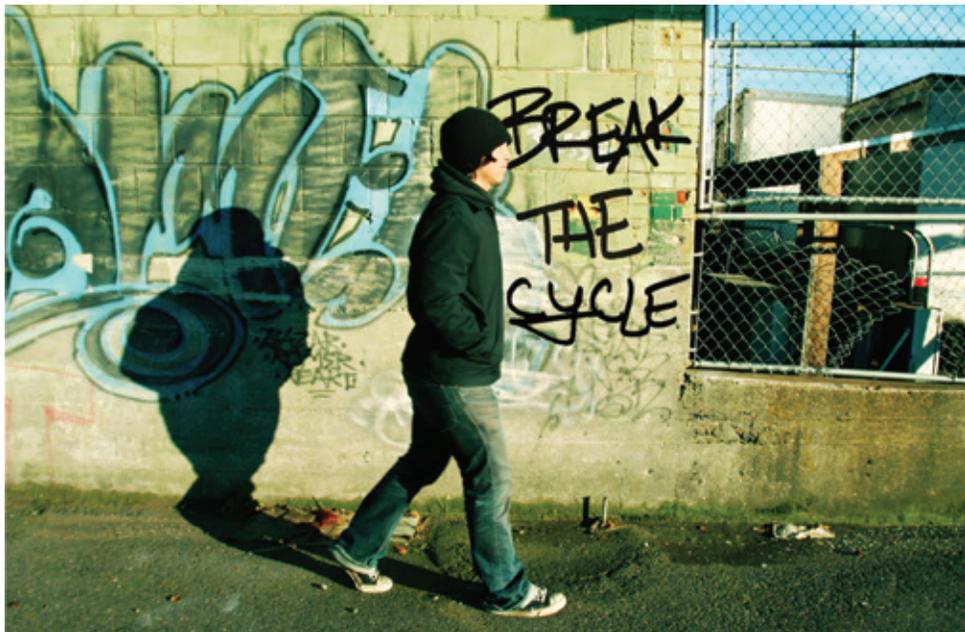


SAMHSA NEWS

SAMHSA's Award-Winning Newsletter

May/June 2008, Volume 16, Number 3



Helping Young Offenders Return to Communities

“For many young offenders, moving up from the juvenile justice system to the full-fledged prison system is a rite of passage,” explained Christine Urban, L.M.H.C., C.A.S.A.C.

“These kids are often second- or third-generation offenders; their fathers and grandfathers spent time in prison,” she continued. “They don’t know any different.” Ms. Urban is Vice President of Programs and Services at Huther-Doyle Memorial Institute, Inc., in Rochester, NY.

Teaching young offenders something different is the aim of the program Ms.

Urban and her colleagues run with support from SAMHSA’s Center for Substance Abuse Treatment (CSAT). The New York institute is 1 of 23 grantees around the country that are part of the Young Offender Reentry Program (YORP), launched by CSAT in 2004 and 2005.

The program allows grantees to expand or enhance substance abuse treatment and other services for juvenile and young adult offenders who are returning to the community following incarceration in juvenile detention centers, jail, or prison. The goal is to treat

substance abuse and reduce the chances that these youth will commit more crimes.

“If you can intervene when offenders are still young,” said CSAT Director H. Westley Clark, M.D., J.D., M.P.H., “you can break the cycle.”

A Growing Problem

Approximately 100,000 youth leave secure residential facilities and return home to their communities each year, according to estimates from the U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention (OJJDP).

For many of these young offenders, freedom is short-lived. According to OJJDP, 63 percent of them will commit an offense again before they’ve even passed the 1-year mark.

Substance abuse plays a big role in that recidivism.

“There’s a real strong correlation between drugs and crime, one that has been established in study after study for about 40 years now,” said Kenneth W. Robertson, Team Leader of the Criminal Justice Grant Programs in CSAT’s Division of Services Improvement. “About 60 to 70 percent of

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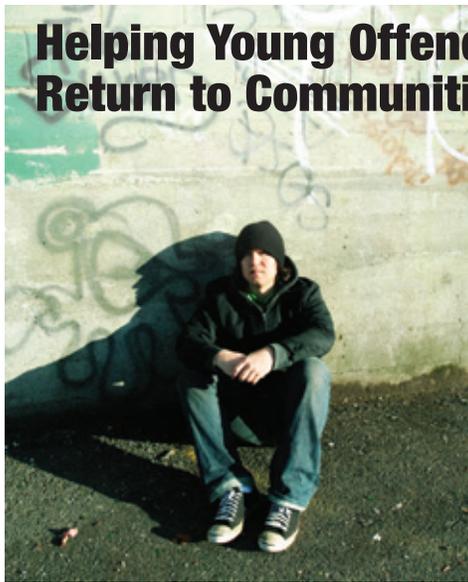
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Helping Young Offenders Return to Communities *Continued from page 1*



youth who are involved in criminal activity are also involved in substance abuse.”

Yet only 1 in 10 young offenders have access to substance abuse treatment, he noted.

Even if young people can get treatment while incarcerated, it doesn't do much good if that treatment stops the moment they walk out their door. “Research shows that no matter how effective substance treatment is in the correctional system, the effects are very quickly

lost if it's not followed up with treatment in the community,” said Public Health Adviser George Samayoa, M.D., C.A.S., Dr.D.F.C., of CSAT's Division of Services Improvement.

That kind of followup is just what SAMHSA's Young Offender Reentry Program is designed to do. “We want a seamless continuum of care, not young people receiving treatment in prison and then being released into the community and needing to find their own way to be screened, assessed, and placed into treatment,” said Dr. Samayoa.

The work begins even before the young offenders are released and continues for months after they've returned home. In addition to arranging substance abuse treatment, the grantees make sure the youth have the skills they need to succeed in life—everything from how to write a resume to how to be good parents in the future.

The program even provides things as basic as something to eat or a place to stay for those who need it.

“These young people go out into a world they may not have seen for 3, 4, even 5 years,” said Dr. Clark. “When they come out, they're lost.”

