

National Recovery Month

Prevention Works · Treatment is Effective · People Recover

september 2018



JOIN THE VOICES FOR RECOVERY
invest in health, home, purpose, and community



SAMHSA

Substance Abuse and Mental Health
Services Administration



Foreword

Each September, the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors **National Recovery Month (Recovery Month)** to increase awareness and understanding of mental and substance use disorders, and celebrate the individuals living in recovery. Now in its 29th year, the 2018 **Recovery Month** observance focuses on urban communities, health care providers, members of the media, and policymakers, highlighting the various entities that support recovery within our society.

The 2018 **Recovery Month** theme, *“Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community,”* explores how integrated care, a strong community, sense of purpose, and leadership contributes to effective treatments that sustain the recovery of persons with mental and substance use disorders. The observance will work to highlight inspiring stories that help thousands of people from all walks of life find the path to hope, health, and wellness. In addition, the materials support SAMHSA’s message that prevention works, treatment is effective, and people can and do recover.

“When I visit my family, we hug and cry tears of joy because of what recovery has done for us. They are so proud. My heart is filled with hope today. The world is a beautiful place again. We do recover.”

- Kristoph



Table of Contents

EVENTS AND MEDIA OUTREACH	1
Promote <i>Recovery Month</i> with Events	2
Work with the Media	5
Sample Pitch Email	8
Sample Pitch Call Script	9
Use Op-Eds and Online Article	10
Sample Op-Ed	14
Press Materials for Your <i>Recovery Month</i> Event	15
Sample Media Advisory	18
Sample Press Release	19
Sample Backgrounder	20
Issue <i>Recovery Month</i> Proclamations	22
Sample Proclamation 1: Traditional Format	25
Sample Proclamation 2: Modern Format	26
<i>Recovery Month</i> Public Service Announcements	27
2018 Live-Read Radio PSA Scripts	29
TARGETED OUTREACH: HEALTH CARE PROVIDERS	30
TARGETED OUTREACH: URBAN COMMUNITIES	35
TARGETED OUTREACH: MEDIA	40
TARGETED OUTREACH: POLICYMAKERS	45
COMMON MENTAL DISORDERS AND MISUSED SUBSTANCES	50
Common Mental Disorders	53
Commonly Misused Substances	57
TREATMENT AND RECOVERY SUPPORT SERVICES	65

JOIN THE VOICES FOR RECOVERY

Events and Media Outreach

“Recovery allows me to be me, to be a part of society, to be human, to care about my fellow people in my town. I’m a member of society again.”

- Karen





Events and Media Outreach

PROMOTE RECOVERY MONTH WITH EVENTS

Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) (<https://www.samhsa.gov/>), within the U.S. Department of Health and Human Services (HHS) (<https://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 overall health, prevention works, treatment is effective, and people can and do recover from mental and 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 the 2018 theme, “*Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community.*” Events bring people together to share real-life experiences that demonstrate the power of recovery from mental and substance use disorders.

This document will help guide your event planning process and provide tips and instructions on 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 and inform the choice of messages you use to resonate with attendees. Possible goals include:

- Increase knowledge and awareness about mental and substance use disorders and prevention, treatment, and recovery.

- Promote the availability 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 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 substance use disorders. Walks or runs often consist of pre-determined lengths and routes with social opportunities intermingled. Rallies may identify speakers and opportunities to interact with members of the recovery community.



- **Cookout, dinner, or picnic:** Cookouts, dinners, or picnics are easy ways to unite friends, families, 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 invest in prevention, treatment, and recovery support services. Other community members with personal recovery experiences can share their inspiring stories.
- **Twitter chat, webinar, Facebook Live, or Google Hangout:** Technology allows people to participate in the online discussion surrounding recovery. These types of events are convenient when 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, a community center, or a place of worship. Attendees should be prepared to take part 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 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. 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 occurring in the community to minimize schedule conflicts and increase participation. Use the following tools to help streamline the search process:
 - Search for scheduled local **Recovery Month** events on <https://recoverymonth.gov/events> by typing in a ZIP code on the "Community Events" page. When a date is finalized, post the event on the **Recovery Month** website.
 - Check event postings in the local newspaper's community calendar, which is often housed on its website.



