Floor, Suite 300
Providence, RI 02908
401-349-0000
www.amersa.org

Health Resources and Services Administration
Bureau of Primary Health Care
4350 East-West Highway
Bethesda, MD 20814
888-ASK-HRSA (Toll-Free)
www.bphc.hrsa.gov

Interamerican College of Physicians and Surgeons
915 Broadway, Suite 1105
New York, NY 10010
212-777-3642
www.icps.org

MA Organization for Addiction Recovery
(Affiliate of NEAAR-CSAT RCSP Grantee)
c/o Boston ASAP
30 Winter Street, 3rd Floor
Boston, MA 02108
612-423-6627

National Adolescent Health Information Center
Division of Adolescent Medicine, Department of
Pediatrics and Institute for Health Policy Studies
School of Medicine, University of California,
San Francisco
333 California Street, Suite 245
San Francisco, CA 94118
415-502-4856

National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201
800-950-NAMI (Toll-Free)

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS (Toll-Free)
www.nacoa.org

National Association of Addiction Treatment Providers
501 Randolph Street
Lititz, PA 17543
717-581-1901
www.naatp.org

National Association of Alcoholism
and Drug Abuse Counselors
1911 North Fort Myer Drive, Suite 900
Arlington, VA 22209
800-548-0497 (Toll-Free)
703-741-7686
www.naadac.org

National Association of Social Workers
750 1st Street NE, Suite 700
Washington, DC 20002-4241
202-408-8600
www.socialworkers.org

National Center on Addiction and Substance
Abuse at Columbia University (CASA)
633 3rd Avenue, 19th Floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

National Council on Alcoholism
and Drug Dependence, Inc.
12 West 21st Street
New York, NY 10010
212-206-6770
www.ncadd.org

National Directory of Drug Abuse
and Alcoholism Treatment Programs
www.samhsa.gov

National Institute on Alcohol Abuse and Alcoholism
National Institutes of Health
6000 Executive Boulevard
Willco Building
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

National Institute on Drug Abuse
National Institutes of Health
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov
www.clubdrugs.org

National Institute of Mental Health
National Institutes of Health
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892
301-443-4513
www.nimh.nih.gov

National Medical Association
1012 10th Street, NW
Washington, DC 20001
202-347-1895
www.natmed.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
800-969-6642 (Toll-Free)
800-433-5959 (TTY) (Toll-Free)
www.nmha.org

National Nurses Society on Addictions
4101 Lake Boone Trail, Suite 201
Raleigh, NC 27607
919-783-5871
www.nnsa.org

National Treatment Accountability
for Safer Communities
300 I Street, NE, Suite 207
Washington, DC 20001
703-522-7212
www.nationaltasc.org

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

Physician Leadership for National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

Substance Abuse and Mental Health
Services Administration
Center for Mental Health Services Clearinghouse
P.O. Box 42490
Washington, DC 20015
800-789-2647 (Toll-Free)
www.mentalhealth.org

Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Treatment
National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance
abuse treatment and referral)
www.samhsa.gov/centers/csat/csat.html

Substance Abuse and Mental Health
Services Administration
National Clearinghouse for Alcohol
and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