Having an Impact

Thanks to the program, however, these young offenders are now finding their way.

Nationwide, grantees have followup data on 721 of the young people they have served. These young offenders have made progress in several key areas.

Abstinence. The percentage of clients who reported that they hadn't used alcohol or illegal drugs within the last month dropped 12 percent between intake and a 6-month followup. At intake, 76 percent of clients were using alcohol or illegal drugs; 6 months later, 67 percent were.

Employment and education. The percentage of clients reporting that they were currently employed or in school increased 2 percent, going from 57 percent at intake to 59 percent at the 6-month followup.

Stable housing. The percentage of clients reporting that they had a permanent place to live jumped dramatically, increasing by 103 percent. At intake, only 20 percent of clients had stable housing; 6 months later, that percentage had increased to 41 percent.

The percentage of clients who reported feeling socially connected to their communities—interacting with family and friends, participating in self-help groups, attending religious services, and the like—stayed steady. At both intake and followup, the percentage reporting social connectedness was 80 percent.

Gang Activity May Skew Data

Regional variations may skew the YORP data on recidivism, said Dr. Samayoa. “During the period the data were collected, there was a big increase in gang activity in the Southwest,” he explained. “Many of

What Works?

Every year an estimated 100,000 adolescents and young adults return to their homes following incarceration. What's the best way to help them stay out of trouble? SAMHSA's Young Offender Reentry Program has three basic principles:

- **Start early.** Don't wait until people are older or have served multiple or lengthy prison terms, recommends Ken Robertson, Team Leader of the Criminal Justice Grant Programs in SAMHSA's Center for Substance Abuse Treatment. Intervening while clients are still young means a better chance of breaking the cycle of recidivism, he said.
- **Create a seamless continuum of care.** Treating substance abuse and other problems while young people

are incarcerated isn't enough, said Mr. Robertson. And waiting until they're out doesn't work either. What's needed instead, he explained, are programs that “reach into the institution,” focus on transition planning, and continue on the outside until the young people are back on their feet again.

- **Use a holistic approach.** Young Offender Reentry Program grantees don't just focus on substance abuse treatment. They also help young people find a place to live, learn basic skills like using a checkbook, get an education or a job, and anything else they need to succeed in life. ▸

—By Rebecca A. Clay

the clients are gang members, and the peer pressure is very high. Some of these kids are forced to participate in criminal activities with the gangs or suffer the consequences.”

With those numbers in mind, said Dr. Samayoa, the program’s overall outcomes show less than positive impact on recidivism. In fact, the percentage of clients reporting that they had not been arrested in the last month actually decreased slightly. At intake, 92 percent had no past-month arrests; 6 months later, that number had dropped to 87 percent.

In other parts of the country, especially the East Coast, the data are much more promising.

Upstate New York: Success

In Rochester, Huther-Doyle Memorial Institute has seen recidivism rates plummet. According to Ms. Urban, the recidivism rate was 80 percent before the Young Offender Reentry Program came along. Today, the rate is just 14 percent for the 18- to 24-year-olds the Rochester program targets.

Even better, Ms. Urban added, when clients are arrested again, it’s typically for less serious crimes than whatever it was that got them incarcerated in the first place.

“My glass is always half full,” said Ms. Urban, noting that committing a minor crime rather than a major one is a step in the right direction even if the client lands back in jail. “One of the things this program has done is to keep these young people from graduating to the big leagues, where they end up going to prison.”

The program’s case managers begin working with youth 3 to 6 months before their release. In addition to conducting assessments, the case managers analyze each client’s strengths, weaknesses, opportunities, and threats.

Together the case manager and client then develop a transition plan based on that analysis. “The transition plan is a roadmap for what they need to do when they get out,” explained Ms. Urban. “That way they know what’s going to happen—even where they’re going to get their first meal.”

Continued on page 4

From the Administrator

Reducing Substance Use, Reducing Recidivism

When individuals are given a chance to attain and sustain recovery from addiction and mental illnesses, the “revolving door” between incarceration and community can stop spinning.

SAMHSA’s juvenile justice and criminal justice programs are proof of that. One special program, the Young Offender Reentry Program (YORP), has helped hundreds of young people return to their communities and not end up back in jail or prison.

How does it work? The *SAMHSA News* cover story describes the work of two of our successful YORP grantees.

As an Agency, we continue to create collaborative relationships with judges, prosecutors, and public defenders, as well as treatment providers, researchers, and public policy decision-makers who are committed to making sure young people in the criminal justice system have a chance.

Our work together is critical. What we know is that addiction and mental illnesses are treatable illnesses, and prevention and treatment are effective.

When these services are targeted to juvenile offenders and adult offenders, the benefits are threefold.

First, if we prevent and treat addiction and mental illnesses, drug-related crimes will decrease.

Second, if we intervene early and get the appropriate treatment services in place, recidivism rates will drop.



Terry L. Cline, Ph.D.

And third, as SAMHSA increases recovery support services, success rates for reentry into the community also increase. In addition, public safety is enhanced.

We are continuing our efforts to strengthen partnerships with groups like the National Association of Drug Court Professionals, the American Correctional Association, the Association of State Correctional Administrators, the National District Attorneys Association, the National Governors Association, and many others.

SAMHSA also continues to build and collaborate with drug courts and mental health courts across the country.

Innovative treatment and support services make a difference for ex-offenders with mental and substance use disorders.

The opportunity for partnership, meaningful change, and building a healthier Nation has never been stronger. Our young people deserve a chance for a life in the community. SAMHSA is making that a real possibility. ▶

Terry L. Cline, Ph.D.
Administrator, SAMHSA

Helping Young Offenders Return to Communities *Continued from page 3*



The moment the young people are released, the case managers jump into action. “Case managers pick them up on release day, whether it’s 6 in the morning or midnight,” explained Ms. Urban. The client then spends up to a year in the program, earning a GED, getting substance abuse or mental health treatment, learning how to interview for a job—whatever will help them stay out of trouble.

