

Prevention News

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Evidence-based Prevention Programs

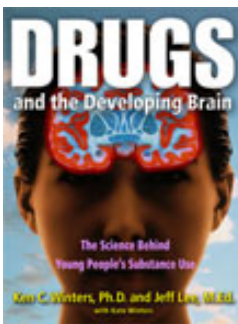
Violence Prevention News

Report Shows that the Safe Schools/Healthy Students Initiative Can Reduce Violence and Promote Safer Schools

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Substance Abuse Prevention News



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\$18.75 Million in Drug Free Communities Grants Available

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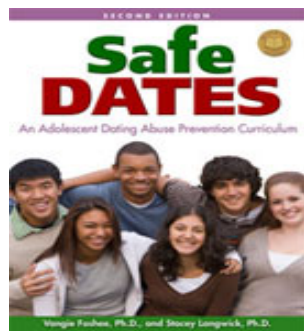
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Product Highlight



Safe Dates: 2nd Edition

The All-New [Second Edition of Safe Dates](#) is now Available for Pre-Sale!

With updated facts and statistics, new scenarios that address issues faced by today's teens, an evidence-based family component, and a new, easy-to-use design, this new edition of Safe Dates is sure to make a positive impact on students and their families.

Here's what you'll find in the [second edition of Safe Dates](#):

- Updated facts and statistics regarding teen dating violence
- Scenarios that reflect a more diverse population
- New research and information about dating abuse
- A new family component that includes easy-to-follow booklets with useful information and fun conversation starters that encourage at-home learning
- New lay-flat manual with all reproducible handouts on a CD-ROM

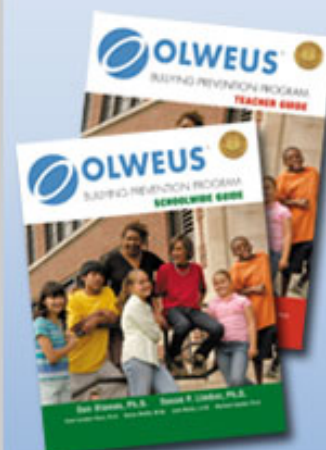
The new [Safe Dates](#) will be available in April. Call your dedicated [Sales Manager](#) at 800-328-9000 to reserve your copy today.

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The World's Foremost Bullying Prevention Program

Reduce bullying by 50% or more.



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Upcoming Events

National Association of Secondary School Principals Annual Convention and Expo

Date: March 12-14, 2010

Where: Phoenix Convention Center, Phoenix, AZ

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News and Notes

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Report Shows that the Safe Schools/Healthy Students Initiative Can Reduce Violence and Promote Safer Schools

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"Every child deserves to learn in a safe and healthy environment, and now through the results of the Safe Schools/Healthy Students Initiative we know that we can take real steps to help them," said SAMHSA Acting Administrator Eric Broderick, D.D.S., M.P.H.

"The positive impact for children, families and communities is unprecedented: lower rates of school violence, more mental health services for more children, better attendance, and improved academic performance."

Key findings from the Safe Schools/Healthy Students National Evaluation include:

A 15 percent decrease in the number of students involved in violent incidents during the grant period (from 17, 800 in year 1 to 15,163 in year 3).

A 12 percent decrease in the number of students reporting that they had experienced or witnessed violence from year 1 of the grant period to year 3.

Most staff at grantee schools reported that the Initiative had made their schools safer. By year 3 of the grant, 84 percent said the Initiative had improved school safety, 77 percent said it had reduced violence on campus, and 75 percent said it had reduced violence in the community.

The Safe Schools/Healthy Students program supports the implementation and enhancement of integrated, comprehensive community-wide plans that create safe and drug-free schools and promote healthy childhood development. Under the initiative, school districts, in partnership with local public mental-health agencies, law-enforcement and juvenile justice entities, must implement a comprehensive, community-wide plan that focuses on the following elements:

- Safe school environments and violence prevention activities
- Alcohol, tobacco and other drug prevention activities
- Student behavioral, social and emotional supports
- Mental health services
- Early childhood social and emotional learning programs.

