



**JOIN THE VOICES
FOR RECOVERY:
OUR FAMILIES,
OUR STORIES,
OUR RECOVERY!**



National
Recovery Month
Prevention Works • Treatment is Effective • People Recover
SEPTEMBER 2016



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MEDIA OUTREACH



PROMOTE RECOVERY MONTH WITH EVENTS

**“I CAME TO THE DECISION
THAT IF I WASN’T GOING
TO DIE, THEN I WAS SET ON
FINDING A WAY TO LIVE.”**

— LISA

Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) (www.samhsa.gov), within the U.S. Department of Health and Human Services (HHS) (www.hhs.gov), sponsors **National Recovery Month (Recovery Month)** to increase awareness of behavioral health conditions. This observance promotes the belief that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and/or substance use disorders.

Organizing an event for **Recovery Month** is an ideal way to celebrate the achievements of the recovery community. It is also a great way to support this year’s theme, “*Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!*” Events bring people together to share real life experiences of the power of recovery from mental and/or substance use disorders.

This document will help guide your event-planning process and provide tips and instructions for how to publicize events to maximize attendance.

DEFINE GOALS...

Before planning your event, consider the criteria that will make it a success. Setting goals will help determine the type of event you host, as well as inform what messages will resonate with the attendees. Possible goals include:

- Spread knowledge and awareness about mental and/or substance use disorders and prevention, treatment, and recovery.
- Promote the implementation of prevention, treatment, and recovery support programs in your community.
- Inspire others to champion recovery as possible and attainable.
- Secure coverage in the media, blogs, or social media platforms to reach those who cannot attend an event or to continue the conversation.

CHOOSE THE EVENT TYPE...

Events can come in all forms and sizes. The following are types of events that may be of interest:

- **Proclamation signing:** A proclamation is an official announcement by a public official, usually a political figure. The signing gathers people together to generate enthusiasm and awareness for a common cause. By declaring **September Recovery Month**, public officials can alert members of the community that prevention, treatment, and recovery support services are available and that mental and/or substance use disorders are significant issues affecting communities nationwide.
- **Walk, run, or rally:** A walk, run, or rally can draw large crowds of all ages and backgrounds, fostering a celebratory community atmosphere. These events can be sponsored by local businesses and organizations dedicated to mental and/or substance use disorders. Walks or runs often consist of pre-determined lengths and routes, with social opportunities intermingled, while rallies may identify speakers and opportunities to speak with members of the recovery community.
- **Cookout, dinner, or picnic:** Cookouts, dinners, or picnics are easy ways to unite friends, family, and neighbors in a positive environment. These events can be tailored to encourage treatment, celebrate recovery, or support a person's reintegration into society.
- **Public garden, artwork, or memorial dedication:** These types of events gather community members to dedicate a public landmark or item to serve as a lasting reminder of recovery. At the dedication, a local government

official can speak about the community's commitment to investing in prevention, treatment, and recovery support services. Other community members with personal recovery experiences can share their inspiring stories.

- **Twitter chat, webinar, or Google Hangout:** Technology allows people to participate in the online discussion surrounding recovery. These types of events are convenient when you are discussing the role of online services in recovery, such as e-therapy and support chat rooms.
- **Forums or discussion groups:** Forums and discussion groups are cost-effective and informal ways to bring members of the community together to address local interests. When planning these events, consider engaging civic leaders and elected officials to participate. These events can take place in a variety of settings—for example, a provider's office or treatment center, community center, or a place of worship. Attendees should be prepared to engage in a two-way conversation about local issues centered on prevention, treatment, and recovery.
- **Other types of events:** No event is too small to celebrate the accomplishments of individuals in recovery and those who serve them. Be sure to have information on how to get help for mental and/or substance use disorders readily available for event attendees.

PLAN THE EVENT...

When planning a **Recovery Month** event, consider the following checklist.

- **Form a planning committee:** The first step for a successful event involves forming a planning committee. It ensures that the workload is divided evenly among volunteers, staff, and partner organizations. It also encourages the exchange of ideas. The number of committee members depends on the size and scope of the event. A committee leader should convene the committee regularly to create a timeline and develop goals for the event.
- **Determine a budget:** Adhering to a budget is crucial. Deciding on a budget early will inform critical decision making about the size, shape, scope, and promotion of the event. Other items involved in the budget include fundraising costs, food and entertainment, venue and equipment rentals, permits and licenses, invitations, and speaker fees.
- **Plan logistics:** Select the event date, time, and venue as soon as possible after budget approval. When choosing a location, remember to select a venue that is accessible and appropriate for the type of event and size of the audience. Ask the venue contacts if permits or licenses are required.



MORE THAN ONE THIRD

OF YOUNG ADULTS AGED 18 TO 25 WERE BINGE ALCOHOL USERS (37.7%). AN ESTIMATED 8.7 MILLION (22.8%) OF UNDERAGE PERSONS (AGED 12 TO 20) WERE CURRENT DRINKERS IN 2014.

Center for Behavioral Health Statistics and Quality, Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015, p. 1.

If the event is in a public location, contact local authorities to confirm the steps that are needed to meet local requirements. When selecting a date and time, consider other events that are occurring in the area to minimize conflicts. Use the following tools to help streamline the search process:

- Search for already scheduled local events on www.recoverymonth.gov by typing in a zip code in the “Community Events” page. When a date is finalized, post the event on the **Recovery Month** website.
- Check event postings in a local newspaper’s community calendar, which is often housed on its website. Go to www.charityhappenings.org to view a master calendar of nonprofit events, galas, and benefits.
- **Find a sponsor or partner:** Hosting an event can be expensive, but partnering with local organizations, television networks, or small businesses can help offset the cost in exchange for publicity. Support from partners or sponsors may come in the form of money, broadcast coverage, marketing, catering, printing, giveaways, or other significant expenditures. In addition, local mental illness and/or addiction treatment and recovery centers can provide volunteers from the recovery community to staff an event. The **Recovery Month** Planning Partners are local organizations an event planner can potentially collaborate with to garner support, attendees, and/or speakers for an event. The **Recovery Month** Planning Partners are instrumental in spreading the message that behavioral health is essential to health, prevention works, treatment is effective, and people recover. For more information about **Recovery Month** Planning Partners, visit www.recoverymonth.gov/planning-partners.
- **Implement a publicity plan:** Successful events will employ both online and traditional means of increasing awareness about an event. Some necessary outreach may involve developing flyers, banners (print and online), and advertisements, as well as using social media to start a dialogue about the event. Print or broadcast journalists, as well as bloggers, can help increase the credibility of an event. Refer to the “Work with the Media” section in this toolkit for more information on garnering publicity for an event and speaking with the media. Be sure to brand your event as a **Recovery Month** event by placing the official **Recovery Month** logo on your printed materials. Such logos can be accessed and downloaded from www.recoverymonth.gov.
- **Post your event on the **Recovery Month** website:** Promote your event by posting it on www.recoverymonth.gov under the events section. By doing this, you can let others know the date, time, location, and other details about your event. You can also use this posting as a publicity tool by sharing your event on social media platforms.
- **Remember last-minute details:** Hold a final planning meeting in the days leading up to the event. Call vendors and speakers to confirm reservations and attendance. If possible, set up any booths or multimedia equipment the day before, and plan to arrive early the day of the event in case of any unexpected issues.
- **Develop a back-up plan:** Successful events have contingency plans in place. If the event location is outdoors, always plan a back-up indoor space, or a well-publicized rain date.



EVALUATE...

Once the event concludes, take time to review lessons learned from the event. A questionnaire is helpful to record feedback from attendees, and follow-up messages by email or social media may elicit audience response following the event. Staff insights are also critical to inform successes and areas to improve on for future events.

After the event, take the opportunity to thank event staff, volunteers, and community leaders for participating by handwriting thank-you letters or posting a thank-you letter to a blog or website.

Be sure to send any event promotional materials to recoverymonth@samhsa.hhs.gov and start to brainstorm for next year's **Recovery Month** event!

SHARE...

SAMHSA wants to hear about all of the events held in honor of **Recovery Month** this year. Once an event takes place, visit www.recoverymonth.gov to post details, photos, or materials from the event. The **Recovery Month** Facebook page (www.facebook.com/RecoveryMonth), YouTube channel (www.youtube.com/RecoveryMonth), and Twitter account (www.twitter.com/RecoveryMonth) also serve as platforms to which event planners or attendees can post details about their experiences. More information about these online tools can be found by visiting the "Social Media Tools" section in the **Recovery Month** website for details.

Inclusion of websites and resources in this document and on the **Recovery Month** website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.

WORK WITH THE MEDIA

Building relationships with members of the media is essential to the success of **Recovery Month**. Media outreach and the resulting coverage will increase awareness of events and highlight community efforts focused on mental and/or substance use disorders. The term “media” refers to the mass means of communication that reach many people through different channels including broadcast, print, web, and other social media platforms.

This document includes the basics of media outreach, including tips on speaking with the media and creating long-term relationships.

DETERMINE A FOCUS...

To begin, it is important to differentiate your **Recovery Month** event from other activities in the area since members of the media receive many requests to attend and cover events.

When determining the focus of your media outreach, use the following factors to increase your chances of coverage:

- **Hot topics:** In the crowded news space, a fresh, timely, and relevant angle will ensure that an event is considered. Check out healthcare trends, such as new research or policies, which may be driving the conversation in the news or on blogs.
- **Local impact:** Research compelling and current statistics that illustrate the prevalence of mental and/or substance use disorders, both locally and nationally. For example, the “Mental and/or Substance Use Disorders: Fast Facts” section of the toolkit features relevant behavioral health facts. You can use this information to create and supplement a localized fact sheet, outlining the effect of mental and/or substance use disorders in your area.
- **Proximity:** Media outlets have less money to spend on staffing and travel, so make sure you are contacting the most appropriate outlet and person. When reaching out to media, emphasize the direct connection of the event to the local community, such as the appearance of a local official.
- **Timeliness:** When contacting reporters, take into account how frequently their publications are distributed. Many reporters may request an advance lead time to write about an event before their publications go to print. Other reporters, such as those for broadcast outlets, may only cover “breaking news” live at the event site.

RESEARCH...

After establishing the key, newsworthy aspects of your event, identify the appropriate outlets and reporters to contact. To find out who has covered topics related to mental and/or substance use disorders, set up Google Alerts (www.google.com/alerts) online, which notify you when news on a certain topic is published.

ORGANIZE...

It is helpful to keep your media contacts’ information organized and accessible. Media lists are best created in a spreadsheet database program. Once you have identified a potential contact, include the following information in your spreadsheet:

- Contact name and title
- Contact outlet
- Email
- Phone number
- Facebook page and Twitter handle
- Pertinent notes (e.g., preferred time and method of contact, previous articles on recovery topics, and remarks from your interactions with this person)

CONNECT...

Once the list is complete, reach out to reporters via phone or email, depending on each contact’s individual preferences. Reporters often have time limitations, so keep the message short when “pitching” the event. Refer to the end of this document for sample pitches and phone scripts.

Bloggers tend to respond to people they have engaged with previously, so it may be beneficial to send an introductory email to the blogger to break the ice and start developing a relationship. Once a relationship is established, follow up with details of your **Recovery Month** event.

Likewise, when “pitching” reporters, start with an introduction and then ask about their availability. Don’t be discouraged if a journalist is short with you or in a hurry. Instead, offer to call back at a different time or connect with a colleague who may be interested in talking about the event.

After the conversation, thank each media contact for his or her time, exchange contact information, and set expectations for potential follow-up. Also, offer to send event materials (such as a promotional flyer) for further details. Confirm by email or phone if they will attend.

INTERVIEW...

Reporters who cover an event may request an interview with the host, a speaker, or key member of the host organization. If your team is presented with an opportunity to be interviewed by a member of the media, prepare for the discussion in advance. Research the interested media contact and anticipate the types of questions that may be asked. To best answer the questions, familiarize yourself with the event and all supplementary materials. Finally, practice answering questions with a friend or colleague.

The day before the interview, confirm the logistics and anticipated length of the interview. Whether your interview will be in-person or on the phone, always be professional and polite. Keep in mind that the goal of the interview is to communicate **Recovery Month** key messages, event details, and describe the importance of prevention, treatment, and recovery support services in the local area.

The following tips may also be useful in an interview:

- **Bridging:** This technique allows you to stay on message and avoid answering questions that may steer the conversation to unanticipated areas. Instead of answering the question head on, find a component of the question that can be tied back to one of the main points. For example, you may say, “That’s a great example of the power of recovery...” and then give a main talking point about recovery.
- **Bundling:** This technique allows a person to state a key point and then explain their justification for making the point. For example, a key message may include the phrase, “SAMHSA has a series of initiatives that improve prevention, treatment, and recovery support services.” This would be followed by important follow-up points that back up the key message, such as: “**Recovery Month** supports these initiatives by...”
- **Blocking:** If a reporter asks you a question that you are uncomfortable answering, avoid saying “no comment,” as it may appear you are hiding something. Instead, offer to put the reporter in contact with someone who can accurately answer the question. For example, “I am not the best person to answer that question, however I can put you in contact with a local organization who can provide the information.”

For a successful in-person interview, remember to maintain eye contact, sit up straight, control hand movements, demonstrate enthusiasm and genuine feelings in your voice, and dress professionally. For a successful phone interview, be sure to prepare by rehearsing and drafting notes. Find a quiet place to hold the call, convey a friendly tone in your voice, and ask follow-up questions if needed.

PRACTICE...

When speaking with the media, it may be helpful to use the following talking points about **Recovery Month**, which can be specific to an event.

For a specific event: On **[Date]** at **[Time]**, **[Organization]** is hosting **[Event or Activity]** at **[Location]** to celebrate recovery and encourage individuals with a mental and/or substance use disorder to seek treatment and achieve a healthy, happy life. Mental and/or substance use disorders can affect anyone, including people in **[City]**, where **[Number]** people have a mental health and/or a substance use disorder. Our community must remain vigilant and dedicated to the recovery process by helping people address these preventable and treatable conditions, and support individuals in recovery, as well as their family members.

To promote Recovery Month: **[Organization]**’s activities are part of **National Recovery Month (Recovery Month)**, which is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services (HHS). This year, **[Organization]** will be observing **Recovery Month** by **[Include the name and brief description of your Recovery Month activities]**.

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The following templates should not quote any SAMHSA official directly or add any content that could be potentially misconstrued as an official SAMHSA pronouncement.

SAMPLE PITCH EMAIL

Subject Line of Email: Main topic of your email

Hello **[Name]**,

I recently noticed your article on **[Behavioral Health Topic]**, and I thought you may be interested in an upcoming event celebrating people in recovery from mental and/or substance use disorders. In our community, behavioral health issues affect many people: **[Insert statistic on local prevalence of mental and/or substance use disorders]**. On **[Event Date]**, **[Name of Host Organization and any Noteworthy Attendees]** will host **[Type of Event]** in the **[City/Town Name]** area as part of ***National Recovery Month (Recovery Month)***, a large national observance. This event increases awareness and understanding of mental and/or substance use disorders, and promotes the message that behavioral health is essential to health, prevention works, treatment is effective, and people recover.

Recovery Month is an annual celebration sponsored each September by the Substance Abuse and Mental Health Services Administration (SAMHSA), which is a part of the U.S. Department of Health and Human Services (HHS).

Included in this message is a media advisory that provides additional details of the event. Please feel free to contact me if you need further information or would like to schedule an interview with **[Name and Title of Person Being Offered for Interviews]**. I will follow up with you prior to the **[Event]** to see if you or someone from your organization will be attending.

Thank you for your time and consideration.

Best regards,

[Your Name and Contact Information]

SAMPLE PITCH CALL SCRIPT

Hi **[Name]**,

My name is **[Insert Name]**, and I am calling on behalf of **[Name of Organization]**. An upcoming event in our community will emphasize the seriousness of mental and/or substance use disorders. Do you still cover **[Reporter's Beat – Health Care, Community Events, etc.]** and have a moment to chat?

As you may know, mental and/or substance use disorders are common, and not everyone receives the support they need to get better. **[Insert Local Prevalence Statistics to Support the Local Community Impact]**. Despite the prevalence of these conditions, recovery from mental and/or substance use disorders is possible.

We are hosting an event on **[Date]** in **[City]** as part of ***National Recovery Month***, an annual observance sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services (HHS). The goals of the event are to increase awareness and understanding of mental and/or substance use disorders, and promote the message that behavioral health is essential to health, prevention works, treatment is effective, and people recover.

If you are interested in learning more about the event, or are interested in speaking with **[Spokesperson Name and Role]**, I also have additional information I can send you. Is your email address **[Email Address]**?

Please let me know if you have any additional questions. My contact information will be included in the email, and I will follow up prior to the **[Event]** to see if you or someone from your organization will be attending.

Thank you for your time, and I hope to speak with you again soon.

USE OP-EDS AND ONLINE ARTICLES

People's opinions are often shaped by what they read in the media, whether in newspapers or online. The media is a powerful mechanism for spreading information, and placing an op-ed or bylined piece in a print or online media outlet can help raise awareness about **Recovery Month**. An op-ed, short for “opposite the editorial pages” of a newspaper, is a way to express opinions and perspectives on a certain subject or initiative. Writing about **Recovery Month** in any publication can promote understanding of mental and/or substance use disorders in your community, town, city, territory, or state.

This document includes helpful tips on how to write an op-ed or online article and how to submit it for publication.

GET STARTED...

The 2016 **Recovery Month** theme, “*Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!*” highlights the value of peer support by educating, mentoring, and helping others. It invites individuals in recovery and their support systems to be change agents in communities, and in civic and advocacy engagements.

Think about this theme when you brainstorm ideas for your op-ed or online article. Also consider the purpose of **Recovery Month**—to spread the message that behavioral health is essential to overall health, prevention works, treatment is effective, and people recover.

Plan appropriately and start writing early to place your op-ed or opinion piece—either in print or online—during **Recovery Month**. Refer to the checklist below to stay on track:

- **Determine a clear and concise message:** A strong op-ed or online article persuasively makes a single point or argument in the beginning of the piece. Explain topics through simple messaging, allowing readers to stay focused and walk away with the main point.
- **Think relevance:** Make the subject of an op-ed or article timely and relevant to the general public. Consider tying your piece to a recent event or news story.
- **Personalize it:** Include a personal story to help readers easily connect with the message. Be sure to ask for permission before sharing someone's personal story.
- **Locate statistics and facts:** Validate all statements or opinions with hard facts. For example, if you want to note that mental and/or substance use disorders are common and more prevalent than one might think, include statistics on the prevalence. Refer to the “Mental and/or Substance Use Disorders: Fast Facts” section of this toolkit to identify relevant statistics.
- **Think local:** Give the article a local angle to increase chances that a print or online outlet will publish the piece. Feature local residents in your op-ed or article—given they have granted you permission beforehand. You can also address recent local events, and include statistics that are specific to your city or state.
- **Keep it brief:** Op-ed or online articles should be between 400 and 750 words. Check with publications to determine specific limitations on word count or other requirements, such as deadlines and how they prefer to receive submissions.
- **Identify the appropriate publication(s):** Assess which publication is the best fit for a particular op-ed. A local newspaper might be ideal if the article focuses on community issues. If the article focuses on a broader, national issue, try a newspaper with a higher circulation rate. Remember that most publications will not publish op-eds that were already published in another outlet. For this reason, prioritize each outlet and select your top choices, followed by back-up options. Read examples of past op-eds to get a sense of what formats and topics appear to capture the publication's interest.
- **Create a relationship:** The best way to have your thoughts published or posted is to develop a relationship with the editor in advance. Always plan out what you want to say before contacting the publication. Provide background information about yourself, your organization, and **Recovery Month**, in addition to any local and state recovery issues.
- **Refer to the template:** Consult the sample op-ed at the end of this document to help initiate the writing process.