“We want to show them that there’s something other than selling drugs and hanging out on the street corner,” said Ms. Urban.

In Florida: Recovery Begins Right Away

In Pinellas Park, FL, Operation PAR, Inc., is having a big impact on the 14- to 18-year-old offenders it serves.

Working closely with the agency that oversees young offenders’ probation and aftercare requirements, Operation PAR starts its Young Offender Reentry Program as soon as teens are released.

Top left photo: In Rochester, NY, Huther-Doyle Memorial Institute’s YORP staff includes (left to right) Jeff Bookhart, Tamekia Ransom, Cheryl Orefice, and Project Coordinator Tisha Smith. Bottom left photo: Graduate Byron McMullen. Center photo: (left to right) Rahsann Eaton and Craig Johnson, Monroe County Corrections; Maria Quiñones and Helen Warnick, case managers.

The results are impressive, said Tommi L. Leveille, Administrator of Research and Evaluation at Operation PAR. For youth who complete the full 8 to 12 weeks of treatment, more than 50 percent were in recovery at the 6-month followup. Of those who completed only part of the treatment, the recovery rate was only 20 percent.

Even more importantly, youth who completed the program had much lower recidivism rates, Ms. Leveille said. A total of 54 percent of those who completed the program had managed to stay out of trouble by the 6-month followup, compared to just 30 percent of those who completed only part of the treatment.

A continuous feedback loop helps. At the beginning, for instance, the program’s three counselors had a hard time persuading families to let them come to their homes for family therapy and case management. The problem, it turned out, was the use of the word “home visits,” which is what the state’s child welfare department calls its investigations. Changing the terminology to “touching base” or “dropping by” was enough to improve engagement, explained Ms. Leveille.

“These adolescents have spent anywhere from 1 to 5 years in the juvenile justice system and aren’t equipped with the skills they need to live successful lives,” Ms. Leveille said. “We teach them the skills they need.”

—By Rebecca A. Clay



Frances M. Harding Named New CSAP Director

SAMHSA recently announced the selection of Frances M. Harding as Director of the Center for Substance Abuse Prevention (CSAP).

Ms. Harding served as Associate Commissioner of the Division of Prevention and Recovery, New York State Office of Alcoholism and Substance Abuse Services. She has worked for the state in positions of increasing responsibility for 26 years.

Ms. Harding is recognized as one of the Nation's leading experts in the field of drug and alcohol policy. Over the years, she held numerous national positions and received recognition from her peers for her work, including serving as president of the National Prevention Network (NPN), an organization

representing alcohol and other drug prevention offices in all 50 states. She also served as New York state representative to the National Association of State Drug and Alcohol Directors, Inc., where she served on the board of directors.

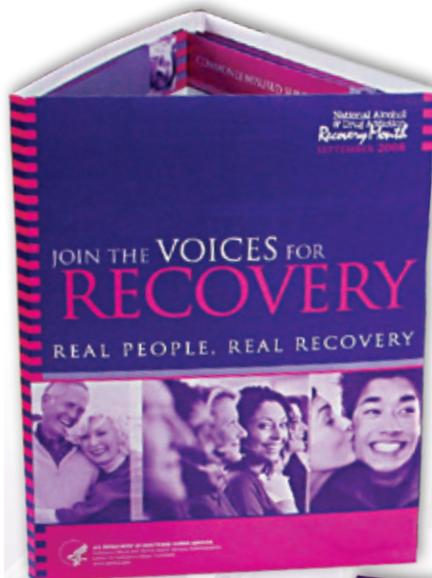
She received the prestigious 2004 Science to Practice Award from the International Society for Prevention Research.

In November 2006, the U.S. Department of Education appointed Ms. Harding to serve on the Review Group for the Department's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention. This eight-member panel advised the Department on the development and implementation of

effective alcohol and substance abuse and violence prevention resources for the Nation's institutions of higher education.

Most recently, in February 2008, Ms. Harding was appointed to the Council of Advisors for the Network Addressing Collegiate Alcohol and Other Drug Issues, a volunteer organization developed by the U.S. Department of Education in 1987.

Echoing SAMHSA's vision of "a life in the community for everyone," CSAP's mission is to bring effective substance abuse prevention to every community. For more about the Center and its activities, visit SAMHSA's Web site at <http://prevention.samhsa.gov>. ▶



Real People, Real Recovery

Recovery Month Toolkit Available

Communities across the Nation are preparing for the 19th annual *National Alcohol and Drug Addiction Recovery Month* in September—more than 60 events are already posted at www.recoverymonth.gov.

This year's theme, "Real People, Real Recovery," celebrates the commitment of individuals in recovery.

To support community planning efforts, SAMHSA recently released *Recovery Month's 2008 toolkit*, currently available in print and online.

Offering more than 20 fact sheets, the kit includes the following:

Media Outreach provides ideas to help plan activities and materials to customize with local information, including a media advisory, guidance for writing op-ed pieces and press releases, and official proclamations.

Resources to help event planners and people in recovery include a fact sheet on linking with partner organizations and an extensive list of Federal, state, and private resources.

The toolkit is available online at www.recoverymonth.gov/2008/kit/default.aspx. Print copies are available. ▶

To order, call
1-800-662-HELP (4357)
Inventory number RMKIT 08

Underage Drinking: Communities Take Action

In cities and towns across the Nation, more than 1,600 town hall meetings convened this spring to address the problem of underage drinking.

Acting Surgeon General Steven K. Galson, M.D., M.P.H., a rear admiral in the U.S. Public Health Service, helped SAMHSA launch the first town hall meeting of the year in Riverton, WY, and another one in Lincoln, NE. The two states report the

highest rates of underage drinking in the Nation.

Town meetings are part of a national effort to increase understanding and raise awareness of the public health dangers of underage drinking and to encourage individuals, families, and communities to combat and prevent it.

