

Meeting of the Center for Substance Abuse Prevention (CSAP) National Advisory Council (NAC)

SAMHSA Headquarters
Conference Room 16SEH02

April 29, 2019
12:00pm – 5:00pm



SAMHSA
Substance Abuse and Mental Health
Services Administration

DIAL-IN NUMBER

888-398-6901

Public Passcode:
1320907

Public Agenda

- 12:00 p.m.** **Call Meeting to Order**
Matthew J. Aumen, Designated Federal Officer, CSAP NAC
- 12:00 p.m.** **Welcome, Introductions, and Opening Remarks**
Luis Vasquez, Council Chair; and Acting Director, CSAP
- 12:15 p.m.** **Approval of August 2018 Meeting Minutes**
CSAP NAC Members
- 12:30 p.m.** **NAC Member Round-Robin**
CSAP NAC Members
- 1:15 p.m.** **BREAK**
- 1:30 p.m.** **Prevention Technology Transfer Centers**
Holly Hagle & Laurie Krom, PTTC Network Coordinating Office
Scott Gagnon, CSAP NAC Member; Project Director, New England PTTC

Public Agenda Continued

- 2:30 p.m.** **NAC August Workforce Recommendations & SAMHSA Strategic Plan Discussion**
Luis Vasquez, Council Chair; and Acting Director, CSAP
- 3:15 p.m.** **BREAK**
- 3:30 p.m.** **National Survey on Drug Use and Health - Update**
Rachel Lipari, Statistician, CBHSQ
- 4:15 p.m.** **Publications Update and National Prevention Week**
Nel Nadal & David Wilson, Materials Development Team, CSAP
- 4:45 p.m.** **Public Comment**
- 4:50 p.m.** **Wrap-up**
Richard Carmi, Deputy Director, CSAP
- 5:00 p.m.** **ADJOURNMENT**

Call Meeting to Order

Matthew J. Aumen
Designated Federal Officer
CSAP NAC

CSAP National Advisory Council Meeting
Rockville, MD — April 29, 2019



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Welcome, Introductions, and Opening Remarks

Luis Vasquez

Council Chair and Acting Director

CSAP

CSAP National Advisory Council Meeting
Rockville, MD — April 29, 2019



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Welcome, Introductions, and Opening Remarks



Luis “Lucho” Vasquez
Council Chair and Acting Director
Center for Substance Abuse Prevention

Approval of August 2018 Meeting Minutes

CSAP NAC Members

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SAMHSA
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NAC Member Round-Robin

CSAP NAC Members

CSAP National Advisory Council Meeting
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Break

1:15 p.m. – 1:30 p.m.
(Scheduled)

CSAP National Advisory Council Meeting
Rockville, MD — April 29, 2019



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Prevention Technology Transfer Centers

Holly Hagle & Laurie Krom
PTTC Network Coordinating Office

Scott Gagnon
CSAP NAC Member
Project Director, New England PTTC

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INTRODUCTION TO SAMHSA'S TECHNOLOGY TRANSFER CENTERS



Technology Transfer Centers (TTC)

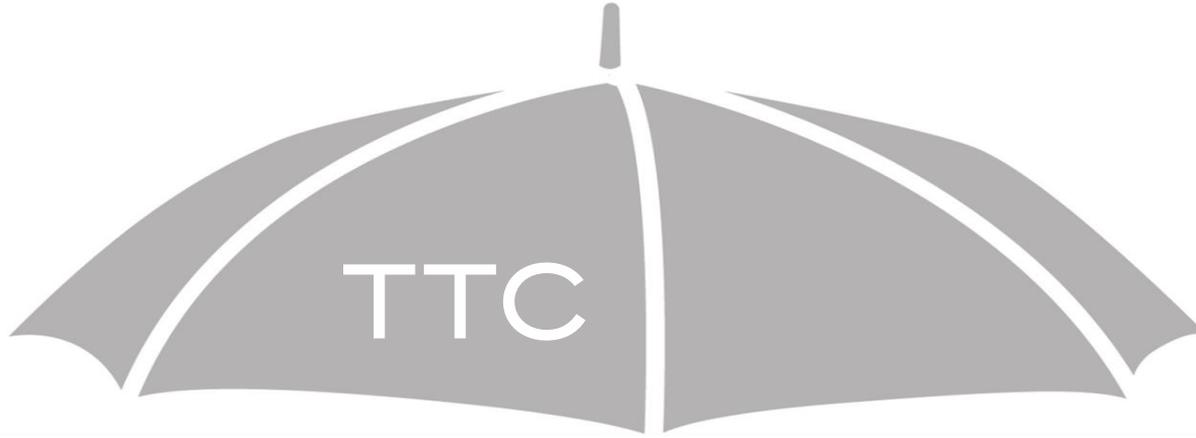
Purpose



The purpose of the Technology Transfer Centers (TTC) program is to ***develop and strengthen*** the ***specialized behavioral healthcare and primary healthcare workforce*** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.



Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services.



TTC Technology Transfer Centers
Funded by Substance Abuse and Mental Health Services Administration

Each TTC Network Includes 13 Centers*

- Network Coordinating Office
- National American Indian and Alaska Native Center
- National Hispanic and Latino Center
- 10 Regional Centers (aligned with HHS regions)

*ATTC Network also includes
6 international HIV Centers funded by
the President's Plan for AIDS Relief



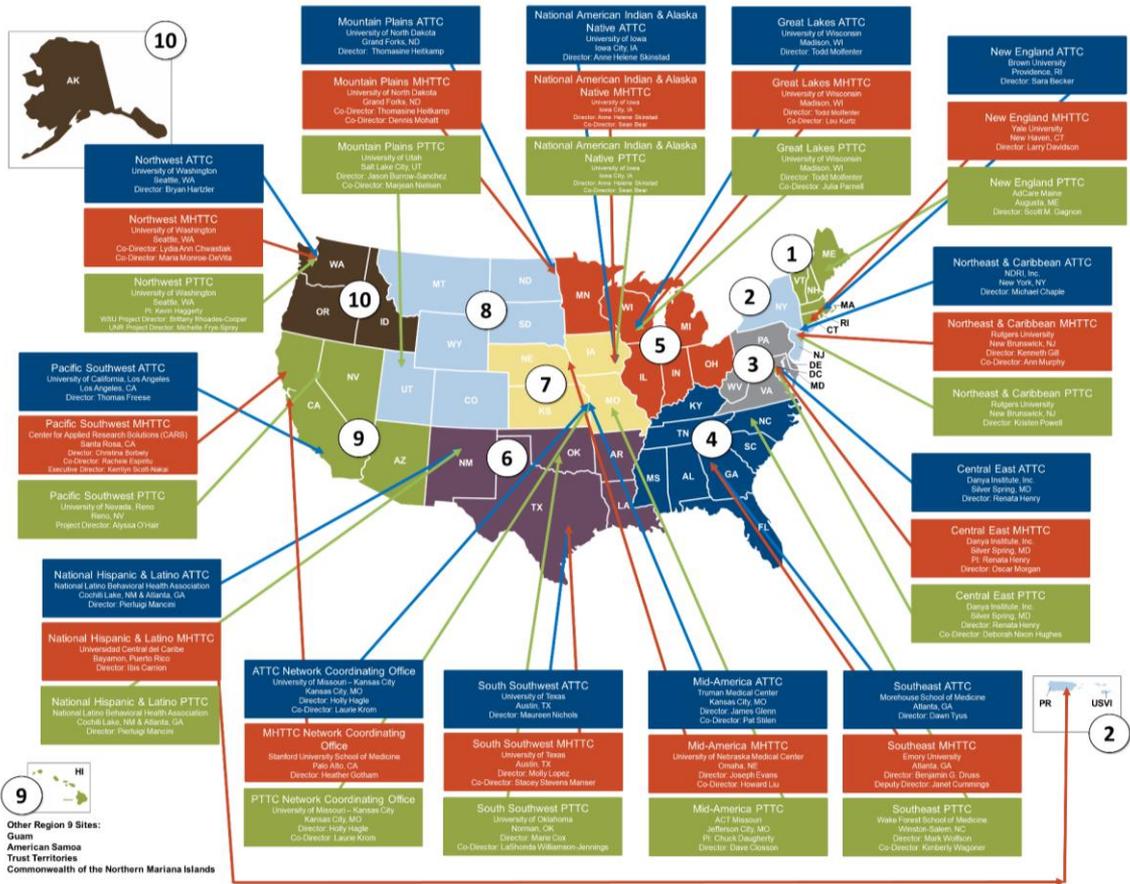
ATTC



MHTTC



PTTC



*Map not to scale

SAMHSA's Vision for TTC Operation: Network Coordinating Offices



- Network wide coordination
- Nationwide activities coordination
- Main platform for training access
- Liaison for national and international focused activities

SAMHSA's Vision for TTC Operation: National Population-Specific Centers

- Serve as subject matter experts for specific populations nationally
- Support national stakeholders/entities that focus on specific populations
- Provide support for regional TTCs on issues related to specific populations
- Collaborate with NCO for nationwide activities

SAMHSA's Vision for TTC Operation: Regional Centers

- Develop and implement regional approach for workforce development activities
- Coordinate with NCO for nationwide activities
- Coordinate with National TTCs to support specific populations in regions
- Collaborate with SAMHSA Regional Administrators to support the region



PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Overview of Prevention Technology Transfer Centers (PTTC) Network

Purpose



Improve implementation and delivery of effective substance abuse prevention interventions



Provide training and technical assistance services to the substance abuse prevention field

- Tailored to meet the needs of recipients and the prevention field
- Based in prevention science and use evidence-based and promising practices
- Leverage the expertise and resources available through the alliances formed within and across the HHS regions and the PTTC Network.



Develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts

Provide intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of

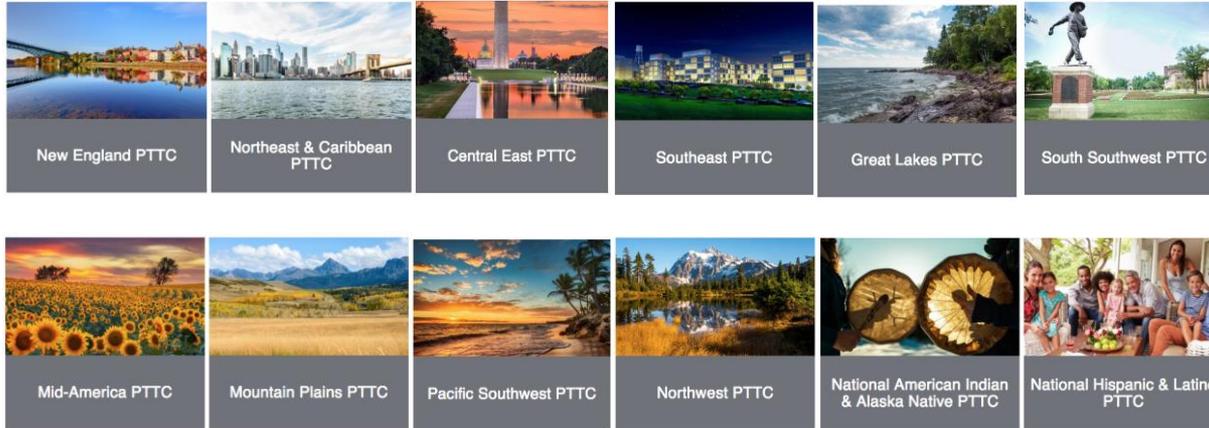
- prevention science,
- how to use epidemiological data to guide prevention planning, and
- selection and implementation of evidence-based and promising prevention practices.

Develop tools and resources to engage the next generation of prevention professionals.



The 2019-2023 PTTC Network is comprised of:

10 US-based Regional Centers, 1 National American Indian and Alaska Native PTTC,
1 National Hispanic and Latino PTTC, and 1 Network Coordinating Office

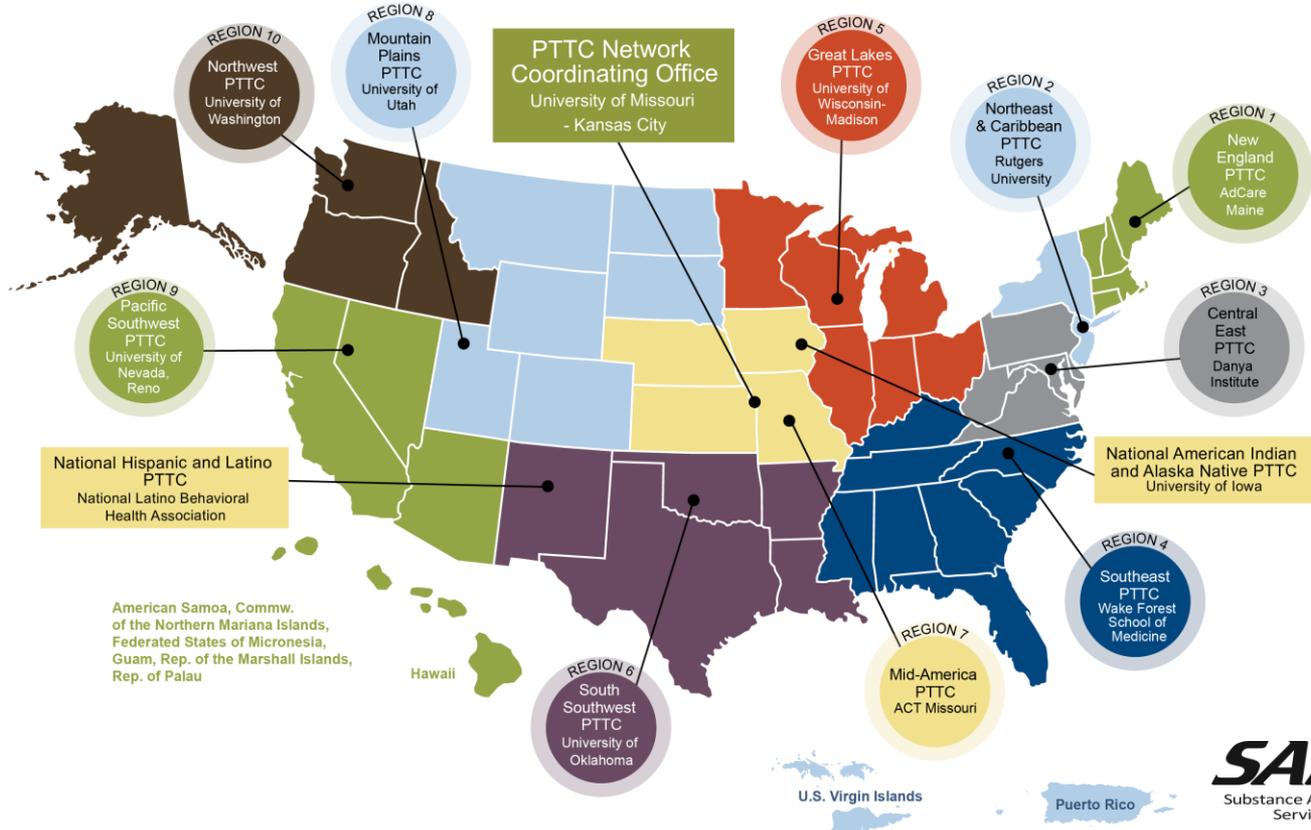


PTTC Network



PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

PTTC Network



Select Planned Projects Across Network

NCO working with CSAP to obtain resources developed by CAPT to make those resources available through PTTC Network website

PTTC National & Regional Centers:

- Conducting needs assessments
- Learning Series – ex. Community activated prevention
- Online courses and webinars
- Tool kits and manualized interventions addressing important & emerging issues – marijuana, cultural intelligence, naloxone education, SBIRT, and implementation strategies



Prevention Technology Transfer Center

The screenshot shows the PTTC website homepage. At the top, there is a green navigation bar with the PTTC logo and the text "Prevention Technology Transfer Center Network" and "Funded by Substance Abuse and Mental Health Services Administration". Below the navigation bar are five menu items: "YOUR PTTC", "EDUCATION", "RESOURCES", "COMMUNICATION", and "ABOUT", each with a dropdown arrow. The main content area features a large image of a woman with glasses and a red headband looking at a laptop. Overlaid on the image is a dark grey box with the text "HealtheKnowledge.org Online Learning" and "Free and Low Cost Continuing Education for Healthcare Providers". To the left of the image is a small dark box with "HealtheKnowledge.org". Below the image are three dark grey boxes with white text and icons. The first box is titled "GET CONNECTED!" and contains the text "View 'News' from across the Network to stay up to date!" and a "READ NEWS" button with a hand cursor icon. The second box is titled "GET INFORMED!" and contains the text "Search our Products & Resources Catalog to find tools you can use to improve services!" and a "SEARCH PRODUCTS" button with a magnifying glass icon. The third box is titled "GET TRAINED!" and contains the text "Search our calendar of upcoming trainings and events to find a training to fit your needs!" and a "SEARCH EVENTS" button with a calendar icon.