To gain additional attention for your op-ed, contact well-known organizations in the community and offer to co-write an op-ed or online article with them. An established partner might catch the eye of an editor and increase the chances that your op-ed is published. Refer to the “Treatment and Recovery Support Services” section of this toolkit to identify organizations that you can collaborate with in your area.



WRITE...

Select a topic and statistics with a local angle to support your information about **Recovery Month** and its mission, along with this year's theme. Avoid controversial statements or imposing beliefs on others, but do take a clear position. Also, consider the publication's readers when writing an op-ed or online article, and think about what would catch their attention and create interest in **Recovery Month**. If you feature or mention any prevention, treatment and/or recovery programs in your community, make sure you have their permission first.

Refer to the following tips when writing an op-ed or online article.

- Include an eye-catching title that emphasizes central messaging.
- Make it personal and include real stories to connect with readers.
- Restate your main points at the end of the op-ed and issue a call to action.
- Avoid technical jargon and acronyms—most newspapers are written at a fifth-grade level.
- Include your name, contact information, and a description of who you are and your qualifications at the end of the piece.

PERSONALIZE...

Refer to the resources below for facts to make an op-ed or online article more compelling.

- **SAMHSA's Recovery Statement** (blog.samhsa.gov/2012/03/23/definition-of-recovery-updated)
- **SAMHSA's National Survey on Drug Use and Health** (www.samhsa.gov/data/population-data-nsduh)
- **SAMHSA's National Survey of Substance Abuse Treatment Services (N-SSATS)** (www.samhsa.gov/data/substance-abuse-facilities-data-nssats)
- **SAMHSA's Treatment Episode Data Set** (www.samhsa.gov/data/client-level-data-teds)
- **SAMHSA'S Drug Abuse Warning Network** (www.samhsa.gov/data/emergency-department-data-dawn)
- **Mental Health Facilities Data (NMHSS)** (www.samhsa.gov/data/mental-health-facilities-data-nmhss)
- **SAMHSA's Publication Store** (store.samhsa.gov)
- **SAMHSA's Recovery and Recovery Support Webpage** (www.samhsa.gov/recovery)

PUBLISH...

When submitting an op-ed or online article, include a brief cover letter to establish why you are qualified to write the piece and why it is timely, along with a simple explanation of why recovery from mental and/or substance use disorders is important to readers. When trying to place your piece in a publication or online, be sure to:

- **Place a follow-up call:** Follow up with the editor one week after submitting the op-ed or article. If he or she has not had time to look at it yet, follow up again one week later. Remember to be polite and state that publishing your piece will help others who may not be aware of the seriousness of mental and/or substance use disorders and the possibility of recovery.
- **Set a time limit:** Since most publications will not send notification if an op-ed is rejected, set a deadline for your piece to be published. If the deadline passes, move on to the next outlet and gauge their interest in publishing the piece. Don't give up!

If your op-ed is rejected from your desired publications, consider alternatives to the traditional printed op-ed. Ask the publication's website editor if op-eds can be posted on the online version of the newspaper. Online opinion pieces can be much easier to share with others through social media outlets, such as Twitter (www.twitter.com) and Facebook (www.facebook.com).

Also consider that many newspapers have online bloggers who cover local philanthropic events, and some may accept guest post contributions to discuss mental and/or substance use disorders or a **Recovery Month** event in your area. Use the sample op-ed at the end of this document as a guide for a guest post, but remember to write in a more casual, personal manner when blogging. If a blogger does not agree to a guest post, offer information about **Recovery Month** and prevention, treatment, and recovery of mental and/or substance use disorders, and encourage the blogger to write his or her own post on the topic or link to a local **Recovery Month** event's website.

Keep in mind that **Recovery Month** celebrates individuals in long-term recovery; acknowledges those who provide prevention, treatment, and recovery support services; and empowers those in need of help to seek treatment throughout the year. Even if your op-ed or online piece does not get published in September, keep trying throughout the rest of the year to help spread these crucial messages.

SHARE...

SAMHSA is interested in receiving copies of published op-eds and hearing about any successes in promoting **Recovery Month**. Be sure to check news sites such as Google News (<https://news.google.com>) or Yahoo News (news.yahoo.com) to see if an op-ed is published or whether other outlets have picked it up. Posting on personal social media accounts is also a great way to share an op-ed. In particular, you can do the following:

- Post a published op-ed on the **Recovery Month** website (www.recoverymonth.gov), Facebook page (www.facebook.com/RecoveryMonth) and Twitter account (twitter.com/recoverymonth).
- Visit the "Social Media Tools" section on the **Recovery Month** website (www.recoverymonth.gov/events/plan-events/social-media-tools) for assistance on how to use these online tools.
- Distribute event details, materials, and pictures to the social media channels above.

Send a copy of your published op-ed and placement information electronically to recoverymonth@samhsa.hhs.gov or by mail to:

Substance Abuse and Mental Health
Services Administration
ATTN: Consumer Affairs/**Recovery Month**
Center for Substance Abuse Treatment
5600 Fishers Lane
13E33-B
Rockville, MD 20857

Inclusion of websites and resources in this document and on the **Recovery Month** website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.

The following templates should not quote any SAMHSA official directly or add any content that could be potentially misconstrued as an official SAMHSA announcement.

SAMPLE OP-ED

Families and Communities Can Make a Difference

Oftentimes, individuals who experience a mental and/or substance use disorder feel isolated and alone. Yet, every year millions of Americans experience these conditions. It's important that we offer support to individuals facing mental and/or substance use disorders. In fact, we need to create environments and relationships that promote acceptance. Support from families is essential to recovery, so it's important that family members have the tools to start conversations about prevention, treatment, and recovery. Too many people are still unaware that prevention works and that mental and/or substance use disorders can be treated, just like other health problems.

Having [**Been in Long-term Recovery for XX Years / Worked in the Recovery Field for XX years / Other Statement of Personal Experience**], I have witnessed the positive reality of recovery. Individuals who embrace recovery achieve improved mental and physical health, as well as form stronger relationships with their neighbors, family members, and peers. We need to make more people feel like recovery is possible.

Mental and/or substance use disorders affect people of all ethnicities, ages, genders, geographic regions, and socioeconomic levels. They need to know that help is available. These individuals can get better, both physically and emotionally, with the support of a welcoming community.

Families and communities can find hope and spread the message that recovery works by celebrating the annual **National Recovery Month (Recovery Month)**, an initiative sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services (HHS).

[**Name of Organization**] is celebrating **Recovery Month** by holding a variety of educational and entertaining events [**Or Name Specific Event**] to honor individuals and families who are in long-term recovery. Your attendance will demonstrate the support of the recovery community, including those who provide prevention, treatment, and recovery support services.

I urge all community members to join the celebration and help stem the incidence of mental and/or substance use disorders. Let people know that free, confidential help is available 24 hours a day through SAMHSA's National Helpline, **1-800-662-HELP (4357)** or **1-800-487-4889 (TDD)**. Additionally, you can provide information about local treatment and recovery resources on your website and link to additional information available at www.recoverymonth.gov.

Offering support to those experiencing mental and/or substance use disorders can make a huge difference. Together we can help others realize the promise of recovery and give families the right support to help their loved ones.

[**Include Author Name, Title, and Brief Summary of Qualifications that Make Him or Her an Expert on this Topic.**]



AMONG PEOPLE AGED 12 OR OLDER, 21.5 MILLION PEOPLE (8.1%) WERE CLASSIFIED WITH SUBSTANCE DEPENDENCE OR ABUSE IN THE PAST YEAR.

Center for Behavioral Health Statistics and Quality, Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015, p. 2.

PRESS MATERIALS FOR YOUR RECOVERY MONTH EVENT

To assist with the effort and generate positive publicity for **Recovery Month** activities, create and distribute press materials to spread the recovery message. These materials should garner media coverage by highlighting the fact that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and/or substance use disorders.

The 2016 **Recovery Month** theme, “*Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!*” highlights the importance of families, communities, and individuals sharing stories of recovery to encourage others to make a personal connection with the recovery movement. Use this document to guide the development and distribution of publicity materials to promote **Recovery Month** events this September and throughout the year.

CHOOSE A FORMAT...

There are several types of materials you or your organization can share with the media to publicize your **Recovery Month** event and highlight messages that will resonate with your intended audiences and the media.

The following tools will build awareness for a **Recovery Month** event. Examples of most of these tools can be found at the end of this document and can be modified to distribute to media outlets.

- **Media advisories**, or media alerts, are brief one-page documents that notify the media of an upcoming event and provide essential information about the event’s date, time, and location. They are brief and entice reporters to attend the event to learn more. Advisories should be sent to the calendar editor of a local newspaper and also the health care reporter or editor that covers local news or events. They should also include the organization’s contact information, as well as information on scheduling interviews and taking photos.

- **Press releases**, or news releases, are one- or two-page announcements sent to the media so they will cover a story or event. A release is similar to a condensed news story, which sometimes is repurposed as a stand-alone article in a newspaper. Refer to the “Work with the Media” section in this toolkit for factors that reporters use to determine if a story is newsworthy. Press releases should:
 - Be approximately 500 words, formatted in short paragraphs;
 - Contain the most important information at the top, followed by supporting details later in the article; and
 - Include a quote from an event’s spokesperson or key figure.
- **Backgrounders** are succinct, supplementary documents that often accompany a media advisory or news release. A backgrounder may also be distributed at **Recovery Month** events, or sent to reporters separately. They can be written in paragraph form or have bulleted information. Create a backgrounder, such as the one at the end of this document, that highlights SAMHSA and **Recovery Month**; your organization; the specific event; recent behavioral health data; relevant prevention, treatment, and recovery support services; and local individuals in recovery.
- **Op-eds**, or opposite of the editorials, provide an opinion on a specific topic or event, and are published opposite a publication’s editorial page. An op-ed’s purpose is to influence public opinion by taking a strong position and creating a dialogue about issues affecting a community, such as mental and/or substance use disorders.

- **Letters to the editor** are brief letters (no more than 150 to 175 words) written to express an individual's or organization's point of view on a particular, yet timely, subject that was recently covered in the news. Letters should be written as a response to another news story (within a couple of days of the story's appearance) and should highlight a timely issue, such as how the rate of mental and/or substance use disorders in a local community factors into other stories in the news. Letters to the editor tend to be published in newspapers and news magazines.
- **Public service announcements (PSAs)** are non-paid informational commercials, distributed to local radio or television outlets. PSAs create awareness of **Recovery Month** in communities and help inform audiences about the realities of mental and/or substance use disorders. Refer to the "**Recovery Month** Public Service Announcements" section in this toolkit for more information.

DRAFT...

When drafting press materials for a **Recovery Month** event, explain why behavioral health issues are important to address and why your event is beneficial to the community. Remember to share these messages with all members of your event-planning committee, in order for them to offer a relevant quote if asked by the media. It may be helpful to review the "Work with the Media" section for more advice on interacting with reporters.

When developing press materials, keep in mind the following tips.

- Avoid using slang terms, which may offend people in recovery or technical jargon that the general public may not understand.
- Double-check the names, titles, and contact information in press materials, and verify that all statistics and spelling are correct.

PERSONALIZE...

Use the following resources to customize your press materials with local data when possible.

- **SAMHSA's National Survey on Drug Use and Health** (www.samhsa.gov/data/population-data-nsduh)
- **SAMHSA's National Survey of Substance Abuse Treatment Services (N-SSATS)** (www.samhsa.gov/data/substance-abuse-facilities-data-nssats)
- **SAMHSA's Treatment Episode Data Set** (www.samhsa.gov/data/client-level-data-teds)

- **SAMHSA's Drug Abuse Warning Network** (www.samhsa.gov/data/emergency-department-data-dawn)
- **SAMHSA's Mental Health Facilities Data (NMHSS)** (www.samhsa.gov/data/mental-health-facilities-data-nmhss)
- **SAMHSA's Behavioral Health Treatments and Services Webpage** (www.samhsa.gov/treatment)
- **SAMHSA's Recovery and Recovery Support Webpage** (www.samhsa.gov/recovery)

DISSEMINATE...

Before distributing the media materials you have developed, make sure your materials adequately highlight the importance of **Recovery Month**, have a specific call to action, and provide community-specific information.

Press materials are most commonly distributed electronically. To ensure a reporter views the press materials, copy and paste the information into the body of an email. Make sure the headline and first paragraph are readable to prevent unnecessary scrolling. Also, personalize each email so the reporter knows it is not a mass message.

To learn where to send materials and how to build a comprehensive media list, refer to the "Work with the Media" section in this toolkit.

COORDINATE TIMING...

Media advisories are typically sent to reporters about a week in advance of an event. Remember, these alerts serve as an invitation or "save-the-date" for the event. Press releases are distributed either immediately before or at the event, or can be given to reporters under an "embargo" agreement until the event or announcement becomes official.

To distribute materials to a large number of recipients, you can send them to a news wire service organization, such as the Associated Press or Reuters, which may choose to run them for free. You can also choose to use an online fee-based distribution service, such as:

- **24/7 Press Release** (www.24-7pressrelease.com)
- **Business Wire** (www.businesswire.com/portal/site/home)
- **PR Log** (www.prlog.org)
- **PR Newswire** (www.prnewswire.com)



Once materials have been distributed, remember to post them on the **Recovery Month** website at www.recoverymonth.gov and link to the materials on appropriate web-based platforms. It is also important to follow up with each reporter who received the materials to ensure they received them and gauge their interest in attending the event or scheduling an interview with a spokesperson or speaker. Refer to the “Work with the Media” section in this toolkit for tips on pitching and advice on communicating with journalists.

SHARE...

As discussed in the “Promote **Recovery Month** with Events” section in this toolkit, it is important to evaluate an event after it has taken place. The planning committee can use key lessons learned from an event to improve future events.

Post press materials on the **Recovery Month** website (www.recoverymonth.gov) to accompany the event listing.

Share event information through **Recovery Month** social media outlets, such as the Facebook page (www.facebook.com/RecoveryMonth), YouTube channel (www.youtube.com/recoverymonth), and Twitter account (<https://twitter.com/RecoveryMonth>). Share the event’s outreach efforts and talk about the materials that were useful during **Recovery Month** by completing the “Customer Satisfaction Form.”

Send promotional materials electronically to recoverymonth@samhsa.hhs.gov or by mail to:

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CONSULT RESOURCES...

For more information on **Recovery Month** and services available to people in need, please refer to the “Treatment and Recovery Support Services” section of this toolkit.

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SAMPLE MEDIA ADVISORY

[Adapt as needed for event by modifying the type of event, date, etc.]

The following templates should not quote any SAMHSA official directly or add any content that could potentially be misconstrued as an official SAMHSA announcement.

[Name of Official] to Issue Proclamation and Lead Recovery Event to Raise Awareness of Mental and/or Substance Use Disorders

Mental and/or substance use disorders are prevalent in our community, and it's imperative that individuals in **[City or State]** understand how to seek help. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2015, an estimated XX **[Thousand/Million]** people in **[City or State]** were affected by mental illness. In addition, an estimated XX **[Thousand/Million]** people in **[City or State]** were affected by substance use disorders.

To address this significant problem, **[Name of Official]** will issue a proclamation for ***National Recovery Month*** this September, raising awareness about prevention, treatment, and recovery support services in the area. Additionally, **[Name of Expert]** will discuss local mental and/or substance use disorder programs and highlight individuals who are in recovery, detailing the journey they took to get where they are today.

Last year, 82 proclamations were issued nationwide, including one by the President of the United States. After the signing of the proclamation, attendees and all citizens of **[City or State]** are encouraged to join a recovery event around the community to highlight the significance of helping people in need of prevention, treatment, and recovery support services, while also celebrating the accomplishments of individuals in recovery.

WHO: [Participants]

WHEN: [Date and Time]

WHERE: [Address of Event]

CONTACT: [Name and Phone Number of Primary Contact for Event]

SAMPLE PRESS RELEASE

[Adapt as needed for the event by modifying the type of event, date, and local statistics as available.]

For Immediate Release

Contact: [Name of Person Who is Available to Answer Questions from the Media]

[Phone Number of Contact Person – Include Office and Cell Numbers]

[Email Address of Contact Person]

[Name of Official] Hosts Recovery Event to Raise Awareness of Mental and/or Substance Use Disorders Support Services in [City or State]

[City, State], [Date] – Mental and/or substance use disorders and the societal benefits of recovery for [City or State] must be addressed immediately, according to [Name of Local Official], who today recognized September as **National Recovery Month (Recovery Month)**. To promote the widespread national observance, [Name of Official] led a recovery event, which featured opening speakers and was intended to support people in recovery and draw attention to critical prevention, treatment, and recovery support services.

In addition, a walk, attended by more than [Number of people who attended the walk] people, celebrated real-life examples of people in recovery.

“Today’s event emphasized that individuals in recovery and their support systems can be change agents in our communities,” stated [Name of Official]. “It is critical that people experiencing mental and/or substance use disorders receive the support they need. The reality is that behavioral health is essential to health, prevention works, treatment is effective, and people recover.”

[Replace the following paragraph with local statistics, if available.] In 2014, 43.6 million people aged 18 or older (18.1 percent of adults) had any mental illness according to the 2014 National Survey on Drug Use and Health, an annual survey released by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Opening speakers at the event described the impact of mental and/or substance use disorders on the community, and joined the crowd on the walk in downtown [City]. The event also featured the support of local businesses and organizations that recognize the value of seeking treatment and overcoming mental and/or substance use disorders.

“It is important that the momentum we’ve established at this event is carried over to tomorrow, and the next day, week, and year,” said [Name of Person]. “We all have the potential to make a difference and be visible, vocal and valuable to help spread the message that recovery is possible.”

Today’s event was part of **Recovery Month**, a national observance sponsored by SAMHSA, within the U.S. Department of Health and Human Services. The observance raises awareness of mental and/or substance use disorders, celebrates individuals in long-term recovery, and acknowledges the work of prevention, treatment, and recovery support services.

SAMPLE BACKGROUNDER

[Adapt as needed by including additional organization-specific information or information on the event].

National Recovery Month Media Fact Sheet

What is National Recovery Month?