To learn about the short- and long-term consequences of underage drinking, get tips

for parents on initiating conversations about alcohol, or obtain information on the town hall meetings, visit www.stopalcoholabuse.gov or call 1-877-SAMHSA-7. To learn more about the *Surgeon General's Call to Action To Prevent and Reduce Underage Drinking*, visit www.surgeongeneral.gov/topics/underagedrinking. ▶



More than 1,600 town hall meetings convened across the Nation this spring to encourage community efforts to stop underage drinking. At the University of Nebraska (left), Acting Surgeon General Steven K. Galson (at microphone) and the state's First Lady Sally Ganem (at podium) answer audience questions. After the presentation, the Surgeon General spoke with participants (photo at right).



Many Underage Drinkers Get Alcohol from Adults

More than 40 percent of the Nation's estimated 10.8 million underage current drinkers (persons ages 12 to 20 who drank in the past 30 days) were provided free alcohol by adults 21 or older, according to a SAMHSA report, *Underage Alcohol Use: Findings from the 2002-2006 National Surveys on Drug Use and Health*.

The study also indicates that 1 in 16 underage drinkers (6.4 percent or 650,000) was given alcoholic beverages by their parents in the past month.

The report is based on a nationwide study, which for the first time asked detailed questions about the social context and location of

underage drinking—a problem responsible for the deaths of more than 5,000 people under age 21 every year. The survey also asked current drinkers ages 12 to 20 the source of the alcohol they last consumed, how many drinks they had on that occasion, and what other drugs, if any, they used in combination with alcohol in the past month.

The findings from this study are being incorporated into the Underage Drinking Prevention campaign, an ongoing public outreach effort by the Office of the Surgeon General, SAMHSA, and the Ad Council, encouraging parents to speak with their

children early and often about the negative effects of underage drinking.

The campaign provides parents with valuable information about the problem of underage drinking as well as tips for how to talk to their children about it. Further information about the campaign can be obtained at www.stopalcoholabuse.gov.

This report is based on combined data from the 2002 to 2006 National Surveys on Drug Use and Health (NSDUH). The full report is available on the SAMHSA Web site at <http://oas.samhsa.gov/underage2k8/toc.htm>. ▶



Communities Join Together To Promote Behavioral Health

Conference on Arab American, American Muslim Youth

Echoing SAMHSA's vision of a life in the community for everyone, a recent Agency conference continued an ongoing community conversation about the mental health and substance abuse challenges faced by Arab American and American Muslim youth and their families. (See *SAMHSA News* online, March/April 2007, to learn about last year's listening session.)

The 2-day conference, "The American Experience: A National Summit To Promote the Well-Being of Arab and Muslim Youth," convened in Dearborn, MI—the U.S. city with the highest concentration of Arab American residents.

"We have been building over time a deeper and greater awareness and understanding across the Arab American and American Muslim communities and a mutual understanding of the behavioral health needs that are unique to these communities," said A. Kathryn Power, M.Ed., Director of SAMHSA's Center for Mental Health Services (CMHS), in her plenary address. "SAMHSA sees this summit as an opportunity to bring action to some of those understandings."

Participants included mental health treatment providers, substance abuse prevention and treatment counselors, families, clergy, other members of the communities, and youth representatives. They gathered with SAMHSA staff to share concerns, hear personal stories, and consider how to provide support and promote well-being for members of the Arab American and American Muslim communities, with a special focus on young people.



Workshops encouraged participants to speak freely about their experiences involving mental health, including stress management and coping with negative stereotypes. For some families made up of first-generation immigrant parents and American-born children, discussions focused on bridging the gap between an "old country" mindset at home and a "pop culture" mindset at school.

Other topics included substance abuse, the consequences of trauma, ethnic and religious profiling, communications between family generations, funding opportunities for providers, and the importance of youth involvement and leadership.

"The participants represent people from many races and cultures as well as multigenerational Americans, recent immigrants, and refugees," said CAPT John Tuskan, R.N., M.S.N., Director of SAMHSA's Refugee Mental Health Program and a planner for the conference. "All Arabs aren't Muslims, and all Muslims aren't Arabs, but members of these populations do have some aspects of culture in common." Several speakers provided historical perspectives on these diverse communities, noting that Arabs and Muslims cannot be treated as monolithic groups.



A. Kathryn Power (left), Director of SAMHSA's Center for Mental Health Services, speaks with workshop panelist Laila Mokhiber on the first day of the summit.

Listening and Learning

One dynamic, interactive youth panel addressed ways to cope with stress, deal

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"We really have more in common than we might think."

—Laila Mokhiber, workshop panelist



Continued from page 7

with negative stereotypes, and inspire youth leaders. Participants included Asma Mirza, president of the Muslim Students Association (MSA) National; Laila Mokhiber, a student at George Mason University; Abdifatah Barre, president of his high school MSA chapter in Virginia; and moderator Altaf Husain, Ph.D., Executive Assistant for Academic Affairs at Howard University.

Coping with stress and negative stereotypes. Even now, 7 years after 9/11, panelists pointed out that some individuals still view Arab Americans and American Muslims

negatively, calling them all terrorists. “Kids joke around now at schools. They say, ‘Oh, you’re an Arab—so you’re a terrorist—ha, ha, ha,’ ” Ms. Mokhiber said. “But it’s not funny.”

Ms. Mirza, an American who is of Pakistani descent, remembered when people began looking at her differently after 9/11—looking at her like something was wrong. “I’ve always seen myself as an American,” she said. “It’s stressful because this is the only home I’ve ever known, and the only home I want to know.”

In general, some youth and adult participants said that they continue to

be profiled at airports because of their appearances or last names. Ms. Mirza has her own way of coping with security checks that seem to focus on Arab Americans and American Muslims. “You pretend it’s not happening,” she said, noting that she still avoids praying at airports to avoid the stress of potential discrimination. “Someone may call security,” she explained matter-of-factly. “It’s happened before.”

Ms. Mirza’s other coping mechanisms included not watching the news on television for a year after 9/11 to avoid negative coverage of people of Arab and Muslim heritage.