New England (HHS Region 1)

PTTC

Prevention Technology Transfer Center Network

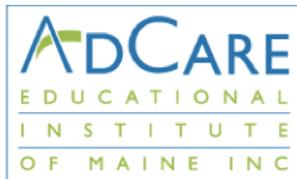
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New England Prevention Technology Transfer Center

Scott M. Gagnon, MPP, PS-C

Director, New England Prevention Technology Transfer Center

Director of Operations, AdCare Educational Institute of Maine, Inc.



The New England PTTC Partner Organizations

- Administration and Coordination: AdCare Educational Institute of Maine, Inc.
- Evaluation: Public Consulting Group
- Distance Learning Management: Co-Occurring Collaborative Serving Maine



New England (HHS Region 1)

PTTC

Prevention Technology Transfer Center Network
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New England PTTC Staff

- Director – Scott M. Gagnon, MPP, PS-C (AdCare Maine)
- Training & Outreach Coordinator – Erin Dunne (AdCare Maine)
- Distance Learning Coordinator – Terrance Sprague (CCSME)
- New England PTTC Evaluator – Megan Hawkes (Public Consulting Group)



New England (HHS Region 1)

PTTC

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Goals and Objectives

- Goal 1 – Increase the capacity of the New England prevention workforce to use prevention research to prevent and reduce SUDs
 - Build alliances with New England prevention professionals, researchers, state systems & other prevention stakeholders
 - Conducting assessment of skills and training needs of NE workforce
 - Developing and delivering in-person and distance learning trainings
 - Develop and disseminate prevention tools, references, & resources to aid putting prevention research into practice
 - Intensive technical assistance services to facilitate the implementation of prevention science

Goals and Objectives

- Goal 2 – Increase the capacity of the New England prevention workforce to utilize core prevention skill sets in the prevention of SUDs
 - Develop in-state capacities to offer training in core skill set areas (e.g. SAPST, ethics, advanced ethics, etc.)
 - Develop advanced level courses for the more experienced workforce
 - Develop and implement program to promote prevention education and career paths to New England high school and college students

What we've been working on...

- Launching the website: pttcnetwork.org/NewEngland
- Planning the New England prevention workforce assessment
- Continued outreach to build network and partnerships
- Planning Distance Learning courses and live webinars
 - Toxic stress
 - Training on effective prevention presentations
 - Teaching the SAPST at a University
 - Presentation by New England Poison Centers

Emerging Themes

Support for SAPST	Communication & Messaging
Ethics and Advanced Ethics	18 – 25/ College and non-college populations
Advanced Level Trainings	Vaping
Upstreaming Prevention	Substance use and older adults
Promoting Primary Prevention	Promoting prevention careers
Sustainability	LGBTQ
Leadership development	Health disparities
Prevention organization management	Prevention in rural settings
Marijuana science & prevention	Policy
Evaluation/Measuring impact of prevention	Networking – sharing successes



New England (HHS Region 1)

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New England PTTC projects

- Mentoring services for Substance Abuse Prevention Skills Training (SAPST) instructors – Vermont
- Tip sheet for prevention approach to addressing emerging drug trends – New Hampshire
- CADCA two-day training on building prevention-medical community partnership to address OUDs – Maine (June 13th & 14th in Portland, Maine)
- Training development: marijuana prevention, prevention messaging, SUD and elder populations, prevention and brain science

Other Projects in Early Phases

- Developing a pilot mentoring program for prevention professionals
- Developing advanced prevention training to co-locate with New England Best Practices School
- Developing a prevention skills refresher training



New England (HHS Region 1)

PPTC

Prevention Technology Transfer Center Network

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New England TTC Collaboration

ATTC

MHTTC

PTTC

The three TTCs in New England are actively working in collaboration on multiple initiatives

- New England Leadership Development Program
- New England School of Addiction and Prevention Studies
- Training on opiate prevention & treatment in rural settings

Questions for NAC Members

- Have you connected with the PTTC serving your region, or one of the national specialty PTTCs? Share your experience.
- What are the opportunities for the NAC and PTTC Network and regional centers to collaborate?
- What are national prevention workforce development priorities that the PTTC Network should be involved in addressing or advancing?

Contact Info & Website

- New England PTTC
- AdCare Educational Institute of Maine, Inc.
- 6 E Chestnut Street, Suite 101
- Augusta, ME 04330
- newengland@pttcnetwork.org
- sgagnon@adcareme.org

- Website: pttcnetwork.org/NewEngland



New England (HHS Region 1)

PTTC

Prevention Technology Transfer Center Network

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NAC August Workforce Recommendations & SAMHSA Strategic Plan Discussion

Luis Vasquez

Council Chair and Acting Director

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Recommendation #1

Beginning in Fiscal Year 2022, require, in all SAMHSA prevention Funding Opportunity Announcements (FOAs), that all project director and coordinator staff, current and newly hired to implement prevention programming, have achieved base level prevention skill set training. CSAP NAC recommends the base level prevention skill set be defined as completing the Substance Abuse Prevention Skills Training (SAPST), or SAMHSA approved equivalent, and six hours of prevention ethics training.

Recommendation #2

Engage communities and other stakeholders in efforts to promote prevention careers and expand the prevention workforce across the spectrum of behavioral health, which includes prevention, treatment, and recovery, by supporting activities including educational campaigns, training within minority fellowship programs and prevention fellows programs, and pre-service recruitment at the secondary, collegiate, and post-graduate levels.

Moving Forward Discussion

1. Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services.
2. Addressing Serious Mental Illness and Serious Emotional Disturbances.
3. Advancing Prevention, Treatment, and Recovery Support Services for Substance Use.
4. Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation.
- 5. Strengthening Health Practitioner Training and Education.**

Promote prevention careers and expand the prevention workforce through:

- Campaigns
- Training within minority fellowship programs and prevention fellows programs
- Pre-service recruitment at the secondary, collegiate, and post-graduate levels
- Other activities

Next Steps

- Work group members
- Tasks
- Timeframe
- Deliverable

Break

3:15 p.m. – 3:30 p.m.
(Scheduled)

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National Survey on Drug Use and Health - Update

Rachel Lipari
Statistician
CBHSQ

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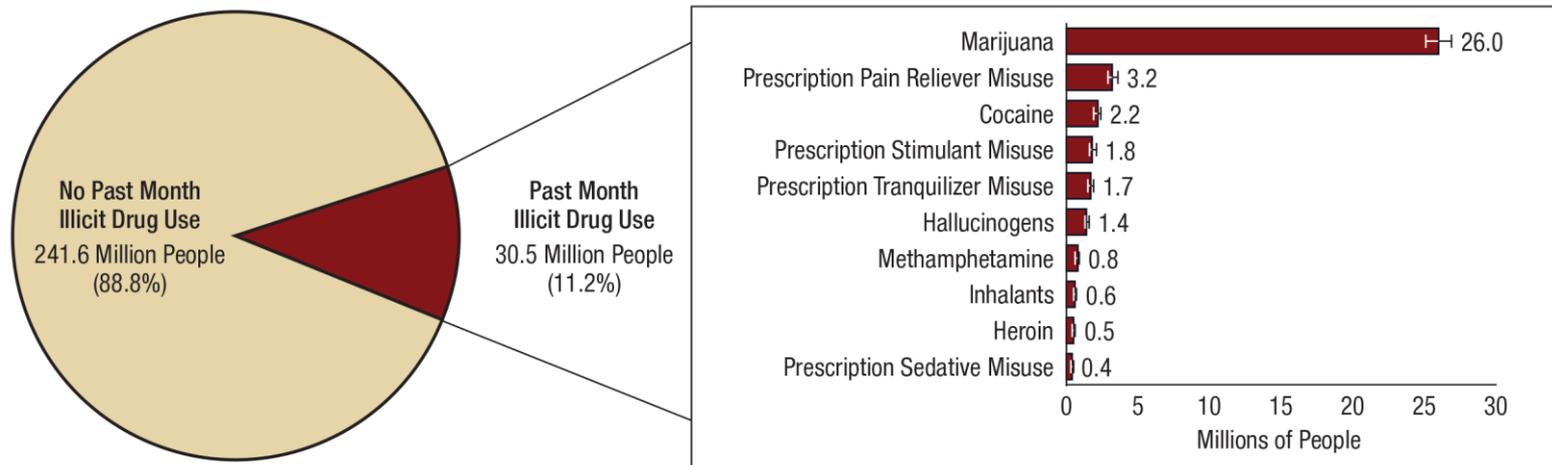


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National Survey on Drug Use and Health (NSDUH) Overview

- Covers the civilian, noninstitutionalized population, aged 12 or older:
 - Includes: Households, college dorms, homeless in shelters, civilians on military bases
 - Excludes: Active military, long-term hospital residents, prison populations, homeless not in shelters
- Sample includes all 50 states and DC
- Approximately 67,500 persons are interviewed annually
- Data collected from January to December
- Designed to obtain accurate responses for substance use and mental health
 - Ensures survey responses are not linked to personally identifying information
 - Data collection techniques encourage accurate reporting of sensitive information

Numbers of Past Month Illicit Drug Users among People Aged 12 or Older: 2017



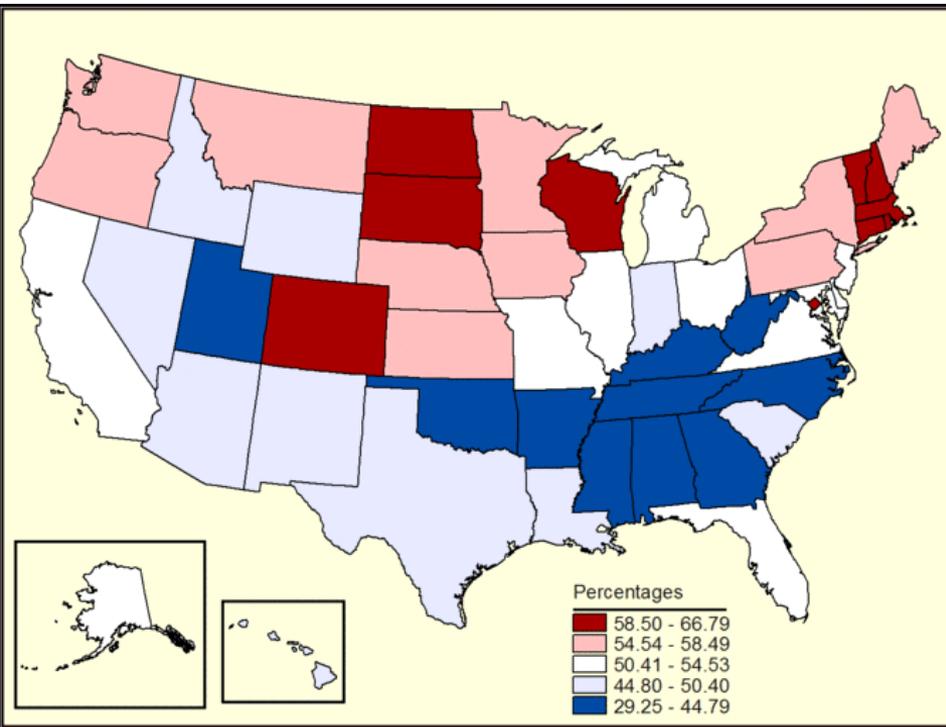
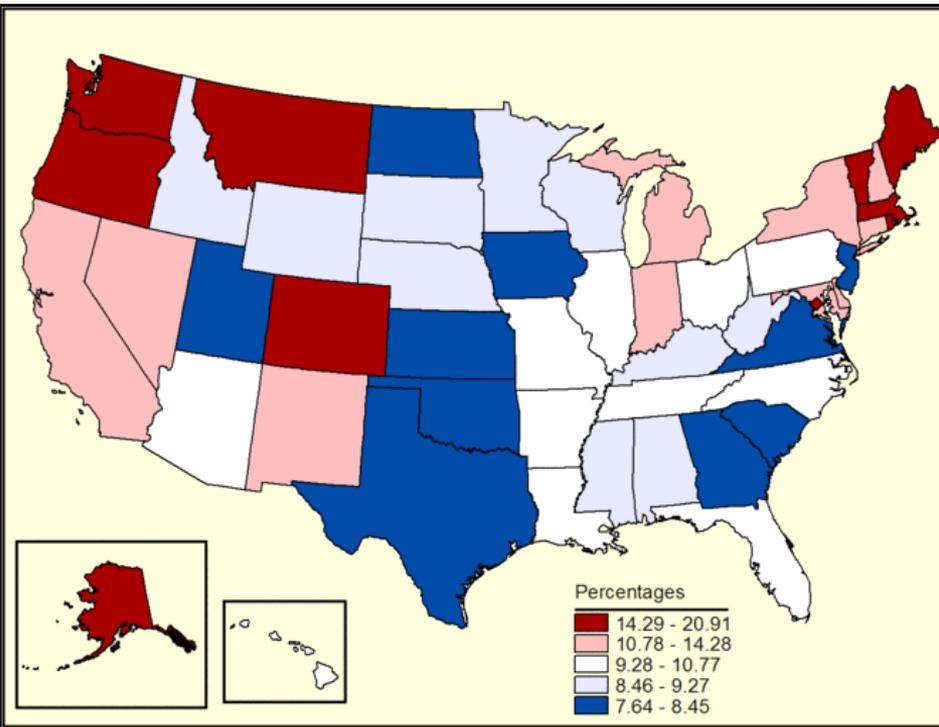
Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

Note: The estimated numbers of current users of different illicit drugs are not mutually exclusive because people could have used or misused more than one type of illicit drug in the past month.