Sources

- ¹ *Summary of Findings from the 1999 National Household Survey on Drug Abuse*. DHHS Publication No. (SMA) 00-3466. Rockville, MD: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, 2000.
- ² *Mid-Year 1998 Preliminary Emergency Department Data from the Drug Abuse Warning Network*. DHHS Publication No. (SMA) 99-3316. Rockville, MD: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, July 1999.
- ³ *Principles of Drug Addiction Treatment: A Research-Based Guide*. NIH Publication No. 00-4180. Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse, printed October 1999/reprinted July 2000.
- ⁴ Friedman, P.D., M.D., M.P.H., McCullough, D., M.S., Saitz, R., M.D., M.P.H. Screening and intervention for illicit drug abuse: A national survey of primary care physicians and psychiatrists. *Archives of Internal Medicine* 161 (2), January 22, 2001.
- ⁵ McLellan, A.T., Ph.D., Lewis, D.C., M.D., O'Brien, C.P., M.D., and Kleber, H.D., M.D. Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *Journal of the American Medical Association* 284 (13), October 4, 2000.
- ⁶ Fleming, M.F. and Barry, K.L. The effectiveness of alcoholism screening in an ambulatory care setting. *Journal of Studies on Alcohol* 52: 33-36, 1991.
- ⁷ McLellan, A.T. Ph.D. et al. op. cit.
- ⁸ Coombs, R.H. and Ziedonis, D.M. (Eds.) *Handbook on Drug Abuse Prevention: A Comprehensive Strategy to Prevent the Abuse of Alcohol and Other Drugs*. Needham Heights, MA: Allyn & Bacon, a Simon & Schuster Co., 1995, pp. 121-137.
- ⁹ *ibid.*
- ¹⁰ *1999 Al-Anon/Alateen Membership Survey and Al-Anon Membership Assessment Results: Final Report*. Virginia Beach, VA: Al-Anon Family Groups, Inc., March 2000.
- ¹¹ Coombs, R. H. and Ziedonis, D. M. op. cit.
- ¹² *ibid.*
- ¹³ Center for Substance Abuse Treatment. *A Guide to Substance Abuse Services for Primary Care Physicians*. Treatment Improvement Protocol (TIP) Series, No. 24. DHHS Publication No. (SMA) 97-3139. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1997.

Individuals Working in the Criminal Justice System

Fifty-one percent of federal inmates and 47 percent of individuals on probation report they were using alcohol or drugs at the time of their offense.¹ Illicit drug use and the crimes that result from alcohol and drug abuse have placed an enormous burden on criminal and juvenile justice systems across the country. An emphasis on mandatory prison terms and the arrest and prosecution of users and street-level dealers has resulted in backlogged court dockets; overburdened probation and parole caseloads; jail and prison crowding; and a revolving door of abuse, arrest, and incarceration.

Drug offenders accounted for 19 percent of the growth in the number of state prison inmates between 1990 and 1998.² By the end of 1999, the population of inmates in the United States topped two million for the first time; one in every 137 residents was incarcerated.³ According to the Office of National Drug Control Policy, between 70 and 85 percent of state inmates need substance abuse treatment, but only 13 percent of them ever receive it.⁴

The Nature of Addiction and Treatment

Applying criminal justice sanctions to addicts without providing treatment interventions does little to interrupt the drug/crime cycle. Addiction to drugs and/or alcohol is a chronic, relapsing condition defined by compulsive use with loss of control and continued use, despite adverse consequences such as arrest and incarceration. It is often extremely difficult for addicts to quit or curtail use, and frequently more than one attempt at treatment is needed. The likelihood of relapse is high, yet relapse can be minimized through effective treatment and aftercare services. Often, recovering alcoholics or addicts will spend several months in treatment, and then continue to participate in support groups for many years.

In treatment, recovering addicts face the negative consequences of their addiction and learn to take responsibility for their actions; gain insight about their relationship with drugs and alcohol; develop new patterns of thinking, feeling, and behaving; and work on the developmental tasks and skills needed to thrive in everyday life. Treatment focuses on personal responsibility in coping with addiction and recovery.

Impact of Treatment on Crime

Numerous studies have shown that substance abuse treatment is cost-efficient and effective in reducing crime. For instance:

- ▶ Research on treatment programs for offenders in prison and jail shows that such interventions, especially those with aftercare components, are highly effective in reducing subsequent drug use, criminal activity, and risk of HIV infection.⁵
- ▶ When treatment programs and job placement services are used, probation programs have tremendous potential for rehabilitating high-risk offenders. Probationers who participate in counseling, employment training, drug treatment programs, or community service activities have lower recidivism rates than probationers who do not.⁶

- ▶ As of 1997, more than 200 drug-free babies had been born to women enrolled in drug courts who otherwise would have been incarcerated. The associated reduction in health care costs was estimated at \$250,000 per child, for a total savings of at least \$50 million.⁷
- ▶ Substance abuse treatment cuts drug use in half, reduces criminal activity up to 80 percent, and reduces arrests up to 64 percent.⁸
- ▶ Studies have shown consistently that, in comparison to untreated offenders, drug-abusing offenders who complete corrections-based treatment programs have lower post-incarceration relapse and recidivism rates.⁹

Recognizing that intervention and treatment are more effective and cost-efficient options than incarceration, policymakers and criminal justice leaders are learning new ways to provide access to treatment for substance-abusing offenders.