- **Find a sponsor or partner:** Hosting an event can be expensive, but partnering with local organizations, television networks, small businesses, and mental health or substance use disorder education/awareness organizations 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 resources. In addition, collegiate recovery programs, recovery high schools, and local mental and substance use disorder treatment and recovery centers can provide volunteers from the recovery community to staff an event. Check out **Recovery Month** events at <https://recoverymonth.gov/events> held in prior years in your community to find local partners and sponsors. The **Recovery Month** Planning Partners are local organizations an event planner can potentially collaborate with to garner support, attendees, and 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 the **Recovery Month** Planning Partners, visit <https://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 an 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 <https://recoverymonth.gov/promote/banners-logos-flyers>.
- **Post your event on the *Recovery Month* website:** Promote your event by posting it on <https://recoverymonth.gov/events> 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 and posting the promotional materials for your event in your event listing on the **Recovery Month** website at <https://recoverymonth.gov/events>.
- **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. For example, 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.



Share...

SAMHSA wants to hear about all of the events held in honor of **Recovery Month** this year. Once an event takes place, visit <https://recoverymonth.gov> to post details, photos, or materials from the event. Also, if you would like your event highlighted in the *2018 Road to Recovery: A Showcase of Events*, send information about your event, the promotional pieces, and any photos for use to recoverymonth@samhsa.hhs.gov. The **Recovery Month** Facebook page (<https://facebook.com/RecoveryMonth>), YouTube channel (<https://youtube.com/RecoveryMonth>), and Twitter account (<https://twitter.com/RecoveryMonth>) also serve as platforms on 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

To successfully promote your **Recovery Month** event, it is essential to give the media information that is useful and relevant. Media outreach and the resulting coverage will increase awareness of events and highlight community efforts focused on mental and 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 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 health care 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 substance use disorders, both locally and nationally. For example, the “Targeted Outreach” section of the toolkit features relevant behavioral health facts. You can use this information to create and supplement a localized fact sheet, outlining the effects of mental and 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 the 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 substance use disorders, set up Google Alerts (<https://www.google.com/alerts>) online, which will notify you when news on the topic you select is published.

Organize...

It is helpful to keep your media contacts’ information organized and accessible. Media lists are best created in a spreadsheet 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 whether they will be attending.

Interview...

Reporters who cover an event may request an interview with the host, a speaker, or a 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 by 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 to 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 might 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 or substance use disorder to seek treatment and achieve a healthy, happy life. Mental and substance use disorders can affect anyone, including people in **[City]**, where **[Number]** people have a mental 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]**.



Follow Up...

Follow up with any reporters who covered **Recovery Month** to obtain a final copy of the piece, save their contact for your next event, and provide links to any coverage when reporting on your event to SAMHSA. Be sure to promote any featured media pieces by posting on your social media channels and website, and share with your stakeholders and partners.

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 pronouncement.

SAMPLE PITCH EMAIL

Subject Line of Email: Main topic of your email

Hello **[Name]**,

I recently read your article on **[Behavioral Health Topic]**, and I thought you might be interested in an upcoming event celebrating people in recovery from mental and substance use disorders. In our community, behavioral health conditions affect many people: **[Insert Statistic on Local Prevalence of Mental and 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 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 about 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]**. Do you have a moment to chat?

As you may know, mental and substance use disorders are common, and not everyone receives the support they need to recover. **[Insert Local Prevalence Statistics to Support the Local Community Impact]**. Despite the prevalence of these conditions, recovery from mental and 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 substance use disorders and promote the message that behavioral health is essential to health, prevention works, treatment is effective, and people recover. This event will **[add something newsworthy and unique about the event – is it the first of its kind? Will it have an interesting speaker? Will it add high community value?]**, and given your recent coverage of **[reporter's beat/stories relevant to the event]**, I thought this might be an interesting story for you to cover.