Illicit Drug and Alcohol Use in the Past Month among Individuals Aged 12 or Older, by State: Percentages, Annual Averages Based on 2016 and 2017

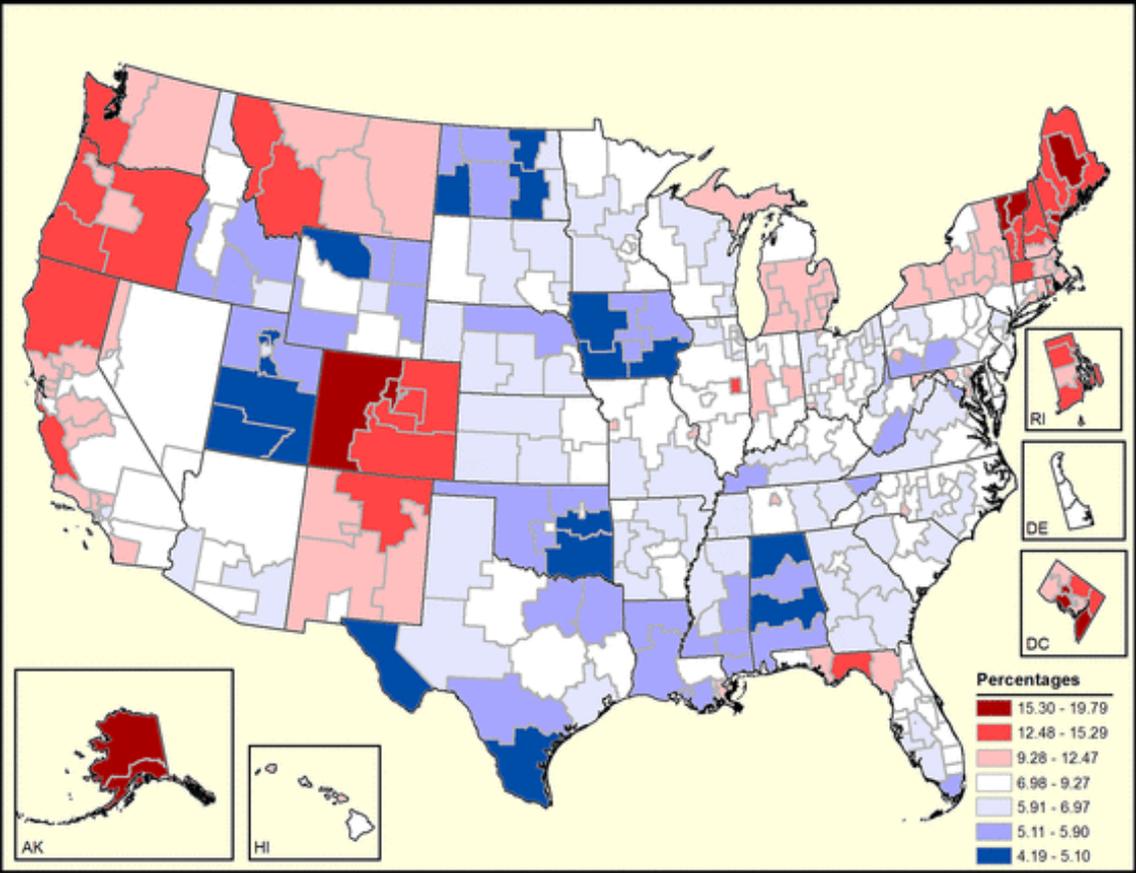
Illicit Drug Use

Alcohol Use



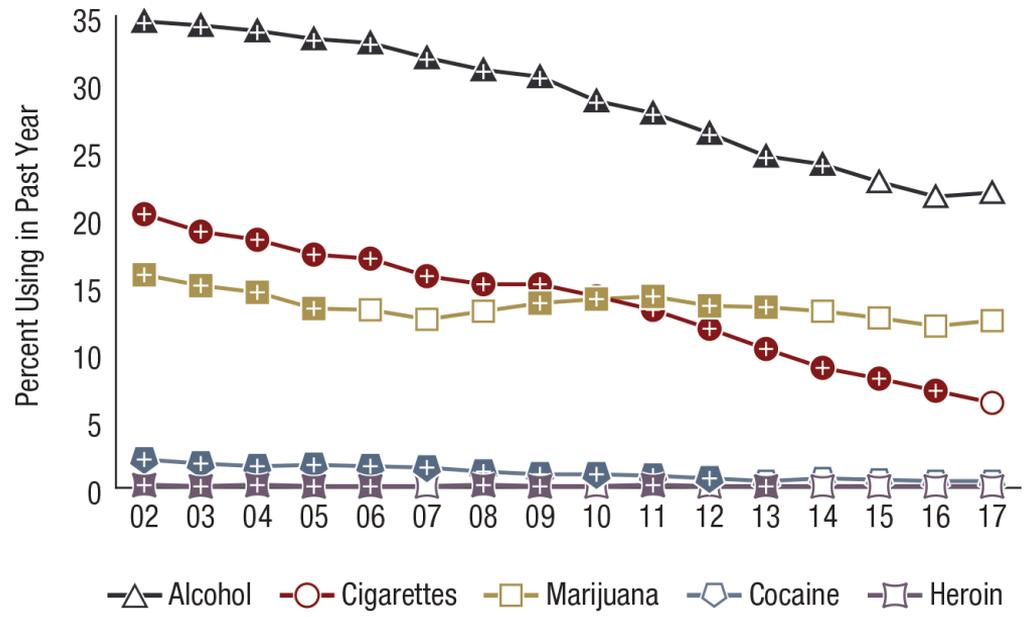
Note: Differences in color do not indicate significant differences. No tests of difference were conducted.

Marijuana Use in the Past Month among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2014, 2015, and 2016



Note: Differences in color do not indicate significant differences. No tests of difference were conducted.

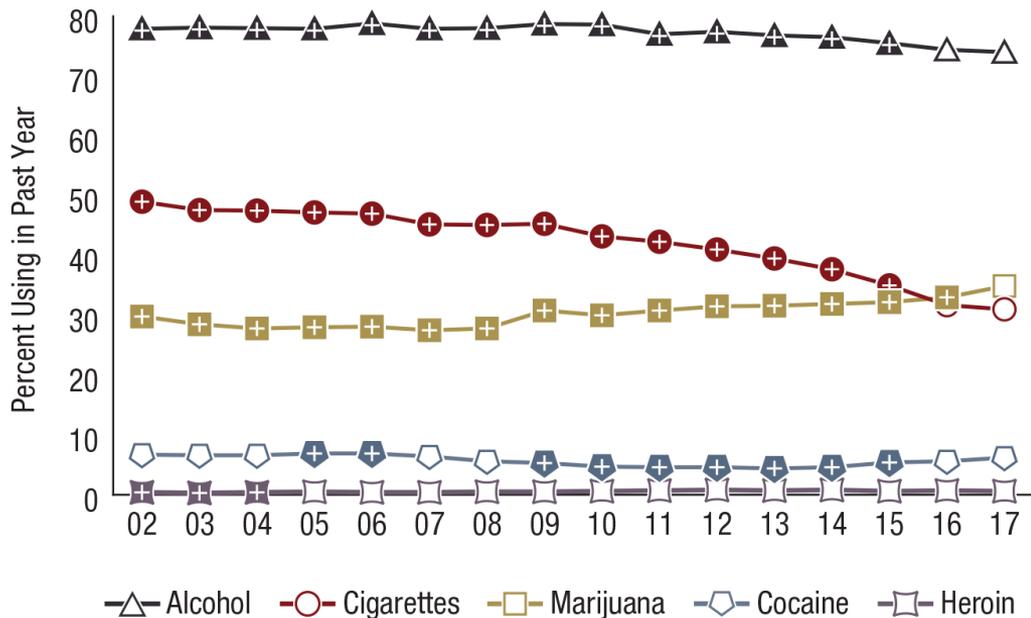
Past Year Substance Use among Youths Aged 12 to 17: Percentages, 2002-2017



Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Alcohol	34.6 ⁺	34.3 ⁺	33.9 ⁺	33.3 ⁺	33.0 ⁺	31.9 ⁺	31.0 ⁺	30.5 ⁺	28.7 ⁺	27.8 ⁺	26.3 ⁺	24.6 ⁺	24.0 ⁺	22.7	21.6	21.9
Cigarettes	20.3 ⁺	19.0 ⁺	18.4 ⁺	17.3 ⁺	17.0 ⁺	15.7 ⁺	15.1 ⁺	15.1 ⁺	14.2 ⁺	13.2 ⁺	11.8 ⁺	10.3 ⁺	8.9 ⁺	8.1 ⁺	7.2 ⁺	6.3
Marijuana	15.8 ⁺	15.0 ⁺	14.5 ⁺	13.3 ⁺	13.2	12.5	13.1	13.7 ⁺	14.0 ⁺	14.2 ⁺	13.5 ⁺	13.4 ⁺	13.1	12.6	12.0	12.4
Cocaine	2.1 ⁺	1.8 ⁺	1.6 ⁺	1.7 ⁺	1.6 ⁺	1.5 ⁺	1.2 ⁺	1.0 ⁺	1.0 ⁺	0.9 ⁺	0.7 ⁺	0.5	0.7	0.6	0.5	0.5
Heroin	0.2 ⁺	0.1 ⁺	0.2 ⁺	0.1 ⁺	0.1 ⁺	0.1	0.2 ⁺	0.1 ⁺	0.1	0.2 ⁺	0.1	0.1 ⁺	0.1	0.1	0.1	0.1

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Past Year Substance Use among Young Adults Aged 18 to 25: Percentages, 2002-2017

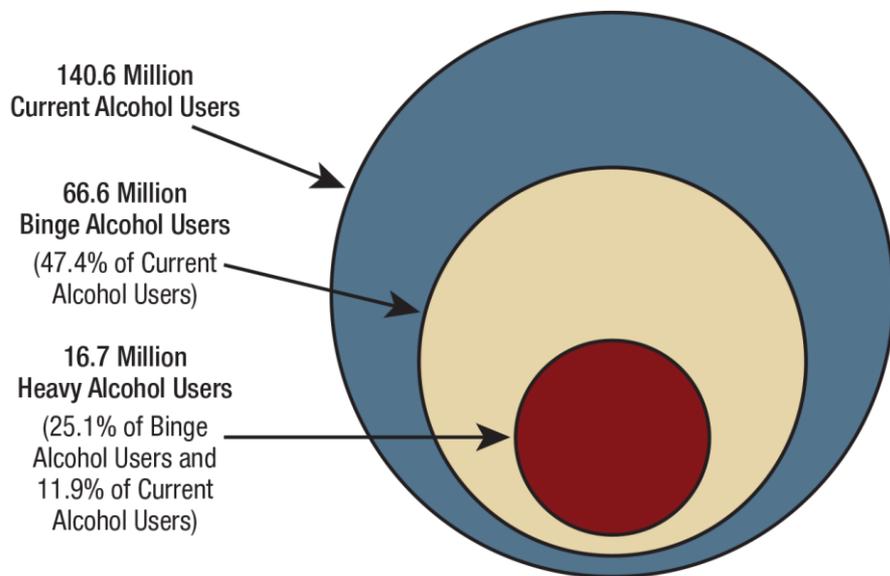


Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Alcohol	77.9 ⁺	78.1 ⁺	78.0 ⁺	77.9 ⁺	78.8 ⁺	77.9 ⁺	78.0 ⁺	78.7 ⁺	78.6 ⁺	77.0 ⁺	77.4 ⁺	76.8 ⁺	76.5 ⁺	75.5 ⁺	74.4	74.0
Cigarettes	49.0 ⁺	47.6 ⁺	47.5 ⁺	47.2 ⁺	47.0 ⁺	45.2 ⁺	45.1 ⁺	45.3 ⁺	43.2 ⁺	42.3 ⁺	41.0 ⁺	39.5 ⁺	37.7 ⁺	35.0 ⁺	31.7	31.0
Marijuana	29.8 ⁺	28.5 ⁺	27.8 ⁺	28.0 ⁺	28.1 ⁺	27.5 ⁺	27.8 ⁺	30.8 ⁺	30.0 ⁺	30.8 ⁺	31.5 ⁺	31.6 ⁺	31.9 ⁺	32.2 ⁺	33.0 ⁺	34.9
Cocaine	6.7	6.6	6.6	6.9 ⁺	6.9 ⁺	6.4	5.6	5.3 ⁺	4.7 ⁺	4.6 ⁺	4.6 ⁺	4.4 ⁺	4.6 ⁺	5.4 ⁺	5.6	6.2
Heroin	0.4 ⁺	0.3 ⁺	0.4 ⁺	0.5	0.4	0.4	0.5	0.5	0.6	0.7	0.8	0.7	0.8	0.6	0.7	0.6

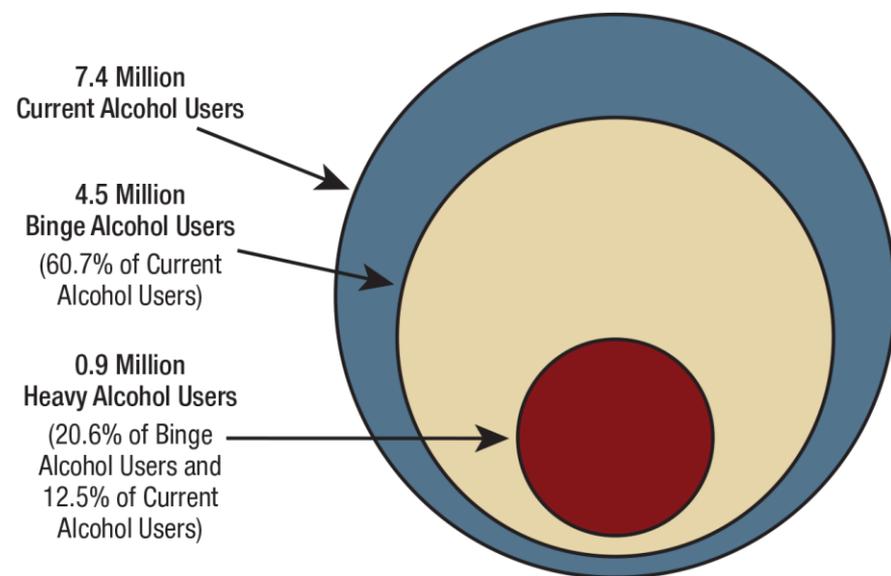
+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Current, Binge, and Heavy Alcohol Use: 2017

