SAMHSA’s Current and Future Direction for Prevention in Higher Education

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LaHEC Summit
June 12, 2015
Agenda

• Expectations
• SAMHSA’s Strategic Initiatives
• Scope of the Issues
• Strategic Approaches to Prevention
  – Strategic Prevention Framework
  – NIAAA’s 3-in-1 Framework and Tiers
  – ED’s Model Programs
• SAMHSA’s Efforts
• Going Forward
• Q&A/Discussion
Strategic Initiatives

1. Prevention of Substance Abuse and Mental Illness
2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce Development
Strategic Initiative #1 - Prevention of Substance Abuse and Mental Illness

1.1 Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness, and identify and respond to emerging behavioral health issues.

1.2 Prevent and reduce underage drinking and young adult problem drinking.

1.3 Prevent and reduce attempted suicides and deaths by suicide among populations at high risk.

1.4 Prevent and reduce prescription drug and illicit opioid misuse and abuse.
Prevention of Substance Abuse and Mental Illness—Focus Areas

Focus on several populations at high risk, including:

- College students
- Transition age youth, especially those at risk of first episodes of mental illness or substance abuse
- American Indian/Alaska Natives
- Ethnic minorities experiencing health and behavioral health disparities
- Service members, veterans, and their families
- Lesbian, gay, bisexual, and transgender individuals
Youth and Young Adults

- **Youth Aged 12 thru 17**
  - Illicit drug use ↓’g 2009 – 2013 (10.1 to 8.8 percent)
  - Marijuana, psychotherapeutics, inhalant, hallucinogen use ↓ over last several years

- **Aged 18 to 25 – News is not so good**
  - Illicit drug use flat since 2009 (21.4 to 21.6 percent)
  - Marijuana use ↑ from 2008; flat since 2010
  - Therapeutic and cocaine use ↓
  - Hallucinogen use – fairly stable since 2002
  - Heavy and binge drinking high or ↑’g
Why Focus on Youth and Young Adults (16-25 age group)

Brain Development & First Use/Onset
- Until age 21 or so for girls; 25 for boys
- ½ of adult mental illnesses/addictions begin < age 14; ¾ < age 25
- First episode of many serious mental illnesses (e.g., psychosis) occurs in 16-25 year range; time to treatment is years
- If we can prevent a young person from taking a drink before age 25, likelihood of adult alcohol addiction is significantly reduced

Suicide and Drinking
- Suicide is 2nd leading cause of death among 18-25 year olds
- Strong relationship between suicidal behavior and substance use
- Highest binge/heavy drinking & non-med prescription drug use
- Often have lowest level of help-seeking
Underage Drinking Trends

Past-month alcohol use by 12- to 20-year-olds

Substance Abuse and Mental Health Services Administration. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings.
Alcohol Use by College Students

Rates of alcohol use by 18- to 22-year-olds attending college full time compared to those attending part time or not enrolled

![Bar chart showing rates of alcohol use by 18- to 22-year-olds attending college full time compared to those attending part time or not enrolled. The chart includes data for current, binge, and heavy use, with percentages for full-time and part-time or not enrolled students.]

Substance Abuse and Mental Health Services Administration. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings.
Alcohol: Consequences for College Students

- Death: 1,569 die from alcohol-related unintentional injuries, including motor vehicle crashes (26 percent decline since 2005)
- Injury: 599,000 unintentionally injured under the influence of alcohol
- Assault: 696,000 assaulted by another student who has been drinking
- Sexual Abuse: 97,000 victims of alcohol-related sexual assault or date rape
- Unsafe Sex: 400,000 had unprotected sex and > 100,000 reported having been too intoxicated to know if they consented to having sex
- Academic Problems: ~ 25 percent report academic consequences of drinking
Marijuana – Changing Landscape

- Increased use
- Falling perceptions of risk
- Changes in state and local laws
- Softening of public attitudes
Marijuana: Link Between Use and Mental Illness

- Chronic marijuana use and mental illness
- Psychotic episodes
- Use can worsen course of illness in those with schizophrenia
- Long-term link between marijuana use and development of psychosis
- Link between marijuana use and other behavioral health problems
In the past 12 months:

• 44.6 percent of college students felt things were hopeless.
• 30.8 percent felt so depressed it was difficult to function.
• 51 percent felt overwhelming anxiety.
• 55.6 percent felt very lonely.
• 35.6 percent felt overwhelming anger.
• 7.5 percent seriously considered suicide.
• 1.4 percent attempted suicide.