To learn more about the event, or to speak with **[Spokesperson Name and Role]**, I 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 **[insert media 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 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 2018 **Recovery Month** theme, "*Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community*," explores how integrated care, a strong community, sense of purpose, and leadership contributes to effective treatments that sustain the recovery of persons with mental and substance use disorders. The observance will work to highlight inspiring stories that help thousands of people from all walks of life find the path to hope, health, and wellness. In addition, the materials support SAMHSA's message that prevention works, treatment is effective, and people can and do recover.

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 list 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 readers of the publication. Search for recent events or news stories covered by the publication, and tie your op-ed to what they have published.
- **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 substance use disorders are common and more prevalent than one might think, include statistics on the prevalence. Refer to the "Common Mental Disorders and Commonly Misused Substances" 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 if 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-eds 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. Usually these guidelines are published on the publication's website.



- **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 “Resources” section of this toolkit to identify organizations 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 making 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.

- **Centers for Disease Control and Prevention National Center for Health Statistics Report: Drug Overdose Deaths in the United States, 1999-2016** (<https://www.cdc.gov/nchs/data/databriefs/db294.pdf>)
- **Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health** (<https://addiction.surgeongeneral.gov/>)
- **Mental Health Facilities Data** (<https://www.samhsa.gov/data/mental-health-facilities-data-nmhs>)
- **National Institute on Drug Abuse: Monitoring the Future Survey** (<https://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future>)
- **SAMHSA's National Survey of Substance Abuse Treatment Services** (<https://www.samhsa.gov/data/substance-abuse-facilities-data-nssats>)
- **SAMHSA's National Survey on Drug Use and Health** (<https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2016-NSDUH>)



- **SAMHSA's Publications Store**
(<https://store.samhsa.gov/>)
- **SAMHSA's Recovery and Recovery Support Webpage** (<https://www.samhsa.gov/recovery>)
- **SAMHSA's Recovery Statement**
(<https://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated>)
- **SAMHSA's Treatment Episode Data Set**
(<https://www.samhsa.gov/data/client-level-data-teds>)

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 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, 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 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 (<https://twitter.com/RecoveryMonth>) and Facebook (<https://www.facebook.com/RecoveryMonth/>).

Also consider that many newspapers have online bloggers who cover local philanthropic events, and some may accept guest post contributions to discuss mental and 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 from mental and 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 (<https://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 (<https://recoverymonth.gov/planning-partners>), Facebook page (<https://facebook.com/RecoveryMonth>), and Twitter account (<https://twitter.com/recoverymonth>).
- Visit the “Social Media Tools” section on the **Recovery Month** website (<https://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
13E33B
Rockville, MD 20857

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SAMPLE OP-ED

Families and Communities Can Make a Difference

Oftentimes, individuals who experience a mental 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 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 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 and form stronger relationships with their neighbors, family members, and peers. We need to make more people feel as though recovery is possible.

Mental and 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 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 <https://recoverymonth.gov/events/plan-events/social-media-tools>.

Offering support to those experiencing mental and 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.]



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 substance use disorders.

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 for distribution 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 who 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** 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 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 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 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 conditions 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, so they can 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 Behavioral Health Treatments and Services Webpage** (<https://www.samhsa.gov/treatment>)
- **SAMHSA's Mental Health Facilities Data** (<https://www.samhsa.gov/data/mental-health-facilities-data-nmhss>)
- **SAMHSA's National Survey of Substance Abuse Treatment Services** (<https://www.samhsa.gov/data/substance-abuse-facilities-data-nssats>)
- **SAMHSA's National Survey on Drug Use and Health** (<https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2016-NSDUH>)
- **SAMHSA's Recovery and Recovery Support Webpage** (<https://www.samhsa.gov/recovery>)
- **SAMHSA's Treatment Episode Data Set (TEDS)** (<https://www.samhsa.gov/data/client-level-data-teds>)

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 that 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** (<https://www.24-7pressrelease.com/>)
- **Business Wire** (<https://www.businesswire.com/portal/site/home>)
- **PR Log** (<https://www.prlog.org/>)
- **PR Newswire** (<https://www.prnewswire.com/>)

Once materials have been distributed, remember to post them on the **Recovery Month** website at <https://recoverymonth.gov/events/plan-events/social-media-tools> 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 that they received them and to gauge their interest in attending the event or to schedule 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 and share key learnings.