National Recovery Month (Recovery Month) is an annual observance celebrated every September since 1989. In September, and throughout the year, **Recovery Month** spreads the message that –

- Behavioral health is essential to health.
- Prevention works.
- Treatment is effective.
- People recover.

Refer to the **Recovery Month** website, www.recoverymonth.gov, for additional information on the initiative.

Who sponsors Recovery Month?

Recovery Month is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services. SAMHSA collaborates with approximately 200 **Recovery Month** Planning Partners who represent local, state, and national organizations dedicated to prevention, treatment, and recovery.

What is this year's Recovery Month theme?

This year's theme, "*Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!*" highlights the value of peer support by educating, mentoring and helping others. It invites individuals in recovery and their support systems to be active change agents in communities, and in civic and advocacy engagements.

What events occur during Recovery Month?

Every September—and throughout the year—hundreds of events occur to celebrate **Recovery Month**. These events, ranging from recovery walks and rallies to online web chats and group barbecues, encourage the following audiences to address the continued need for prevention, treatment, and recovery support services.

- Active military and veterans
- Civic leaders
- Communities
- College-aged students
- Educators
- Employers
- Faith-based organizations
- Faith leaders
- First responders
- Friends and family members
- High school-aged students
- Justice system personnel
- Policymakers
- Prevention, treatment, and recovery organizations
- Peer recovery
- Recovery community
- Social service organizations
- Youth and young adults



Where can people find treatment for mental and/or substance use disorders?

Many treatment options exist. SAMHSA's Behavioral Health Treatments and Services webpage, www.samhsa.gov/treatment, helps people find mental and/or substance use disorder treatment facilities and programs across the country. SAMHSA's National Helpline, **1-800-662-HELP (4357)** or **1-800-487-4889 (TDD)**, provides 24-hour, free, and confidential information about mental and/or substance use disorders, and prevention, treatment, and recovery referrals in English and Spanish. Additionally, the "Treatment and Recovery Support Services" section in this toolkit provides an overview of support options.

Where can people learn more about the current mental and/or substance use disorder landscape?

Refer to the "Mental and/or Substance Use Disorders: Fast Facts" section in this toolkit for up-to-date statistics on the prevalence of mental and/or substance use disorders in the United States.

ISSUE RECOVERY MONTH PROCLAMATIONS

A proclamation is an official announcement that publicly recognizes an initiative, such as **Recovery Month**. Proclamations are typically signed and issued by federal officials, governors, state legislators, or other government officials at the local level.

The solicitation and gathering of proclamations from state, territory, city, or county entities in support of **Recovery Month** is another way to promote and raise awareness for behavioral health, and spread the message that prevention works, treatment is effective, and people recover.

Last year, 82 proclamations were signed to support **Recovery Month**, including one issued by President Barack Obama. For the past 15 years, the Executive Office of the President of the United States has supported the Substance Abuse and Mental Health Services Administration (SAMHSA) (www.samhsa.gov), within the U.S. Department of Health and Human Services (HHS) (www.hhs.gov), by working to raise public awareness and support for those with behavioral health conditions, as well as their communities and families. The Presidential Proclamation recognizes the importance of prevention, treatment, and recovery across the country. Equally important are the hundreds of proclamations issued at the state, territory, and local levels each year.

The **Recovery Month** theme, “*Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!*” highlights the value of peer support by educating, mentoring, and helping others. It invites individuals in recovery and their support systems to be catalysts and active change-agents in communities, and in civic and advocacy engagements. To differentiate your proclamation from previous years, we recommend you create a proclamation that highlights this year’s theme.

The information below includes tips to help draft and promote a **Recovery Month** proclamation.

CONTACT PUBLIC OFFICIALS...

Before drafting a proclamation to designate September as **Recovery Month** in your area, you may wish to research local officials to gauge their interests and beliefs about prevention, treatment, and recovery support services. You will want to engage someone who is passionate about this issue, if possible, or try to generate passion for the issue as a result of your outreach. Remember that many public officials can issue a proclamation, including:

- Governors
- Senators and Representatives

- Mayors
- City council members
- State legislators
- County managers
- Tribal nation leaders

Since many legislatures and city governments are not in session during the summer months, try to contact public officials at least three months in advance of **Recovery Month**. Write a letter or send an email to initiate correspondence with an official’s communications office, and follow up with a phone call. Include a link to www.recoverymonth.gov in your correspondence. During the initial conversation, explain the **Recovery Month** observance, detail scheduled local activities, and discuss the importance of their support for this annual event. If the official’s office is unfamiliar with the proclamation process, explain that it’s a simple way for the government to recognize the importance of prevention, treatment, and recovery support services for mental and/or substance use disorders—and that it can encourage those in need to seek help.

Once the office confirms that the official might support **Recovery Month** and issue a proclamation, it’s time to start writing.

DECIDE ON A STYLE...

There are two styles of proclamation writing: traditional and modern. While these two styles differ in format, they can both generate awareness of **Recovery Month**.

Traditional proclamations begin with a series of statements starting with the words “whereas,” which detail the current state of affairs and suggest the reasoning behind the proclamation. Each clause notes the problems or issues being addressed and is followed by a concluding phrase beginning with “therefore,” which specifically requests the support or action needed.

Modern proclamations are written in a letter format (see an example of a Presidential Proclamation at <https://www.whitehouse.gov/briefing-room/presidential-actions/proclamations>). They highlight the same points as a traditional proclamation, but are written as statements.

Samples of both formats are included at the end of this document. Examples of signed and issued proclamations can be viewed on the **Recovery Month** website at www.recoverymonth.gov under the “Proclamations” section.

DEVELOP A PROCLAMATION...

Once you are familiar with the different proclamation styles, use the following checklist when drafting a proclamation and working to gain public support for **Recovery Month**.

- Determine the official's preferred writing style (traditional or modern).
- Offer to draft the proclamation.
- Refer to the examples at the end of this document to help draft the proclamation.
- Insert local information or statistics that will resonate with community members (see examples in the "Mental and/or Substance Use Disorders: Fast Facts" section in this toolkit).
- Submit the proclamation to the official's office early and allow time for the official to review and sign the proclamation.
- Follow up frequently to check the status of the proclamation.
- Display copies of the proclamation in public places once it has been signed.
- Post the proclamation on the **Recovery Month** website, Facebook page (www.facebook.com/RecoveryMonth), and Twitter account (twitter.com/recoverymonth).

PERSONALIZE...

You can personalize the proclamation for your community and include important messages about recovery. Consider including or consulting the following resources about treatment and recovery services.

- **SAMHSA's National Survey on Drug Use and Health and other data from SAMHSA** (www.samhsa.gov/data/population-data-nsduh)
- **SAMHSA's National Survey on Substance Abuse Treatment Services (N-SSATS)** (www.samhsa.gov/data/substance-abuse-facilities-data-nssats)
- **SAMHSA's Treatment Episode Data Set** (www.samhsa.gov/data/client-level-data-teds)
- **SAMHSA's Drug Abuse Warning Network** (www.samhsa.gov/data/emergency-department-data-dawn)
- **SAMHSA's Mental Health Facilities Data (NMHSS)** (www.samhsa.gov/data/mental-health-facilities-data-nmhss)
- **SAMHSA's Recovery and Recovery Support Webpage** (www.samhsa.gov/recovery)

- **SAMHSA's Behavioral Health Treatments and Services Webpage:** (www.samhsa.gov/treatment)

PUBLICIZE...

Publicizing the proclamation will bring more attention to **Recovery Month** and generate momentum for the national observance in your community. Visit local businesses, health clubs, libraries, hotel lobbies, schools, college campuses, treatment and recovery centers, community mental health centers, and government buildings to see if they allow you to display copies of proclamations and other **Recovery Month** resources. If permitted, display a **Recovery Month** poster to garner additional attention and increase interest.

To create additional publicity, arrange a press conference or town-hall meeting and have local officials sign or present the proclamation. This event can be accompanied by a roundtable discussion on issues related to mental and/or substance use disorders. Ideas for panelists include treatment and service providers, families affected by mental and/or substance use disorders, young adults affected by these disorders, and other individuals already in recovery. For information on how to plan a **Recovery Month** event, refer to the "Promote **Recovery Month** with Events" section in this toolkit.

Lastly, arrange for a proclamation to be featured in a local publication to increase awareness. Distribute electronic copies of the document to the local or metro desks of local newspapers, along with a press release to announce the signing of the **Recovery Month** proclamation. For tips on how to write an effective press release, refer to the "Press Materials for Your **Recovery Month** Event" section in this toolkit.

SHARE...

Post a copy of the proclamation on the **Recovery Month** website (www.recoverymonth.gov) and send it electronically to recoverymonth@samhsa.hhs.gov or in hard copy to:

Substance Abuse and Mental Health
Services Administration
ATTN: Consumer Affairs/**Recovery Month**
Center for Substance Abuse Treatment
5600 Fishers Lane
13E33-B
Rockville, MD 20857

Be sure to share it on your social media channels!

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SAMPLE PROCLAMATION 1: TRADITIONAL FORMAT

WHEREAS, behavioral health is an essential part of health and one’s overall wellness; and

WHEREAS, prevention of mental and/or substance use disorders works, treatment is effective, and people recover in our area and around the nation; and

WHEREAS, preventing and overcoming mental and/or substance use disorders is essential to achieving healthy lifestyles, both physically and emotionally; and

WHEREAS, we must encourage relatives and friends of people with mental and/or substance use disorders to implement preventive measures, recognize the signs of a problem, and guide those in need to appropriate treatment and recovery support services; and

WHEREAS, an estimated [XX Thousand/Million] people in [City or State] are affected by these conditions; and

WHEREAS, to help more people achieve and sustain long-term recovery, the U.S. Department of Health and Human Services (HHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the White House Office of National Drug Control Policy (ONDCP), and [Name of State, City, County or Treatment Organization] invite all residents of [State/City/Town] to participate in **National Recovery Month (Recovery Month)**; and

NOW, THEREFORE, I [Name and Title of Your Elected Official], by virtue of the authority vested in me by the laws of [City, State, or Locality], do hereby proclaim the month of September 2016 as

NATIONAL RECOVERY MONTH

In [City or State] and call upon the people of [City or State] to observe this month with appropriate programs, activities, and ceremonies to support this year’s **Recovery Month, Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!**

In **Witness Whereof**, I have hereunto set my hand this [Day of Month] day of [Month], in the year of our Lord two thousand sixteenth, and of the Independence of the United States of America the two-hundred and fortieth.

Signature

[Insert City/State or Other Official Seal]



SAMPLE PROCLAMATION 2: MODERN FORMAT

Mental and/or substance use disorders affect all communities nationwide, but with commitment and support, people with these disorders can achieve healthy lifestyles and lead rewarding lives in recovery. By seeking help, people who experience mental and/or substance use disorders can embark on a new path toward improved health and overall wellness. The focus of **National Recovery Month (Recovery Month)** this September is to celebrate their journey with the theme *Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!* **Recovery Month** spreads the message that behavioral health is essential to health and one's overall wellness, and that prevention works, treatment is effective, and people recover.

The impact of mental and/or substance use disorders is apparent in our local community, and an estimated **[XX Thousand/Million]** people in **[City or State]** are affected by these conditions. Through **Recovery Month**, people become more aware and able to recognize the signs of mental and/or substance use disorders, which can lead more people into needed treatment. Managing the effects of these conditions can help people achieve healthy lifestyles, both physically and emotionally.

The **Recovery Month** observance continues to work to improve the lives of those affected by mental and/or substance use disorders by raising awareness of these diseases and educating communities about the prevention, treatment, and recovery resources that are available. For the above reasons, I am asking the citizens of **[City or State]** to join me in celebrating this September as **National Recovery Month**.

I, **[Name and Title of Elected Official]**, do hereby proclaim the month of September 2016 as

NATIONAL RECOVERY MONTH

In **[City or State]** and call upon our community to observe this month with compelling programs and events that support this year's observance.

Signature

[Insert City/State or Other Official Seal]

RECOVERY MONTH PUBLIC SERVICE ANNOUNCEMENTS

Every year, public service announcements (PSAs) are created for **Recovery Month** to encourage individuals in need of treatment and recovery services to seek help. PSAs are unpaid advertisements that air on television and/or radio stations, as well as online, at no cost.

To support the 2016 **Recovery Month** campaign, SAMHSA created two radio and television PSAs (<http://www.recoverymonth.gov/promote/public-service-announcements>) in English and Spanish. The spots reflect this year's **Recovery Month** theme, "*Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!*" as well as advertise SAMHSA's National Helpline. They highlight the message that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and/or substance use disorders.

These PSAs can be used year-round to promote prevention, treatment, and recovery. At the end of each PSA, SAMHSA's National Helpline, **1-800-662-HELP (4357)**, or **1-800-487-4889 (TDD)**, is highlighted. This toll-free number, available in English or Spanish, provides 24-hour, confidential information about mental and/or substance use disorders and prevention, treatment, and recovery referrals. All **Recovery Month** PSAs are freely available for public use without permission from, or charge by, HHS or SAMHSA.

CUSTOMIZE...

Each year, **Recovery Month** PSAs are distributed to television and radio stations nationwide. To maximize their circulation, these pre-recorded PSAs are available in 30-, 20-, and 15-second versions. Additionally, "open-ended" versions are available to add your local information to personalize the spots. If possible, work with a local production company to insert supplementary information, such as a website, phone number, or logo. Otherwise, you can promote them "as is."

If stations are unable to play the PSAs during September, remind them these PSAs can be played year-round. If local television or radio stations do not have the 2016 PSAs, suggest emailing recoverymonth@samhsa.hhs.gov to receive a copy. The PSAs are also available online in the Video, Radio, and PSA section of the **Recovery Month** website at <http://www.recoverymonth.gov/promote/public-service-announcements>

USE SCRIPTS...

At the end of this document are one 30-second and one 15-second radio PSA script examples for radio hosts to read "live" on the air. These scripts can be easily tailored to promote a **Recovery Month** event in the local community. When customizing the live-read scripts to promote an event, keep in mind the following checklist.

- Include only crucial event details to limit the scripts to the allotted time.
- Refer viewers and listeners to a website or phone number for more information.
- Weave in local statistics or information about the prevalence of mental and/or substance use disorders that resonate with the local community.
- Ask radio stations if their most popular radio personalities or a community leader who may be visiting the station can help promote the PSAs by reading them live.

DISTRIBUTE SCRIPTS...

Distribute the live-read PSA scripts to local radio stations to promote an event or the **Recovery Month** campaign in September. Before reaching out to radio stations, identify which stations are most appropriate for the target audience, considering demographic data such as age, gender, race, and location. After selecting your top choices, contact these radio stations to determine if they are interested in receiving the live-read scripts. Also, ask for a specific person who handles these requests, such as a PSA director. When sending PSAs to local stations, it's important to include a cover letter, explaining the importance of the event and the **Recovery Month** campaign. Be sure to include contact information in case stations have questions. Refer to the "Work with the Media" section in this toolkit for a customizable pitch letter, and tailor it for use with PSA directors.



PROMOTE PRE-RECORDED PSAS...

Stress to radio and television stations the importance of these PSAs and how they motivate people in need to seek help by spreading the message that recovery from mental and/or substance use disorders is possible. Start by writing down bullet points or creating a script to use when calling television and radio stations to explain the **Recovery Month** PSAs in detail.

To spread the word online, email the PSAs to **Recovery Month** supporters. Ask them to forward the pitch email, along with the PSA spots, to anyone who may find them useful. Be sure to include your contact information and an explanation of why the PSAs are important. If the supporters you contact have a website, they can embed the PSAs from the **Recovery Month** website (www.recoverymonth.gov), Facebook page (www.facebook.com/RecoveryMonth), and YouTube channel (www.youtube.com/user/recoverymonth). Typically, an “embed code” link is included near the video, which enables copying and pasting the video to other websites. For questions regarding embedding **Recovery Month** PSAs, email recoverymonth@samhsa.hhs.gov for assistance.

If you host a **Recovery Month** event, you can play the PSAs during the event to enhance the message. Set up a television and play the PSAs on repeat, or display them on a big screen with loudspeakers. For additional information on how to plan a successful **Recovery Month** event, refer to the “Promote **Recovery Month** with Events” section in this toolkit.

Inclusion of websites and resources in this document and on the **Recovery Month** website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.

PERSONALIZE...

Below are resources to help strengthen your message and convey the importance of recovery to a station’s listeners.

- **SAMHSA’s Recovery and Recovery Support Webpage** (www.samhsa.gov/recovery)
- **SAMHSA’s National Survey on Drug Use and Health** (www.samhsa.gov/data/population-data-nsduh)
- **SAMHSA’s National Survey of Substance Abuse Treatment Services (N-SSATS)** (www.samhsa.gov/data/substance-abuse-facilities-data-nssats)
- **SAMHSA’s Treatment Episode Data Set** (www.samhsa.gov/data/client-level-data-teds)
- **SAMHSA’S Drug Abuse Warning Network** (www.samhsa.gov/data/emergency-department-data-dawn)
- **SAMHSA’s Mental Health Facilities Data (NMHSS)** (www.samhsa.gov/data/mental-health-facilities-data-nmhss)
- **SAMHSA’s Behavioral Health Treatments and Services Webpage** (www.samhsa.gov/treatment)

For more information on **Recovery Month** and services available, please refer to the “Treatment and Recovery Support Services” section of this toolkit.

2016 LIVE-READ RADIO PSA SCRIPTS

:30 SECOND

Mental and/or substance use disorders affect millions of Americans. By sharing their stories of recovery, individuals, families, and communities can help encourage public awareness and inspire others.

If you or someone you know is struggling with a mental and/or substance use disorder, call 1-800-662-HELP for treatment referral **[or replace this number with a local treatment and service provider's]** or visit **www.recoverymonth.gov** for information on prevention, treatment, and recovery support services.

You can help yourself or someone you love take the first step toward recovery.

Celebrate ***National Recovery Month***, and spread the message that prevention works, treatment is effective, and people recover.