People Aged 12 or older

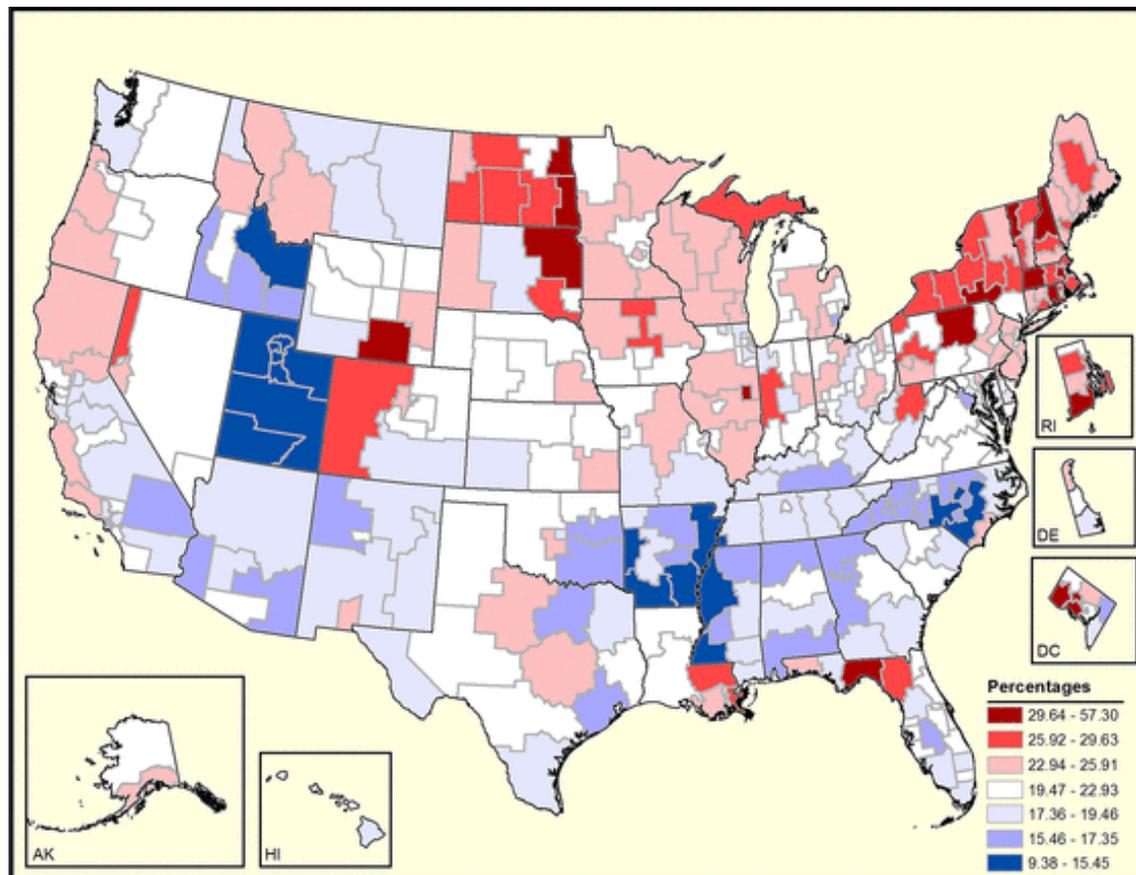


People Aged 12 to 20

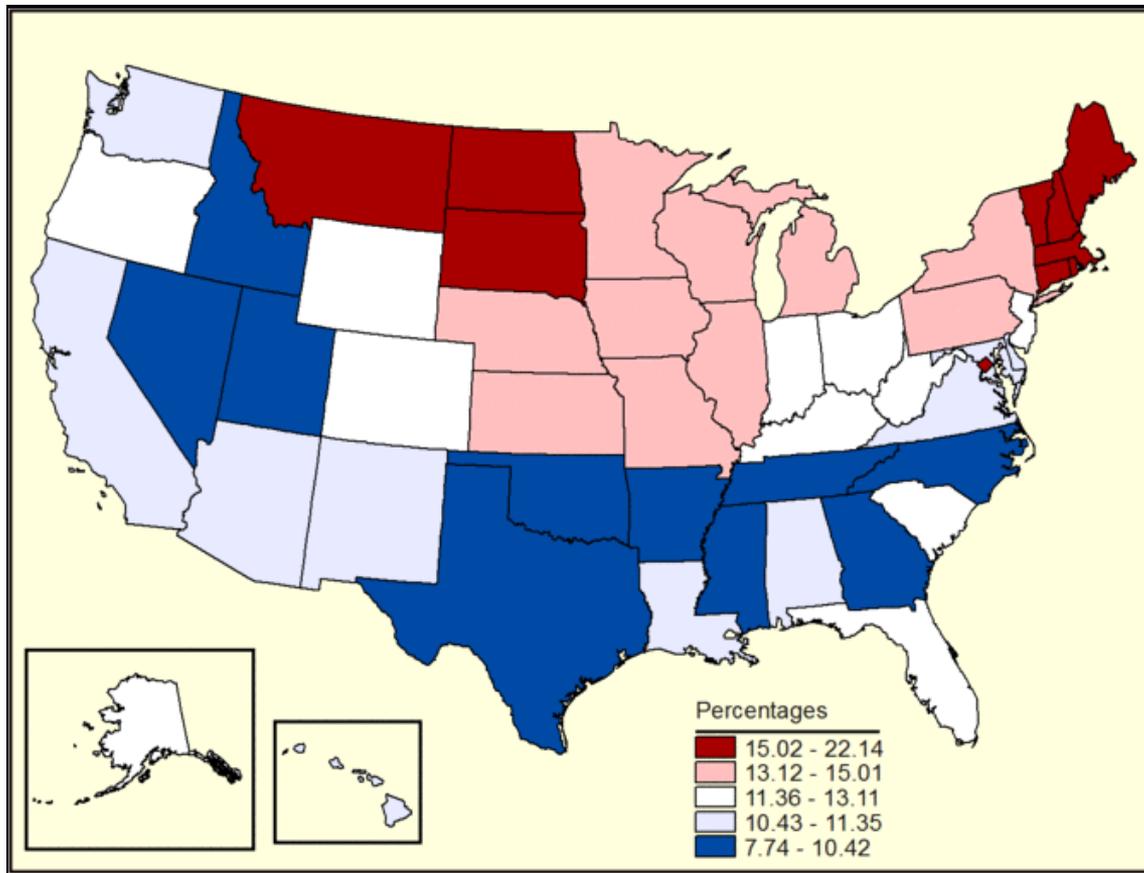


Note: Since 2015, the threshold for determining binge alcohol use for males is consuming five or more drinks on an occasion and for females is consuming four or more drinks on an occasion.

Alcohol Use in the Past Month among Individuals Aged 12 to 20, by Substate Region: Percentages, Annual Averages Based on 2014, 2015, and 2016

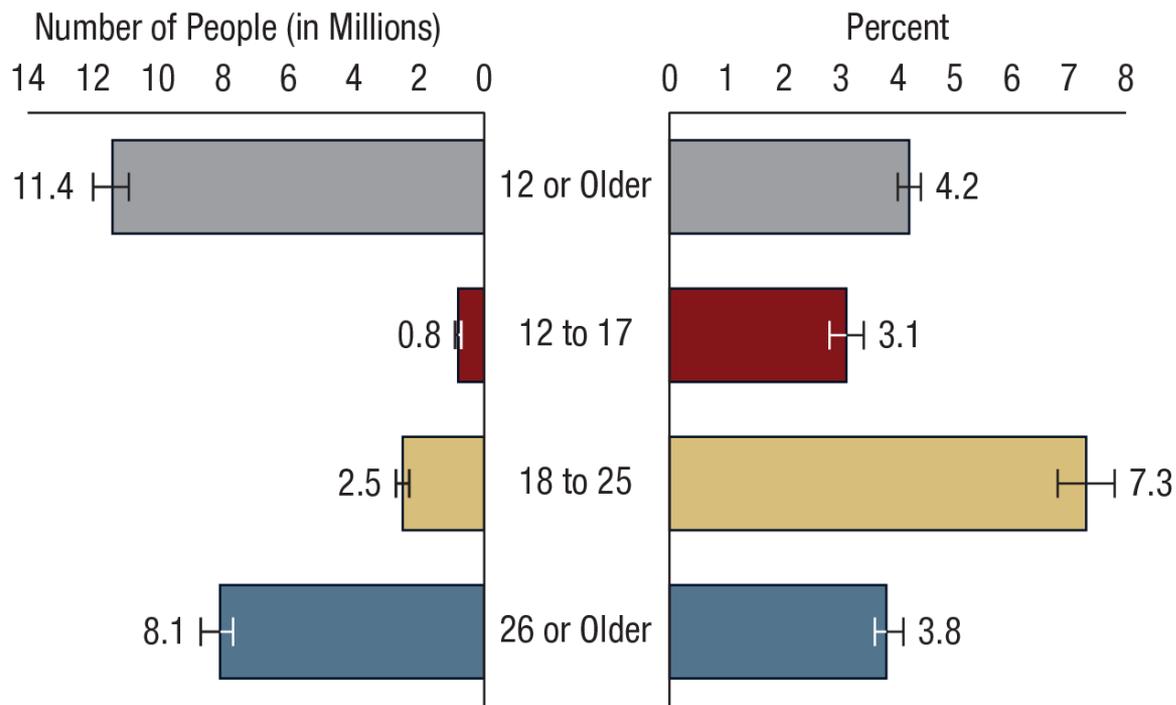


Binge Alcohol Use in the Past Month among Youths Aged 12 to 20, by State: Percentages. Annual Averages Based on 2016 and 2017



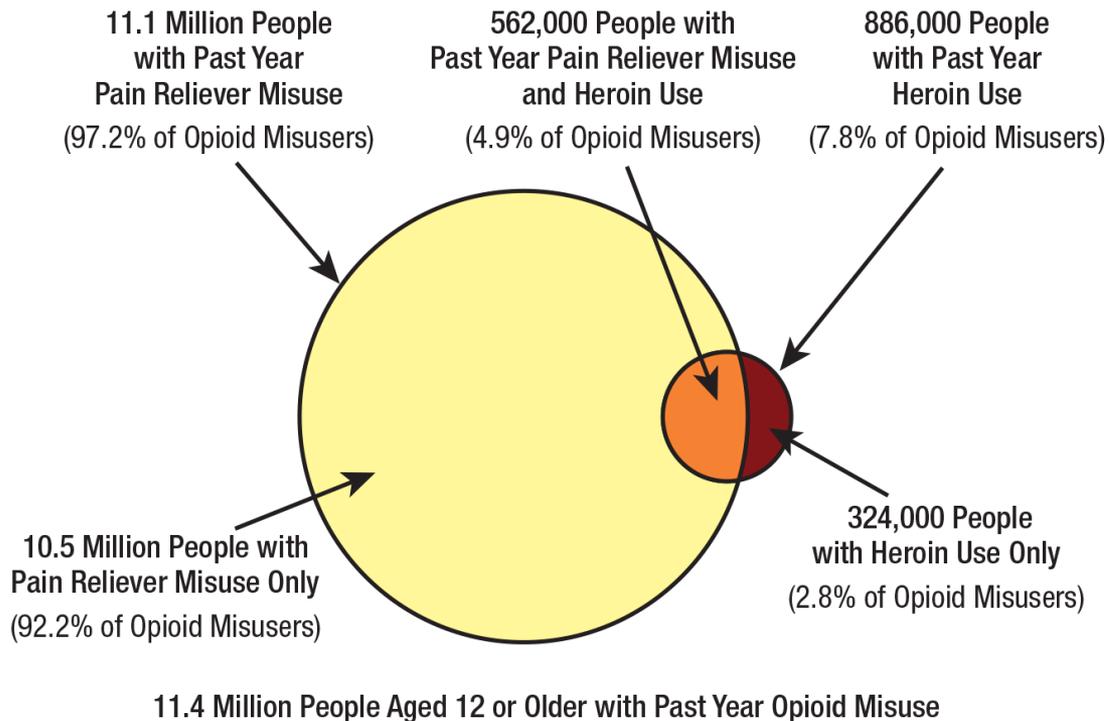
Note: Differences in color do not indicate significant differences. No tests of difference were conducted.

Past Year Opioid Misuse among People Aged 12 or Older, by Age Group: 2017



Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.

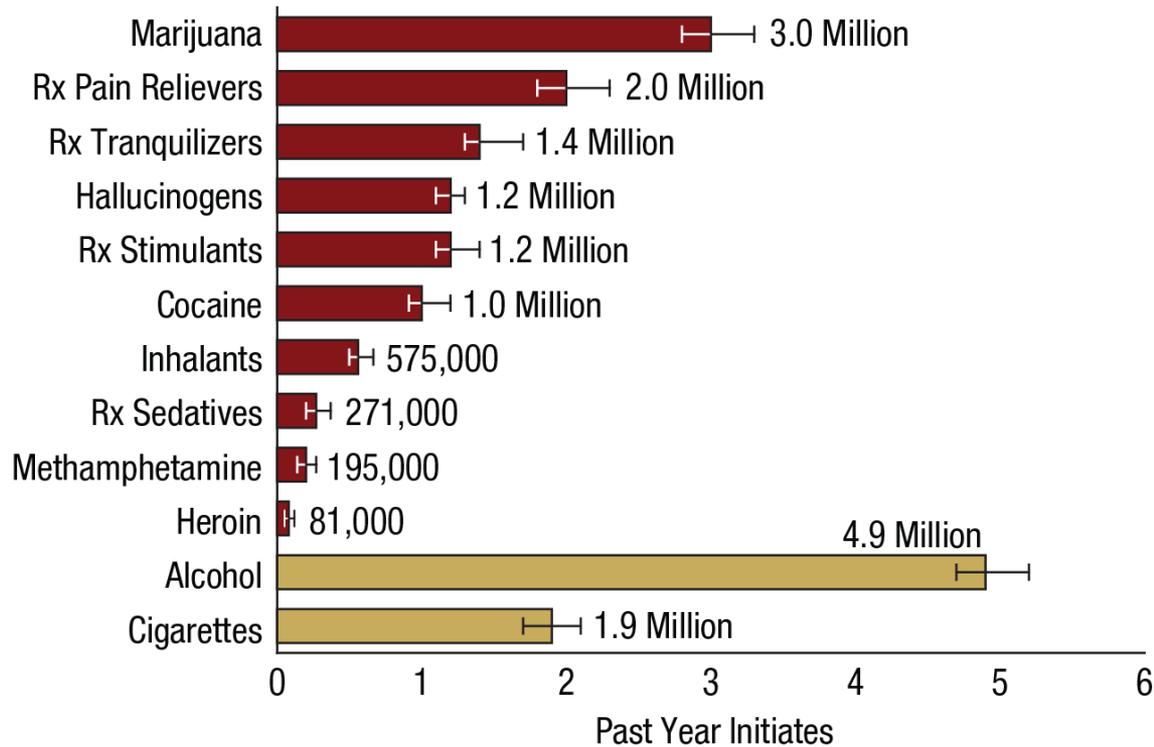
Past Year Opioid Misuse among People Aged 12 or Older: 2017



Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.

Note: The percentages do not add to 100 percent due to rounding.

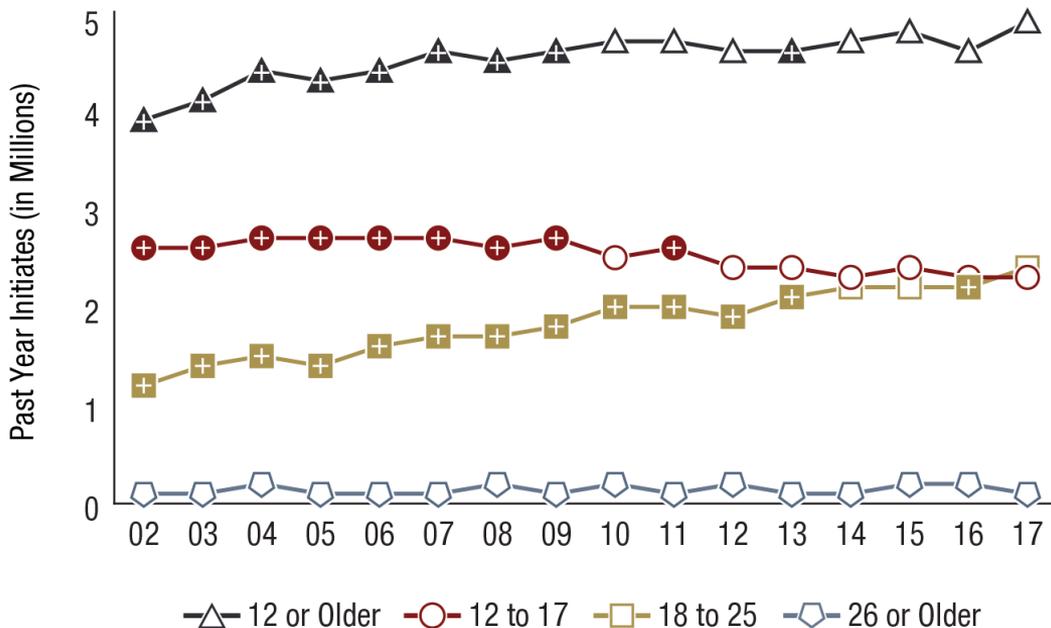
Numbers of Past Year Initiates of Substances among People Aged 12 or Older: 2017



Rx = prescription.

Note: Estimates for prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives are for the initiation of misuse.