Post press materials on the **Recovery Month** website (<https://recoverymonth.gov/events/plan-events/social-media-tools>) to accompany the event listing.

Share event information through **Recovery Month** social media outlets, such as the Facebook page (<https://facebook.com/RecoveryMonth>), YouTube channel (<https://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:

Substance Abuse and Mental Health Services Administration
ATTN: Consumer Affairs/**Recovery Month**
Center for Substance Abuse Treatment
5600 Fishers Lane
13E33B
Rockville, MD 20857

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.

Inclusion of websites and event examples 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.



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 Substance Use Disorders

Mental and 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 2016, an estimated XX **[Thousand/Million]** people in **[City or State]** were affected by a mental disorder. 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 substance use disorder programs and highlight individuals in recovery, detailing the journey they took to get where they are today.

Last year, **43** 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 Substance Use Disorders Support Services in [City or State]

[City, State], [Date] – Mental and 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 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 2016, an estimated 44.7 million adults aged 18 or older (18.3 percent) had any mental illness in the past year according to the 2016 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 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 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 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, <https://recoverymonth.gov/about>, 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 Partner organizations, 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: Invest in Health, Home, Purpose, and Community,*" explores how integrated care, a strong community, sense of purpose, and leadership contributes to effective treatments that sustain the recovery of persons with mental and substance use disorders.

The observance will work to highlight inspiring stories that help thousands of people from all walks of life find the path to hope, health, and wellness. In addition, the materials support SAMHSA's message that prevention works, treatment is effective, and people can and do recover. Communities can improve the lives of those in recovery by extending opportunities for meaningful daily activities, such as jobs, school, volunteerism, family caretaking, or creative endeavors. Local communities can play a significant role in supporting those in recovery as they gain the independence, income, and resources necessary to fully participate in society.



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 substance use disorders?

Many treatment options exist. SAMHSA's Behavioral Health Treatment Locator, <https://findtreatment.samhsa.gov/>, helps people find mental and 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)**, is a free, confidential, 24/7, 365-day-a-year information service and treatment referral (in English and Spanish) for individuals and families facing mental and substance use disorders. 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 substance use disorder landscape?

Refer to the "Common Mental Disorders and Misused Substances" section in this toolkit for up-to-date statistics on the prevalence of mental and 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, 43 proclamations were signed to support **Recovery Month**, including one issued by President Donald Trump. For the past 17 years, the Executive Office of the President of the United States has supported SAMHSA 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 2018 **Recovery Month** theme, “*Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community*,” explores how integrated care, a strong community, sense of purpose, and leadership contributes to effective treatments that sustain the recovery of persons with mental and substance use disorders. The observance will work to highlight inspiring stories that help thousands of people from all walks of life find the path to hope, health, and wellness. In addition, the materials support SAMHSA’s message that prevention works, treatment is effective, and people can and do recover. 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 some legislatures and city governments are not in session during the summer months, try to contact public officials at least six 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 <https://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 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. They highlight the same points as a traditional proclamation, but are written as statements. See examples of proclamations at <https://recoverymonth.gov/promote/proclamations> and on the **Recovery Month** website at <https://recoverymonth.gov> under the “Proclamations” section. In addition, samples of both formats are included at the end of this document.

Develop a Proclamation...