:15 SECOND

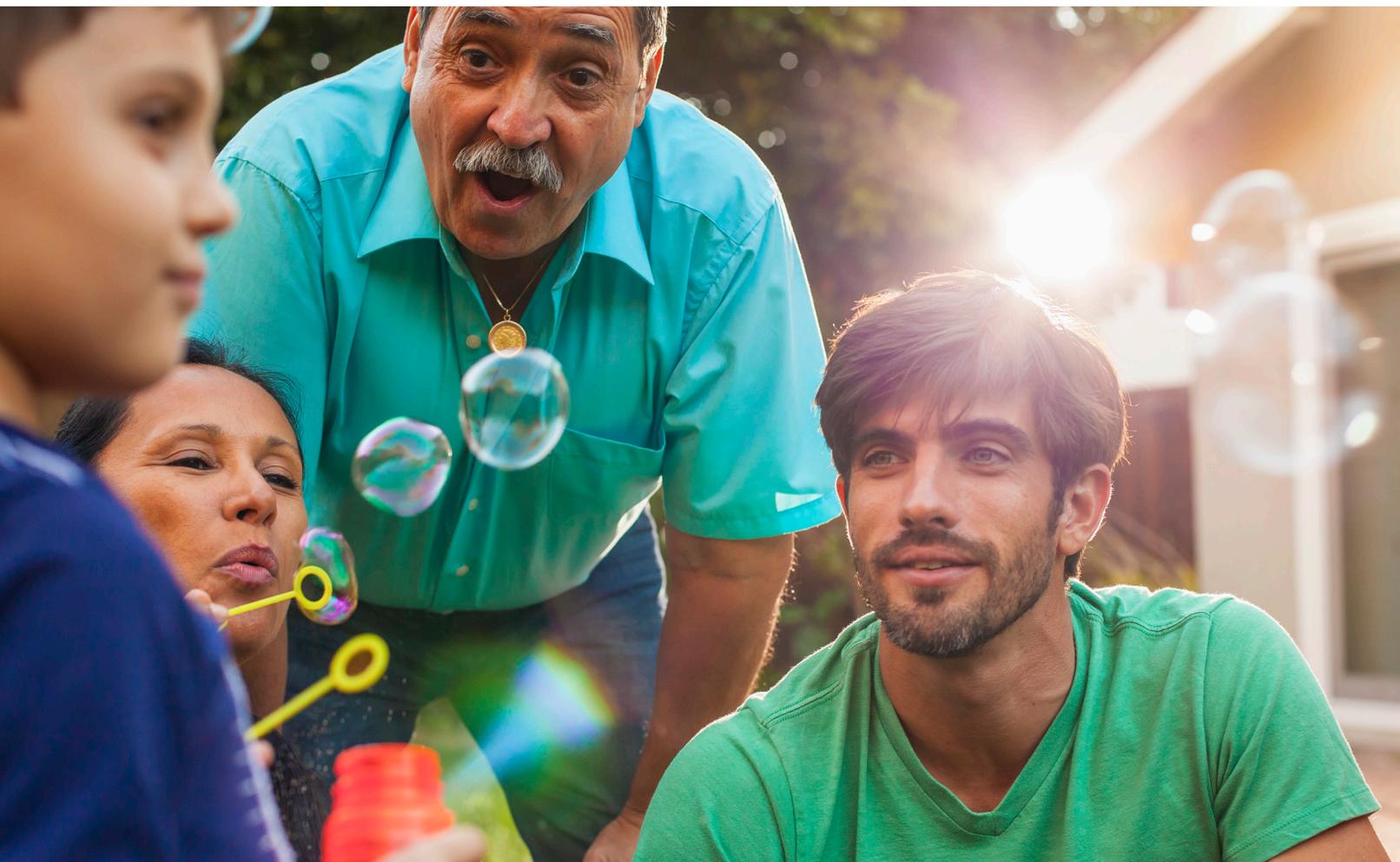
Mental and/or substance use disorders affect millions of Americans.

By sharing their stories of recovery, individuals, families, and communities can help encourage public awareness and inspire others.

Celebrate ***National Recovery Month*** and call 1-800-662-HELP for treatment referral **[or replace this number with a local treatment and service provider's]** or visit **www.recoverymonth.gov** for more information.



**JOIN THE VOICES FOR RECOVERY:
OUR FAMILIES, OUR STORIES, OUR RECOVERY!**



**“WHAT I KNOW IS THIS –
I HAD TO FIND SOMETHING
BEAUTIFUL IN THIS LIFE &
HANG ON FOR ALL I WAS
WORTH.”**

– BARBARA JEAN

Mental and/or substance use disorders affect millions of Americans and directly touch the lives of individuals, family members, neighbors, and colleagues. Families often deal with the complex dynamics of supporting a loved one in recovery while at the same time learning how to take care of their own well-being. Given the widespread impact and societal cost of these behavioral health conditions, it's important for communities to make prevention, treatment, and recovery support services available and accessible for all who need them.

Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) (www.samhsa.gov), within the U.S. Department of Health and Human Services (HHS) (www.hhs.gov), sponsors **National Recovery Month (Recovery Month)** to increase awareness of behavioral health conditions. This celebration promotes the message that behavioral health is essential to overall health, prevention works, treatment is effective, and people can and do recover from mental and/or substance use disorders.

FOLLOW RECOVERY MONTH ON SOCIAL MEDIA

FACEBOOK WWW.FACEBOOK.COM/RECOVERYMONTH

YOUTUBE WWW.YOUTUBE.COM/RECOVERYMONTH

TWITTER WWW.TWITTER.COM/RECOVERYMONTH

The 2016 **Recovery Month** theme, “*Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!*” highlights the importance of families, communities, and individuals sharing stories of recovery to encourage others to make a personal connection with the recovery movement. **Recovery Month** continues to celebrate and support communities, families, and individuals through outreach efforts, materials, and cross-promotion.

The **Recovery Month** website (www.recoverymonth.gov) provides printable materials, web, television, audio, and social media resources to help communities encourage individuals to seek treatment and recovery services.

- Share your recovery story and learn from others (www.recoverymonth.gov/personal-stories)
- Find and post recovery events in the community (www.recoverymonth.gov/events)
- Watch the *Road to Recovery* television series (www.recoverymonth.gov/road-to-recovery)
- Download web banners and flyers to promote **Recovery Month** (www.recoverymonth.gov/promote/banners-logos-flyers)

WHY SUPPORTING RECOVERY IS IMPORTANT

The prevalence of mental and/or substance use disorders is high. Among adults aged 18 or older, 43.6 million (18.1 percent of adults) had any mental illness in the past year.¹ Approximately 21.5 million people age 12 or older were classified with a substance use disorder in 2014.² In spite of their high prevalence, most Americans believe that recovery from a mental illness³ or a substance use disorder is possible.⁴ For many people, recovery:⁵

- Emerges from hope, which is fostered by friends, families, mentors, providers, colleagues, and others who have experienced recovery themselves;

- Occurs via many pathways, which may include professional clinical treatment, use of medications, support from families and in schools, services through homeless programs, faith-based approaches, peer support, and other approaches;
- Is holistic—meaning that recovery encompasses a person’s whole life including mind, body, spirit, and community;
- Is supported by relationships with peers and allies, and on social networks;
- Is culturally based and influenced;
- Is supported by addressing trauma, including physical or sexual abuse, neglect, domestic violence, war, disaster, or profound loss;
- Is inclusive of positive youth development theories and concepts;
- Involves individual, family, and community strengths and responsibilities; and
- Is fostered by respect.

These principles of recovery can help people establish a blueprint for their own journey. However, it’s important for people living with these conditions to become aware that they are not alone in their efforts. The right support system can help ensure that those in need are addressing the four key aspects of recovery:⁶

- **Health:** The person learns to overcome or manage his or her condition(s) or symptom(s)—and make informed, healthy choices that support physical and emotional well-being;
- **Home:** It is also important to have a stable and safe place to live;



- **Purpose:** A person in recovery participates in meaningful daily activities, such as a job, school, volunteer opportunities, family caretaking, or creative endeavors, and has the independence, income, and resources to participate in society; and
- **Community:** Relationships and social networks should provide support, friendship, love, and hope.

Anyone can be affected by mental and/or substance use disorders. This year's **Recovery Month** observance focuses on ways the recovery community can connect with four different audiences.

- **Military, veterans, and military families:** Members of the military value strength, resilience, and selfless service as an essential part of their military culture.⁷ However, military members are often placed in demanding environments, such as deployment and combat, which increases their chances of developing mental and/or substance use disorders. Service members may have a difficult time adjusting to life following deployment. Military families may face deployment-related stressors, such as family reunification and reintegration; the trauma of welcoming home a family member who returns with a combat injury or illness; or the ultimate tragedy of losing a family member. According to the 2011 Department of Defense Health Related Behaviors Survey of Active Duty Military Personnel, 3.9 percent of all military personnel reported suicidal ideation (i.e., suicidal thoughts) in the past year, and 0.5 percent reported a suicide attempt in that period. In addition, 25.6 percent of military personnel perceived the need for mental health counseling in the past year. SAMHSA educates individuals and communities about the potential impact of these stressors on military members and their families' behavioral health.
- **Lesbian, gay, bisexual, and transgender (LGBT) community:** As highlighted in SAMHSA's *Leading Change 2.0* report, members of the LGBT community are more likely to develop mental and/or substance use disorders. A number of factors—such as social-isolation, harassment, and discrimination—can increase the strain of everyday life for LGBT individuals and can increase the likelihood of using drugs and alcohol in order to cope with these issues. LGBT individuals are also at a greater risk for depression and suicide. In the largest national survey of transgender adults to date, the *National Transgender Discrimination Survey*, 41 percent of respondents reported having attempted suicide.⁸ It's crucial to increase awareness among the general public regarding the unique behavioral health disparities specific to the LGBT community, as well as strategies to promote health equity.
- **Victims of trauma:** Trauma is experienced by many American adults, youth, and children, and is especially common in the lives of people with mental and/or substance use disorders. Research has shown that traumatic experiences—such as verbal abuse, sexual abuse, rape, and domestic violence—are associated with both behavioral health and chronic physical health conditions, especially when people experience multiple traumatic events during childhood.⁹ Not only are people who have experienced trauma at increased risk for developing a substance use disorder, they may also be at higher risk for not seeking help; disclosing or recognizing their disorder may mean disclosing or recognizing the painful trauma in their past. According to the Adverse Childhood Events (ACEs) study, 54 percent of depression in women can be attributed to childhood abuse¹⁰ and two-thirds of all suicide attempts are attributed to ACEs.¹¹



TWO-THIRDS OF AMERICANS BELIEVE THAT TREATMENT AND SUPPORT CAN HELP PEOPLE WITH MENTAL ILLNESSES LEAD NORMAL LIVES.

National Mental Health Anti-Stigma Campaign. What a Difference a Friend Makes. The Substance Abuse and Mental Health Services Administration. Retrieved January 29, 2015, from <https://store.samhsa.gov/shin/content/SMA07-4257/SMA07-4257.pdf>, p. 2.

- **Family members of those with mental and/or substance use disorders:** Family members are often the first to recognize that a loved one is experiencing a mental and/or substance use disorder. Research shows that family support plays a major role in helping to prevent mental and/or substance use disorders, identifying when someone has a problem,¹² and connecting people with the treatment resources and services they need to begin and stay on their recovery journey. Actively involved family members can also promote positive behavioral health because family members monitor each other's behavior, take responsibility for each other's well-being, and can offer or recommend assistance and support.¹³

Detailed information on the following groups and audience-specific resource links can be found in their respective "Targeted Outreach" sections in this toolkit.

SAMHSA RESOURCES

- **SAMHSA's Website** (www.samhsa.gov/): Provides numerous resources and helpful information related to mental health and substance use issues.
- **SAMHSA's Find Help Webpage** (www.samhsa.gov/find-help/): Provides various links and numbers to mental and/or substance use disorder treatment and recovery services locators.
- **SAMHSA's National Helpline, 1-800-662-HELP (4357) – or 1-800-487-4889 (TDD)** (www.samhsa.gov/find-help/national-helpline/): Provides 24-hour, free, and confidential treatment referral and information about mental and/or substance use disorders, prevention, treatment, and recovery in English and Spanish.
- **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** (www.suicidepreventionlifeline.org/): Provides a free, 24-hour helpline available to anyone in suicidal crisis or emotional distress.

- **SAMHSA's Behavioral Health Treatments and Services Webpage** (www.samhsa.gov/treatment/): Provides information on common mental illness and substance use disorders and how SAMHSA helps people access treatments and services.
- **SAMHSA's Homelessness Resource Center** (homeless.samhsa.gov/): Provides resources about homelessness, mental illness, substance use, co-occurring disorders, and traumatic stress.
- **SAMHSA's Recovery and Recovery Support Page** (www.samhsa.gov/recovery/): Provides information on how recovery-oriented care and recovery support systems help people with mental and/or substance use disorders manage their conditions.
- **SAMHSA's Veterans and Military Families Webpage** (www.samhsa.gov/veterans-military-families/): Offers information about SAMHSA's efforts to ensure that American service men and women and their families, can access behavioral health treatment and services.
- **SAMHSA's Wellness Page** (www.samhsa.gov/wellness-initiative/): Promotes the improved wellness of people with mental and/or substance use disorders by engaging, educating, and training providers, consumers, and policy makers.

This list is not exhaustive of all available resources. Inclusion of websites and resources in this document and on the **Recovery Month** website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.

¹ Center for Behavioral Health Statistics and Quality, *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health*, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015, p. 1.

² Center for Behavioral Health Statistics and Quality, *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health*, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015, p. 2

³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2006). National Mental Health Anti-Stigma Campaign: What a Difference a Friend Makes (SMA07-4257), p. 2. Retrieved from store.samhsa.gov/shin/content/SMA07-4257/SMA07-4257.pdf.

⁴ Substance Abuse and Mental Health Services Administration. (2008). Summary report CARAVAN® survey for SAMHSA on addictions and recovery. Rockville, MD: Office of Communications, SAMHSA.

⁵ SAMHSA Blog. (2012). SAMHSA's *Working Definition of Recovery* Updated. Retrieved from blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/.

⁶ SAMHSA Blog. (2012). SAMHSA's *Working Definition of Recovery* Updated. Retrieved from blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/.

⁷ U.S. Department of Veterans Affairs. Community Provider Toolkit: Serving Veterans through Partnerships. Retrieved from: www.mentalhealth.va.gov/communityproviders/military_culture.asp#sthash.hSdl4A9a.ALBBGphi.dpbs.

⁸ Jaime M. Grant, Ph.D., Lisa A. Mottet, J.D., and Justin Tanis, D. Min. With Jody L. Herman, Ph.D., Jack Harrison, and Mara Keisling (2010), National Transgender Discrimination Survey Report on Health and Health Care, Findings of a Study by the National Center for Transgender Equality and the National Gay and Lesbian Task Force.

⁹ Substance Abuse and Mental Health Services Administration, Trauma and Violence. Retrieved from www.samhsa.gov/trauma-violence.

¹⁰ Chapman DP, Anda RF, Felitti VJ, Dube SR, Edwards VJ, Whitfield CL. Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders* 2004;82:217-225.

¹¹ Dube SR, Anda RF, Felitti VJ, Chapman D, Williamson DF, Giles WH. Childhood abuse, household dysfunction and the risk of attempted suicide throughout the life span: Findings from Adverse Childhood Experiences Study. *JAMA* 2001;286:3089-3096.

¹² Velleman, R. D. B., Templeton, L. J. and Copello, A. G. (2005), The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people. *Drug and Alcohol Review*, 24: 93-109. doi: 10.1080/09595230500167478.

¹³ Center for Substance Abuse Treatment. Substance Abuse Treatment and Family Therapy. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2004. (Treatment Improvement Protocol (TIP) Series, No. 39.) Chapter 1: Substance Abuse Treatment and Family Therapy. Available from: www.ncbi.nlm.nih.gov/books/NBK64269/.



**MILITARY, VETERANS, AND MILITARY FAMILIES:
SUPPORT FOR THOSE WHO SERVE**



“WE ARE SEEING RECOVERY TAKE ROOT IN MANY MORE VETERANS’ LIVES – AND MY PARTICIPATION WITHIN THIS EFFORT IS CHERISHED AMONG MY GREATEST BLESSINGS AND PRIVILEGE.”

– KYLE

THE ISSUE

Veterans and active duty service members are often affected by unique behavioral health issues related to their service. When facing stressful situations at work or at home, it can be challenging for veterans and active duty service members to balance overarching values embedded in military culture – teamwork, selflessness, and working towards meeting shared goals – while feeling empowered to address their personal needs¹ and seek help, support, and treatment.

- Approximately 18.5 percent of service members returning from Iraq or Afghanistan have post-traumatic stress disorder (PTSD) or depression, and 19.5 percent report experiencing a traumatic brain injury (TBI) during deployment.²

- Veterans experience a significantly higher suicide risk when compared to the general American population, and are at greatest risk of committing suicide within three years after leaving military service.³

Many veterans and active duty service members also experience psychological distress as a result of combat, which can be further complicated by mental and/or substance use disorders.

- When veterans experienced a substance use disorder, their disorder lasted four years longer than non-veterans,⁴ and they initiated recovery at an older age.⁵



18.5%
PTSD

APPROXIMATELY 18.5% OF SERVICE MEMBERS RETURNING FROM IRAQ OR AFGHANISTAN HAVE POST-TRAUMATIC STRESS DISORDER (PTSD) OR DEPRESSION.

Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans. RAND Corporation. Retrieved from http://www.rand.org/pubs/research_briefs/RB9336/index1.html.

Military families often face deployment-related stressors, adjustments when veterans and active duty service members return home, the nuances of welcoming home a family member who returns with a combat injury or illness, or the ultimate tragedy of losing a family member.

- Cumulative length of deployments is associated with more emotional difficulties among military children and more mental health diagnoses among U.S. Army wives.^{6,7}
- Children of deployed military personnel have more school-, family-, and peer-related emotional difficulties, compared with national samples.⁸
- For service members' families, the degree of hardship and negative consequences experienced at home rises with the service members' exposure to traumatic or life-altering experiences.⁹

FINDING SUPPORT

Many veterans and active duty service members have served multiple tours, resulting in high rates of behavioral health issues. Although there are many resources for veterans and active duty service members and their families, there are barriers that can sometimes make it challenging for veterans and active duty service members and their families to seek treatment and receive the help they need.

- Practical barriers, perceptions of mental health problems, and attitudes towards treatment can sometimes prevent service members from seeking treatment.¹⁰
- Approximately 50 percent of returning service members who need treatment for mental health conditions seek it, but only slightly more than half who participate in treatment receive adequate care.¹¹

Families are in a unique position to recognize the signs and symptoms of a mental and/or substance use disorder in a loved one. For more information, visit the following resources:

- **Signs an Adult Loved One or Friend Has a Problem with Drugs:** www.drugabuse.gov/related-topics/treatment/what-to-do-if-your-adult-friend-or-loved-one-has-problem-drugs
- **Signs a Teen or Young Adult Has a Problem with Drugs:** www.drugabuse.gov/related-topics/treatment/what-to-do-if-your-teen-or-young-adult-has-problem-drugs
- **Symptoms of an Alcohol Use Disorder:** rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/Whats-the-harm/What-Are-Symptoms-Of-An-Alcohol-Use-Disorder.aspx
- **Signs of a Mental Health Disorder:** www.mentalhealth.gov/what-to-look-for/index.html

Families can play a major role in helping to prevent mental and/or substance use disorders, identifying when someone has a problem,¹² and connecting those in need with the treatment resources and services they need to begin and stay on their recovery journey.¹³ Efforts to develop family resilience during military deployments and returning home are extremely important in helping with veterans' recovery and fostering healthy families.

Military service members, veterans, and families also benefit from knowing they are not alone. Visit **Recovery Month's** Personal Recovery Stories (www.recoverymonth.gov/personal-stories) to see personal stories of recovery, join the voices of recovery, and share your personal story with hundreds of thousands of **Recovery Month** supporters online today!