Preventing and Treating Substance Abuse

Several summit workshops and discussions focused on preventing and treating substance abuse among Arab Americans and American Muslims. Presenters noted that 22 countries around the world are considered “Arab nations.”

“When it comes to treatment strategies being culturally appropriate, wide-ranging diversity can impose a challenge,” said H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA’s Center for Substance Abuse Treatment (CSAT), who moderated a substance abuse treatment panel.

According to presenters, service providers need to learn more about community values and cultural traditions—including the prohibition of alcohol under Islamic law, the tendency not to speak about problems outside the family, and the idea that substance abuse recovery is a matter of personal will.

Barriers to Treatment

When clinicians reach out to people with Arab or Muslim backgrounds, they may encounter initial barriers.

Denial. Because Islamic law prohibits the consumption of alcohol, some American Muslims who need help may deny that they drink.

Alec Berry, L.M.S.W., a treatment provider and an Arab American Muslim, discussed how he felt when he discovered he was an alcoholic.

“My first reaction was, tell me I have cancer, but don’t tell me I’m an alcoholic,” he said.

Eventually, Mr. Berry started a support group for other American Muslims who had problems with alcohol, creating a nonjudgmental, welcoming community.

Biases. Like other populations, Arab Americans and American Muslims often care deeply about their reputations and public personas.

In Arabic, the term *ayb* connotes social and religious norms regarding behavior or communication that would be shameful—and talking about mental health problems often is considered a shameful act. “We have to be really sensitive to the cultural bias when treating Muslims,” Mr. Berry said.

Privacy. Traditionally, people of Arab and Muslim heritage rarely talk about personal issues outside the family, according to panelists.

In addition, people in the process of becoming U.S. citizens may be wary of revealing substance abuse issues, fearing it could affect their status, said clinical therapist Amy Amal Rahhal, M.S.W., L.L.M.S.W., CAAC.

Treatment Methods

Panelists noted that certain treatment methods can go a long way in helping clients from these communities trust providers.

Ms. Rahhal discussed how, in the past, substance abuse treatment often was confrontational in order to break down denial, defenses, or resistance.

One client-centered method that has proven effective, motivational interviewing, comprises several stages:

Identification. The provider assesses the client’s level of addiction and readiness to change. “We meet them where they are,” Ms. Rahhal said.

Engagement. The objective of this stage is for clients to develop comfortable and trusting relationships. Clients are encouraged to help others, which can build their own confidence and self-esteem. They are not required to disclose personal experiences.

Acknowledgment. Eventually, clients confront their own problems. Ms. Rahhal noted that relapse is expected, and each person moves at a different pace.

Finally, substance abuse treatment and prevention should engage more than just individuals. “If we are going to move toward strategies that help Arab American and American Muslim communities, we need to involve the whole community,” Dr. Clark said. ▀

—By Kristin Blank



Although she insulated herself from news coverage during that time, she noted that people in America need to look for common ground. “If you step back far enough, you’ll find something that everyone at the table agrees upon,” she said.

Encouraging support. Considering the mental health and substance abuse issues on college campuses, as well as the stress factor, panelists emphasized the need to have support systems in place to assist young people who need help.

“With the MSAs, you try to reach out to everyone on campus. . . . But it’s hard,” Ms. Mirza said, noting that youth don’t usually focus on how to cope with stress and discrimination. “I don’t think it’s something that we talk about very often.”

Still, panelists said community involvement comes with benefits, and Ms. Mirza added that parents and community providers are showing increasing support for youth. “Home is a safe place,” she said.

“Having people in your life who positively reinforce you, to me, is key.”

Inspiring leadership. Even though students may experience high levels of stress, participants noted that youth leadership is important for community outreach. Although young people may seem preoccupied, panelists said service providers should make special efforts to recruit youth for community activities. It just takes some creativity.

“Let’s meet the youth where they are,” Dr. Husain said. Although volunteering may be the last thing on young people’s

talking with youth while they engage in everyday activities can result in real progress.

Panelists also noted that social interaction is important. “You have to make it cool,” Ms. Mokhiber said of outreach, explaining that her local community groups sponsor networking parties to encourage participation. “If you can have 5 strong leaders, it’s better than having 100 leaders who don’t really care.”

Ms. Mokhiber is hoping that social interactions—from friendly get-togethers to

Continued on page 10

“I had the time to allow myself to heal. . . . I was frozen, and now I’m kind of melting.”

—Nadja Memic, workshop panelist



The Refugee Experience

Nadja Memic, a recent graduate of the University of Colorado at Boulder, is a refugee. As a youth participant in a summit workshop, she smiled often but shared a story of hardship that was more than a decade in the making.

Originally from Bosnia, Ms. Memic was there during the 1990s, when acts of genocide resulted in the deaths of thousands of people. As a Muslim in Bosnia during this time—when Muslims were targeted—Ms. Memic remembered that people were killed every day during the height of the conflict. “We weren’t of a certain blood, we weren’t of a certain religion, so we had to be gone,” she said frankly.

Held in a concentration camp along with her mother and brother at one point, she and her family struggled to have access to basic staples such as shelter after their release. “You were at the lowest point ever. There

were days when you didn’t have food to eat,” Ms. Memic recalled.

She and her family left the country in 2001. Ms. Memic was 18 years old, and she already understood the refugee experience.

“I was actually living as a refugee for 9 years in my own country,” she said, explaining that she and her family could not return to their home in Bosnia during and after the conflict. “So, being a refugee is something positive for me. In a way, it’s a blessing because it made me who I am.”

Although she became a thriving student, after living in the United States for 7 years and learning English well enough to help her parents with their needs, her adaptation experience was difficult at times.

When she first arrived in America, Ms. Memic said she didn’t have time to process her emotions—to go through the grieving



process that emerged from being a survivor of war—because she and her family were focused on day-to-day needs.

But now that she’s living a “normal life” and has fulfilled her goal of getting an education, she can reflect on her past, even while she moves forward.