Once you are familiar with the different proclamation styles, use the following list 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 “Common Mental Disorders and Misused Substances” 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 – submit to recoverymonth@samhsa.hhs.gov, as well as the **Recovery Month** Facebook page (<https://facebook.com/RecoveryMonth>) and Twitter account (<https://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 Behavioral Health Treatments and Services Webpage** (<https://www.samhsa.gov/treatment>)
- **SAMHSA's Mental Health Facilities Data** (<https://www.samhsa.gov/data/mental-health-facilities-data-nmhss>)
- **SAMHSA's National Survey on Drug Use and Health and other data from SAMHSA** (<https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2016-NSDUH>)
- **SAMHSA's National Survey on Substance Abuse Treatment Services** (<https://www.samhsa.gov/data/substance-abuse-facilities-data-nssats>)
- **SAMHSA's Recovery and Recovery Support Webpage** (<https://www.samhsa.gov/recovery>)
- **SAMHSA's Treatment Episode Data Set** (<https://www.samhsa.gov/data/client-level-data-teds>)



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 substance use disorders. Ideas for panelists include treatment and service providers, families affected by mental and 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 (<https://recoverymonth.gov/events/plan-events/social-media-tools>) 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
13E33B
Rockville, MD 20857

Be sure to share it on your social media channels!

Inclusion of websites and event examples 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.



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 substance use disorders works, treatment is effective, and people recover in our area and around the nation; and

WHEREAS, preventing and overcoming mental and 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 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 2018 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*** theme, *Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community*.

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

Signature

[Insert City/State or Other Official Seal]



SAMPLE PROCLAMATION 2: MODERN FORMAT

Mental and 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 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: Invest in Health, Home, Purpose, and Community*. **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 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 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 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 2018 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 2018 **Recovery Month** campaign, SAMHSA created two radio and television PSAs (Insert link to PSAs) in English and Spanish. The spots reflect this year's **Recovery Month** theme, "*Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community,*" and advertise SAMHSA's National Helpline. They highlight the messages that behavioral health is essential to overall health, prevention works, treatment is effective, and people recover from mental and 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 is a free, confidential, 24/7, 365-day-a-year information service and treatment referral (in English and Spanish) for individuals and families facing mental and substance use disorders. 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- and 20-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 that these PSAs can

be played year-round. If local television or radio stations do not have the 2018 PSAs, suggest emailing recoverymonth@samhsa.hhs.gov to receive a copy. The PSAs are also available online in the PSA section of the **Recovery Month** website at <https://recoverymonth.gov/promote/public-service-announcements>.

Use Scripts...

A 30-second example and a 15-second example of radio PSA scripts are provided at the end of this section. Radio hosts can read these scripts "live" on the air. They 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 points.

- 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 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 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 might 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 (<https://recoverymonth.gov/events/plan-events/social-media-tools>), Facebook page (<https://facebook.com/RecoveryMonth>), and YouTube channel (<https://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 TV 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 Behavioral Health Treatments and Services Webpage** (<https://www.samhsa.gov/treatment>)
- **SAMHSA’s Mental Health Facilities Data** (<https://www.samhsa.gov/data/mental-health-facilities-data-nmhs>)
- **SAMHSA’s National Survey of Substance Abuse Treatment Services** (<https://www.samhsa.gov/data/substance-abuse-facilities-data-nssats>)
- **SAMHSA’s National Survey on Drug Use and Health** (<https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2016-NSDUH>)
- **SAMHSA’s Recovery and Recovery Support Webpage** (<https://www.samhsa.gov/recovery>)
- **SAMHSA’s Treatment Episode Data Set (TEDS)** (<https://www.samhsa.gov/data/client-level-data-teds>)

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



2018 LIVE-READ RADIO PSA SCRIPTS

:30 Seconds

Mental and substance use disorders affect millions of Americans. Supporting recovery strengthens our families and our communities, encourages public awareness, and helps people begin their recovery journeys. If you or someone you know is struggling, call 1-800-662-HELP for treatment referral **[or replace this number with a local treatment and service provider's]** or visit <https://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 messages that prevention works, treatment is effective, and people recover.