Source: American College Health Association (Fall 2014)
Suicide among Youth and Young Adults

Age 15-24: 2nd leading cause of death, behind accidents
Preventing Suicide

- At-risk youth and adult populations
- Integrated approaches
- Healthcare system emphasis
- Follow-up of attempted suicides/suicidal crises
- Zero suicides goal
- Public awareness/knowledge
National Rx Drug Abuse Prevention Strategy

- Prescriber and consumer education/awareness
- 53 percent of people 12 and older using prescription pain relievers non-medically got them from a friend or relative for free
- Expanded and enhanced use of prescription drug monitoring programs
- Education/awareness about safe disposal of unused medicines
SAMHSA’s Rx Drug/Opioid Abuse Prevention Efforts

- Partnerships for Success grants
- Prescription Drug Monitoring Program grants
- Federal Drug-Free Workplace Program
- Not Worth the Risk, Even If It’s Legal (pamphlet series)
- Prescriber Education
- PCSS-Opioids and PCSS-MAT
- Screening, Brief Intervention, and Referral to Treatment – SBIRT

- Drug Free Communities
  ONDCP FY 2015 enacted - $93.5M; FY 2016 proposed - $85.7M
- Substance Abuse Block Grant
- Opioid Overdose Prevention Toolkit
- SAMHSA/CDC Prescription Drug Abuse Prevention Campaign
- National Prescription Drug Abuse Summit
Institute of Medicine
Classifications of Prevention

- Prevention
  - Universal
  - Selective
  - Indicated

- Treatment
  - Case Identification
  - Standard Treatment for Known Disorders
  - Compliance with Long-term Treatment (Goal: Reduction in Relapse and Recurrence)
  - After-care (including Rehabilitation)

- Recovery

Promotion
Strategic Approach to Prevention

- Conduct needs assessment
- Build capacity
- Identify appropriate strategies and programs
- Implement with fidelity
- Evaluate
Strategic Prevention Framework

- Assessment
- Evaluation
- Sustainability and Cultural Competence
- Capacity
- Implementation
- Planning

State Systems Prevention Infrastructure

General Public Awareness and Outreach

Community Coalitions Action Mechanism
Step 1: What to Assess

The nature and extent of substance use problems and related behaviors

The risk and protective factors that influence these problems and behaviors

The existing resources and readiness of the community to address its problems
Step 2: Building Capacity

Who are the stakeholders in your college/university and community?
Step 3: Develop a Comprehensive Prevention Plan

Describe the priority problem and why it was selected.

List risk and protective factors, and describe how they were prioritized.

Describe resources, resource gaps, readiness, and cultural issues, and how any challenges will be addressed.

Describe interventions that will impact the selected risk factors.

Develop a logic model with short- and long-term outcomes.
Step 4: What Does Implementation Involve?

- Mobilize support and build capacity
- Carry out evidence-based interventions
- Monitor, evaluate, and adjust
Implementation Challenge:
Adapting Evidence-Based Interventions
Step 5: Reporting Evaluation Results

- Brief stakeholders regularly
- Plan how to disseminate results
- Select formats for reporting results
- Help stakeholders understand the data
Strategic Prevention Framework: Where We’ve Been

Step 1: Assessment
- Assess behaviors and related problems
- Prioritize problems (criteria: magnitude, time trend, severity, comparison)
- Assess risk and protective factors

Step 2: Capacity
- Assess capacity: Resources and readiness
- Build capacity: Increase resources and improve readiness

Step 3: Planning
- Prioritize risk and protective factors (criteria: importance, changeability)
- Select interventions (criteria: effectiveness, conceptual fit, practical fit)
- Develop a comprehensive plan that aligns with the Logic Model

Step 4: Implementation
- Build capacity and mobilize support
- Balance fidelity with necessary adaptations
- Monitor, evaluate, and adjust