“I had the time to allow myself to heal. I could talk to other people, I could relate to other people, whereas when we come here, we don’t have that luxury,” she explained. “I was frozen, and now I’m kind of melting.” ▶

—By Leslie Quander Wooldridge



Continued from page 9

formal discussion panels and presentations—will help young people of various backgrounds understand each other better. “We’re all people,” she said. “We really have more in common than we might think.”

Details about other panels on domestic violence, substance abuse treatment, and refugee experiences are included in this issue of *SAMHSA News*. For more information on topics discussed at the summit, visit SAMHSA’s Web site at www.samhsa.gov. ▸

—By Leslie Quander Wooldridge

In addition to service providers and religious leaders, many parents and youth attended the summit, including Mariyah Sabir (left), Qur’an Shakir (center), and Bayyinah Shaheed (right), from Atlanta, GA. Parents and youth had the opportunity to create their own sessions to discuss important issues such as family communication and youth identity.



Culture Clash: Domestic Violence

A summit panel on domestic violence opened a discussion on traditional gender roles that affect relationships in many Arab and Muslim households.

According to Ahmed I. Samatar, Ph.D., James Wallace Professor of International Studies and Dean, Institute for Global Citizenship, Macalester College, “Gender is the big fly in the ointment of the Islamic community, just as race is for the U.S. society.”

In general, in traditional homes in this community, the father is the ruler of the house, said Asma A. Ejaz, M.D., Chief of the Addiction Psychiatry Department at the Nassau University Medical Center.

“In domestic violence, what is really at stake is the power,” said Kushalata Ahmed, M.D., Consultant in Mental Health at the Islamic Center of Long Island. “Once you have the power, no one wants to let go of it.”

Often, medical and mental health care providers are the ones who help women and children in domestic violence situations.

Women who go to their spiritual leaders for help often hit a dead end, noted Dr. Ejaz. “Local clergy often will tell them, just pray, it’ll get better, just hang in there,” she said.

Psychological Abuse

In addition to experiencing physical harm, Arab and Muslim women may be psychologically abused. Men may try to isolate women from support networks and monitor their movements. “We have worked with cases where there have been hidden cameras in the house,” said Dr. Ejaz. “There was one case where a spouse even put cameras in the bathroom.”

Other times, wives suffer humiliation in front of family and friends or are denied funds—even for groceries or health insurance. Dr. Ejaz reported cases where abusers destroyed women’s immigration papers and diplomas.

Mental health and emotional problems are common in domestic violence victims, with issues including suicidal ideation, depression, anxiety, eating disorders, post-traumatic stress disorder, and substance abuse, according to Dr. Ejaz.

To help, service providers can take some steps that are common for all groups, such as ensuring their safety—sometimes removing them to a safe home or shelter—providing moral support, and assuring confidentiality.

When treating members of Arab and Muslim populations who have been abused, sometimes special steps are necessary, Dr. Ejaz said.

Practitioners should:

- Take into account religious and cultural morés the women may have been taught, especially regarding appropriate gender roles in a traditional Islamic household.
- Explain to women that the abuse is not their fault, despite what they may have learned about women’s status under some cultural or religious traditions.
- Provide assistance with legal issues, such as divorce or restraining orders, and other issues if women are not yet U.S. citizens.
- Provide referrals for vocational training (when applicable) in addition to rehabilitation to help women become more self-sufficient. Many Arab and Muslim women who have experienced domestic violence already have professional training, as Dr. Ahmed and Dr. Ejaz noted that many of their clients are doctors and lawyers.

For children, according to Dr. Ahmed, the availability of a supportive adult helps the child to cope with trauma. Such support may lead to children breaking the cycle of abuse when they become adults.

Dr. Ahmed said, “A supportive aunt or teacher may prevent children from believing that everyone is bad.” ▸

—By Kristin Blank

PRISM, Voice Awards

Honoring Accuracy, Sensitivity to Substance Abuse, Mental Health Issues

What viewers see on television or in the movies often is what they believe to be true, especially for substance abuse and mental health issues.

The entertainment industry's most accurate portrayals of characters facing these issues received honors at gala ceremonies for the 12th Annual PRISM Awards and the 3rd Annual Voice Awards, in Beverly Hills and Hollywood, respectively.

The PRISM Awards, presented by the Entertainment Industries Council, Inc. (EIC), in collaboration with SAMHSA and the FX Network, reflect the entertainment industry's commitment to accuracy in depictions of addiction and health issues in film, television, music, comic books, and interactive entertainment.

The Voice Awards are part of the Campaign for Mental Health Recovery, a multi-year public service advertising program of SAMHSA and the Ad Council to promote awareness, understanding, and support for young adults and others with mental illnesses. These awards also honor individuals from the consumer movement and advocacy community.

Television programs winning Voice Awards included "Monk" and "House." Film winners included *Reign Over Me* and *Canvas*.

PRISM Award winners included actor Ben Vereen for his performance on "Grey's Anatomy." H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA's Center for Substance Abuse Treatment, provided consultation for the episode on methamphetamine.

For more on the PRISM Awards, visit the EIC Web site at www.prismawards.com. For more on the Voice Awards, visit SAMHSA's Web site at www.voiceawards.samhsa.gov.

For more information, visit *SAMHSA News* online at www.samhsa.gov/SAMHSA_News.



(Clockwise from above) Actor Michele Lee (left), Larry Stewart Award winner Dr. Drew Pinsky (center), and EIC President and CEO Brian Dyak (right) smile for a photo; actor Ben Vereen shows off his PRISM Award, presented for his portrayal of a man addicted to methamphetamine on television's "Grey's Anatomy"; actor Hugh Laurie (left) of "House" joins actor and PRISM Award winner James Denton (right) of "Desperate Housewives."



Actor Sally Field joins SAMHSA Administrator Terry Cline (left) and actor Joe Mantegna (right) for a photo at the recent Voice Awards ceremony in Hollywood. Ms. Field stars in "Brothers and Sisters," a popular television program.