19.5%
TBI



APPROXIMATELY, **19.5% OF SERVICE MEMBERS RETURNING FROM IRAQ OR AFGHANISTAN REPORT EXPERIENCING A TRAUMATIC BRAIN INJURY DURING DEPLOYMENT.**

Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans. RAND Corporation. Retrieved from http://www.rand.org/pubs/research_briefs/RB9336/index1.html.

PROMOTING RECOVERY

Service members and military families have unique behavioral health needs that are not always understood within the civilian community. There are organizations, services, and resources available to meet these unique needs and support the recovery journeys of veterans and active duty service members and those that love them.

Resources for service members include:

- **AfterDeployment.org** (afterdeployment.dcoe.mil): Provides behavioral health resources that support service members, their families, and veterans with common post-deployment challenges (Defense Centers of Excellence resource).
- **BrainLineMilitary.org** (www.brainlinemilitary.org): Provides military-specific information and resources (including videos, webcasts, and personal stories) about TBI to veterans, service members, and their families; visitors can learn more about brain injury symptoms and treatment, rehabilitation, and family issues associated with TBI care and recovery.
- **MakeTheConnection.net** (maketheconnection.net): Encourages veterans and active duty service members and their families to “make the connection”—with information and resources, with the strength and resilience of veterans and active duty service members like themselves, with other people, and with available sources of support, including mental health treatments.
- **Military and Veteran Caregiver Peer Support Network** (www.taps.org/MVCN): Offers peer-based support and services to connect caregivers with others who are giving care to members of the military or veterans who are living with wounds, illness, or injury.
- **National Institute on Drug Abuse's Substance Abuse in Military Life** (<https://www.drugabuse.gov/related-topics/substance-abuse-in-military-life>): Offers resources and statistics on substance misuse in the military.
- **Operation Enduring Freedom / Operation Iraqi Freedom (OEF/OIF)** (www.oefoif.va.gov/index.asp): Serves as a direct link to the Veterans Health Administration benefits for service members returning home from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) missions.
- **RealWarriors.net** (www.realwarriors.net/): Describes an initiative launched by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury that promotes the processes of building resilience, facilitating recovery and supporting reintegration of returning service members, veterans and their families.
- **U.S. Department of Veterans Affairs Mental Health** (www.mentalhealth.va.gov/index.asp): Provides authoritative mental health information and resources for veterans and active duty service members and their families.
- **Veterans Center Readjustment Counseling Service** (www.vetcenter.va.gov): Provides a continuum of quality care that adds value for the veterans and active duty service members, families, and communities.
- **Veterans Crisis Line** (<https://www.veteranscrisisline.net>): Provides support for veterans, service members, in crisis and their loved ones, 24/7/365, at 1-800-273-8255, press 1.

FOR MORE INFORMATION ABOUT SAMHSA'S EFFORTS TO ENSURE THAT AMERICAN SERVICE MEN AND WOMEN AND THEIR FAMILIES CAN ACCESS BEHAVIORAL HEALTH TREATMENT AND SERVICES, VISIT WWW.SAMHSA.GOV/VETERANS-MILITARY-FAMILIES

RESOURCES FOR MILITARY FAMILIES INCLUDE:

- **Military Families Knowledge Bank** (mfkb.nctsn.org/cwis/index.php): Online database of resources for and about members of the military, veterans, and their families. MFKB provides access to a wealth of web resources on family functioning and support, social and government services, PTSD and traumatic stress, traumatic brain injury, and other issues.
- **MilitaryKidsConnect.org** (militarykidsconnect.dcoe.mil): Provides kids, tweens, teens, teachers, and parents information on coping and connecting before, during, and after family deployments (Defense Centers of Excellence resource).
- **Sesame Street for Military Families** (www.sesamestreetformilitaryfamilies.org): Offers a free, bilingual (English and Spanish) website where families can find information and multimedia resources on the topics of military deployments, multiple deployments, homecomings, injuries, grief, and self-expression.
- **The FOCUS (Families OverComing Under Stress) Project** (www.focusproject.org): Provides resiliency training to military children and families. It teaches practical skills to help families overcome common challenges related to a parent's military service, to communicate and solve problems effectively, and to successfully set goals together and create a shared family story.

- **Traumatic Grief in Military Children** (www.nctsn.org/trauma-types/traumatic-grief/mental-health-professionals): Provides culturally competent materials for educating families, medical professionals, and school personnel about how to better serve military children who are experiencing traumatic grief following a death or loss; additional resources for families, educators, and service providers.
- **VA Caregiver Support** (www.caregiver.va.gov): Provides the VA's Caregiver Support Line (1-855-260-3274), licensed Caregiver Support Coordinators, and the Caregiver Peer Support Mentoring Program.

The challenges for military families are considerable and complex. However, they are not insurmountable, and with the help from the community, recovery for military families is possible.

For more information, including **Recovery Month** resources for families and the community, public service announcements, events across the country, and social media tools, visit the **Recovery Month** website at www.recoverymonth.gov/.

This list is not exhaustive of all available resources. Inclusion of websites and resources in this document and on the **Recovery Month** website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.

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- ¹ U.S. Department of Veterans Affairs. VA Mental Health. Understanding the Military Experience. Retrieved from: www.mentalhealth.va.gov/communityproviders/military_culture.asp#sthash.S8E7U87j.d9exXgkA.dpbs.
- ² Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans. RAND Corporation. Retrieved from www.rand.org/pubs/research_briefs/RB9336/index1.html.
- ³ Kang HK, Bullman TA, Smolenski DJ, Skopp NA, Gahm GA, Reger MA. (2014). Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars. *Ann Epidemiol*. 2015 Feb;25(2): 96-100. Retrieved from: www.publichealth.va.gov/epidemiology/studies/suicide-risk-death-risk-recent-veterans.asp.
- ⁴ Laudet A and Timko C, Hill T. Comparing life experiences in active addiction and recovery between veterans and non-veterans: A national study. *J Addict Dis*. 2014; 33(2): 148-62.
- ⁵ Laudet A and Timko C, Hill T. Comparing life experiences in active addiction and recovery between veterans and non-veterans: A national study. *J Addict Dis*. 2014; 33(2): 148-62.
- ⁶ Lesser, P., Peterson, K., Reeves, J., et al. The long war and parental combat deployment: effects on military children and at home spouses. (2010). *Journal of the American Academy of Child and Adolescent Psychiatry* (4), 310–320.
- ⁷ Mansfield, A. J., Kaufman, J. S., Marshall, S. W., et al. (2010). Deployment and the use of mental health services among U.S. Army wives. *New England Journal of Medicine*, 362,101–109.
- ⁸ Chandra, A., Lara-Cinisomo, S., Jaycox, L. H., et al. (2010). Children on the homefront: The experience of children from military families. *Pediatrics*, 125, 16–25.
- ⁹ Committee on the Assessment of Resiliency and Prevention Programs for Mental and Behavioral Health in Service Members and Their Families, Board on the Health of Select Populations, Institute of Medicine; Denning LA, Meisner M, Warner KE, editors. *Preventing Psychological Disorders in Service Members and Their Families: An Assessment of Programs*. Washington (DC): National Academies Press (US); 2014 Feb 11.
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LGBT COMMUNITY:
FAMILIES FOSTERING A PATH TO RECOVERY



“I TRULY BELIEVE THAT NOTHING I HAVE ACCOMPLISHED WOULD HAVE BEEN POSSIBLE IF I WAS NOT A PERSON IN RECOVERY.”

— PHILIP

THE ISSUE

Members of the lesbian, gay, bisexual, and transgender (LGBT) community face unique challenges, including bullying, homophobia, and discrimination. Although national data on LGBT populations is still scarce, more than a decade of research indicates LGBT populations have been associated with high rates of alcohol consumption and substance abuse.¹

The prevalence of individuals in the LGBT community developing mental and/or substance use disorders is highlighted by the following:

- Lesbian women may experience more mental disorders—such as major depression, phobia, and post-traumatic stress disorder—than women with opposite sex partners.²
- Factors such as verbal and physical harassment, negative experiences related to “coming out,” substance use,³ and isolation,⁴ all contribute to higher rates of suicide attempts among gay men and youth than other populations.

SUICIDE ATTEMPTS

HETEROSEXUAL

LESBIAN, GAY, AND BISEXUAL

ADOLESCENTS IN GRADES 7–12 WHO SELF-IDENTIFY AS LESBIAN, GAY, AND BISEXUAL ARE MORE THAN TWICE AS LIKELY TO HAVE ATTEMPTED SUICIDE AS THEIR HETEROSEXUAL PEERS.

Centers for Disease Control and Prevention. Lesbian, Gay, Bisexual, and Transgender Health—LGBT Youth. Retrieved from <http://www.cdc.gov/lgbthealth/youth.htm>.

- Compared to heterosexuals, young adults who self-identify as lesbian, gay, bisexual or queer have a 1.3 times greater likelihood of heavy alcohol use, 1.6 times greater likelihood of marijuana use, 2.9 times greater likelihood of injection drug use, and 3.3 times greater likelihood of cocaine use.⁵
- Lesbian and bisexual women who were “out” experienced more emotional stress as teenagers and were 2 to 2.5 times more likely to experience suicidal ideation in the past 12 months than heterosexual women.⁶
- Adolescents in grades 7–12 who self-identify as lesbian, gay, and bisexual are more than twice as likely to have attempted suicide as their heterosexual peers.⁷
- Studies have shown that suicide attempts among transgender people can range from 16 to 32 percent.⁸
- A disproportionate number of lesbian, gay, bisexual, and transgender youth experience homelessness each year in the United States; and homeless LGBT youth have particularly high rates of mental health and substance use problems, suicidal acts, violent victimization, and a range of HIV risk behaviors.⁹

The approximately nine million LGBT Americans¹⁰ need to know that they are not alone. LGBT Americans who experience mental illness or substance use disorder and their families can receive help, and in turn share their stories to help others on the journey to recovery.

FINDING SUPPORT

LGBT community members who have developed a mental and/or substance use disorder need support in their pathway to recovery. Family, friends, and allies can provide this support and guidance.

Research shows that few parents and caregivers have had the opportunity to talk about their experiences, concerns and hopes for their LGBTQ (Questioning/Queer) child with a supportive, nonjudgmental professional.¹¹

Family acceptance is critical to supporting LGBTQ young adults’ well-being. Studies show that the family’s acceptance of LGBTQ young adults helps protect against depression, suicidal behavior, and substance abuse by promoting self-esteem, social support, and overall health.¹² LGBTQ young adults whose family reacted negatively during their adolescence were 5.9 times more likely to have high levels of depression and 3.4 times more likely to use illegal drugs than peers from families who reacted positively during their adolescence.¹³

PROMOTING RECOVERY

LGBT adults and youth in recovery can find strength and support through their families of origin, families of choice, the LGBT community, and its allies.

As the number of resources for the LGBT community grows, there is an increased focus on improved access to recovery and treatment programs and support services that address the specific concerns and needs of the LGBT community. It is important to provide LGBT affirming services through affirming staff to ensure treatment needs can be addressed in a safe and respectful environment.

Resources for families and communities helping LGBT individuals in recovery:

- **Association of Lesbian, Gay, Bisexual, and Transgender Addiction Professionals and Their Allies** (www.nalgap.org/): Provides information, training, networking, and advocacy about addiction and related problems, and support for those engaged in the health professions, individuals in recovery, and others concerned about the health of gender and sexual minorities.

- **The Family Acceptance Project** (familyproject.sfsu.edu/): Works to prevent health and mental health risks for lesbian, gay, bisexual and transgender children and youth, including suicide, homelessness and HIV—in the context of their families, cultures and faith communities.
- **National Network to Eliminate Disparities (NNED) in Behavioral Health** (nned.net/): Supports information sharing, training, and technical assistance among organizations and communities dedicated to the behavioral health and well-being of diverse communities.
- **CDC Health Risks Among Sexual Minority Youth** (www.cdc.gov/healthyyouth/disparities/smy.htm): Provides specific estimates for alcohol, tobacco, and drug use among sexual minority youth and resources for CDC's activities to promote health and safety among sexual minority youth.
- **CDC Lesbian, Gay, Bisexual and Transgender Health** (www.cdc.gov/lgbthealth/): Provides information and resources on health issues and inequities affecting LGBT communities for both professional and general public audiences, including links to other sources.
- **Gay-Straight Alliance (GSA) Network** (www.gsanetwork.org/): Helps GSAs in schools connect with each other and with other community resources and publishes national reports on LGBT bullying and harassment in schools.
- **Human Rights Campaign, Children & Youth** (www.hrc.org/topics/children-youth): Provides a wealth of resources for supporting LGBT youth, from creating an inclusive learning environment for students to understanding the challenges and resiliency of this population.
- **Center of Excellence for Transgender Health** (www.transhealth.ucsf.edu/): Seeks to improve the overall health and well-being of transgender individuals by developing and implementing programs in response to community-identified needs.
- **Suicide Prevention Resource Center (SPRC): Preventing Suicide among LGBT Youth Kit** (www.sprc.org/training-institute/lgbt-youth-workshop): Helps staff in schools, youth-serving organizations, and suicide prevention programs take action to reduce suicidal behavior among LGBT youth.
- **YES Institute** (yesinstitute.org/): Aims to prevent suicide through communication and education about gender and orientation.
- **The Trevor Project** (www.thetrevorproject.org/): Offers a nationwide, around-the-clock crisis and suicide prevention helpline for LGBT and questioning youth.
- **National LGBTQ Task Force** (www.thetaskforce.org/): Provides resources and training opportunities to train and mobilize activities across the nation to support full freedom, justice, and equality for LGBTQ people.
- **Positive Youth Development Online Training Course** (ncfy-learn.jbsinternational.com/course/index.php?categoryid=7): Offers an online training course on positive youth development, developed by the Family and Youth Services Bureau. The training course is intended for youth service professionals and helps them put positive youth development into practice in their day-to-day work.
- **Runaway and Homeless Youth Capacity Building for Lesbian, Gay, Bisexual, Transgender and/or Questioning Youth Populations Fact Sheet** (www.acf.hhs.gov/programs/fysb/resource/lgbtq-demonstration-project): Describes a project that will respond to these needs of LGBTQ youth by developing a blueprint to reduce the 40 percent of homeless youth who identify as LGBTQ over the 3 years of the project (the 3/40 BLUEPRINT). This blueprint will build the capacity of Transitional Living Programs to serve LGBTQ homeless youth by strengthening their efforts to better understand and address the needs of this population.

With the support of friends, family, other LGBT community members and allies, individuals can begin to celebrate and share their own successes as they progress on the path to recovery.

For more information, including **Recovery Month** resources for families and the community, public service announcements, events across the country, and social media tools, visit the **Recovery Month** website at www.recoverymonth.gov/.

This list is not exhaustive of all available resources. Inclusion of websites and resources in this document and on the **Recovery Month** website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.



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⁷ Centers for Disease Control and Prevention. Lesbian, Gay, Bisexual, and Transgender Health—LGBT Youth. Retrieved from www.cdc.gov/lgbthealth/youth.htm.

⁸ Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51(3), 53–69.

⁹ Keuroghlian AS, Shtasel D, Bassuk EL. (2014) Out on the street: A public health and policy agenda for lesbian, gay, bisexual, and transgender youth who are homeless. *Am J Orthopsychiatry*. 84(1), 66-72.

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¹¹ Ryan, C., & Chen-Hayes, S. (2013). Educating and empowering families of LGBTQ K-12 students. In E. S. Fisher & K. Komosa-Hawkins (Eds.), *Creating school environments to support lesbian, gay, bisexual, transgender, and questioning students and families: A handbook for school professionals* (pp. 209-227). New York, NY: Routledge.

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**TRAUMA SURVIVORS:
FINDING RESILIENCE AND RECOVERY**



**“MY ADDICTION GOT ME
IN A LOT OF TROUBLE,
WITH MORE THAN 30
ARRESTS AND THREE
PRISON TERMS.”**

– DEBORAH

THE ISSUE

Trauma is an emotional response to an event or set of circumstances that is physically or emotionally harmful or life threatening, and that has lasting negative effects on a person’s mental, physical, social, emotional, or spiritual well-being.¹

Traumatic events can include the following:

- Physical and sexual abuse
- Neglect
- Bullying
- Community-based violence
- War

- Natural disasters
- Acts of terror
- Violence
- Human trafficking

Trauma can affect individuals regardless of age, gender, socioeconomic status, race, ethnicity, or sexual orientation. Trauma can also affect communities, for example, through a natural disaster or act of violence. Many adults and children experience trauma at some point in their lives:

- In the United States, 61% of men and 51% of women report exposure to at least one lifetime traumatic event.²

HOPE IS POSSIBLE: HELPING KIDS RECOVER AND THRIVE CAMPAIGN

SAMHSA'S NATIONAL CHILD TRAUMATIC STRESS INITIATIVE IS DEDICATED TO RAISING AWARENESS OF CHILD TRAUMATIC STRESS AND THE USE OF AVAILABLE RESOURCES FOR HELPING CHILDREN THAT HAVE EXPERIENCED A TRAUMATIC EVENT RECOVER AND THRIVE. FOR MORE INFORMATION AND TO CHECK OUT THE CAMPAIGN'S PUBLIC SERVICE ANNOUNCEMENTS (IN ENGLISH AND SPANISH), VISIT WWW.SAMHSA.GOV/CHILD-TRAUMA.

- About two-thirds of the U.S. population reported experiencing at least one personal traumatic event before the age of 18,³ and one in four children were exposed to at least one form of family violence during their lifetimes.⁴

Reactions to traumatic events can vary, and can appear immediately or over time.⁵ Trauma survivors may experience stress, fear, and anger, hopelessness about the future, detachment or lack of concern about others, trouble concentrating or making decisions, feeling jumpy and getting startled easily, or have disturbing dreams and memories or flashbacks.⁶

Some people may turn to unhealthy behaviors and use alcohol or drugs in an attempt to cope with trauma and its effects. It is not uncommon for people suffering from Post-Traumatic Stress Disorder (PTSD), for example, to develop substance use disorders.⁷ For people with mental and/or substance use disorders, ignoring trauma can hinder recovery and lead to poor physical health as well.⁸

FINDING SUPPORT

Resilience is the ability to bounce back, cope with adversity, and endure during difficult situations – most people will show resilience after a traumatic event. For some, however, the journey to recovery can be challenging and can also affect their families and loved ones.

Families may devote a significant time and energy helping a loved one cope with a traumatic event, sometimes leading to strained relationships, and a drain on family resources.⁹ When a survivor turns to unhealthy coping strategies, like using drugs or alcohol, these issues may be exacerbated.

As family members adjust to the emotions and stresses of caring for someone in recovery, some of the best support often comes from others who are or were in similar circumstances.¹⁰ Trauma survivors and their families can share their experiences, as well as read others' stories of hope and resilience at www.recoverymonth.gov/personal-stories.