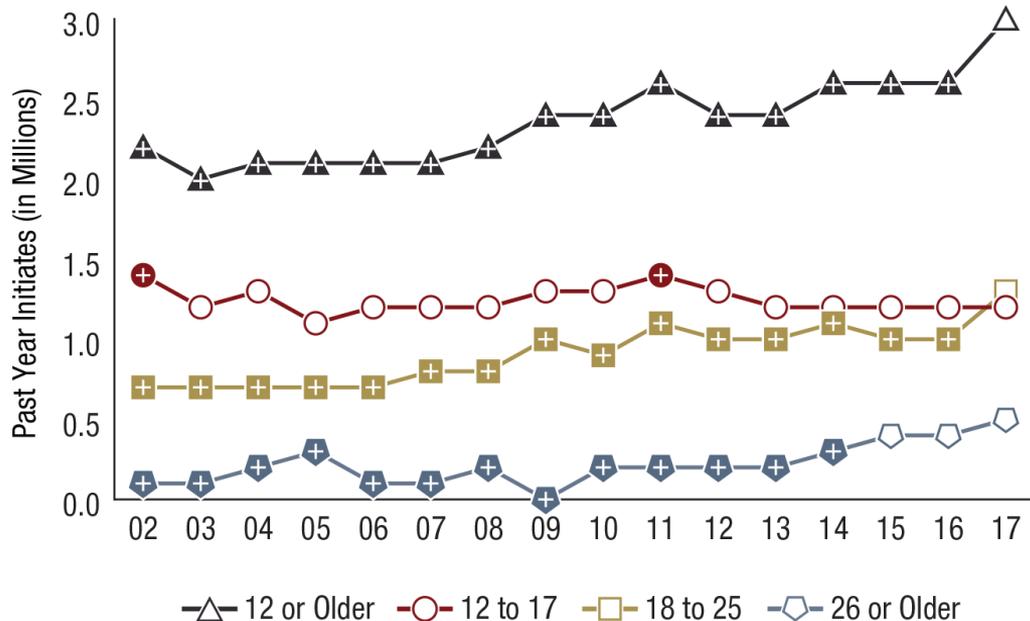
Past Year Alcohol Initiates among People Aged 12 or Older, by Age Group (in Millions): 2002-2017



Age Group	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
12 or Older	3.9 ⁺	4.1 ⁺	4.4 ⁺	4.3 ⁺	4.4 ⁺	4.6 ⁺	4.5 ⁺	4.6 ⁺	4.7	4.7	4.6	4.6 ⁺	4.7	4.8	4.6	4.9
12 to 17	2.6 ⁺	2.6 ⁺	2.7 ⁺	2.7 ⁺	2.7 ⁺	2.7 ⁺	2.6 ⁺	2.7 ⁺	2.5	2.6 ⁺	2.4	2.4	2.3	2.4	2.3	2.3
18 to 25	1.2 ⁺	1.4 ⁺	1.5 ⁺	1.4 ⁺	1.6 ⁺	1.7 ⁺	1.7 ⁺	1.8 ⁺	2.0 ⁺	2.0 ⁺	1.9 ⁺	2.1 ⁺	2.2	2.2	2.2 ⁺	2.4
26 or Older	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.2	0.1	0.2	0.1	0.1	0.1	0.2	0.1
Mean Age at First Use	16.6 ⁺	16.4 ⁺	16.4 ⁺	16.4 ⁺	16.6 ⁺	16.8 ⁺	17.0 ⁺	16.9 ⁺	17.1 ⁺	17.1 ⁺	17.4	17.3	17.3 ⁺	17.6	17.4	17.6

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Past Year Marijuana Initiates among People Aged 12 or Older, by Age Group (in Millions): 2002-2017

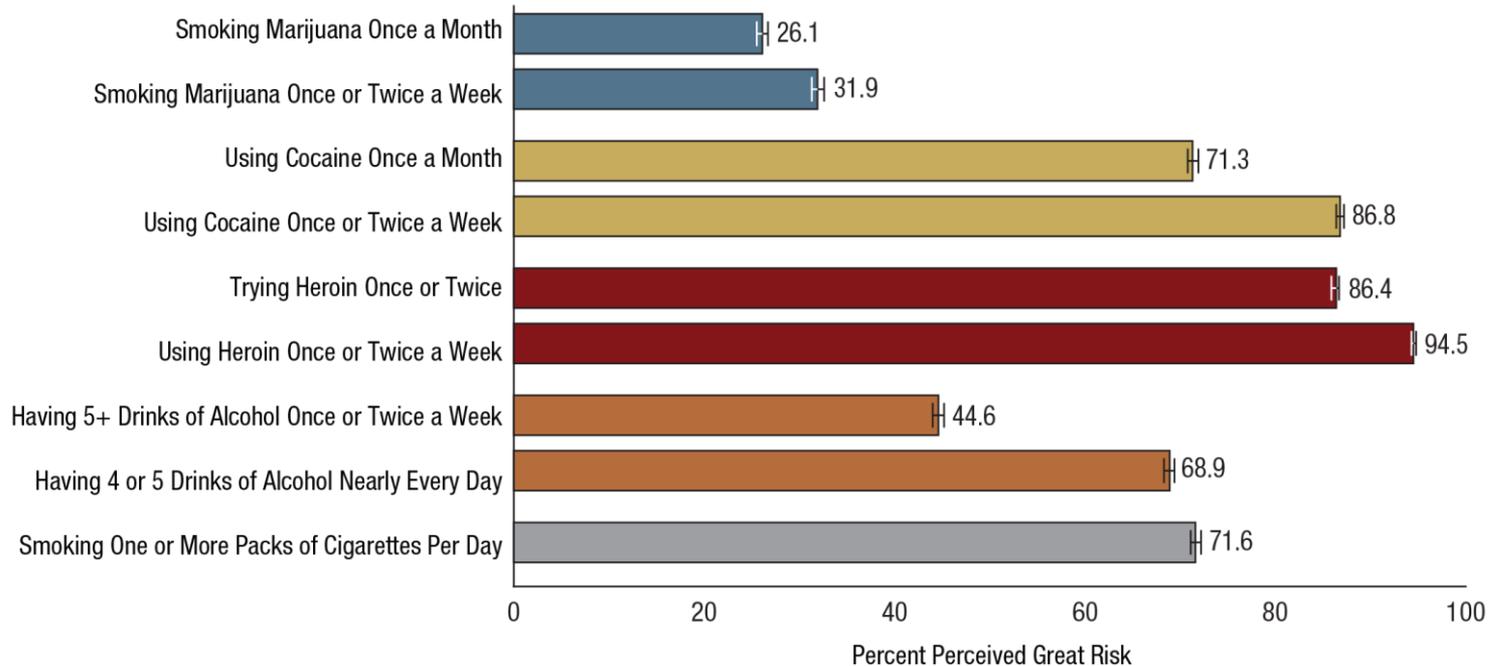


Note: Estimates of less than 0.1 million round to 0.0 million when shown to the nearest tenth of a million.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

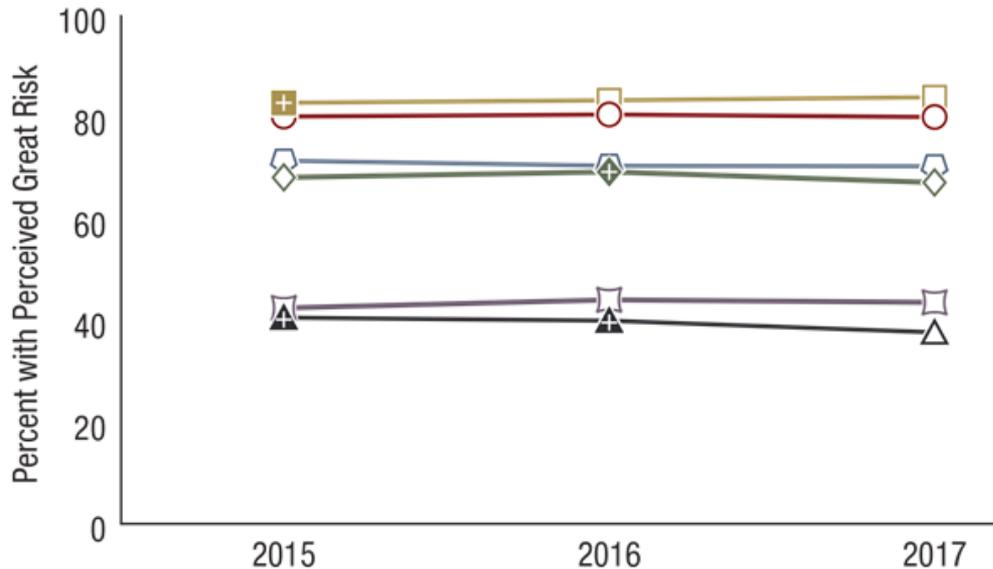
Age Group	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
12 or Older	2.2 ⁺	2.0 ⁺	2.1 ⁺	2.1 ⁺	2.1 ⁺	2.1 ⁺	2.2 ⁺	2.4 ⁺	2.4 ⁺	2.6 ⁺	2.4 ⁺	2.4 ⁺	2.6 ⁺	2.6 ⁺	2.6 ⁺	3.0
12 to 17	1.4 ⁺	1.2	1.3	1.1	1.2	1.2	1.2	1.3	1.3	1.4 ⁺	1.3	1.2	1.2	1.2	1.2	1.2
18 to 25	0.7 ⁺	0.8 ⁺	0.8 ⁺	1.0 ⁺	0.9 ⁺	1.1 ⁺	1.0 ⁺	1.0 ⁺	1.1 ⁺	1.0 ⁺	1.0 ⁺	1.3				
26 or Older	0.1 ⁺	0.1 ⁺	0.2 ⁺	0.3 ⁺	0.1 ⁺	0.1 ⁺	0.2 ⁺	0.0 ⁺	0.2 ⁺	0.2 ⁺	0.2 ⁺	0.2 ⁺	0.3 ⁺	0.4	0.4	0.5

Perceived Great Risk from Substance Use among People Aged 12 or Older: Percentages, 2017



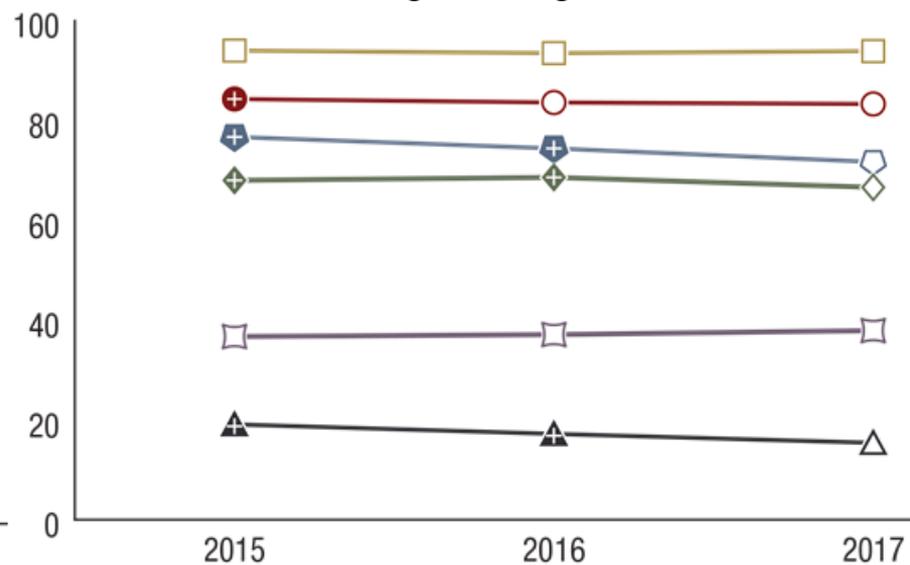
Perceived Great Risk from Substance Use: Percentages, 2015-2017

Youths Aged 12 to 17



- △— Smoking Marijuana Once or Twice a Week
- Using Cocaine Once or Twice a Week
- Using Heroin Once or Twice a Week
- ◇— Using LSD Once or Twice a Week
- Having 5+ Drinks of Alcohol Once or Twice a Week
- ◇— Smoking One or More Packs of Cigarettes per Day

Young Adults Aged 18 to 25



LSD = lysergic acid diethylamide.

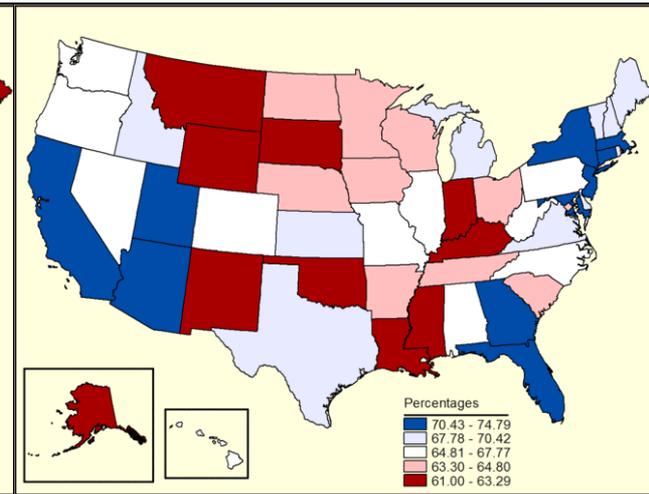
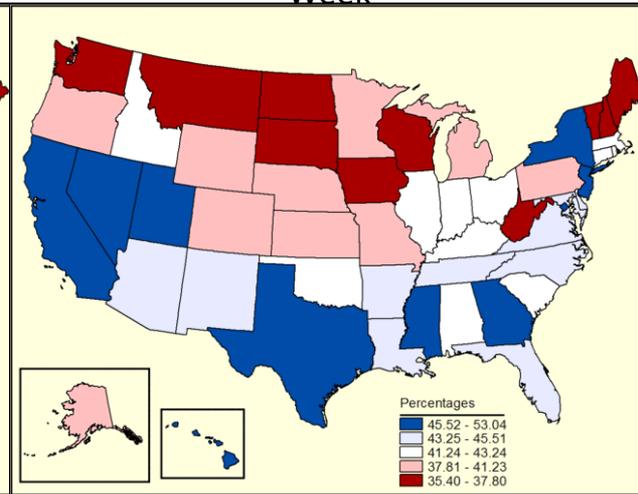
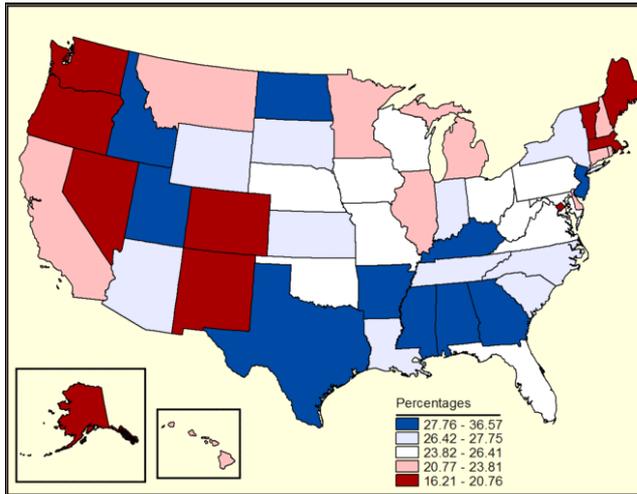
+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Perceptions of Great Risk among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2016 and 2017

Perceptions of Great Risk from Smoking Marijuana Once a Month

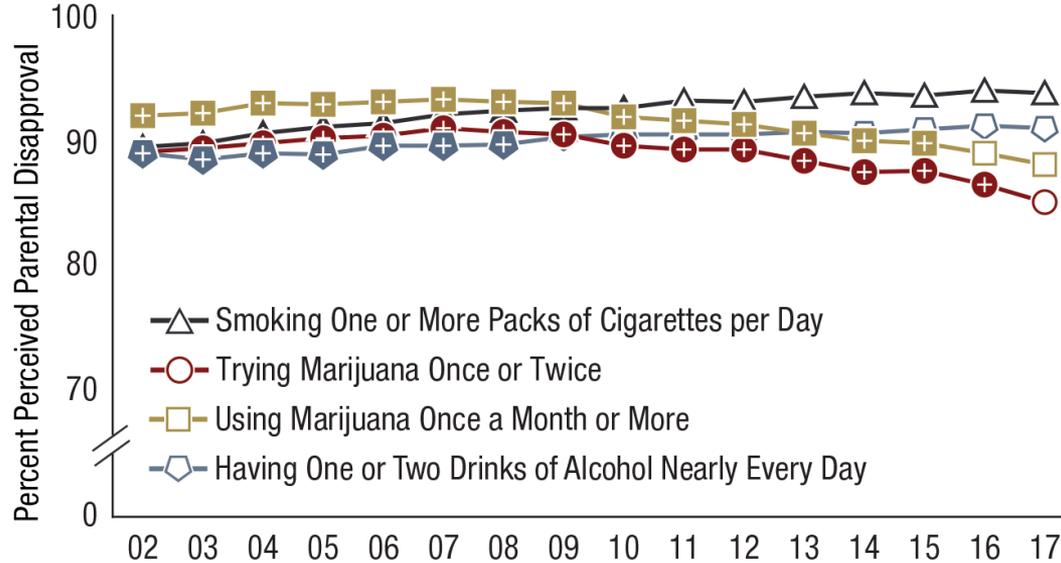
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week

Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day



Note: Differences in color do not indicate significant differences. No tests of difference were conducted.