Making a Difference: What Can I Do?

Judges, public and private attorneys (as well as their member organizations), corrections officials, agency managers, officers, and other employees who work within the criminal justice system are powerful voices in advocating for increased access to treatment for offenders. Here are some steps you can take to help reduce addiction-related crime:

1. Take a systemwide approach. A number of substance abuse interventions have been implemented in jurisdictions across the country, including: pretrial or prosecutorial diversion programs, drug courts, interventions in family and civil courts, TASC programs, day reporting centers, jail and prison treatment, post-release case management, and more. Because programs in one part of the justice system inevitably affect other parts of the system, professionals throughout the system should work together to ensure that finite treatment resources can be used most efficiently. For instance, first-time drug offenders in need of early intervention or outpatient treatment programs should not be placed in more costly long-term residential treatment, which is better reserved for those with long-term, chronic addictions. Meet with substance abuse funding agencies, treatment providers, criminal justice professionals, and other institutions to establish responses that work best in your community.
2. Use available knowledge and resources. Whether you are exploring new program options or revising existing protocols, chances are great that another community has faced the same issues you are facing, has devised approaches that work, and has learned valuable lessons in the process. Take advantage of the resources listed at the end of this document to find out the best practices in substance abuse interventions for adult and juvenile offenders.
3. Become more informed. Familiarize yourself with the signs and symptoms of drug abuse and addiction, and learn about the effects of addiction on the family and community. Find out about the treatment and support groups in your community so you can make referrals for individuals you serve as well as their family members. Take advantage of any opportunity to become better informed. Start by reading *Principles of Drug Addiction Treatment*, available through the National Institute on Drug Abuse at 301-443-1124 or www.nida.nih.gov.

4. Put it in writing. Any attempt to successfully integrate substance abuse treatment into pretrial case processing requires extensive interagency collaboration. Memoranda of understanding can be very helpful tools to ensure that issues pertaining to goals, populations served, services provided, program management and organization, reporting, performance objectives, and budgets are resolved and agreed upon by all key stakeholders.¹⁰
5. Become an advocate. Recognize that addiction can be treated successfully. Advocate treatment for offenders where appropriate, and share your thoughts on how to improve access to treatment for substance abusers in your community. Join community coalitions working to improve access to treatment and other services.

Making a Difference: How Can I Focus My Efforts During *Recovery Month*?

Recovery Month is celebrated every year in September. It is a time for community leaders to join forces to promote substance abuse treatment. This year's theme is, "We Recover Together: Family, Friends, and Community." Here are some steps you can take to play an active role in this year's national effort to promote recovery:

1. Hold in-service training. You can foster enhanced awareness about addiction and the effectiveness of treatment among members of your staff through in-service education. By ensuring that the people with whom you work are well informed about the nature of addiction and the options available to treat it in your area, you enhance their ability to do their jobs more effectively and with greater understanding. Schedule an in-service education opportunity for your staff during the month of September. Invite a representative from the local treatment community to speak on a particular topic that affects your organization and the population you serve.
2. Write an op-ed. Use *Recovery Month* as a "news hook" to write an editorial or a letter to the editor to the local newspaper discussing the value of substance abuse treatment interventions in the criminal justice system. Offer statistics (such as those provided in this fact sheet) and anecdotal accounts of the effectiveness of treatment.
3. Be a spokesperson. During the month of September, offer to serve as a spokesperson to community groups, schools, or religious organizations to discuss how community members can work together to reduce the stigma of addiction and improve access to substance abuse treatment for those who need it. If you are invited to participate in a community forum or some other event to promote the *Recovery Month* 2001 effort, participate in any way that you can.
4. Collaborate with community members. Network with other individuals and organizations who are also working to raise awareness regarding addiction treatment and recovery. Organize public appearances, conference workshops, media events, or other special events to present a unified community message during *Recovery Month*.