:15 Seconds

Mental and substance use disorders affect millions of Americans. Supporting recovery strengthens our families and our communities, encourages public awareness, and helps people begin their recovery journeys. 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 <https://www.recoverymonth.gov> for more information.

JOIN THE VOICES FOR RECOVERY

Health Care Providers

“At the end of the road, I had lost everything: my [driver’s] license, nursing license, children and relationship with my family...Through 30-day treatment, 18 months in a recovery house, and my 12-step fellowship, I strengthened my resilience muscle. For me, it’s like muscle memory; I had it in me all along, but recovery helped me find it. I am, today, my strongest version of myself. Physically, spiritually, and emotionally stronger than ever.”





TARGETED OUTREACH

Health Care Providers

Health care providers are often the first contact for addressing the behavioral health needs for Americans. However, they have limited time and resources to confront these challenges. This year's **National Recovery Month (Recovery Month)** theme, *“Join the Voices for Recovery: Invest in Health, Home, Purpose and Community,”* urges health care providers – from nurses to physicians to counselors – to facilitate lifesaving prevention, treatment, and recovery services for patients with behavioral health conditions. Members of all systems in the U.S. health care industry have a responsibility to create a positive, proactive environment that fosters healthy lifestyles and a path to recovery for patients from every background.

Health Care Providers:

Invest in **health** by incorporating recovery from mental and substance use disorders into all aspects of care.

The Issue

Health care organizations and providers have a critical opportunity to incorporate prevention, treatment, and recovery services for mental and substance use disorders into their practice. There is significant room for improvement in treating behavioral health conditions and promoting recovery in American communities – and currently, there is not enough action being taken to address this disparity, as demonstrated below:

- In 2016, only about one in 10 (10.6 percent) individuals aged 12 and older needing substance use disorder treatment at a specialty facility received it.¹

- In 2016, 43.1 percent of adults aged 18 or older with any mental illness received mental health services. This means over half (56.9 percent) of adults with a mental illness did not receive the mental health services they needed in 2016.² Additionally, about one in five adults with a mental illness say they do not have access to the treatment they need.³
- Individuals experiencing behavioral health conditions have up to a seven times greater chance of facing barriers to medical care than those not experiencing these conditions.⁴

This is of concern given the shortage of providers and facilities equipped to address these issues in the U.S. Nationally, there is only one mental health professional (including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses) per every 529 individuals with a behavioral health condition. Moreover, only about 11 percent of Americans needing specialty addiction treatment access it.⁵ This ratio must improve for American communities to receive the help they need to achieve recovery.

Additionally, health care providers often work in high-stress environments and can themselves experience these conditions, but may not seek treatment due to licensing concerns and other issues.⁶ The American health care system must evolve to reflect the understanding that total health cannot be achieved without behavioral health. Providers can model an attitude of acceptance and support with their co-workers, as they would with their patients.



Audience Tip:

Refer to the “Treatment and Recovery Support Services” section for tools and information to help your patients on the road to recovery.

What You Can Do

Health care providers have the power to change how the industry supports those experiencing mental and substance use disorders. Health care providers can work to:

- Integrate behavioral health resources and information into primary care practices;
- Complete training and education for specific behavioral health issues, such as suicide prevention or substance use disorder treatment;
- Promote treatment and recovery in vulnerable populations, such as veteran; lesbian, gay, bisexual, and transgender; or youth;
- Promote general public awareness of the effectiveness of substance use disorder treatment to reduce barriers to seeking treatment prior to conception and early in pregnancy;
- Tailor care to address the specific mental health needs of diverse communities;
- Educate colleagues, peers, and patients to help reduce stigma and build awareness, including the use of positive and person-first language;
- Become knowledgeable about treatment resources in their surrounding communities;
- Provide appropriate preventive services such as screening and referral to counseling interventions; and
- Seek treatment and recovery services themselves if they experience signs and symptoms of a mental and substance use disorder.