PROMOTING RECOVERY

Survivors of traumatic events—and the families that support them—can find strength and resiliency, and ultimately navigate the journey to recovery.

Available resources include:

- **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** (www.suicidepreventionlifeline.org/): Provides a free, 24-hour helpline available to anyone in suicidal crisis or experiencing emotional distress.
- **SAMHSA's Disaster Distress Helpline, 1-800-985-5990 or text "TalkWithUs" to 66746** (www.samhsa.gov/find-help/disaster-distress-helpline): Provides year-round, free and confidential crisis counseling to disaster survivors experiencing stress, anxiety, and other disaster- or trauma-related behavioral health symptoms.
- **National Domestic Violence Hotline 1-800-799-SAFE (7233)** (www.thehotline.org/help/): Provides advocates who are available 24-hours-a-day, seven-days-a-week to talk confidentially with anyone experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationship.
- **Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers** (store.samhsa.gov/product/Tips-for-Talking-With-and-Helping-Children-and-Youth-Cope-After-a-Disaster-or-Traumatic-Event-A-Guide-for-Parents-Caregivers-and-Teachers/SMA12-4732): Helps parents and teachers recognize common reactions children of different age groups (preschool and early childhood to adolescence) experience after a disaster or traumatic event.
- **Coping with Traumatic Events: Resources for Children, Parents, Educators, and Other Professionals** (www.samhsa.gov/capt/tools-learning-resources/coping-traumatic-events-resources): Offers information and resource links on trauma for children, parents, educators, and professionals.



61%
OF MEN



51%
OF WOMEN

ABOUT TWO-THIRDS OF THE U.S. POPULATION REPORTED EXPERIENCING AT LEAST ONE PERSONAL TRAUMATIC EVENT BEFORE THE AGE OF 18. IN THE UNITED STATES, **61% OF MEN AND 51% OF WOMEN REPORT EXPOSURE TO AT LEAST ONE LIFETIME TRAUMATIC EVENT.**

Kessler RC, Sonnega A, Bromet E, et al. Posttraumatic stress disorder in the National Comorbidity Survey. Archives of General Psychiatry. 1995;52:1048–1060.

- **National Center for Trauma-Informed Care** (www.samhsa.gov/nctic): Develops approaches to eliminate the use of seclusion, restraints, and other coercive practices and to further advance trauma-informed approaches.
- **The National Institute of Mental Health’s Coping with Traumatic Events** (www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml): Offers resources and information and resources on trauma, coping, and resilience.
- **Department of Veterans Affairs National Center for Posttraumatic Stress Disorder (PTSD)** (www.ptsd.va.gov/public/index.asp): Provides information for veterans and active duty service members, the general public, and family and friends concerned about a loved one who may be experiencing PTSD.
- **Federal Emergency Management Agency (FEMA)** (www.fema.gov/coping-disaster): FEMA’s mission is to support citizens and first responders to ensure that as a nation we work together to build, sustain and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards.
- **Survivors Art Foundation** (www.survivorsartfoundation.org/): Encourages healing through the arts and empowers trauma survivors with effective expressive outlets via an Internet art gallery, outreach programs, national exhibitions, publications, and development of employment skills.
- **Family & Youth Services Bureau – Family Violence Prevention & Services Resource Centers** (www.acf.hhs.gov/programs/fysb/fv-centers): Lists resource centers funded by the U.S. Department of Health and Human Services that provide information to improve intervention and prevention efforts at the individual, community, and societal levels.
- **Family & Youth Services Bureau – Making Sure Your Domestic Violence Program is Trauma-informed** (ncfy.acf.hhs.gov/news/2012/03/making-sure-your-domestic-violence-program-trauma-informed): Recommends webinars, tipsheets, and other resources for health care providers to support trauma survivors and their children.
- **Family & Youth Services Bureau – Free Online Guide Provides Tips for Incorporating Trauma-Informed Practices Into Staff Trainings** (ncfy.acf.hhs.gov/news/2015/10/free-online-guide-provides-tips-incorporating-trauma-informed-practices-staff-trainings): Provides an overview of a short online guide with tips for incorporating trauma-informed practices into training for staff.
- **Family & Youth Services Bureau – NCFY Voices: Up From Trauma** (ncfy.acf.hhs.gov/media-center/podcasts/ncfy-voices-trauma): Shares the story of an individual who witnessed violence in his home as a child. The story is a part of the podcast series of the Family & Youth Service Bureau’s National Clearinghouse on Families and Youth (NCFY).

Surviving trauma and leading a fulfilling, healthy life is a reality for millions. Knowing that there is hope and recovery from traumatic events helps individuals and families thrive, and in turn, encourages others to share their stories of recovery.

For more information, including **Recovery Month** resources for families and the community, public service announcements, events across the country, and social media tools, visit the **Recovery Month** website at www.recoverymonth.gov/.

This list is not exhaustive of all available resources. Inclusion of websites and resources in this document and on the **Recovery Month** website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.



¹ Substance Abuse and Mental Health Services Administration. Trauma. Retrieved from: www.integration.samhsa.gov/clinical-practice/trauma.

² Kessler RC, Sonnega A, Bromet E, et al. Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*. 1995;52:1048–1060.

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⁴ Hamby S, et al. Children’s Exposure to Intimate Partner Violence and Other Family Violence. Office of Justice Programs. DOJ. October 2011.

⁵ American Psychological Association. Trauma. Retrieved from: www.apa.org/topics/trauma/.

⁶ Tips for Survivors of a Disaster or Traumatic Event: What To Expect In Your Personal, Family, Work, And Financial Life. HHS Publication No. SMA-13-4775. Retrieved from: store.samhsa.gov/shin/content/SMA13-4775/SMA13-4775.pdf.

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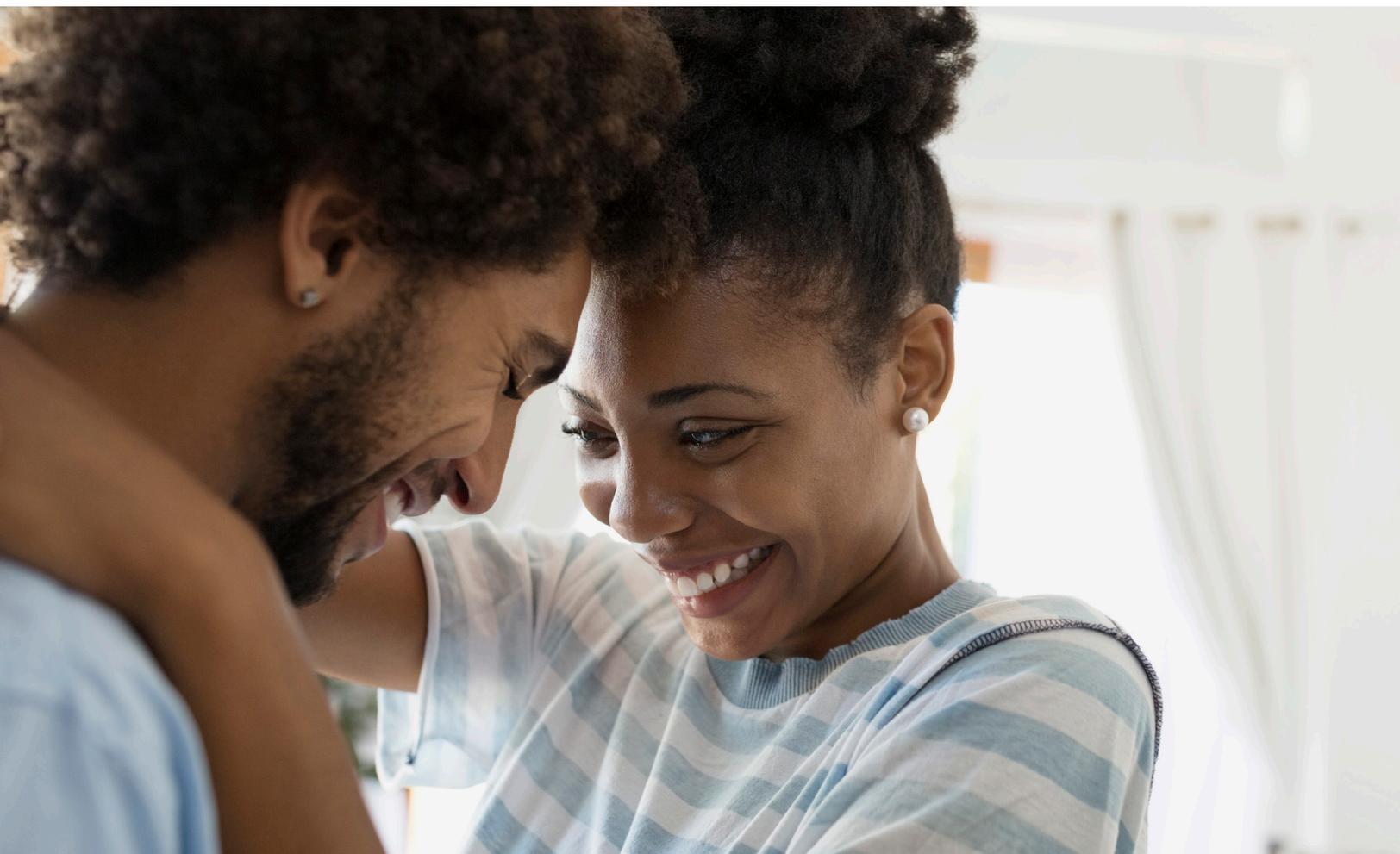
⁸ SAMHSA-HRSA Center for Integrated Health Solutions. Clinical Practice – Trauma. Retrieved from: www.integration.samhsa.gov/clinical-practice/trauma.

⁹ Families and Trauma. The National Child Traumatic Stress Network. Retrieved from: www.nctsn.org/resources/topics/families-and-trauma.

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**FAMILIES IN RECOVERY:
SHARE EXPERIENCES TO SUPPORT RECOVERY**



“MY STORY IS A DIFFERENT TYPE OF ADDICTION RECOVERY, BUT NOT OFTEN FIGURED INTO THE ADDICT’S RECOVERY. IT IS THE ADDICTION OF ENABLING MY ADDICTED CHILD.”

— FRANCES

THE ISSUE

When a family member has a mental and/or substance use disorder, the effects are felt by their immediate and extended family members. Family members may experience feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt. They may also wish to ignore or cut ties with a person misusing substances.¹ This is true for traditional families as well as non-traditional families, which may include stepchildren, same-sex couples, and individuals who consider or include their friends as their family unit. However, individuals and family members can find encouragement and hope through the recovery process and support each other on the path to healing.

Millions of family members are affected by mental and/or substance use disorders:

- An estimated 43.6 million individuals aged 18 or older had any mental illness in the past year.²
- An estimated 21.5 million individuals aged 12 or older were classified with a substance use disorder in the past year.³
- Approximately 7.9 million adults had co-occurring substance use disorder and any mental illness in the past year.⁴

When considering family recovery, it is also important to acknowledge the impact of growing up in a home where there may be dysfunction due to a

family member's mental and/or substance use disorder. With robust evidence indicating that genes influence both alcohol dependence and dependence on illicit drugs,⁵ generations within a family often have to navigate the learned behaviors of substance misuse, as well as the knowledge that their genetic makeup may put them at an increased risk for developing a mental and/or substance use disorder.⁶

To read more about unique challenges for military families and support services, please refer to the "Military, Veterans, and Military Families" section of this toolkit.

FINDING SUPPORT

Family members benefit from knowing they are not alone in helping loved ones through the recovery journey. They also need support, and self-care is critical. Individuals can focus on their well-being while caring for a loved one by:

- Joining a family support group to meet others experiencing similar challenges (resources below).
- Participating in family programs in which education and treatment sessions include loved ones.
- Attending individual therapy to learn appropriate coping skills.
- Eating healthy meals and getting adequate sleep.
- Managing stress by engaging in hobbies and getting exercise.
- Sharing their stories with the virtual recovery community and reading about others who have similar experiences. (Visit: www.recoverymonth.gov/personal-stories)

Research shows that families play a major role in helping to prevent mental and/or substance use disorders, identifying when someone has a problem,⁷ and connecting those in need with the treatment resources and services they need to begin and stay on their recovery journey.⁸

Families are in a unique position to recognize the signs and symptoms of a mental and/or substance use disorder in a loved one. For more information, visit the following resources:

- **Signs an Adult Loved One or Friend Has a Problem with Drugs:** www.drugabuse.gov/related-topics/treatment/what-to-do-if-your-adult-friend-or-loved-one-has-problem-drugs
- **Signs a Teen or Young Adult Has a Problem with Drugs:** www.drugabuse.gov/related-topics/treatment/what-to-do-if-your-teen-or-young-adult-has-problem-drugs

- **Family Checkup: Positive Parenting Prevents Drug Abuse:** <https://www.drugabuse.gov/family-checkup>
- **Symptoms of an Alcohol Use Disorder:** rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/Whats-the-harm/What-Are-Symptoms-Of-An-Alcohol-Use-Disorder.aspx
- **Signs of a Mental Health Disorder:** www.mentalhealth.gov/what-to-look-for/index.html

Having actively involved family members can also promote positive behavioral health since family members monitor each other's behavior, take responsibility for each other's well-being, and can offer or recommend assistance and support.⁹

The idea of talking to a loved one about a mental illness or substance use disorder can seem overwhelming. However, understanding that the recovery journey is not a one-size-fits-all process and coming from a place of love and support can help a loved one accept help.

For tips on how to reach out and start the conversation, visit the National Council on Alcoholism and Drug Dependence's Family and Friends page at <https://ncadd.org/family-friends>.

PROMOTING RECOVERY

Families experiencing the recovery process can find strength and resiliency from other families and learn how to better support a loved one's recovery journey. As family members adjust to the emotions and stresses of caring for someone with a mental and/or substance use disorder, some of the best support often comes from others who are, or have been, in similar circumstances.¹⁰

Resources for family members who need support include:

- **Al-Anon Family Groups** (www.al-anon.alateen.org/): Offers the opportunity to learn from the experiences of others who have a loved one with an alcohol use/misuse disorder.
- **Mental Health America – Mental Illness and the Family: Recognizing Warning Signs and How to Cope** (www.mentalhealthamerica.net/recognizing-warning-signs): Provides information on how to recognize mental illness, along with other resources for people living with a mental illness or who know people living with mental illness.
- **National Alliance on Mental Illness Family Support Group** (<https://www.nami.org/Local-NAMI/Programs?classkey=72e2fdaf-2755-404f-a8be-606d4de63fdb>): Provides a peer-led support group for family members, caregivers, and loved ones of individuals living with mental illness.



IN 2014

MORE THAN 7.9 MILLION U.S. ADULTS AGED 18 AND OLDER (3.3%) HAD **CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE USE DISORDERS.**

Center for Behavioral Health Statistics and Quality, Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015, p. 33.

- **The 20 Minute Guide** (the20minuteguide.com/parents/#.VFqX-TTF9fe): Offers a set of interactive tools and strategies for any family member or friend who wants to help a loved one get help for a substance use disorder.
- **The Campaign to Change Direction** (www.changedirection.org/): Provides resources to individuals and communities who wish to “change the story” in America about mental health, mental illness, and wellness.
- **Faces & Voices of Recovery Guide to Mutual Aid Resources** (www.facesandvoicesofrecovery.org/guide/support/resources/fam_friend.html): Publishes the Guide to Mutual Aid Resources, including a list of resources for families and friends looking for mutual aid support groups.
- **Learn to Cope** (learn2cope.org/): Offers education, resources, peer support, and hope for parents and family members coping with a loved one addicted to opiates or other drugs.
- **National Association for Children of Alcoholics** (www.nacoa.org/aboutnacoa.htm): Provides resources to help support children and families affected by alcoholism and other drug dependencies.
- **Adult Children of Alcoholics World Service Organization** (www.adultchildren.org/): Offers the opportunity for men and women who grew up in alcoholic or otherwise dysfunctional homes to learn from the experiences of others and to practice their own recovery.
- **SAMHSA's National Helpline, 1-800-662-HELP (4357) – or 1-800-487-4889 (TDD)** (www.samhsa.gov/find-help/national-helpline): Provides 24-hour, free, and confidential treatment referral and information about mental and/or substance use disorders, prevention, treatment, and recovery in English and Spanish.

- **The National Clearinghouse for Families and Youth** (ncfy.acf.hhs.gov/about/free-resources): Provides free information for communities, organizations, and individuals interested in developing new and effective strategies for supporting young people and their families.
- **The National Responsible Fatherhood Clearinghouse** (<https://fatherhood.gov/>): Offers resources for fathers, practitioners, programs/federal grantees, states, and the public at-large who are serving or supporting strong fathers and families.

Family recovery involves providing essential support and becoming the champion of a loved one's recovery; this is a reality for millions of Americans. The hope, help, and healing of family recovery is a powerful way to break the intergenerational cycle of mental and/or substance use disorders.

For more information, including **Recovery Month** resources for families and the community, public service announcements, events across the country, and social media tools, visit the **Recovery Month** website at www.recoverymonth.gov/.

This list is not exhaustive of all available resources. Inclusion of websites and resources in this document and on the **Recovery Month** website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.



¹ The Addiction Technology Transfer Center Network. (2008). Family participation in addiction treatment—Part 1: The importance of engagement. *Addiction Messenger*, 10 (1). Retrieved from www.nattc.org/userfiles/file/NorthwestFrontier/Vol.%2011%20Issue%201.pdf.

² Center for Behavioral Health Statistics and Quality, Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015, p. 1.

³ Center for Behavioral Health Statistics and Quality, Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015, p. 1.

⁴ Center for Behavioral Health Statistics and Quality, Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015, p. 32.

⁵ Dickman, D.M., Agrawal, A. (2008), The Genetics of Alcohol and Other Drug Dependence. *Alcohol Research & Health*, 31, No. 2: 111–118.

⁶ National Institute on Drug Abuse. DrugFacts: Genetics and Epigenetics of Addiction. Retrieved from: <https://www.drugabuse.gov/publications/drugfacts/genetics-epigenetics-addiction>

⁷ Velleman, R. D. B., Templeton, L. J. and Copello, A. G. (2005), The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people. *Drug and Alcohol Review*, 24: 93–109. doi: 10.1080/09595230500167478.

⁸ Center for Substance Abuse Treatment. Substance Abuse Treatment and Family Therapy. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2004. (Treatment Improvement Protocol (TIP) Series, No. 39.) Chapter 1 Substance Abuse Treatment and Family Therapy. Available from: www.ncbi.nlm.nih.gov/books/NBK64269/.

⁹ Centers for Disease Control and Prevention. Promoting Individual, Family, and Community Connectedness to Prevent Suicidal Behavior. Retrieved from: www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf.

¹⁰ American Psychological Association. How to Cope When a Loved One Has a Mental Illness. Retrieved from: www.apa.org/helpcenter/serious-mental-illness.aspx.