Additional Resources

CSAT National Helpline
Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration
U.S. Department of Health and Human Services
800-662-HELP (Toll-Free)

Addiction Technology Transfer Centers
University of Missouri-Kansas City
5100 Rockhill Road
Kansas City, MO 64110
877-652-ATTC (Toll-Free)
www.nattc.org

Al-Anon/AlAteen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AI-ANON/888-425-2666 (Toll-Free)
www.al-anon.org
www.al-anon.org/alateen.html

Alcoholics Anonymous
Grand Central Station
P.O. Box 459
New York, NY 10163
800-905-8666 (Toll-Free)
www.alcoholics-anonymous.org

American Bar Association
750 North Lakeshore Drive
Chicago, IL 60611
800-285-2221 (Toll-Free)
www.abanet.org

American Council on Alcoholism
3900 North Fairfax Drive, Suite 401
Arlington, VA 22203
800-527-5344 (Toll-Free)
www.aca-usa.org

American Probation and Parole Association
P.O. Box 11910
Lexington, KY 40578-1910
859-244-8203
www.appa-net.org

Center on Juvenile and Criminal Justice
1622 Folsom Street, 2nd Floor
San Francisco, CA 94103
415-621-5661
www.cjcj.org

Cocaine Anonymous
World Service Office
3740 Overland Avenue, Suite C
Los Angeles, CA 90034
310-559-5833
www.ca.org

Department of Juvenile Justice
One Center Plaza
120 West Fayette Street
Baltimore, MD 21201
410-230-3100

Department of Defense
5111 Leesburg Pike
Skyline 5, Suite 810
Falls Church, VA 22041-3206
703-681-1133

Join Together
441 Stuart Street, 7th Floor
Boston, MA 02116
617-437-1500
www.jointogether.org

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

Narcotics Anonymous
World Service Office
P.O. Box 9999
Van Nuys, CA 91409
818-773-9999
www.na.org/index.htm

National Association of Drug Court Professionals
901 North Pitt Street, Suite 370
Alexandria, VA 22314
703-706-0576
www.nadcp.org

National Center on Addiction and Substance Abuse
633 3rd Avenue, 19th Floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

National Council of Juvenile
and Family Court Judges
University of Nevada
P.O. Box 8970
Reno, NV 89507
775-784-6012
www.ncjfcj.unr.edu

National Criminal Justice Reference Service
P.O. Box 6000
Rockville, MD 20849-6000
800-851-3420 (Toll-Free)
301-519-5500
www.ncjrs.org

National Directory of Drug Abuse
and Alcoholism Treatment Programs
www.samhsa.gov

National Institute of Justice
810 7th Street, NW
Washington, DC 20531
202-307-2942
www.ojp.usdoj.gov/nij

National Institute on Alcohol Abuse
and Alcoholism
National Institutes of Health
6000 Executive Boulevard
Willco Building
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

National Institute on Drug Abuse
National Institutes of Health
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov
www.clubdrugs.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
800-969-6642 (Toll-Free)
800-433-5959 (TTY) (Toll-Free)
www.nmha.org

National Treatment Accountability
for Safer Communities
300 I Street, NE, Suite 207
Washington, DC 20001
703-522-7212
www.nationaltasc.org

Physician Leadership for National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

Substance Abuse and Mental Health
Services Administration
Room 13C-05 Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
301-443-8956
www.samhsa.gov

Substance Abuse and Mental Health
Services Administration
Center for Mental Health Services Clearinghouse
P.O. Box 42490
Washington, DC 20015
800-789-2647 (Toll-Free)
www.mentalhealth.org/CMHS

Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Treatment
National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance
abuse treatment and referral)
www.samhsa.gov/centers/csat/csat.html

Substance Abuse and Mental Health
Services Administration
National Clearinghouse for Alcohol
and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

The SAMHSA GAINS Center (for People With Co-
Occurring Disorders in the Justice System)
Policy Research, Inc.
345 Delaware Avenue
Delmar, NY 12054
800-311-4246 (Toll-Free)
www.prainc.com/gains

U.S. Department of Justice
Bureau of Justice Assistance
www.ojp.usdoj.gov/BJA/

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Faith Community

"Remember, (individuals with alcohol and other drug problems) don't need to be told what they are. They need to be told what they can become."