Celebrating Children's Mental Health Awareness Day

Performers at SAMHSA's third annual National Children's Mental Health Awareness Day included youth dancers, singers, and performance artists. Presenters included local high school students in dramatic and musical skits, two young actors, and a former NFL player.

The purpose of Children's Mental Health Awareness Day is to emphasize the positive impact that effective school- and community-based mental health services have on children and youth.

As part of its "Still I Rise" celebration, SAMHSA recognized seven youth from the Duke Ellington School of the Arts and Manassas Park High School for their ability to express resilience through performing arts. These youth—who have experienced mental health challenges—sang, danced, and recited spoken-word performances to communicate messages of encouragement to youth in the audience. Also performing were the internationally known Dana Tai Soon Dance Company and LeDerick Horne, a spoken-word artist.

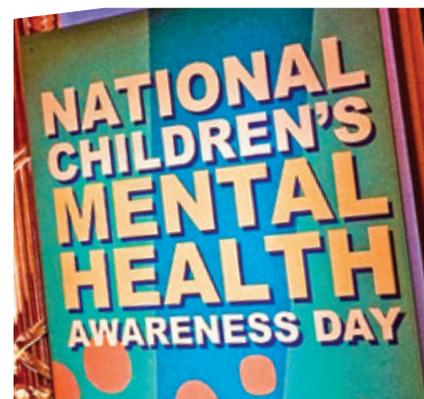
Awards and guest speeches were part of the talent showcase co-hosted by Keke Palmer

of *Akeelah and the Bee* and Marc Indelicato of "Ugly Betty," along with Megan McNair, a student majoring in broadcast journalism at Howard University, in Washington, DC.

Former NFL player Herschel Walker, diagnosed with disassociative identity disorder (formerly called multiple personality disorder), was recognized for increasing understanding of mental health issues through his memoir, *Breaking Free*.

Howie Mandel, Awareness Day Ambassador and host of television's "Deal or No Deal," spoke in a pre-recorded message on the importance of the celebration. A group of high school seniors in San Francisco, CA, performed via satellite as part of the city's "system of care" partnership with Safe Schools/Healthy Students.

SAMHSA, along with Youth MOVE National and the National Federation of Families for Children's Mental Health, launched *Dare to Dream America*, a new initiative encouraging youth to promote positive mental health among their peers. The Agency provides scholarships to create awareness campaigns in communities around the country.



Helping Youth Thrive

The event also served as a backdrop to the release of a SAMHSA report showing that comprehensive, community-based programs can help high school youth with mental health needs to succeed at home, in school, and in the community.

The report, *Helping Youth Thrive in the Community*, reveals that youth with behavioral and emotional issues who received SAMHSA-funded systems of care services demonstrated improved school attendance and academic performance and exhibited fewer disciplinary problems.

Furthermore, youth suicide attempts were reduced by half within 6 months after entering systems of care (from 12 percent to 6 percent), with attempts further reduced by more than two-thirds (to approximately 4 percent) for high school youth who received program services for at least 18 months.

For more event information, visit SAMHSA's Web site at <http://systemsofcare.samhsa.gov/nationalawareness/materials.aspx>.

—By Leslie Quander Wooldridge

Photos from left: Former NFL star Herschel Walker (third from right) and youth performers receive certificates to recognize their participation; Mr. Walker addresses the crowd after receiving special recognition for his work to increase public understanding of mental health issues through his memoir; actor Keke Palmer of *Akeelah and the Bee* (left) joins actor Mark Indelicato (center) of "Ugly Betty" and SAMHSA's Center for Mental Health Services Director A. Kathryn Power (right) after the event.



Photos by Paola Sammartin

Returning Veterans: Upcoming Conference Scheduled

SAMHSA, along with the U.S. Department of Defense and the U.S. Department of Veterans Affairs, is sponsoring a national conference—“Paving the Road Home: The National Behavioral Health Conference and Policy Academy on Returning Veterans and Their Families.”

The conference, open to the public on August 11, is intended for representatives of veterans and service organizations, service providers, family members, and veterans themselves. A major goal is to strengthen the behavioral health systems on a state level by ensuring that community efforts are coordinated and collaborative, urging peer-to-peer veteran support networks. The conference will focus on issues facing veterans of both genders and all ranks and services and their family members.

The conference is a followup to the 2006 SAMHSA national conference on veterans (see *SAMHSA News* online, May/June 2006).

Attendance is limited to 500 people. For more information on the conference and how to register, visit SAMHSA's Web site at <http://samhsa.gov/vets/conference2008.aspx>. ▶

A Life in the Community for Everyone
SAMHSA
 Substance Abuse and Mental Health Services Administration
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Paving the Road Home:
 The National Behavioral Health Conference and Policy Academy on Returning Veterans and Their Families

August 11, 2008 • National Conference
August 12 - 13, 2008 • Policy Academy
Hyatt Regency • Bethesda, MD

Sponsored by the SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, DEPARTMENT OF DEFENSE, AND DEPARTMENT OF VETERANS AFFAIRS

In partnership with THE NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS AND THE NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS

Depression: For Teens, Not Just Growing Pains

With mood swings, feelings of isolation, the stress of school, and the struggle to carve out an identity, teenagers and their families may ignore signs of depression. “Growing pains” are an accepted part of the teenage years.

However, adolescents may experience feelings that go beyond moodiness. Many teens between the ages of 12 and

17 may suffer from a major depressive episode (MDE), which can prevent them from participating in normal activities. According to a recent report based on combined data from SAMHSA's 2004 to 2006 National Survey on Drug Use and Health (NSDUH), MDEs are more frequent than previously thought.