Since 1999, the U.S. Department of Health and Human Services, the U.S. Department of Education, and the U.S. Department of Justice have implemented the Safe Schools/Healthy Students Initiative, which has provided more than \$2.1 billion to local educational, mental health, law enforcement and juvenile justice partnerships. For more information on the Safe Schools/Healthy Students visit: <http://www.sshs.samhsa.gov/apply/default.aspx>

As the leading publisher of evidence-based prevention programs, Hazelden offers programs for violence prevention, including the [Olweus Bullying Prevention Program](#) and [Safe Dates](#) as well as drug and alcohol prevention programs, including [Protecting You/Protecting Me](#) and [Project Northland](#). For more information about any of Hazelden's prevention resources, [visit us online](#) or call your dedicated [Sales Manager](#) at 800-328-9000.

SOURCE: Substance Abuse and Mental Health Services Administration

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Young Age at First Drink May Affect Genes and Risk for Alcoholism

The age at which a person takes a first drink may influence genes linked to alcoholism, making the youngest drinkers the most susceptible to severe problems.

A team of researchers, led by scientists at Washington University School of Medicine in St. Louis, studied 6,257 adult twins from Australia. They wanted to learn whether twins who start drinking at an early age are more likely to develop a more heritable form of alcohol dependence than those who begin drinking later in life. The researchers found that the younger an individual was at first drink, the greater the risk for alcohol dependence and the more prominent the role played by genetic factors.

"There seemed to be a greater genetic influence in those who took their first full drink at a younger age," says first author Arpana Agrawal, Ph.D. "That's very consistent with what has been predicted in the literature and in the classification of types of alcohol dependence, but we present a unique test of the hypothesis."

Agrawal and her colleagues examined previously collected data from identical and fraternal, male and female twins, using statistical methods to measure the extent to which age at first drink changed the role of heritable influences on symptoms of alcohol dependence. Using the twin model, they were able to tease out genetic influences, shared environmental influences and non-shared environmental factors.

Agrawal's team found that when twins started drinking early, genetic factors contributed greatly to risk for alcohol dependence, at rates as high as 90 percent in the youngest drinkers. For those who started drinking at older ages, genes explained much less, and environmental factors that make twins different from each other, such as unique life events, gained prominence.

The twins in the study were 24 to 36 years old when they were interviewed, but some reported taking their first drink as young as age 5 or 6. The researchers found that those who were 15 or younger when they started drinking tended to have a greater genetic risk for alcohol dependence. Some who were 16 or older before they took their first drink later became alcohol dependent, but their dependence was related more to environmental factors.

"We don't have actual gene expression data in this study, but we could hypothesize that exposure to early-onset drinking somehow modifies the developing brain," Agrawal says. "Particularly frequent or heavy early drinking may influence gene expression and contribute to more severe outcomes. Our research cannot prove that, but it's something that neuro-imaging and gene expression studies certainly should investigate."

Another possibility is that early drinking exposes adolescents to certain environment influences, such as their peer groups, that somehow enhance genetic influences that contribute to risk for alcohol dependence.

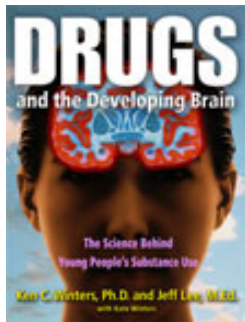
"Something about starting to drink at an early age puts young people at risk for later problems associated with drinking," Agrawal says. "We continue to investigate the mechanisms, but encouraging youth to delay their drinking debut may help."