- Reverend Willie Wilson¹

The stigma surrounding drug and alcohol addiction pervades our culture. Many people mistakenly assume that drug and alcohol problems are the result of willful misconduct. They view addiction as a moral problem, not a chronic illness that can be treated successfully. Unfortunately, when it comes to addiction-related problems and issues, faith communities and spiritualities are no exception. In fact, stigma has been identified as "the most firmly entrenched obstacle for faith communities or spiritualities to overcome"² in this regard.

The initial use of drugs or alcohol is voluntary. However, it is the overwhelming consensus of today's leading experts in the scientific community that use may all too readily lead to addiction, which is now defined as a chronic, relapsing disease that can be successfully treated. Millions of Americans with other chronic diseases such as heart disease or diabetes, both of which may result from years of smoking or poor dietary choices, are encouraged and supported in their efforts to get treatment for their conditions. Yet, millions of people with drug and alcohol problems are left to endure their illness alone, without help, every day — all this despite the good news that treatment for addiction is as successful as treatments for other chronic diseases, including diabetes, hypertension, and asthma.³

While it is true that recovery from addiction to drugs or alcohol presents its own set of unique challenges, recovery is possible — especially when individuals with these problems are bolstered by the ongoing support of family, friends, and the community in which they live. The role faith and spirituality play in substance abuse prevention and treatment, recovery, and mental health efforts have long been recognized at the federal and the private sector levels for many years. Churches, synagogues, temples, mosques, native spiritualities, and other faith communities can and do play a critical part in ensuring drug and alcohol problems are adequately addressed among their members and in the surrounding community. Here are some thoughts on why faith/spirituality-centered communities must get involved:⁴

- For 6 out of 10 Americans; religious faith is the most important influence in their lives, and for 8 out of 10, religious beliefs provide comfort and support.
- People who actively participate in an organized religious or spiritual group have a great deal of respect for their leaders, who function as teachers, mentors, confidants, and advisors.
- Spirituality is an important part of recovery for many individuals with drug and alcohol problems.
- Ministries can actually prevent drug and alcohol use by reaching out to youth and getting them involved in positive activities. They can also provide a safe haven for children who are living with drug and alcohol problems at home.
- Faith communities and spirituality groups can serve as catalysts for changing public perceptions about addiction and increasing awareness about the good news that recovery is possible.

Clinical research now documents the benefits of incorporating faith and spirituality into the treatment and recovery process. Faith-based approaches succeed because they are holistic — infusing traditional social,

medical, and scientific approaches with "spirituality" and family/community values. Faith-based approaches also tend to view the individual and the environment as inseparable.

Active faith-based organizations and native spirituality groups recognize drug and alcohol problems as a public health issue, one that takes a terrible toll on individuals, their families, friends, and whole communities. In response, they have developed outreach and support programs that meet state standards. Many of them also work actively with other community service groups to combat addiction and encourage support and recovery in very creative ways. Many examples of faith-based support and cooperative programs with secular services exist as role models for spiritual and faith leaders who want to start similar outreach services for their communities. You can obtain information on these programs by contacting the resources listed at the end of this document.

Many faith/spiritual organizations and communities are making a difference by talking more openly about drug and alcohol use, misuse, addiction, treatment, and recovery. And, they need to keep talking. But, more importantly, they need to become active advocates for recovery wherever and whenever possible.

Making a Difference: What Can I Do?

Faith-based organizations and spiritualities can have a positive impact on drug and alcohol problems in their organizations and communities by taking the following action:

1. Acknowledge the prevalence of the disease. Accept the fact that drug and alcohol addiction and the stigma that surrounds it are most likely prohibiting a number of members of your congregation or group from asking for and accepting help. Additionally, it is very important to recognize that some of your members may be dealing with drug and alcohol addiction problems in the home, which are very likely taking a considerable physical, mental, and even spiritual toll.
2. Fight fear and discomfort. When it comes to drug and alcohol addiction, the natural reaction of many of us is to just ignore it and not discuss it. This response is usually out of fear of offending someone. After all, drug and alcohol addiction is not a pleasant topic. Unfortunately, this approach, or lack thereof, does nothing to address the problem. In fact, it only buries it further, contributing to the tremendous sense of stigma surrounding the issue and to the confusion, fear, and pain of children whose parents suffer from drug and alcohol problems.
3. Find out all you can. Educate yourself and your staff about drug and alcohol use, misuse, and addiction, how to tell if someone has a problem, where you can refer individuals and their families for help, and how you can support them in their long-term recovery efforts. Tap into local resources to assist you in your efforts to become more knowledgeable. There are experts in the field of drug and alcohol addiction and treatment in virtually every community who would be only too happy to help. Check with the divinity schools in your area to see if they offer courses or seminars on counseling in addictive behaviors.
4. Become a recognized resource. Provide literature about local treatment options and treatment's effectiveness through your main office. Post information about recovery services, including self-help, inpatient, and outpatient programs, on bulletin boards throughout your facility. Provide the contact