Resources

There are a variety of training resources to support health care providers seeking to implement quality care for patients they serve who have mental and substance use disorders. Below is a list of informational, educational, and training resources for physicians, pediatricians, geriatricians, clinicians, nurses, subspecialists, mental health professionals, counselors, hospital administrators, and more to learn how they can make behavioral health a key component of patient care.

- **American Academy of Family Physicians – Mental Health Clinical Recommendations & Guidelines** (<http://www.aafp.org/patient-care/browse/topics.tag-mental-health.html>): Provides guidelines for family doctors on treating and preventing behavioral health conditions.
- **American Board of Preventive Medicine Addiction Medicine Certification** (<https://www.asam.org/membership/paths-to-certification>): Offers paths for physicians to become board-certified in addiction medicine.
- **American Society of Addiction Medicine Education page** (<https://asam.org/education>): Provides training and educational resources to health care professionals who wish to incorporate evidence-based substance use disorder treatment and prevention services into their practice.
- **Centers for Disease Control and Prevention Mental Health Page** (<https://www.cdc.gov/mentalhealth/>): Features strategies for taking an evidence-based, public health approach to recovery.
- **National Council for Behavioral Health Healthcare Practice Improvement Page** (<https://www.thenationalcouncil.org/consulting-best-practices/practice-improvement-initiatives/>): Provides resources for implementing behavioral health into primary care practice.



- **National Institute on Drug Abuse: Medical & Health Professionals** (<https://www.drugabuse.gov/nidamed-medical-health-professionals>): Lists strategies for health care professionals on treating and preventing substance use disorders.
- **National Institute on Drug Abuse: Principles of Drug Addiction Treatment: A Research-Based Guide (Third Addition)** (<https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-second-edition/frequently-asked-questions/what-are-unique-needs-pregnant-women>): Discusses the unique needs of pregnant women with substance use disorders.
- **Office of the Surgeon General's 2016 Report on Alcohol, Drugs, and Health** (<https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>): Details substance use statistics and the impacts on American citizens and health care systems.
- **Prescribe to Prevent** (<http://prescribetoprevent.org/>): Helps health care providers educate their patients to reduce overdose risk and provide naloxone rescue kits to patients.
- **Provider's Clinical Support System for Medication Assisted Treatment (PCSS-MAT)** (<https://pcssmat.org/>): Provides information designed to train physicians and other health care providers (including nurse practitioners and physician assistants) who desire to prescribe and dispense FDA-approved products approved for MAT.
- **SAMHSA's Recovery to Practice page** (<https://www.samhsa.gov/recovery-to-practice>): Helps behavioral health and general health care practitioners improve delivery of recovery-oriented services, supports, and treatment via training and education.
- **Suicide Prevention Resource and Training Center** (<http://training.sprc.org/>): Provides resources for training in preventing suicide and emergency response.
- **U.S. Department of Justice Drug Enforcement Administration Diversion Control Division – Drug Addiction in Health Care Professionals** (<https://www.deadiversion.usdoj.gov/pubs/brochures/drug-hc.htm>): Lists guidelines on recognizing and addressing substance use disorders in health care providers.

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 United States Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.



“Recovery has allowed me to come out of a background of a long history of abuse and alcohol and drug dependence, and actually go into my master’s program, get my licensed professional counselor degree, specialize in addictions and be a licensed addiction counselor and finish my doctorate.”

- Deborah Fenton-Nichols



¹ Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044, p. 2. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

² Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044, p. 2. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

³ Nguyen, T., and Davis, K. “The State of Mental Health in America: Access to Care Data,” p. 26. Mental Health America. (2017). Web. 3 October 2017. Retrieved from: <http://www.mentalhealthamerica.net/sites/default/files/2017%20MH%20in%20America%20Full.pdf>

⁴ Nguyen, T., and Davis, K. “The State of Mental Health in America: Access to Care

Data,” p. 28. Mental Health America. (2017). Web. 3 October 2017. Retrieved from: <http://www.mentalhealthamerica.net/sites/default/files/2017%20MH%20in%20America%20Full.pdf>