COMMON MENTAL DISORDERS AND MISUSED SUBSTANCES



“I MAY HAVE A FEW MORE GRAY HAIRS BECAUSE OF MY SON’S ADDICTION, BUT I AM EMOTIONALLY RICHER BECAUSE OF IT. AND THAT’S NOT SUCH A BAD THING.”

— DEAN

Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) (www.samhsa.gov), within the U.S. Department of Health and Human Services (HHS) (www.hhs.gov), sponsors **National Recovery Month (Recovery Month)** to increase awareness of behavioral health conditions. This observance promotes the knowledge that behavioral health is essential to overall health, prevention works, treatment is effective, and people can and do recover from mental and/or substance use disorders.

This year’s **Recovery Month** theme “*Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!*” encourages people to share real-life experiences about the power of recovery from mental and/or substance use disorders.

TO LEARN MORE ABOUT THE MOST COMMON MENTAL AND
SUBSTANCE USE DISORDERS AND HOW SAMHSA WORKS TO REDUCE
THEIR IMPACT ON AMERICA'S COMMUNITIES, PLEASE VISIT:
WWW.SAMHSA.GOV/DISORDERS

BEHAVIORAL HEALTH PREVALENCE IN THE UNITED STATES

Millions of people in the United States live with a mental and/or substance use disorder. The prevalence of these specific conditions highlights the importance of focusing funding and attention for behavioral health issues.

- Among adults aged 18 or older, 43.6 million (18.1 percent of adults) had any mental illness in the past year.¹
 - *A person with any mental illness is defined as an individual having any mental, behavioral, or emotional disorder in the past year that met Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria (excluding developmental and substance use disorders).*²
- Among adults aged 18 or older, 9.8 million (4.1 percent of adults) had a serious mental illness (SMI) in the past year.³
- More than 41,000 Americans died in 2013 as a result of suicide—more than 1 person every 12.8 minutes.⁴
- Suicide was the second leading cause of death for two age groups: individuals aged 15 to 24 and 25 to 34.⁵
- Among people aged 12 or older, 21.5 million people (8.1 percent of this population) were classified with substance use disorders in the past year.⁶
- An estimated 8.7 million (22.8 percent) of underage persons (aged 12 to 20) were current drinkers in 2014, including 5.3 million (13.8 percent) binge drinkers and 1.3 million (3.4 percent) heavy drinkers.⁷
- In 2014, more than 7.9 million U.S. adults reported having co-occurring disorders. This means that in the past year they had any mental illness and a substance use disorder.⁸
- About 29.3 percent⁹ of individuals aged 18 to 25 with any mental illness (AMI) also have a substance use disorder.

Additional statistics about common mental illnesses and/or misused substances are included in this document, as well as alternative names for each disorder or substance; signs, symptoms, and adverse health effects; prevalence; and average age of onset (or age of first-time use of a substance).

Information in the following tables was collected from these sources:

- **SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH)** (www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2014/NSDUH-DetTabs2014.pdf and www.samhsa.gov/data/sites/default/files/NSDUH-MHDetTabs2014/NSDUH-MHDetTabs2014.pdf)
- **The National Comorbidity Survey Replication (NCS-R)** (www.ncbi.nlm.nih.gov/pmc/articles/PMC2847357/)
- **The National Comorbidity Survey Replication Adolescent Supplement (NCS-A)** (www.ncbi.nlm.nih.gov/pubmed/22474106)
- **The Epidemiologic Catchment Area (ECA) Survey of Mental Disorders** (www.ncbi.nlm.nih.gov/pmc/articles/PMC1403718/pdf/pubhealthrep00070-0057.pdf)
- Reports and data released by The Partnership at DrugFree.org, the National Institute of Mental Health, and the National Institute on Drug Abuse

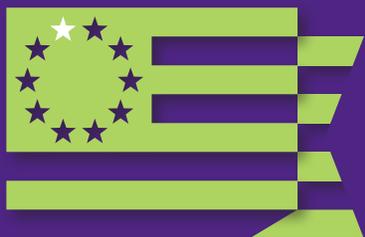
Additional sources are provided in the endnotes.

COMMON MENTAL DISORDERS

Mental Disorder	Signs and Symptoms ^{10,11,12}	Estimate Description	Surveillance System	Estimate ¹³
ANXIETY DISORDERS				
Agoraphobia	Intense fear and anxiety of any place or situation where escape might be difficult; avoidance of being alone outside of the home; fear of traveling in a car, bus, or airplane, or of being in a crowded area	Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)	NCS-A	2.4 percent of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	1.4 percent of adults
		Average Age of Onset	NCS-R	20 years old
Generalized Anxiety Disorder	Excessive worry about a variety of everyday problems for at least 6 months; may excessively worry about and anticipate problems with finances, health, employment, and relationships	Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)	NCS-A	1.0 percent of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	2.7 percent of adults
		Average Age of Onset	NCS-R	31 years old
Obsessive Compulsive Disorder (OCD)	Intrusive thoughts that produce anxiety (obsessions), repetitive behaviors that are engaged in to reduce anxiety (compulsions), or a combination of both; unable to control anxiety-producing thoughts and the need to engage in ritualized behaviors	Lifetime Prevalence in the United States Among Adults	NCS-R	1.6 percent of adults
		Average Age of Onset	NCS-R	19 years old

Mental Disorder	Signs and Symptoms ^{10,11,12}	Estimate Description	Surveillance System	Estimate ¹³
ANXIETY DISORDERS				
Panic Disorder	Unexpected and repeated episodes of intense fear accompanied by physical symptoms that may include chest pain, heart palpitations, shortness of breath, dizziness, or abdominal distress	Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)	NCS-A	2.3 percent of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	2.7 percent of adults
		Average Age of Onset	NCS-R	24 years old
Post-Traumatic Stress Disorder (PTSD)	Can develop after exposure to a terrifying event or ordeal (traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, and military combat), persistent frightening thoughts and memories of the ordeal, sleep problems, feeling detached or numb, or being easily startled	Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)	NCS-A	4.0 percent of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	6.8 percent of adults
		Average Age of Onset	NCS-R	23 years old
Social Phobia	A persistent, intense, and chronic fear of being watched and judged by others and feeling embarrassed or humiliated by their actions; this fear may be so severe that it interferes with work, school, and other activities and may negatively affect the person's ability to form relationships	Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)	NCS-A	5.5 percent of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	7.1 percent of adults
		Average Age of Onset	NCS-R	13 years old

Mental Disorder	Signs and Symptoms ^{10,11,12}	Estimate Description	Surveillance System	Estimate ¹³
ANXIETY DISORDERS				
Specific Phobia	Marked and persistent fear and avoidance of a specific object or situation, such as a fear of heights, spiders, or flying	Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)	NCS-A	15.1 percent of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	9.1 percent of adults
		Average Age of Onset	NCS-R	7 years old
MOOD DISORDERS				
Bipolar Disorder	Recurrent episodes of highs (mania) and lows (depression) in mood, changes in energy and behavior, an extreme irritable or elevated mood, an inflated sense of self-importance, risky behaviors, distractibility, increased energy, and a decreased need for sleep	Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)	NCS-A	0–3 percent of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	3.9 percent of adults
		Average Age of Onset	NCS-R	25 years old
Any Mood Disorder (major depressive disorder, dysthymic disorder)	A pervading sense of sadness and/or loss of interest or pleasure in most activities that interferes with the ability to work, study, sleep, and eat; negative impact on a person's thoughts, sense of self-worth, energy, and concentration	Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)	NCS-A	14 percent of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	20.8 percent of adults
		Average Age of Onset	NCS-R	30 years old



ABOUT **1 IN 10** AMERICANS
(10.2%) AGED 12 OR OLDER USED AN
ILLICIT DRUG IN THE PAST 30 DAYS.

Center for Behavioral Health Statistics and Quality, Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927, Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015, p. 1.

Mental Disorder	Signs and Symptoms ^{10,11,12}	Estimate Description	Surveillance System	Estimate ¹³
OTHER MENTAL DISORDERS				
Attention-Deficit/Hyperactivity Disorder (ADD/ADHD)	Inattention or difficulty staying focused; hyperactivity or constantly being in motion or talking; impulsivity, meaning often not thinking before acting	Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)	NCS-A	9.0 percent of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	8.1 percent of adults
		Average Age of Onset	NCS-R	7 years old
Schizophrenia	Hearing voices or believing that others are trying to control or harm the person; hallucinations and disorganized speech and behavior, causing individuals to feel frightened, anxious, and confused	12-month Prevalence in the United States Among Adults	ECA	0–3 percent of youth
Any Personality Disorder	Difficulties dealing with other people and participating in social activities; inflexibility, rigidity, and inability to respond to change; deeply ingrained, inflexible patterns of relating, perceiving, and thinking that cause distress or impaired functioning	Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)	ECA	9.1 percent of adults

COMMONLY MISUSED SUBSTANCES

Substance: Examples of Other Names for Substances ^{14,15,16}	Negative Immediate Intoxication Effects; Negative Health Effects^{17,18}	Estimate Description	Estimate^{19,20}
ALCOHOL, INHALANTS, AND TOBACCO			
Alcohol: Booze, beer, wine, liquor	<i>Immediate Effects:</i> Dizziness, talkativeness, slurred speech, disturbed sleep, nausea, vomiting, impaired judgment and coordination, increased aggression <i>Health Effects:</i> Brain and liver damage, depression, liver and heart disease, hypertension, fetal damage (in pregnant women)	Past-month Use: Prevalence Rate Among People Aged 12 and Older	52.7 percent
		Past-month Use: Number of People Aged 12 and Older	139.7 million
		Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	11.5 percent
		Past-month Use: Number of People Aged 12 to 17	2.9 million
		Average Age of First Use Among People Aged 12 to 49	17.3 years
Inhalants (Gases, Nitrites, and Aerosols): Ether, chloroform, nitrous oxide, isobutyl, isoamyl, poppers, snappers, whippets, laughing gas	<i>Immediate Effects:</i> Increased stimulation, loss of inhibition, headache, nausea, vomiting, slurred speech, loss of motor coordination, wheezing, cramps, muscle weakness <i>Health Effects:</i> Memory impairment, damage to cardiovascular and nervous systems, unconsciousness	Past-month Use: Prevalence Rate Among People Aged 12 and Older	0.2 percent
		Past-month Use: Number of People Aged 12 and Older	546,000
		Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	0.6 percent
		Past-month Use: Number of People Aged 12 to 17	149,000
		Average Age of First Use Among People Aged 12 to 49	18.2 years

Substance: Examples of Other Names for Substances ^{14,15,16}	Negative Immediate Intoxication Effects; Negative Health Effects ^{17,18}	Estimate Description	Estimate ^{19,20}
ALCOHOL, INHALANTS, AND TOBACCO			
Tobacco Products: Cigarettes, cigars, smokeless tobacco, snuff, spit tobacco, chew	<i>Immediate Effects:</i> Increased blood pressure and heart rate <i>Health Effects:</i> Chronic lung disease; coronary heart disease; stroke; cancer of the lungs, larynx, esophagus, mouth, and bladder; poor pregnancy outcomes	Past-month Use: Prevalence Rate Among People Aged 12 and Older	25.2 percent
		Past-month Use: Number of People Aged 12 and Older	66.9 million
		Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	7.0 percent
		Past-month Use: Number of People Aged 12 to 17	1.7 million
		Average Age of First Use Among People Aged 12 to 49	18.6 years (cigarette use data)
ILLICIT DRUGS			
Cocaine: Blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot, white lady	<i>Immediate Effects:</i> Increased alertness, attention, and energy; dilated pupils; increased temperature, heart rate, and blood pressure; insomnia; loss of appetite; feelings of restlessness, irritability, and anxiety <i>Health Effects:</i> Weight loss, cardiovascular complications, stroke, seizures	Past-month Use: Prevalence Rate Among People Aged 12 and Older	0.6 percent
		Past-month Use: Number of People Aged 12 and Older	1.5 million
		Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	0.2 percent
		Past-month Use: Number of People Aged 12 to 17	39,000
		Average Age of First Use Among People Aged 12 to 49	21.8 years

Substance: Examples of Other Names for Substances ^{14,15,16}	Negative Immediate Intoxication Effects; Negative Health Effects^{17,18}	Estimate Description	Estimate^{19,20}
ILLCIT DRUGS			
Ecstasy (a type of hallucinogen): Adam, E, Eve, decadence, M&M, roll, X, XTC	<i>Immediate Effects:</i> Involuntary tooth clenching, a loss of inhibitions, transfixion on sights and sounds, nausea, blurred vision, chills, sweating, increased heart rate and blood pressure	Past-month Use: Prevalence Rate Among People Aged 12 and Older	0.2 percent
		Past-month Use: Number of People Aged 12 and Older	609,000
	<i>Health Effects:</i> Muscle cramping/sleep disturbances; depression; impaired memory; kidney, liver, and cardiovascular failure; anxiety	Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	0.2 percent
		Past-month Use: Number of People Aged 12 to 17	39,000
		Average Age of First Use Among People Aged 12 to 49	21.0 years
Hallucinogens: Acid, boomers, doses, hits, LSD, microdot, peyote, shrooms, sugar cubes, tabs, trips, PCP	<i>Immediate Effects:</i> Dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, tremors	Past-month Use: Prevalence Rate Among People Aged 12 and Older	0.4 percent (includes ecstasy, LSD, and PCP data)
		Past-month Use: Number of People Aged 12 and Older	1.2 million (includes ecstasy, LSD, and PCP data)
	<i>Health Effects:</i> Disturbing flashbacks that may occur within a few days or more than a year after use	Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	0.5 percent (includes ecstasy, LSD, and PCP data)
		Past-month Use: Number of People Aged 12 to 17	136,000 (includes ecstasy, LSD, and PCP data)
		Average Age of First Use Among People Aged 12 to 49	19.3 years (includes ecstasy, LSD, and PCP data)

Substance: Examples of Other Names for Substances ^{14,15,16}	Negative Immediate Intoxication Effects; Negative Health Effects^{17,18}	Estimate Description	Estimate^{19,20}
ILLICIT DRUGS			
Heroin: Big H, blacktar, brown sugar, dope, horse, junkmuc, skag, smack, white horse	<i>Immediate Effects:</i> Alternately wakeful and drowsy states, flushing of the skin, dry mouth, heavy extremities, slurred speech, constricted pupils, droopy eyelids, vomiting, constipation <i>Health Effects:</i> Collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, liver disease, pneumonia, clogged blood vessels, respiratory complications	Past-month Use: Prevalence Rate Among People Aged 12 and Older	0.2 percent
		Past-month Use: Number of People Aged 12 and Older	435,000
		Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	0.1 percent
		Past-month Use: Number of People Aged 12 to 17	16,000
		Average Age of First Use Among People Aged 12 to 49	28.0 years
Marijuana/ Hashish: Blunt, dope, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, green, trees, smoke, skunk, weed	<i>Immediate Effects:</i> Distorted perception, trouble with thinking and problem- solving, loss of motor coordination, increased heart rate <i>Health Effects:</i> Respiratory infection, impaired memory, anxiety, exposure to cancer- causing compounds	Past-month Use: Prevalence Rate Among People Aged 12 and Older	8.4 percent
		Past-month Use: Number of People Aged 12 and Older	22.2 million
		Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	7.4 percent
		Past-month Use: Number of People Aged 12 to 17	1.8 million
		Average Age of First Use Among People Aged 12 to 49	18.5 years

Substance: Examples of Other Names for Substances ^{14,15,16}	Negative Immediate Intoxication Effects; Negative Health Effects^{17,18}	Estimate Description	Estimate^{19,20}
ILLCIT DRUGS			
Methamphetamine: Chalk, crank, crystal, ice, meth, speed, white cross	<i>Immediate Effects:</i> State of high agitation, insomnia, decreased appetite, irritability, aggression, anxiety, nervousness, convulsions <i>Health Effects:</i> Paranoia, hallucination, repetitive behavior, delusions of parasites or insects crawling under the skin, psychosis, severe dental problems, heart attack	Past-month Use: Prevalence Rate Among People Aged 12 and Older	0.2 percent
		Past-month Use: Number of People Aged 12 and Older	569,000
		Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	0.2 percent
		Past-month Use: Number of People Aged 12 to 17	45,000
		Average Age of First Use Among People Aged 12 to 49	22.0 years
PRESCRIPTION DRUGS			
Pain Relievers: Vike (Vicodin [®]), oxy, O.C. (Oxycontin [®]), M (Roxanol [™]), school-boy (empirin with codeine), China white, dance fever (Actiq [®])	<i>Immediate Effects:</i> Pain relief, euphoria, drowsiness, respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness, restlessness <i>Health Effects:</i> Muscle and bone pain, drowsiness, seizure, coma, respiratory depression, decreased heart rate	Past-month Use: Prevalence Rate Among People Aged 12 and Older	1.6 percent
		Past-month Use: Number of People Aged 12 and Older	4.3 million
		Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	1.9 percent
		Past-month Use: Number of People Aged 12 to 17	467,000
		Average Age of First Use Among People Aged 12 to 49	21.2 years

Substance: Examples of Other Names for Substances ^{14,15,16}	Negative Immediate Intoxication Effects; Negative Health Effects^{17,18}	Estimate Description	Estimate^{19,20}
PRESCRIPTION DRUGS			
Sedatives: Haldol®, Thorazine®, Navane®, Prolixin®, Mellaril®, Trilafon®	<i>Immediate Effects:</i> Slurred speech, shallow breathing, sluggishness, fatigue, disorientation and lack of coordination, dilated pupils, reduced anxiety, lowered inhibitions <i>Health Effects:</i> Seizures; impaired memory, judgment, and coordination; irritability; paranoid and suicidal thoughts; sleep problems	Past-month Use: Prevalence Rate Among People Aged 12 and Older	0.3 percent
		Past-month Use: Number of People Aged 12 and Older	330,000
		Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	0.2 percent
		Past-month Use: Number of People Aged 12 to 17	41,000
		Average Age of First Use Among People Aged 12 to 49	21.4 years
Stimulants: Adderall®, Ritalin®, Concerta®	<i>Immediate Effects:</i> Increased blood pressure and heart rate, constricted blood vessels, increased breathing, cardiovascular failure, lethal seizures <i>Health Effects:</i> Increased hostility or paranoia, dangerously high body temperatures, irregular heartbeat, cardiovascular failure, lethal seizures	Past-month Use: Prevalence Rate Among People Aged 12 and Older	0.6 percent (includes methamphetamine)
		Past-month Use: Number of People Aged 12 and Older	1.6 million (includes methamphetamine)
		Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	0.7 percent (includes methamphetamine)
		Past-month Use: Number of People Aged 12 to 17	169,000 (includes methamphetamine)
		Average Age of First Use Among People Aged 12 to 49	21.6 years

22.2 MILLION



ILLICIT DRUG USE ESTIMATE FOR 2014
CONTINUED TO BE DRIVEN PRIMARILY BY
MARIJUANA USE, WITH 22.2 MILLION CURRENT
MARIJUANA USERS AGED 12 OR OLDER.

Center for Behavioral Health Statistics and Quality, Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015, p. 1.