Step 5: Evaluation
- Conduct process evaluation
- Conduct outcome evaluation
- Recommend improvements and make mid-course corrections
- Report evaluation results
Other Federal Resources

Strategic Planning for Campus Prevention
NIAAA’s 3-in-1 Framework

Comprehensive, integrated programs with multiple complementary components:

- Individuals, including at-risk or alcohol-dependent drinkers
- Student population as a whole
- College and the surrounding community
### Recommended Strategies

**Ranked by strength of supporting evidence.**

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>• Evidence of effectiveness among college students</th>
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Tier 1: Evidence of Effectiveness among College Students

- Combining cognitive-behavioral skills with norms clarification and motivational enhancement interventions
- Offering brief motivational enhancement interventions
- Challenging alcohol expectancies
Tier 2: Evidence of Success with General Populations that Could Be Applied to College Environments

- Increased enforcement of minimum drinking age laws
- Implementation, increased publicity, and enforcement of other laws to reduce alcohol-impaired driving
- Restrictions on alcohol retail outlet density
- Increased price and excise taxes on alcoholic beverages
- Responsible beverage service policies in social and commercial settings
- Formation of campus and community coalition
Adopting policies and practices that may reduce high-risk alcohol use, such as controlling/eliminating alcohol at sports events or launching alcohol-free, late-night student activities

Increasing enforcement at campus-based events that promote excessive drinking

Increasing publicity about and enforcement of underage drinking laws on campus and eliminating “mixed messages”

Consistently enforcing disciplinary actions associated with policy violations
Tier 3: Evidence of Logical and Theoretical Promise, But Require More Comprehensive Evaluation

- Conducting marketing campaigns to correct student misperceptions about alcohol use
- Provision of “safe rides” programs
- Regulation of happy hours and sales
- Informing new students and their parents about alcohol policies and penalties before arrival and during orientation periods
Tier 4: Evidence of Ineffectiveness

- Informational, knowledge-based, or values clarification interventions about alcohol and the problems related to its excessive use, **when used alone**

- Providing blood alcohol content feedback to students
Experiences in Effective Prevention

- U.S. Department of Education:

- Core elements of effectiveness:
  - Exercise leadership
  - Build coalitions
  - Implement strategic planning
  - Choose evidence-based programs
  - Conduct a program evaluation
  - Work toward sustainability
  - Take the long view
Experiences in Effective Prevention: Core Elements of Effectiveness

- Exercise leadership
  - Attributes of effective leadership
  - Sharing responsibility
  - Building on Senior Administrator Support
- Build coalitions
  - Select and recruit members (100 cups of coffee)
  - Building an effective team
  - Sustaining the coalition
- Choose evidence-based programs
  - Literature review
  - Adaptation and innovation
  - Don’t do what doesn’t work
Experiences in Effective Prevention:
Core Elements of Effectiveness

- Implement strategic planning
  - Conduct a problem analysis
  - Establish long-term goals and objectives
  - Consult research, program experience, and theory to identify potential strategies
- Create a strategic plan
- Conduct a program evaluation
  - Process and outcome measures
- Work toward sustainability
  - Link to a larger set of issues
- Take the long view
  - It’s a process, not an event
Field Experiences in Effective Prevention

U.S. Department of Education:
12 campus-based model programs (2005-2007)

Insights on prevention programs, projects, and campaigns:

- Link prevention to the institution’s mission, values, and priorities
- Strategic planning is an ongoing, dynamic process
- Engage the campus community in data collection and evaluation
- Promote student involvement
- Pay attention to strategic timing
- Hone communication skills
Strategic Planning for
Campus Suicide Prevention

SPRC • Suicide Prevention Resource Center
Promoting a public health approach to suicide prevention

Who We Serve

Strategic Planning Model for Campuses

Related Resources
- Health Education Resource Exchange; Behavior Change Theories and Models
- SPRC/AFSP Best Practices Registry
- The Community Tool Box (Chapter 3 and Assessing Community Needs and Resources Toolkit)
- The Community Tool Box (Analyzing Problems and Goals Toolkit)

Related Research
- A psychometric investigation of the suicide opinion questionnaire
- Center for the Study of Collegiate Mental Health (2009) Pilot Study Executive Summary
- Community coalitions for prevention and health promotion
- Community interventions and effective prevention