name of someone within your organization who can serve as a resource for confidential guidance and referral information. The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment's Helpline (toll-free 1-800-662-HELP(4357) provides assistance, information, and local treatment referrals nationwide. It is a source for you to learn more about how you can become a resource, but it also is a resource you can feel free, in fact encouraged, to promote in your community.

5. Make drug- and alcohol-related issues part of premarriage counseling. Faith and spiritual organizations are provided an opportunity to counsel their members in a one-on-one setting during premarriage counseling. Make discussions about drug and alcohol use, misuse, and addiction, fetal alcohol syndrome, parents as role models and educators, warning signs, and treatment effectiveness part of your program.

Making a Difference: How Can I Focus My Efforts During *Recovery Month*?

Every year during *Recovery Month* in September, the good news is heralded nationwide that recovery from drug and alcohol addiction is possible. This year's national theme is, "*We Recover Together: Family, Friends, and Community.*" Faith-based organizations of all denominations and spiritualities are a critical part of that equation. To join this year's national effort to promote recovery, you are encouraged to undertake one or more of the following activities:

1. Educate your staff. Schedule an in-service education meeting during the workday for members of your religious or spiritual staff. Bring in a speaker who can educate all of you on the magnitude of the drug and alcohol problems in your area, how to identify and deal with individuals and families who are grappling with drug and alcohol addiction, and the counseling and recovery options available to assist them.
2. Use your newsletter or weekly bulletin. Write an article for your organization's newsletter or the weekly service bulletin highlighting the fact that September is *Recovery Month*. Provide encouragement and hope to those who might be experiencing drug- and alcohol-related difficulties. Inform them of where they can turn for assistance.
3. Set aside a few hours. Allocate time during the month when you will make a point to offer confidential religious or spiritual counseling to individuals who are struggling with drug and alcohol problems themselves, or who are dealing with a loved one's or friend's problem. Ask a counselor from a local treatment facility to join you in this effort to ensure any questions that come up can be answered on the spot.
4. Schedule a service. Schedule a religious or spiritual service during the month of September that focuses on the incredible toll that drug and alcohol problems take on individuals, their families, and friends, as well as the community at large. Discuss the physical, mental, and spiritual erosion that takes place as a result of addiction. End on a positive note by sharing the news that treatment does work and that recovery is possible. Mention in the speech that special hours will be set aside during the month of September for confidential religious or spiritual counseling regarding drug and alcohol addiction and recovery.

5. Open your doors to recovery, if you have not already. Many faith-based organizations and spiritualities offer their facilities free of charge to groups who espouse self-help recovery from drug and alcohol addiction. Provide support to these groups in any way possible, if you do not already. Go one step further than offering your facilities for meetings, and ask the groups' leaders what else you and the members of your organization can do to further their mission.

Additional Resources

CSAT National Helpline
Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration
U.S. Department of Health and Human Services
800-662-HELP (Toll-Free)

Al-Anon/Al Ateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AI-ANON/888-425-2666 (Toll-Free)
www.al-anon.org
www.al-anon.org/alateen.html

Catholic Charities, USA
1731 King Street, Suite 200
Alexandria, VA 22314
703-549-1390
www.catholiccharities.org

Church of Jesus Christ of Latter Day Saints
529 14th Street, NW, Suite 900
Washington, DC 20045
202-662-7480
www.lds.org

Congress of National Black Churches
National Anti-Drug Campaign
1225 I Street, NW, Suite 750
Washington, DC 20005
202-371-1091
www.cnbc.org