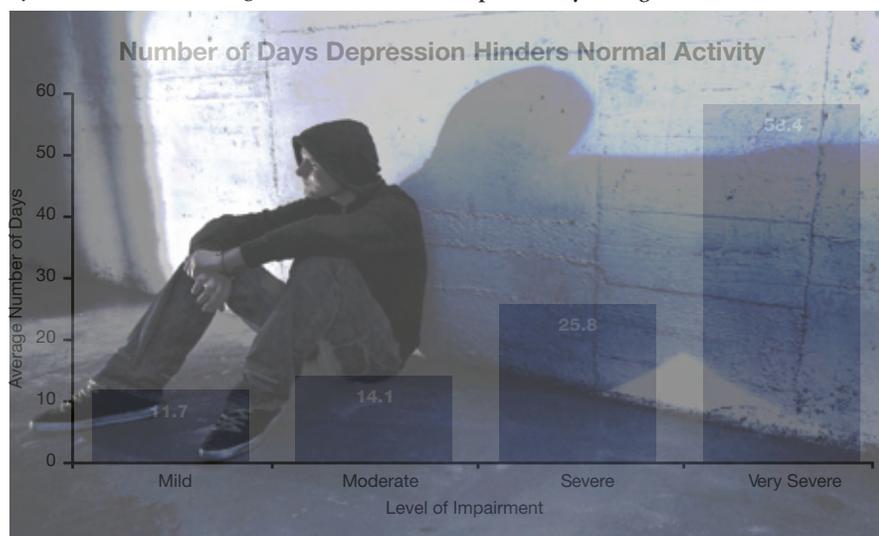
The report, *Major Depressive Episode among Youths Aged 12 to 17 in the United States: 2004 to 2006*, indicates that an annual average of 8.5 percent of youth age 12 to 17 (an estimated 2.1 million teens) experienced at least one MDE in the past year. Female adolescents were more than twice as likely to be affected as male adolescents (12.7 versus 4.6 percent).

The Numbers

Adolescents affected by past-year MDE reported being unable to carry out normal activities for a range of 11.7 days to 58.4 days, depending on the severity of the impairment (see chart).

To download the free report, visit SAMHSA's Web site at <http://oas.samhsa.gov/2k8/youthDepress/youthDepress.cfm>. ▶

Source: SAMHSA Office of Applied Studies. *Major Depressive Episode among Youths Aged 12 to 17 in the United States: 2004 to 2006*. Figure 3. Mean Number of Days Unable to Carry Out Normal Activities Due to Depression among Youths Aged 12 to 17 Who Experienced a Past Year Major Depressive Episode (MDE), by Overall Severity of Role Impairment: 2004-2006. May 13, 2008.





SAMHSA News strives to keep you informed about the latest advances in treatment and prevention practices, the most recent national statistics on mental health and addictive disorders, relevant Federal policies, grant awards and funding opportunities, and available resources in print and online.

Are we succeeding? We'd like to know what you think.

Comments: _____

I'd like to see an article about: _____

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Field of specialization: _____

In the current issue, I found these articles particularly interesting or useful:

- Helping Young Offenders Return to Communities
- From the Administrator: Reducing Substance Use, Reducing Recidivism
- Frances M. Harding Named New CSAP Director
- Real People, Real Recovery
- Underage Drinking: Communities Take Action
- Conference Coverage: Communities Join Together To Promote Behavioral Health
- PRISM, Voice Awards
- Celebrating Children's Mental Health Awareness Day
- Returning Veterans: Upcoming Conference Scheduled
- Depression: For Teens, Not Just Growing Pains
- Millions Are Driving Under the Influence
- SAMHSA News** online—for the current issue and archives—at www.samhsa.gov/SAMHSA_News

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Thank you for your comments!

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Millions Are Driving Under the Influence

A car swerves into a tree barely missing a school bus. A truck plows through a red light into oncoming traffic. We hear about incidents such as these on the local news almost every day. How serious a problem is this nationwide?

In a first-of-its-kind report, SAMHSA's National Survey on Drug Use and Health (NSDUH) reveals troubling data, state by state, on drinking alcohol or using illicit drugs while driving.

Nationwide, an estimated 30.5 million people age 12 or older drove under the influence of alcohol at least once in the past year, according to 2006 NSDUH data.

The report, *State Estimates of Persons Aged 18 or Older Driving Under the Influence of Alcohol or Illicit Drugs*, finds that 15.1 percent of current drivers age 18 or older drove under the influence of alcohol at least once in the past year. In some states, the levels are higher—about one in four drivers.

Nearly 1 in 20 adult drivers age 18 or older drove under the influence of illicit drugs, such as marijuana/hashish, cocaine/crack, inhalants, hallucinogens, heroin, or prescription drugs used nonmedically.

The report's findings are annual averages based on combined NSDUH data collected from 127,283 current drivers surveyed in 2004, 2005, and 2006, the most recent data available.

Alcohol

Rates of past-year driving under the influence of alcohol were highest among current drivers age 18 or older in the following states:

- Wisconsin (26.4 percent)
- North Dakota (24.9 percent)
- Minnesota (23.5 percent)
- Nebraska (22.9 percent)
- South Dakota (21.6 percent).



Utah had the lowest rate of people 18 or older driving under the influence of alcohol (9.5 percent).

Illicit Drugs

Past-year rates of driving under the influence of illicit drugs among persons age 18 or older were highest in the following:

- District of Columbia (7.0 percent)
- Rhode Island (6.8 percent)
- Massachusetts (6.4 percent)
- Montana (6.3 percent)
- Wyoming (6.2 percent).

New Jersey had the lowest rate of people age 18 or older driving under the influence of illicit drugs (3.2 percent).

According to the National Highway Traffic Safety Administration, almost 16,700 deaths in 2004 were caused by accidents related to driving under the influence of alcohol. Overall, driving under the influence of alcohol and illicit drugs is among the leading sources of preventable death by injury in the United States.

The full report, *State Estimates of Persons Aged 18 or Older Driving Under the Influence of Alcohol or Illicit Drugs*, is available for free download on SAMHSA's Web site at <http://oas.samhsa.gov/2k8/stateDUI/stateDUI.cfm>. ▸

—By Kristin Blank



Published bimonthly by the Office of Communications

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