Campus Examples
- Identifying Common Goals to Broaden Program Ownership

Interventions to promote emotional health and prevent mental health problems should be chosen in the context of a strategic thinking and planning process. Taking the time to define the problem that needs to be addressed and clearly define goals will help to maximize success. Whenever possible, campuses should base their interventions on evidence-based research and best practices. The model above provides guidelines for
SAMHSA’s Efforts – Then, Now, Later

- Technology-based Products Challenge
- Higher Education Summit on Behavioral Health
- Grants
  - Partnerships for Success
  - Drug Free Communities
  - Garrett Lee Smith Campus Suicide Prevention
- Behavioral Health Resource Kit
Technology–based Products to Prevent High-Risk Drinking among College Students Challenge

Why: Excessive and underage drinking among college students are significant public health problems

What: Tech-based products to decrease the acceptability of and engagement in high-risk drinking among college students

Dates: Submission period – May 24 - July 8, 2013
        Winners announced – September 13, 2013
Technology–based Products to Prevent High-Risk Drinking among College Students Challenge

Winners

- First place ($60,000) – Syracuse University
  - BeWise – interactive website re: alcohol poisoning

- Second place ($30,000) – University of Central Florida
  - Expectancy Challenge Alcohol Literacy Curriculum – mobile app

- Third place ($10,000) – University of Tennessee
  - Alcohol and You – Online module for all first-year students
SAMHSA’s Grant Opportunities

- Partnerships for Success
  - Underage drinking among 12-20 age group
  - Rx drug misuse and abuse among 12-25 age group

- Drug Free Communities

- Garrett Lee Smith Campus Suicide Prevention
Summit on Behavioral Health Issues Among College Students

March 16-17, 2015

- 50 attendees from institutions of higher education, states, national organizations, and federal partners
- Examine SAMHSA’s Strategic Initiative #1 and its implications for colleges and universities
- Discuss successes, challenges, and input for the future
Behavioral Health Among College Students
Information and Resource Kit

Sections include:
• Introduction and Overview
• Alcohol Use, Abuse, and Underage Drinking
• Alcohol Access, Availability, and Norms
• Illicit Drug Use and Nonmedical Use of Medications
• Tobacco Use
• Mental Health Issues
• Selected Web-based Prevention Resources
• PowerPoint slides (with speaker notes)
Suicide Safe - Suicide Prevention App

1. Learn the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) approach.
2. Explore interactive case studies.
3. Quickly access and share information (crisis lines, fact sheets, etc.)
4. Browse conversation starters that provide sample language and tips for talking with patients in need of suicide intervention.
5. Locate treatment options and share locations and resources to provide timely referrals for patients.
Core Resources

- [www.stopalcoholabuse.gov](http://www.stopalcoholabuse.gov) – Website of federal resources on underage drinking prevention
- [www.collegedrinkingprevention.gov](http://www.collegedrinkingprevention.gov) – National Institute on Alcohol Abuse and Alcoholism
- [www.thenetwork.ws](http://www.thenetwork.ws) – Network Addressing Collegiate Alcohol and Other Drug Issues
- [www.collegesubstanceabuseprevention.org/index.html](http://www.collegesubstanceabuseprevention.org/index.html) - Coalition of Higher Education Associations for Substance Abuse Prevention
- ED’s Safe and Supportive Learning Environment Technical Assistance Center – includes focus on institutions of higher education ([http://safesupportivelearning.ed.gov/](http://safesupportivelearning.ed.gov/))
Whatever You Do, Do Something! We Can’t Afford for You Not To

- Make BH a priority – prevention, treatment, and recovery
- Engage students, faculty, parents
- Train and educate – MH First Aid or other BH literacy program
- Partner with community – first responders, prevention coalitions, providers, faith community, press, public officials, other schools
- Inventory resources – health units, faculty, materials
- Make available treatment, sober housing and social activities, BH and recovery support groups, opportunities to talk about it
- Practice responses – help students and faculty know what to do
- Don’t be afraid to test options and make changes
- Use SAMHSA and its resources!
Questions and Discussion