Substance: Examples of Other Names for Substances ^{14,15,16}	Negative Immediate Intoxication Effects; Negative Health Effects ^{17,18}	Estimate Description	Estimate ^{19,20}
PRESCRIPTION DRUGS			
Tranquilizers: Benzos (Mebaral®, Ativan®, Xanax®, Valium®, Nembutal®, Librium®)	<i>Immediate Effects:</i> Slurred speech, shallow breathing, sluggishness, fatigue, disorientation and lack of coordination, dilated pupils, reduced anxiety, lowered inhibitions <i>Health Effects:</i> Seizures; impaired memory, judgment, and coordination; irritability; paranoid and suicidal thoughts; sleep problems	Past-month Use: Prevalence Rate Among People Aged 12 and Older	0.7 percent
		Past-month Use: Number of People Aged 12 and Older	1.9 million
		Past-month Use: Prevalence Rate Among Youth (Aged 12 to 17)	0.4 percent
		Past-month Use: Number of People Aged 12 to 17	103,000
		Average Age of First Use Among People Aged 12 to 49	23.4 years

The following is not an exhaustive list of all available resources. Inclusion of websites and resources in this document and on the **Recovery Month** website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.

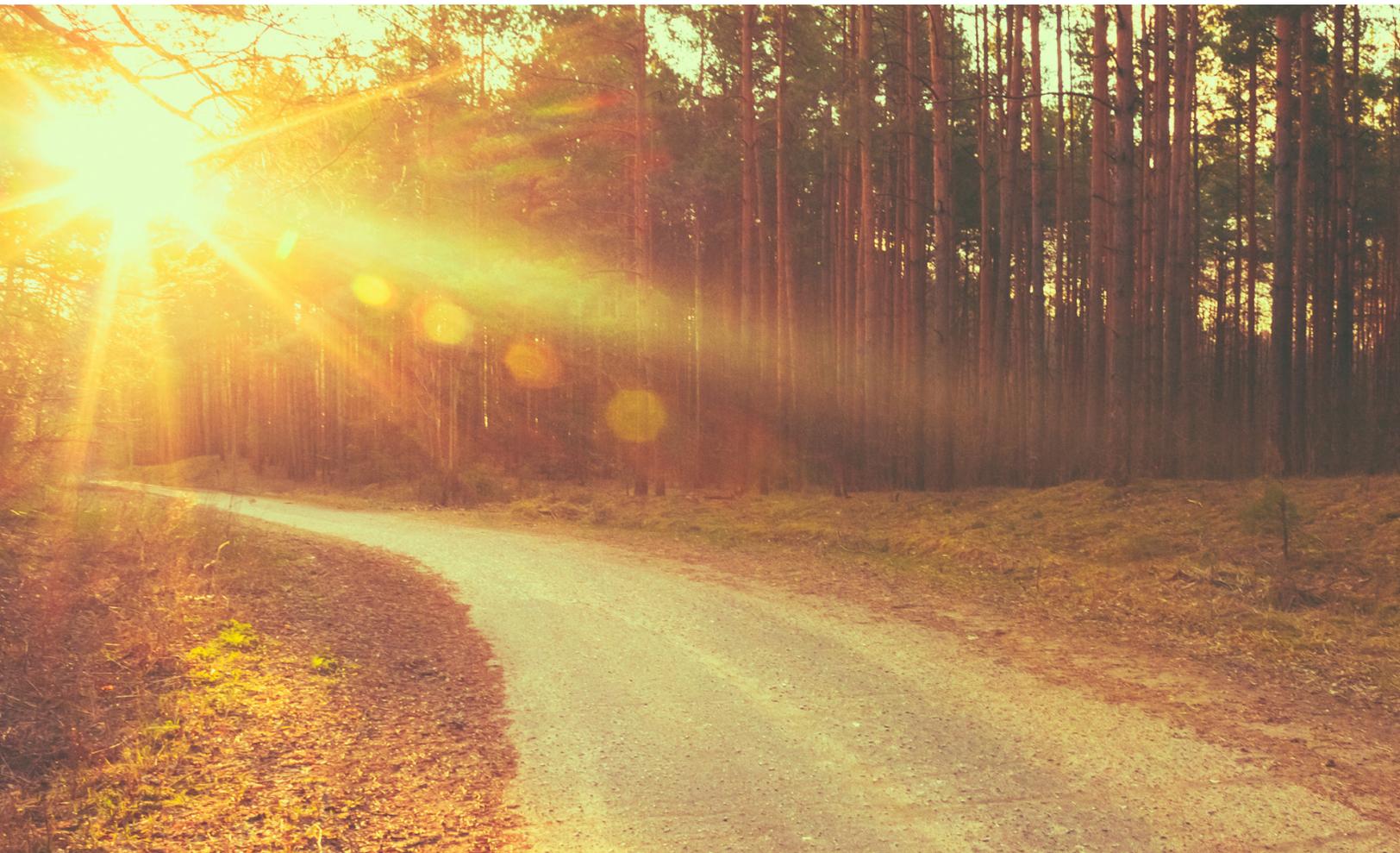
¹ Center for Behavioral Health Statistics and Quality. (2015). Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, p. 1.

² American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)(4th ed.). Washington, DC: Author.

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- ³ Center for Behavioral Health Statistics and Quality. (2015). Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, p. 2.
- ⁴ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2013). Web-based Injury Statistics Query and Reporting System (WISQARS).
- ⁵ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2013). 10 leading causes of death by age group, United States—2013. Web-based Injury Statistics Query and Reporting System (WISQARS). Retrieved from www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2013-a.pdf. Web. 01 Mar. 2016.
- ⁶ Center for Behavioral Health Statistics and Quality. (2015). Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, p. 2. Web. 01 Mar. 2016.
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- ⁸ Center for Behavioral Health Statistics and Quality. (2015). Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, p. 32. Web. 01 Mar. 2016.
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**TREATMENT AND RECOVERY
SUPPORT SERVICES**



“I AM INDEBTED TO MY WIFE FOR ALL SHE HAS DONE TO HELP ME WITH MY ALCOHOLISM, DRUG ADDICTION, AND MY MENTAL ILLNESS.”

— AUGUSTO

RECOVERY IS POSSIBLE

Recovery is defined as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.¹ There are numerous treatment and recovery options for mental and/or substance use disorders, and each recovery journey is unique. If you, a family member, or a friend needs help, resources are available. You are not alone.

Each September, the Substance Abuse and Mental Health Services Administration (SAMHSA) (www.samhsa.gov), within the U.S. Department of Health and Human Services (HHS) (www.hhs.gov), sponsors **National Recovery Month**

(**Recovery Month**) (www.recoverymonth.gov/) to increase awareness of behavioral health conditions. This observance promotes the knowledge that behavioral health is essential to overall health, prevention works, treatment is effective, and people can and do recover from mental and/or substance use disorders.

This year’s **Recovery Month** theme of “*Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!*” encourages people to share real-life experiences about the power of recovery from mental and/or substance use disorders.

9.8 MILLION



AMONG ADULTS AGED 18 OR OLDER, 9.8 MILLION (4.1% OF ADULTS) HAD A **SERIOUS MENTAL ILLNESS IN THE PAST YEAR.**

Center for Behavioral Health Statistics and Quality, Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015, p. 33.

CONNECTING THOSE IN NEED TO TREATMENT SERVICES

A person with a mental and/or substance use disorder may find it difficult to initiate getting help alone, but families and support networks can help the individual connect to appropriate resources. Most people who seek help for a mental and/or substance use disorder experience reduced or eliminated symptoms and are able to manage the disorder. Similarly, research shows that treatment for substance use disorders can help people stop substance use, avoid relapse, and lead active lives engaged with their families, workplaces, and communities.² Researchers also have found that treating alcohol dependence and addiction reduces the burden on the family budget and improves life for those who live with the alcohol-dependent individual.³

TREATMENT AND RECOVERY SUPPORT SERVICES

Intervening early, before mental illness or substance use disorders progress, is among the best and most cost-effective ways to improve overall health. Mental and/or substance use disorders that are allowed to progress become more complex, and, therefore, more difficult to treat. Treatment can be provided in different settings—including outpatient, residential, and inpatient—based on the disorder and the intensity of care required. Examples of proven and effective treatments include behavioral therapy, medication-assisted therapy (MAT), and others. Introduction to recovery supports should begin while the individual is receiving treatment. Effective treatment methods are directed at all aspects of the illness (for example, biological, psychological, and social). For more information about various types of treatment and the benefits of each, visit SAMHSA's Behavioral Health Treatments and Services webpage at www.samhsa.gov/treatment.

Most communities have trained professionals who can help individuals with behavioral health conditions. For additional information about recovery, visit SAMHSA's Recovery and Recovery Support webpage at www.samhsa.gov/recovery.

The “Resources” section below provides a list of national and local resources, including toll-free numbers that can connect you to prevention, treatment, and recovery support services.

RESOURCES

Many options are available to help people seek treatment and sustain recovery. Whichever path a person chooses, it is important to find the treatment and recovery support that works best for him or her. A variety of organizations that provide information and resources on mental and/or substance use disorders, as well as prevention, treatment, and recovery support services, are described below. The list includes toll-free numbers and websites where people can find help, obtain information, share experiences, and learn from others.

- **SAMHSA's website** (www.samhsa.gov): Provides numerous resources and helpful information related to mental and/or substance use disorders, prevention, treatment, and recovery.
- **SAMHSA's Recovery and Recovery Support webpage** (www.samhsa.gov/recovery): Provides information on how recovery-oriented care and recovery support systems help people with mental and/or substance use disorders manage their conditions.
- **SAMHSA's Behavioral Health Treatments and Services webpage** (<http://www.samhsa.gov/treatment>): Contains information on common mental and/or substance use disorders and explains how SAMHSA helps people access treatments and services.
- **SAMHSA's Find Help webpage** (www.samhsa.gov/find-help): Provides links and phone numbers to locators of mental and/or substance use disorder treatment and recovery services.
- **SAMHSA's National Helpline, 1-800-662-HELP (4357) or 1-800-487-4889 (TDD)** (www.samhsa.gov/find-help/national-helpline): Provides 24-hour, free, and confidential treatment referral and information in English and Spanish on mental and/or substance use disorders, prevention, treatment, and recovery.

- **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** (www.suicidepreventionlifeline.org): Provides a free, 24-hour helpline available to anyone in suicidal crisis or emotional distress.
- **SAMHSA’s Opioid Overdose Prevention Toolkit** (store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742): Helps communities and local governments develop policies and practices to prevent opioid-related overdoses and deaths. The toolkit addresses issues of interest to first responders, treatment and service providers, and those recovering from an opioid overdose.
- **SAMHSA’s Addiction Technology Transfer Center Network** (www.nattc.org/home/): Provides research and information for professionals in the addictions treatment and recovery services field.
- **HealthCare.gov** (www.healthcare.gov/index.html): Provides information on how to find health insurance options, compare providers, and enroll in a health plan. The site lists prevention and wellness resources.
- **National Alliance on Mental Illness** (www.nami.org): Provides education programs to ensure hundreds of thousands of families, individuals and educators affected by mental illness get the support and information they need.
- **Loveisrespect.org (formerly National Dating Abuse Helpline)** (www.loveisrespect.org): Provides an opportunity for teens and young adults to receive support when dealing with an unhealthy or abusive relationship. The site offers online chats, telephone support, and texting with a peer advocate.
- **National Sexual Assault Hotline** (www.rainn.org): Connects callers to a local sexual assault crisis center so they can receive information and support.
- **The Addiction Recovery Guide’s Mobile App Listing** (www.addictionrecoveryguide.org/resources/mobile_apps): Contains online recovery options, including self-evaluation, recovery programs, online treatment, and chat rooms.
- **Alcoholics Anonymous** (www.aa.org) and **Narcotics Anonymous** (www.na.org): Contain resources for those experiencing alcohol or drug dependence, helps individuals to find and join a local chapter.
- **Al-Anon/Alateen Family Groups** (www.al-anon.alateen.org): Provides support groups for families and friends of people with alcohol problems.
- **Faces & Voices of Recovery** (www.facesandvoicesofrecovery.org): Organizes and mobilizes Americans in recovery from addiction to alcohol and other drugs by geographic region,

so they can promote their rights and obtain the resources they need.

- **Mental Health America (MHA)** (www.mentalhealthamerica.net): Offers resources about mental illness. Through its affiliates, MHA provides America’s communities and consumers with direct access to a broad range of self-help and professional services.
- **National Council on Alcoholism and Drug Dependence, Inc.** (ncadd.org): Provides numerous resources and services dedicated to fighting alcoholism and drug addiction.
- **Psychology Today’s Therapy Directory** (therapists.psychologytoday.com/rms): Allows users to locate, by city or ZIP Code, a therapist, psychologist, or counselor who specializes in mental illness.
- **SMART Recovery®** (www.smartrecovery.org): Offers a self-empowering addiction recovery support group network with face-to-face and daily online meetings.
- **Young People in Recovery** (youngpeopleinrecovery.org): Mobilizes the voices of young people in recovery.

This is not an exhaustive list of all available resources. Inclusion of websites and resources in this document and on the **Recovery Month** website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.

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MENTAL AND/OR SUBSTANCE USE DISORDERS: FAST FACTS



“IT WAS VERY STRESSFUL FOR BOTH OF US, AND FOR SEVERAL YEARS WE HAD A ROLLER COASTER OF A RIDE WITHIN OUR MARRIAGE AND OUR RELATIONSHIP.”

— STACEY

Every September during the **National Recovery Month (Recovery Month)** observance, the Substance Abuse and Mental Health Services Administration (SAMHSA) (www.samhsa.gov), within the U.S. Department of Health and Human Services (HHS) (www.hhs.gov), releases the National Survey on Drug Use and Health (NSDUH).

NSDUH is the primary source of information on the prevalence and impact of mental and/or substance use disorders across the country. The survey provides valuable statistics that can add context and credibility to outreach efforts. It also helps individuals and organizations promote **Recovery Month** events. In addition, NSDUH provides concrete data for media coverage of mental and/or substance use disorders as a public health issue.

State-specific statistics (www.samhsa.gov/data/population-data-nsduh) are also a good way to illustrate the local prevalence of behavioral health conditions.

The following facts from the 2014 NSDUH report and other data sources highlight that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and/or substance use disorders. Facts and statistics are provided for the following audiences: families, veterans and active duty service members, LGBT youth, and trauma survivors.

This data can also be supplemented by researching local statistics in your city or state.



MORE THAN 44,000 AMERICANS DIED IN 2013 AS A RESULT OF SUICIDE—MORE THAN 1 PERSON EVERY 12.8 MINUTES.

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). (2013) http://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2013-a.pdf

BEHAVIORAL HEALTH PREVALENCE IN THE UNITED STATES

- Among adults aged 18 or older, 43.6 million (18.1 percent of adults) had any mental illness in the past year.¹
 - *Any mental illness is defined as an individual having any mental, behavioral, or emotional disorder in the past year that met Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria (excluding developmental and substance use disorders).*²
- Among adults aged 18 or older, 9.8 million (4.1 percent of adults) had a serious mental illness in the past year.³
- More than 41,000 Americans died in 2013 as a result of suicide—more than 1 person every 12.8 minutes.⁴
- Suicide was the second leading cause of death for two different age groups, individuals aged 15 to 24 and 25 to 34.⁵
- Among people aged 12 or older, 21.5 million people (8.1 percent of this population) were classified with substance dependence or abuse in the past year.⁶
- An estimated 8.7 million, or 22.8 percent, of underage persons (aged 12 to 20) were current drinkers in 2014, including 5.3 million, or 13.8 percent, binge drinkers and 1.4 million, or 3.4 percent, heavy drinkers.⁷
- More than 7.9 million U.S. adults reported having co-occurring disorders. This means that in the past year they have had any mental illness and a substance use disorder.⁸ The percentage of adults who had co-occurring mental illness and substance use disorder in the past year was highest among adults aged 18 to 25 (29.3 percent).⁹

PREVENTION WORKS, TREATMENT IS EFFECTIVE, AND PEOPLE RECOVER

- By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.¹⁰
- The first behavioral health symptoms typically precede a mental and/or substance use disorder by two to four years, offering a window of opportunity to intervene early and often.¹¹
- According to research that tracks individuals in treatment over extended periods, most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning.¹²
- Two-thirds of Americans believe that treatment and support can help people with mental illnesses lead normal lives.¹³



SUICIDE WAS THE SECOND LEADING CAUSE OF DEATH FOR TWO DIFFERENT AGE GROUPS, INDIVIDUALS AGED 15 TO 24 AND 25 TO 34.

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). (2013) http://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2013-a.pdf

SPECIAL POPULATIONS AFFECTED BY BEHAVIORAL HEALTH CONDITIONS

FAMILY SUPPORTS

- Research shows that family supports play a major role in helping to prevent mental and/or substance use disorders, identifying when someone has a problem,¹⁴ and connecting those in need with treatment resources and services they need to begin and stay on their recovery journey.¹⁵
- Having actively involved family members can also promote positive behavioral health since family members monitor each other's behavior, take responsibility for each other's well-being, and can offer or recommend assistance and support.¹⁶

VETERANS AND ACTIVE DUTY SERVICE MEMBERS

- In 2013, there were 62,000 veterans who chose to seek substance abuse treatment at a publicly-funded, non-Veterans Affairs, treatment facility.¹⁷ The most commonly abused substances among these veterans were alcohol (65.4 percent), heroin (10.7 percent), and cocaine (6.2 percent).¹⁸
- Veterans who had been admitted to a substance abuse treatment facility were more likely than nonveterans to report alcohol as their primary substance of abuse (65.4 percent compared to 37.4 percent).¹⁹
- Approximately 18.5 percent of service members returning from Iraq or Afghanistan have post-traumatic stress disorder (PTSD) or depression, and 19.5 percent report experiencing a traumatic brain injury (TBI) during deployment.²⁰
- Veterans experience a significantly higher suicide risk when compared to the general American population, and are at greatest risk of committing suicide within 3 years after leaving military service.²¹

LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) YOUTH

- A disproportionate number of LGBT youth experience homelessness each year in the United States; and homeless LGBT youth have particularly high rates of mental health and substance use problems, suicidal acts, violent victimization, and a range of HIV risk behaviors.²²
- Adolescents in grades 7-12 who self-identify as lesbian, gay, and bisexual are more than twice as likely to have attempted suicide as their heterosexual peers.²³
- Studies have shown that suicide attempts among transgender people can range from 16 to 32 percent.²⁴

TRAUMA SURVIVORS

- In the United States, 61 percent of men and 51 percent of women report exposure to at least one lifetime traumatic event.²⁵
- About two-thirds of the U.S. population reported experiencing at least one personal traumatic event before the age of 18,²⁶ and one in four children were exposed to at least one form of family violence during their lifetimes.²⁷

This list is not exhaustive of all available resources. Inclusion of websites and other resources mentioned in this document and on the **Recovery Month** website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.



¹ Center for Behavioral Health Statistics and Quality, Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015, p. 1.

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