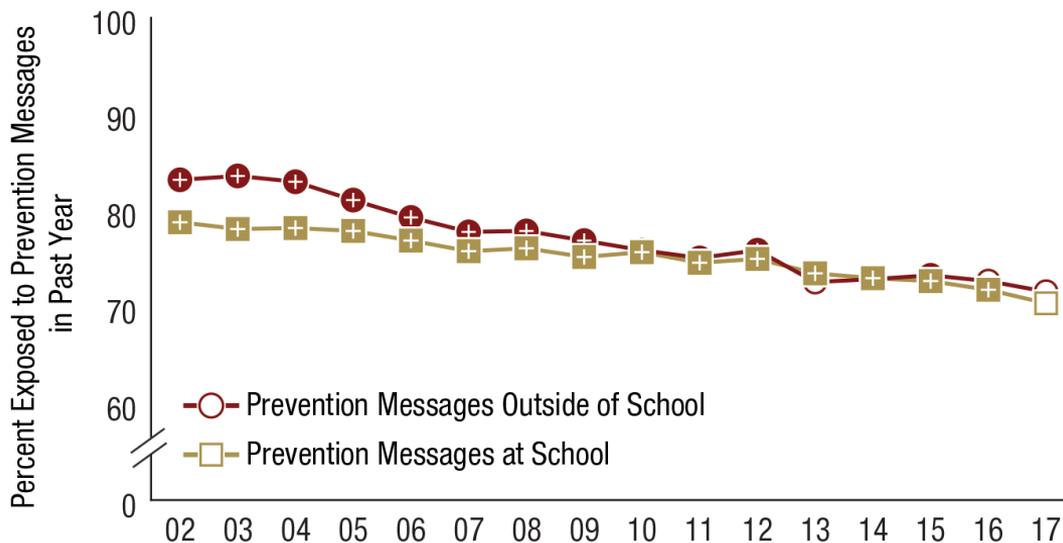
Youths Felt That Parents Would Strongly Disapprove of Substance Use Behaviors among Youths Aged 12 to 17: Percentages, 2002-2017



Substance Use Behavior	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Smoking One or More Packs of Cigarettes per Day	89.5 ⁺	89.8 ⁺	90.6 ⁺	91.1 ⁺	91.4 ⁺	92.1 ⁺	92.4 ⁺	92.6 ⁺	92.6 ⁺	93.2	93.1	93.5	93.8	93.6	94.0	93.8
Trying Marijuana Once or Twice	89.1 ⁺	89.4 ⁺	89.8 ⁺	90.2 ⁺	90.4 ⁺	91.0 ⁺	90.7 ⁺	90.5 ⁺	89.6 ⁺	89.3 ⁺	89.3 ⁺	88.4 ⁺	87.5 ⁺	87.6 ⁺	86.5 ⁺	85.1
Using Marijuana Once a Month or More	92.0 ⁺	92.2 ⁺	93.0 ⁺	92.9 ⁺	93.1 ⁺	93.3 ⁺	93.1 ⁺	93.0 ⁺	91.9 ⁺	91.6 ⁺	91.3 ⁺	90.6 ⁺	90.0 ⁺	89.8 ⁺	89.0	88.1
Having One or Two Drinks of Alcohol Nearly Every Day	89.0 ⁺	88.5 ⁺	89.0 ⁺	88.9 ⁺	89.6 ⁺	89.6 ⁺	89.7 ⁺	90.3	90.5	90.5	90.5	90.7	90.6	90.9	91.2	91.0

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

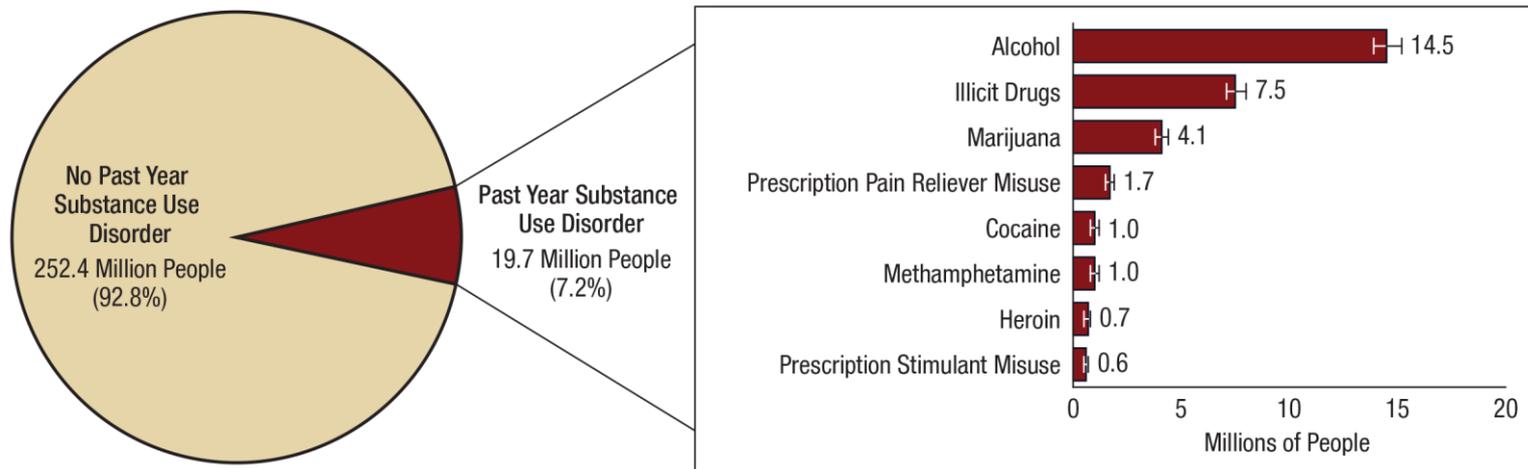
Past Year Exposure to Substance Use Prevention Messages and Programs among Youths Aged 12 to 17: Percentages, 2002-2017



Exposure	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Prevention Messages Outside of School	83.2*	83.6*	83.0*	81.1*	79.3*	77.8*	77.9*	76.9*	75.9*	75.1*	75.9*	72.6	72.9*	73.3*	72.7	71.6
Prevention Messages at School	78.8*	78.1*	78.2*	77.9*	76.9*	75.8*	76.1*	75.2*	75.7*	74.6*	75.0*	73.5*	73.0*	72.7*	71.8*	70.4

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

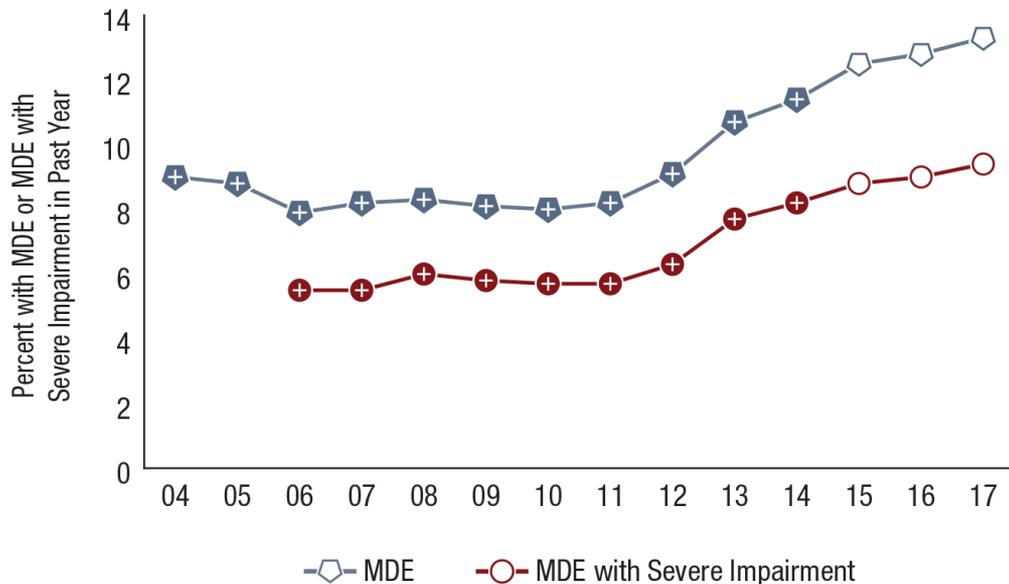
Numbers of People Aged 12 or Older with a Past Year Substance Use Disorder: 2017



Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: Percentages, 2004-2017

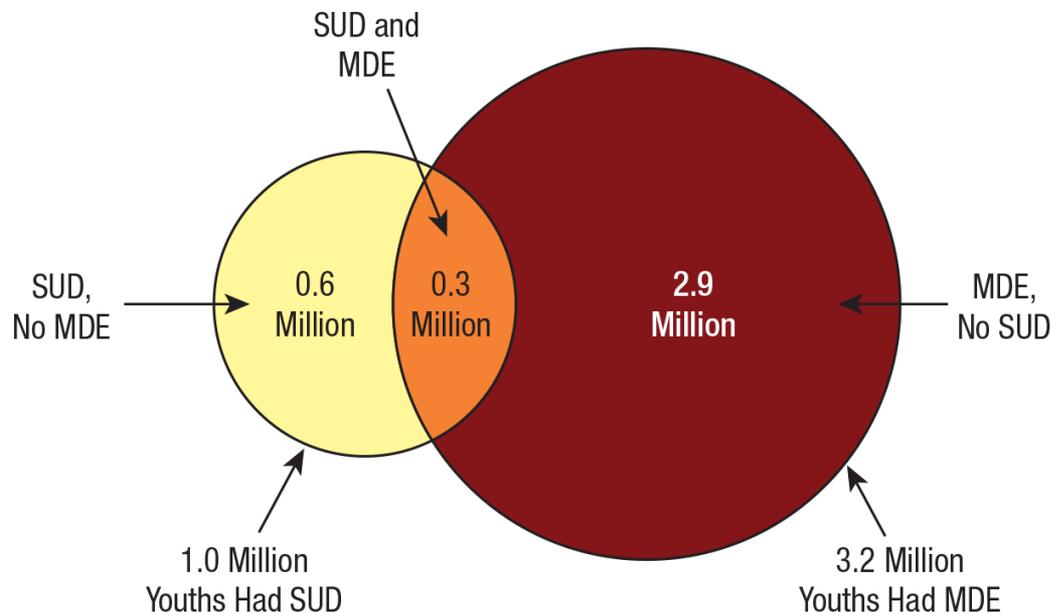


N/A = not available.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

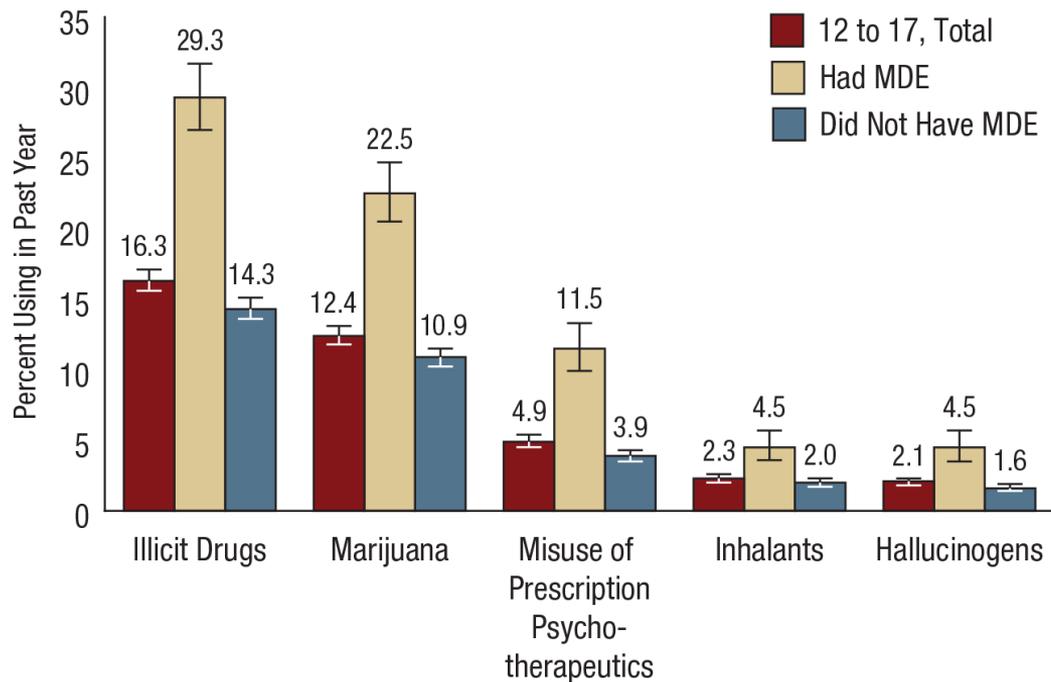
MDE Status	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
MDE	9.0*	8.8*	7.9*	8.2*	8.3*	8.1*	8.0*	8.2*	9.1*	10.7*	11.4*	12.5	12.8	13.3
MDE with Severe Impairment	N/A	N/A	5.5*	5.5*	6.0*	5.8*	5.7*	5.7*	6.3*	7.7*	8.2*	8.8	9.0	9.4

Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE) among Youths Aged 12 to 17: Numbers in Millions, 2017

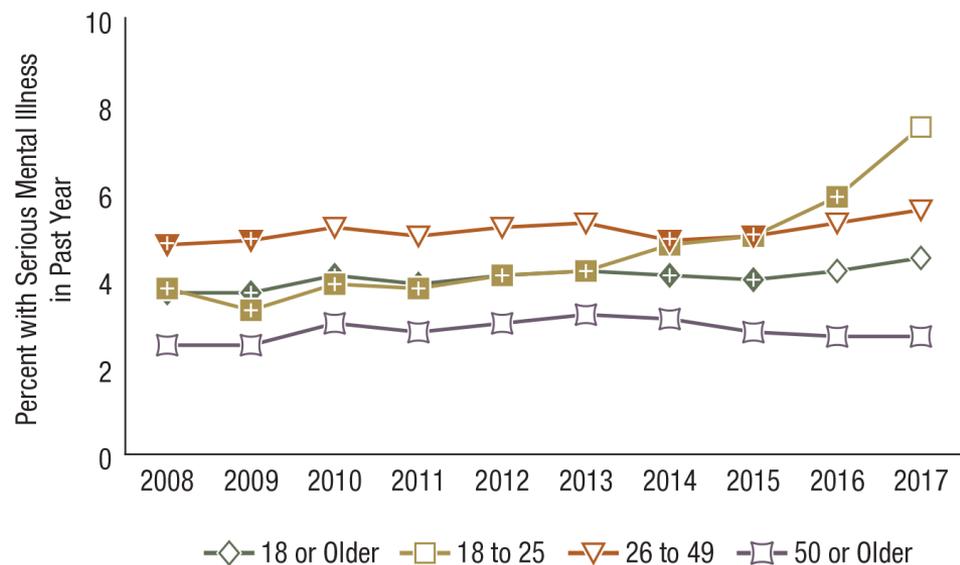
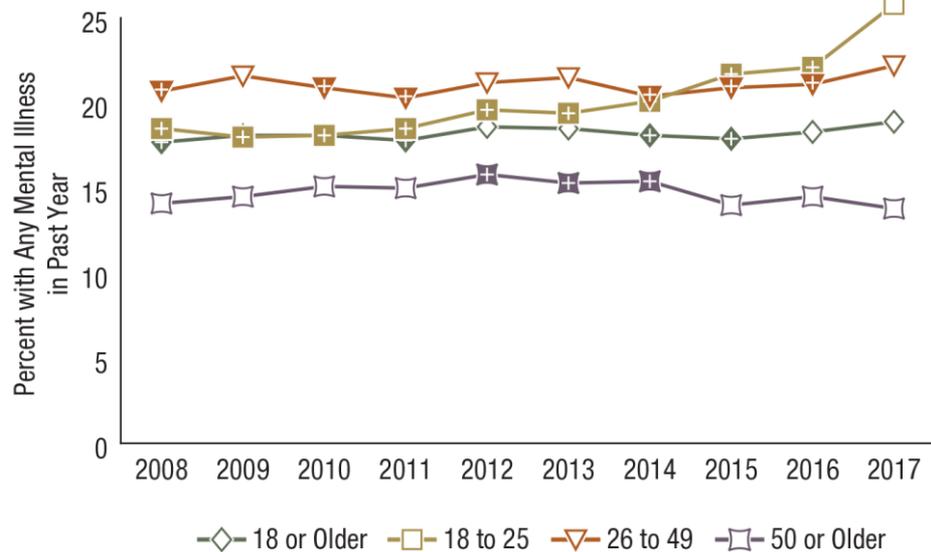


Note: Youth respondents with unknown MDE data were excluded.