"Some early-onset drinkers do not develop alcohol problems and some late-onset drinkers do — we are working on why that is the case, but it is important to note that this is one risk factor among many and does not determine whether a person will, or will not, develop alcohol dependence," says Agrawal, an assistant professor in the Department of Psychiatry. "But age at first drink is a well-known risk factor, and there have been two main hypotheses about why: One has been that common genetic and environmental factors contribute both to the risk for alcohol dependence and to the likelihood a person will be younger when consuming their first drink. A second hypothesis suggests starting to drink at a younger age exerts an influence on alcohol dependence that is independent of these shared factors. Our findings suggest there may be some truth to both hypotheses."

Agrawal says studying twins offers advantages when attempting to learn about genetic and environmental influences on alcohol dependence. Since identical twins share 100 percent of their DNA, differences in drinking behavior between a pair of twins must come from environmental factors. Similarities between identical twins tend to be influenced by genes and family environment.

"Particularly identical twins offer us the opportunity to study the perfect natural experiment of genetically identical individuals whose drinking trajectories are modified by their shared and unique life experiences," she explains. "They are important assets in the study of complex behaviors, such as alcohol consumption."

The study results were published in the December, 2009 issue of *Alcoholism: Clinical & Experimental Research*.



Hazelden's new program, [Drugs and the Developing Brain](#) is a visually compelling presentation on the neurobiology of teen substance use and abuse. It explains the science behind young people's substance use in easy-to-understand language that is sure to get young peoples' attention.

Item 7937

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SOURCE: Jim Dryden, "Newsroom" Washington University in St. Louis

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The DFC Support Program is a collaborative Federal program sponsored by ONDCP and administered in partnership with SAMHSA. The program aims to establish and strengthen communities, private nonprofit agencies, and Federal, state, local, and tribal governments and entities to collaborate and support community-based efforts to prevent and reduce youth substance use. The DFC program was created in 1997 under the Drug Free Communities Act, and was reauthorized in 2001, and again in 2006. The latest reauthorization extends the DFC Program until 2012. The DFC Program provides grants of up to \$125,000 per year for up to five years, with a 10-year maximum limit.

"The Drug Free Communities Program reflects the Obama Administration's commitment to preventing youth substance abuse," said Gil Kerlikowske, Director of National Drug Control Policy. "Community problems need community solutions, and when local leaders organize around their specific drug issues, we know they can make a difference in creating safer and healthier communities."

"The Drug Free Communities Support Program is one of the great foundations of our efforts to prevent and reduce substance abuse throughout our Nation," said SAMHSA Administrator, Pamela S. Hyde, J.D. "These new resources will strengthen and revitalize these community efforts and promote healthy, productive lives."

The DFC Program aims to achieve two major goals:

- Establish and strengthen collaboration among communities; public and private nonprofit agencies; and Federal, State, local, and tribal governments to support the efforts of community anti-drug coalitions
- Reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing a range of risk and protective factors that impact substance abuse

ONDCP has posted an online workshop and PowerPoint slides on www.ondcp.gov/dfc.

WHO CAN APPLY: Community-based coalitions that are focused on addressing youth substance use and meet all of the DFC eligibility requirements.

HOW TO APPLY: Applications for No. SP-10-005 are available by calling SAMHSA's Health Information Network at 1-877-SAMHSA7 or by downloading the application <http://www.samhsa.gov/Grants/2010/SP-10-005.aspx>. Applicants may apply online using <http://www.grants.gov/>.

APPLICATION DUE DATE: All applications are due by March 19, 2010.

ADDITIONAL INFORMATION: Applicants with questions about program issues should contact Olivia Shockey, Public Health Advisor, CSAP at 240-276-1270 or by email at dfcnew2010@samhsa.hhs.gov; or Barbara Orlando, Grants Management Specialist, Office of Program Services at 240-276-1422, or by email at barbara.orlando@samhsa.hhs.gov.

For information on DFC and upcoming application workshops, visit the Program's Web site at www.oncdp.gov/dfc.

SOURCE: Substance Abuse and Mental Health Services Administration

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