Faith Partners
2525 Wallingwood Drive, Building 8, Suite #804
Austin, TX 78746
888-451-9527
www.faithpartnerscentral.org

General Board of Global Ministries
of the United Methodist Church
Program on Substance Abuse
110 Maryland Avenue, NE, Suite 404
Washington, DC 20002
202-488-5653

Jewish Alcoholic and Chemically
Dependent Persons and Significant Others
850 7th Avenue
New York, NY 10019
212-397-4197
www.jacsweb.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-554-COAS (Toll-Free)
www.nacoa.org

National Institute on Alcohol Abuse and Alcoholism
National Institutes of Health
6000 Executive Boulevard
Willco Building
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

National Institute on Drug Abuse
National Institutes of Health Office of
Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov
www.clubdrugs.org

One Church-One Addict
1101 14th Street, NW, Suite 630
Washington, DC 20005
202-789-4333
www.louisville.edu/~cOfaja01

Substance Abuse and Mental Health
Services Administration
Center for Mental Health Services Clearinghouse
P.O. Box 42490
Washington, DC 20015
800-789-2647 (Toll-Free)
www.mentalhealth.org

Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Treatment
National Helpline
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800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance
abuse treatment and referral)
www.samhsa.gov/centers/csat/csat.html

Substance Abuse and Mental Health
Services Administration
National Clearinghouse for Alcohol
and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

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Organizations Serving Racial, Ethnic, and Cultural Groups

The largest minority populations in the U.S. today are Hispanic Americans, African Americans, Asian Americans/Pacific Islanders and American Indians/Alaska Natives. Together, they comprise roughly a quarter of the total population. They also represent the fastest growing segments of society. Unfortunately, drug and alcohol addiction knows no racial, ethnic, or cultural boundaries. For instance, drug and alcohol use among various racial/ethnic groups is quite comparable to that of the mainstream population in most instances. Consider these facts:

Drug and Alcohol Problems Among Racial/Ethnic Groups

- ▶ The rates of current¹ illicit drug use for major racial/ethnic groups were 6.6 percent for whites, 6.8 percent for Hispanics and 7.7 percent for African Americans. The rate was highest among American Indian/Alaska Natives (10.6 percent) and among persons reporting they were of multiple race (11.2 percent). Asians/Pacific Islanders had the lowest rate (3.2 percent).²
- ▶ It should be noted that although most Asian/Pacific Islander data reflect some of the lowest prevalence rates for drug and alcohol use and dependence, it is now generally understood that use and addiction are on the rise among Asians and Pacific Islanders, in particular among first-generation Southeast Asian immigrants.³
- ▶ American Indian/Alaska Natives had the highest rates of current illicit drug use among youth, ages 12-17 (19.6 percent). The youth rate of use was 8.4 percent for Asians/Pacific Islanders, 10.7 percent for African Americans, 10.9 percent for whites, 11.4 percent for Hispanics, and 11.6 percent for those of multiple race.⁴
- ▶ Although whites were more likely than any other racial/ethnic group to report current alcohol use, usage rates for persons of multiple races (41.8 percent), Hispanics (39.9 percent) and Asians/Pacific Islanders (31.9 percent) were also alarming.⁵
- ▶ African Americans, ages 12 and older, were more likely to be dependent (based on seven criteria of the DSM-IV⁶) on illicit drugs (2.3 percent) than whites (1.5 percent), but they were not more likely to be dependent on alcohol (3.1 percent) than whites (3.8 percent).⁷

Many of the addiction treatment challenges faced by racial/ethnic groups mirror those in the general population, such as the ability to gain access to age- and gender-specific treatment options. However, for these groups, the barriers are further complicated by a host of unaddressed culturally specific issues that make recovery all the more challenging. Consider the following information:⁸

- ▶ Individuals from racial/ethnic groups tend to underutilize health care services in general. Treatment for drug and alcohol problems is no exception.
- ▶ Economic status may serve as a deterrent. Racial/ethnic populations are not only disproportionately more likely to have lower incomes than those of the mainstream population, but to be uninsured.
- ▶ Individuals of various racial/ethnic groups needing treatment may live in areas where access to treatment services is limited.