Past Year Illicit Drug Use among Youths Aged 12 to 17, by Past Year Major Depressive Episode (MDE) Status: Percentages, 2017



Any Mental Illness and Serious Mental Illness in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017

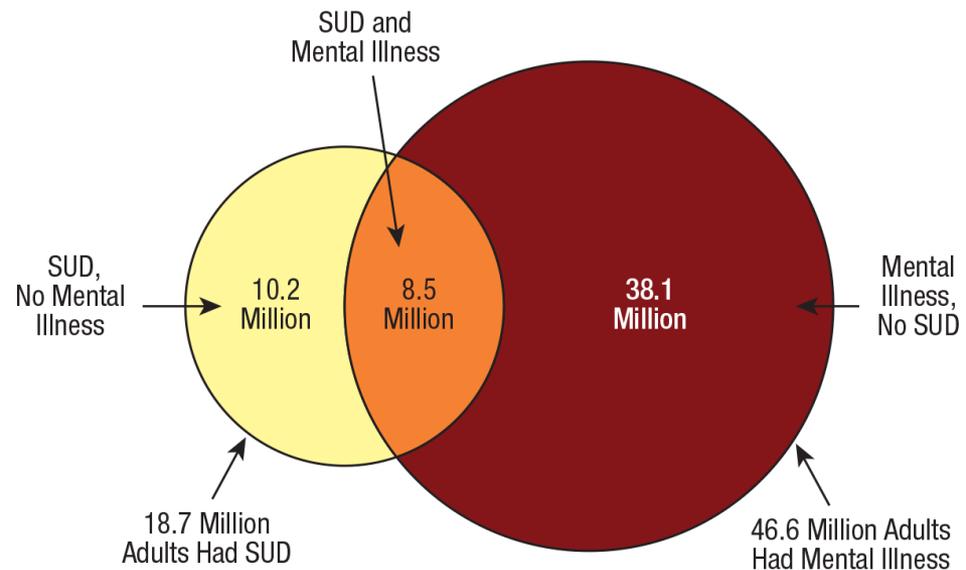


Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
18 or Older	17.7*	18.1	18.1*	17.8*	18.6	18.5	18.1*	17.9*	18.3	18.9
18 to 25	18.5*	18.0*	18.1*	18.5*	19.6*	19.4*	20.1*	21.7*	22.1*	25.8
26 to 49	20.7*	21.6	20.9*	20.3*	21.2	21.5	20.4*	20.9*	21.1*	22.2
50 or Older	14.1	14.5	15.1	15.0	15.8*	15.3*	15.4*	14.0	14.5	13.8

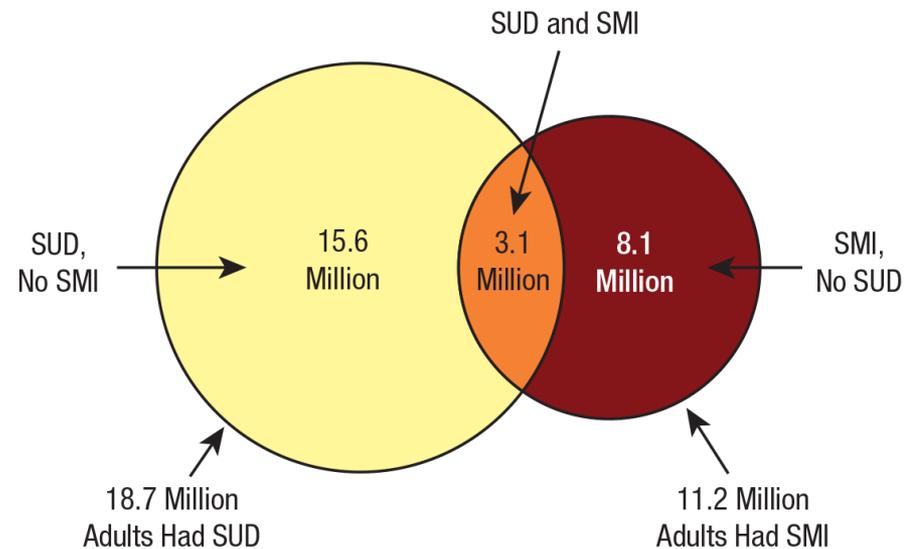
Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
18 or Older	3.7*	3.7*	4.1*	3.9*	4.1*	4.2	4.1*	4.0*	4.2	4.5
18 to 25	3.8*	3.3*	3.9*	3.8*	4.1*	4.2*	4.8*	5.0*	5.9*	7.5
26 to 49	4.8*	4.9*	5.2	5.0	5.2	5.3	4.9*	5.0*	5.3	5.6
50 or Older	2.5	2.5	3.0	2.8	3.0	3.2	3.1	2.8	2.7	2.7

Past Year Substance Use Disorder (SUD) and Mental Illness among Adults Aged 18 or Older: Numbers in Millions, 2017

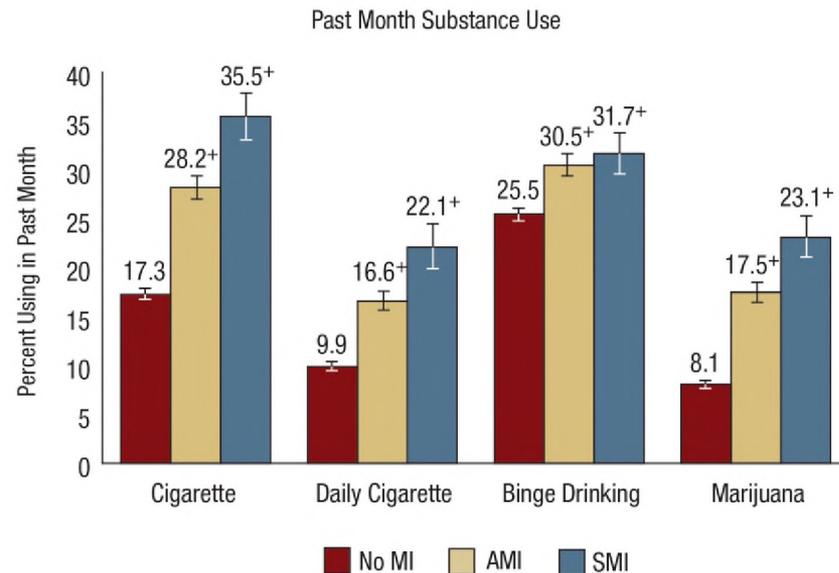
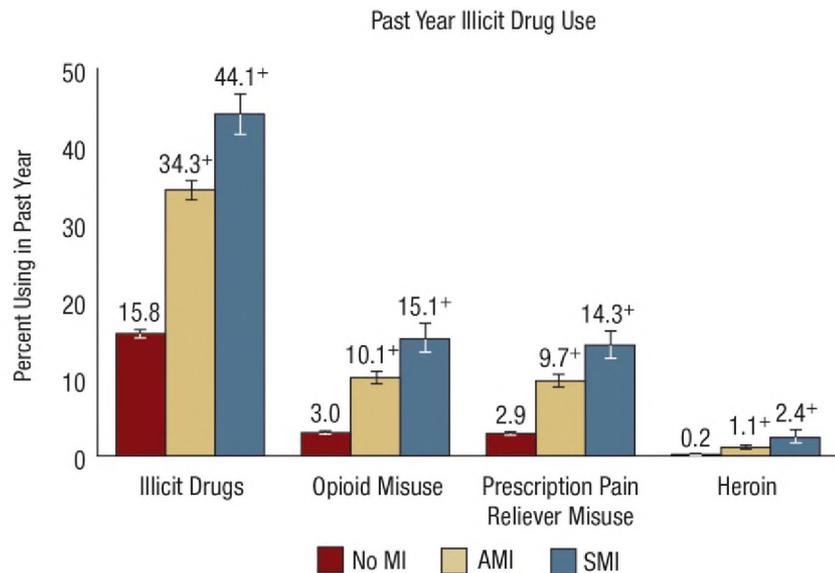
Any Mental Illness



Serious Mental Illness



Past Year Illicit Drug Use and Past Month Substance Use among Adults Aged 18 or Older, by Mental Illness Status: Percentages, 2017



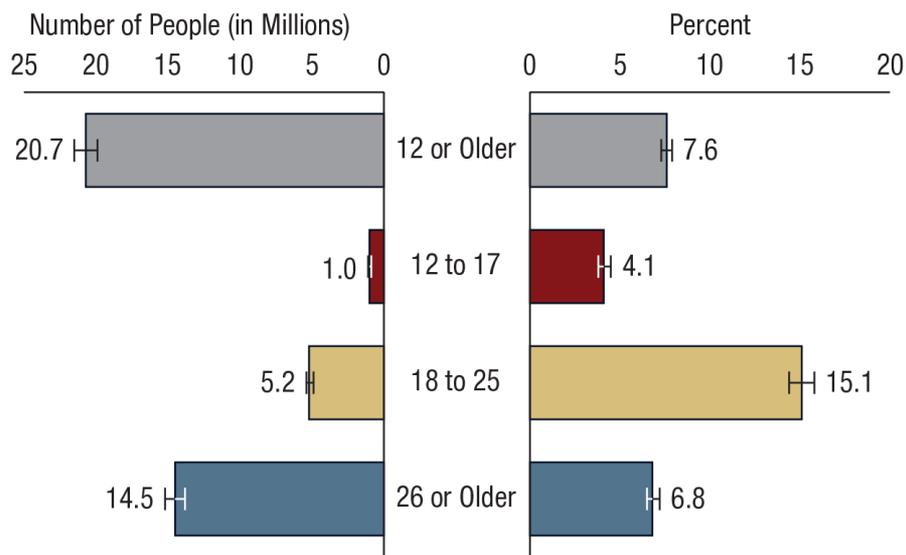
AMI = any mental illness; MI = mental illness; SMI = serious mental illness.

Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.

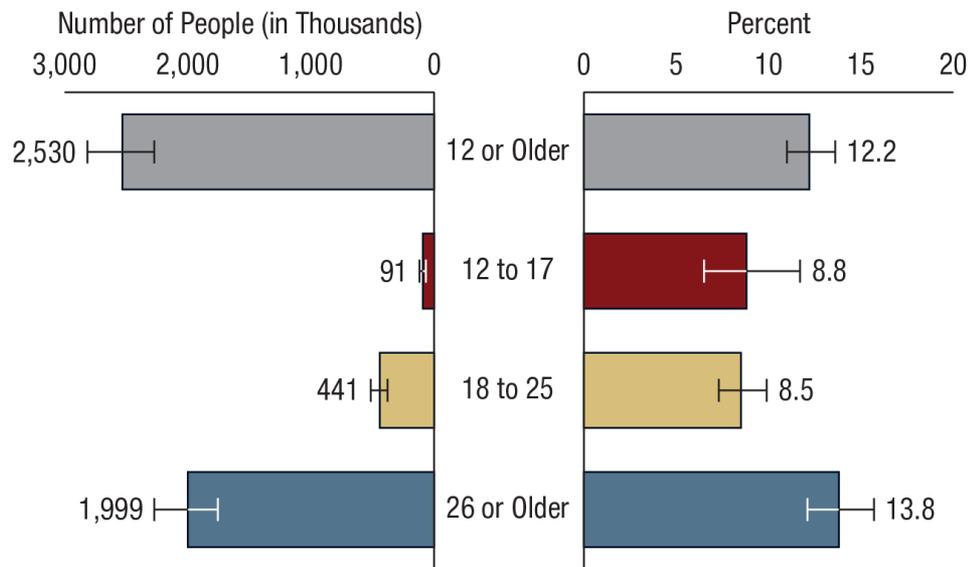
Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.

Need for and Receipt of Substance Use Treatment in the Past Year among People Aged 12 or Older, by Age Group: 2017

Need for Substance Use Treatment



Receipt of Specialty Substance Use Treatment Among Those Who Needed Treatment



Thank you.

Questions?

Rachel N. Lipari: Rachel.Lipari@samhsa.hhs.gov

1. NSDUH homepage: <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>
 - National, state and substate reports and data tables
2. SAMHDA homepage: <https://datafiles.samhsa.gov/>
 - Online analysis tool and downloadable public use datasets
 - State Data Visualization page

Publications Update and National Prevention Week

Nel Nadal & David Wilson
Materials Development Team
CSAP

CSAP National Advisory Council Meeting
Rockville, MD — April 29, 2019



SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA

Substance Abuse and Mental Health
Services Administration



INSPIRING

ACTION

CHANGING

LIVES

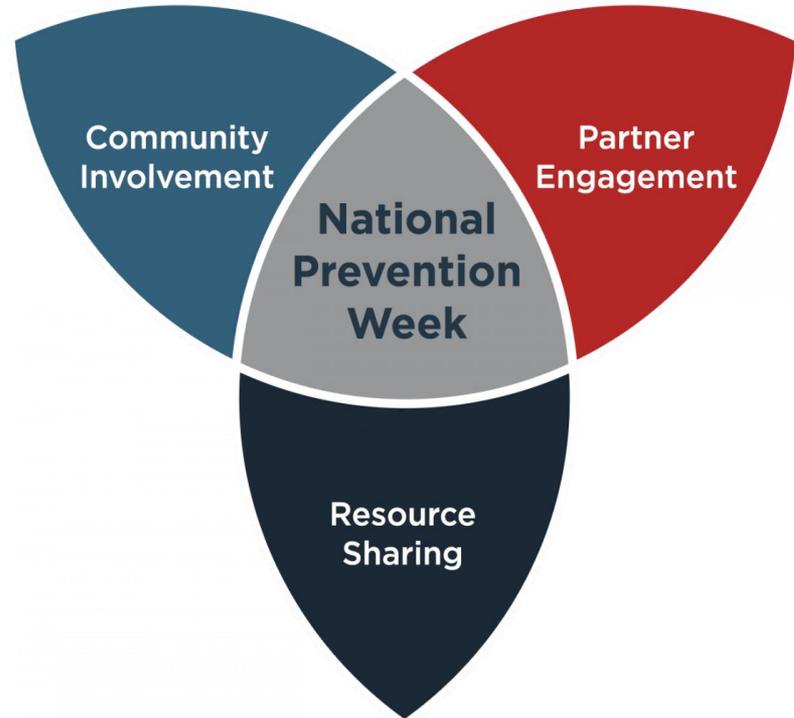


2019 NATIONAL PREVENTION WEEK

MAY 12–18, 2019

NPW Goals

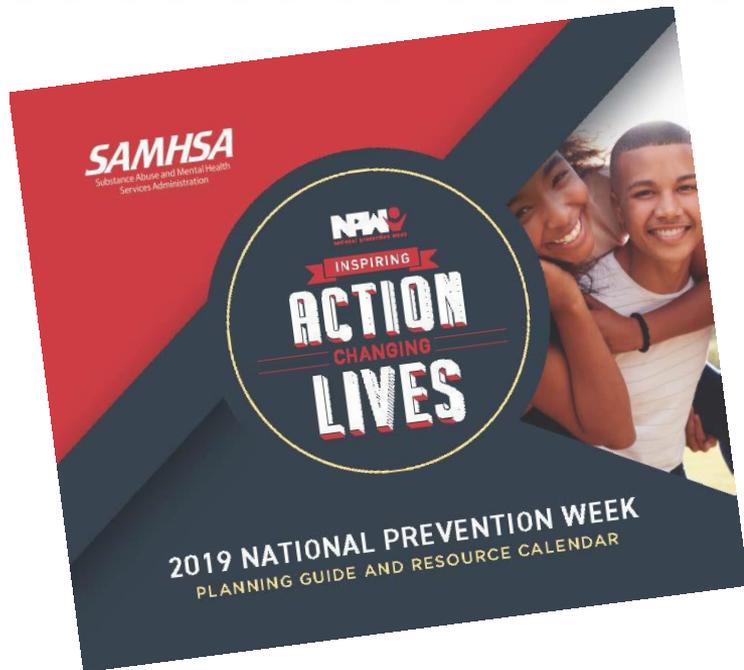
- Involve **communities** in raising awareness of substance use and mental health issues and in implementing prevention strategies, and showcasing effectiveness of evidence-based prevention programs.
- Foster **partnerships and collaborations** with federal agencies and national organizations dedicated to improving public health.
- Promote and disseminate quality **substance use prevention and mental health promotion resources and publications.**



4 Ways NAC Members Can Support NPW 2019

1. Participate in the #PreventionChampion challenge
2. Raise awareness in your community by including NPW slides in your presentations
3. Participate in and promote the webinar series
4. Share NPW news through your social media channels

2019 NPW Planning Guide and Resource Calendar



Order print copies or download a PDF version at the SAMHSA Store:
<https://store.samhsa.gov/product/sma19-5096>

QUARTER 2 APRIL – JUNE

NPW
INSPIRING
ACTION LIVES

APRIL

1. Make a staffing plan and assign tasks. Reach out to potential volunteers.
2. Ask partners if they can promote your NPW activities on their website and social media channels. Share sample messages and content with them.
3. Visit the NPW Community Events page to share your activities and learn about others in your area.
4. Create an evaluation form to get attendees' feedback on your activities.

MAY

1. Take lots of photos of your NPW activities, and ask others to do so as well. Put up a photo release sign at your activity so you will have attendees' permission to share photos and videos.
2. Share pictures and videos on your social media and through media contacts. You can also send them to NPW Coordinator David Wilson (davidwilson@samhsa.hhs.gov) so we can share them with the larger NPW network—and maybe include them in next year's calendar!

JUNE

1. Reach out to anyone who helped you make your activities successful to thank them for helping and invite them to share any feedback.
2. Send your evaluation form to attendees.

COMMUNITY ACTIVITIES FOR NATIONAL PREVENTION WEEK

Visit the Community Events page on the NPW website to read about NPW activities across the country and get inspired for NPW 2020!

<https://www.samhsa.gov/prevention-week/community-events>

NOVEMBER 2019

10 SUN _____

11 MON _____
VETERAN'S DAY

12 TUE _____

13 WED _____

14 THU _____

15 FRI _____

16 SAT _____

QUICK TIPS

Use health and cultural observances to get ideas for NPW.

NATIONAL HEALTH CENTER WEEK

This annual celebration raises awareness of America's health centers, which serve 27 million patients—a number that continues to grow. Learn more about this observance and how children's oral care can help health needs.
www.hcafla.com/nhwk

AUGUST 2019

10 SUN _____

11 MON _____

12 TUE _____

13 WED _____

14 THU _____

15 FRI _____

16 SAT _____

NPW WEBINAR: VAPING

Vaping is a growing area of concern in the prevention community, particularly related to teens. Join this NPW Webinar to hear from experts about the latest statistics and how you can educate others about the need for vaping prevention.

FEBRUARY 2019

7 SUN _____

8 MON _____
NATIONAL PREVENTION DAY

9 TUE _____

10 WED _____

11 THU _____
NATIONAL BLACK HISTORY MONTH OBSERVANCE DAY

12 FRI _____

13 SAT _____

NPW Toolkit Wristband

Toolkit Wristband includes:

- NPW promotional materials;
- Prevention resources and webinars from SAMHSA and other federal partners, organized by health theme; and
- Reports on prevention topics.

To order Toolkit Wristbands,
email David Wilson at
David.Wilson@samhsa.hhs.gov





Pre-ven-tion Cham-pi-on

Noun: a person, activity, program, or organization that inspires others to take **prevention actions** every day that **change lives**.

A large red circle with a white border, containing the NPW logo and promotional text. The logo consists of the letters 'NPW' in a bold, white, sans-serif font, with a stylized human figure in blue and red behind the 'W'. Below the logo, the text 'national prevention week' is written in a smaller, white, sans-serif font. A dark blue banner with the word 'INSPIRING' in white, all-caps, sans-serif font is positioned above the main text. The main text 'ACTION CHANGING LIVES' is written in a large, white, all-caps, sans-serif font with a blue outline and a slight shadow effect. The words 'ACTION' and 'LIVES' are larger than 'CHANGING'.

NPW
national prevention week

INSPIRING

ACTION
CHANGING
LIVES

WHO OR WHAT IS YOUR PREVENTION CHAMPION?



TAKE A PHOTO OR VIDEO.



ADD THAT ONE WORD.



SHARE YOUR
#PreventionChampion

#PreventionChampion Challenge

I got this! | I Got This
@IGotThisChicago

Follow

Who is your [#PreventionChampion](#)? Ours are Chicago teens and parents. You inspire us every day with your choices to talk about [#underageddrinking](#) and lead healthy lives without alcohol. You got this!
[#IGotThisChicago](#) [#PreventionDay](#)
[#CADCAForum](#)



12:05 PM - 4 Feb 2019



Shay Teague
@ShayTeague

Follow

I'm choosing [@RizeConsultants](#) as my [#preventionchampion](#) [#NPW2019](#)
Because she is [#innovative](#)



4:10 PM - 4 Mar 2019

“This is Prevention. This is Changing Lives.” NPW Promotional Video



Available now on SAMHSA's YouTube channel
to share and embed:

<https://youtu.be/4sMDALMBNTY>

Stay Connected: Sign Up for Prevention Works!



October 2018

Don't miss this webinar: The Intersection of Opioids and Suicide

The first webinar in SAMHSA's National Prevention Week 2019 webinar series. "[The Intersection of Opioids and Suicide](#)," will feature a discussion about the relationship and intersection of two growing public health challenges, opioid misuse and suicide, as well as about what prevention strategies and approaches can be used to address them at the national and state levels. The webinar will take place on Thursday, October 25, from 2:00 pm – 3:30 pm EDT. [Register now!](#)



Calling all college students! The Red Ribbon Week Campus Video PSA Contest is back

As part of the Drug Enforcement Administration (DEA) Red Ribbon Week campaign, the DEA and SAMHSA are co-sponsoring a [Campus Video PSA Contest](#) for colleges and universities to promote the importance of preventing alcohol abuse and the non-medical use of prescription stimulants among college students. Eligible entrants must create a 30- to 60-second video public service announcement showcasing a commitment to a healthy, drug-free lifestyle, especially among college students. The deadline for entries is November 9.



Need tips on how to foster a tobacco-free workplace?

If you are an employer or prevention professional looking for tips on how to successfully implement tobacco cessation programs, look no further than SAMHSA's quick guide, "[Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings](#)." The free guide contains an overview of the challenges associated with tobacco cessation and the benefits of being tobacco-free for individuals as well as for the workplace.



Community Spotlight: Vista Community Clinic

[Vista Community Clinic](#) in North San Diego, CA, is a regional health provider whose innovative model of community health provides low-cost, high-quality health care. The clinic commemorated NPW 2018 by staffing information tables and holding outreach events with local youth in alternative school settings. These events included an inspiring interview with a youth who went from smoking meth and participating in gang activity to a healthier lifestyle. From that interview, the clinic crafted two videos that are part of their Community PROMISE intervention and are distributed to youth through Instagram and as printed copies.



Visit www.samhsa.gov/prevention-week

- Sign up for Prevention Works emails.
- Receive emails throughout the year featuring the latest prevention resources, NPW news, and prevention strategies and ideas to strengthen your work in the field.

Publications Update

Nel Nadal

Materials Development Team

CSAP

CSAP National Advisory Council Meeting
Rockville, MD — April 29, 2019



SAMHSA
Substance Abuse and Mental Health
Services Administration

Completed Publications

TIPS for TEENS OPIOIDS

THE TRUTH ABOUT OPIOIDS

SLANG: **D/OX/OPHS/VIKE/M/MONKEY/WHITE STUFF/LEAN/SCHOOL BOYS/SIZZURP/PURPLE DRANK/LOADS**

GET THE FACTS

OPIOIDS AFFECT YOUR BRAIN. Opioids are a class of drugs that include the legal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. They affect both the spinal cord and brain to reduce the intensity of pain-signal perception as well as brain areas that control emotion. They can also affect the brain to cause euphoria or "high."

OPIOIDS AFFECT YOUR BODY. Opioids slow down the actions of the body, such as breathing and heartbeat. Even a single dose of an opioid can cause severe respiratory depression (slowing or stopping of breathing), which can be fatal, taking opioids with alcohol or sedatives increases this risk.

OPIOIDS ARE ADDICTIVE. Even though heroin is highly addictive, more people struggle with addiction to prescription pain relievers. Many young people who inject heroin report misuse of prescription opioids before starting to use heroin.

OPIOIDS CAN KILL YOU. Drug overdose is the leading cause of accidental death in the United States, with 62,699 drug overdose deaths between March 2017 and March 2018. More than 46,000 of these deaths involved opioids.

OPIOID ADDICTION IS TREATABLE. Methadone, buprenorphine, and naltrexone are medications that are FDA-approved to treat opioid use disorder. For more information, visit <https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder>.

Q&A

Q. MY DOCTOR PRESCRIBED ME OPIOIDS. DOESN'T THAT MEAN THEY'RE SAFE?

A. Prescription opioids—when used long term or incorrectly—can cause the brain to become reliant on the drug and an addictive.

Q. IF I USE OPIOIDS, WILL I BECOME ADDICTED?

A. Prescription opioids can cause physical dependence when used as directed or addiction. If misused, illegal opioids such as heroin are also highly addictive. People who regularly use prescription opioids or heroin often develop tolerance, which means that they need higher and/or more frequent doses of the drug to get the desired effects.

THE BOTTOM LINE: Many people are prescribed opioids out of medical necessity, but opioids can still be dangerous and addictive. Even if someone is prescribed one of these medications—such as hydrocodone, oxycodone, and morphine—misuse of these substances is rampant. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

LEARN MORE: Get the latest information on how drugs affect the brain and body at teens.drugabuse.gov.

TO LEARN MORE ABOUT OPIOIDS, CONTACT:
SAMHSA
 1-877-SAMHSA (1-877-726-4727)
 (English and Spanish)
 TTY: 1-800-487-4889
 www.samhsa.gov
store@samhsa.gov



TIPS for TEENS E-CIGARETTES

THE TRUTH ABOUT E-CIGARETTES

SLANG: **E-CIGS/E-HOOKAHS/VAPE PENS/VAPES/TANK SYSTEMS/MODS**

GET THE FACTS

E-CIGARETTES ARE A WAY TO INHALE NICOTINE AND MARIJUANA. The aerosol emitted can also contain other harmful substances, including heavy metals such as lead, volatile organic compounds, and cancer-causing agents.

E-CIGARETTES COME IN MANY SHAPES AND SIZES. Some resemble pens, USB sticks, and other everyday items. Larger devices such as tank systems, or "mods," do not resemble other tobacco products.

E-CIGARETTE USE HARMS THE DEVELOPING BRAIN. E-cigarettes typically deliver nicotine, a harmful drug to the youth brain and body. Teens are particularly vulnerable to the effects of nicotine since the brain is still developing during these years and through young adulthood. People who use marijuana in an e-cigarette may experience the same side effects as they would if they smoked marijuana—all of which can be heightened if the person uses marijuana with another substance, such as alcohol.

Q&A

Q. AREN'T E-CIGARETTES SAFER THAN SMOKING CIGARETTES OR USING SMOKELESS TOBACCO?

A. Regular cigarettes are extraordinarily dangerous, killing half of all people who smoke long term. However, youth use of tobacco products in any form is unsafe, including e-cigarettes. More research is needed to fully understand their impact on health.

Q. CAN'T E-CIGARETTES HELP ME QUIT SMOKING REGULAR CIGARETTES?

A. E-cigarettes may help non-pregnant adult smokers if used as a complete substitute for all cigarettes. However, there is no conclusive evidence that using e-cigarettes helps someone quit smoking for good. The U.S. Food and Drug Administration (FDA) has approved seven "quit aids" for quitting smoking, but e-cigarettes are not currently one of them.

Q. AREN'T E-CIGARETTES USED MORE OFTEN BY ADULTS, NOT YOUTH?

A. Youth are more likely than adults to use e-cigarettes. In 2018, more than 18 million U.S. middle and high school students used a cigarette in the past 30 days including 4.9 percent of middle school students and 20.8 percent of high school students.

THE BOTTOM LINE: E-cigarettes are unsafe for young people. Whether a young person uses nicotine or marijuana in an e-cigarette, there can be dangerous health consequences.

LEARN MORE: Get the latest information on how drugs affect the brain and body at teens.drugabuse.gov.

TO LEARN MORE ABOUT E-CIGARETTES, CONTACT:
SAMHSA
 1-877-SAMHSA (1-877-726-4727)
 (English and Spanish)
 TTY: 1-800-487-4889
 www.samhsa.gov
store@samhsa.gov



CHILDREN'S PROGRAM KIT

Supportive Education for Children of Addicted Parents



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
 Substance Abuse and Mental Health Services Administration

Pending Publications

- Student Assistance: A Guide for School Administrators
- Employee Assistance Program Toolkit
- Marijuana Facts: Resources for Parents, Community Leaders, and Employers
- Tips for Teens: The Truth About HIV
- Tips for Teens: The Truth About Hallucinogens

Questions



Public Comment

4:45 p.m. – 4:50 p.m.
(Scheduled)

CSAP National Advisory Council Meeting
Rockville, MD — April 29, 2019



SAMHSA
Substance Abuse and Mental Health
Services Administration

Wrap-Up

Richard Carmi
Deputy Director
CSAP

CSAP National Advisory Council Meeting
Rockville, MD — April 29, 2019



SAMHSA
Substance Abuse and Mental Health
Services Administration

ADJOURNMENT

5:00 p.m.

CSAP National Advisory Council Meeting
Rockville, MD — April 29, 2019



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THANK YOU!

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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