⁵ Nguyen, T., and Davis, K. “The State of Mental Health in America: Access to Care Data,” p. 33. Mental Health America. (2017). Web. 3 October 2017. Retrieved from: <http://www.mentalhealthamerica.net/sites/default/files/2017%20MH%20in%20America%20Full.pdf>

⁶ Shanafelt, T.D., et. al. Special report: suicidal ideation among American surgeons. U.S. National Library of Medicine at the National Institutes of Health. (2011). Web. 3 October 2017. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/21242446>

JOIN THE VOICES FOR RECOVERY

Urban Communities

“My mental health challenges started in September 2001. As they began, I started a journey that brought me forth to today to a point where I looked backed to who I was and I look at who I am today and I’m glad that I took that journey. Recovery for me means that I am more today than I was yesterday and that I get to live my life and be in charge of it rather than having situations, experiences and other people in charge of my life. What I would say to those individuals that think that they may have those challenges is be brave. Take that first step. It’s worth it. Find people that you can trust and speak out and speak up.”

- Becky





TARGETED OUTREACH

Urban Communities

Urban communities are vibrant, densely populated, and diverse both culturally and economically. Given their diversity of populations who may experience mental and substance use disorders, urban areas need a broad availability and multiple types of recovery support services. While infrastructure, socioeconomic conditions, and health care services are typically more available in cities than in rural areas, urban communities face the stresses of serving a larger population. It's important that there are also more recovery support services available to meet the mental and substance use disorder needs of this population. This year's **National Recovery Month (Recovery Month)** theme, *"Join the Voices for Recovery: Invest in Health, Home, Purpose and Community,"* explores the role that individuals and organizations in the recovery sector, including peer support groups and community leaders, play in helping those with mental and substance use disorders receive the help they need.

Urban Communities:

Invest in **home** by supporting family, friends, and neighbors experiencing a mental or substance use disorder.



The Issue

- There are challenges to providing prevention, treatment, and recovery resources within urban communities, including limited resources, a diverse population with varying needs, and facilities facing workforce challenges.¹ In 2016, approximately 29.1 million people aged 12 or older living in large metropolitan counties used illicit drugs in the past year and 5.5 million people aged 12 or older in nonmetropolitan counties used illicit drugs in the past year.²
- Many racial and ethnic minority communities are centered in urban areas. This population experiences a greater burden of mental and substance use disorders often due to health disparities and poorer access to care; inappropriate care; and higher social, environmental, and economic risk factors.³
- A survey conducted between 2009-2012 revealed that persons living below the poverty level were nearly 2½ times more likely to have depression than those at or above the poverty level.⁴
- Opioid use has roots in minority groups living in urban areas.⁵ In 2016, an estimated 11.8 million people aged 12 or older misused opioids in the past year.⁶

What You Can Do

The behavioral health community must work together with individuals, families, organizations, and other municipal partners to ensure mental and substance use disorder prevention, treatment, and recovery programs are well established, promoted, and available in their areas. This includes working with the justice system, social services, education, faith-based and health care systems. This can be accomplished by creating recovery-oriented systems of care (ROSC), which is a coordinated network of community-based services and support that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve recovery and improved health, wellness, and quality of life for those with or at risk of mental and substance use disorders. Developing ROSC requires various sectors within the community, including educational, criminal justice, faith-based, health, housing, and employment, to connect and collaborate for the best outcomes.



Audience Tip:

Refer to the “Events and Media Outreach” section for information on how to plan a local event in your community to spread awareness. Be sure to post your event on <https://www.recoverymonth.gov/events/post-events>.



In areas with large populations there are many treatment and recovery supports for people with behavioral health issues, but they are often disconnected. To engage and serve the diverse populations in urban areas, the community must overcome institutional prejudice and cultural barriers to seeking help and provide access to trusted community organizations. Building relationships and collaboration between service providers and those working in the recovery field can allow for better coordination of services and more comprehensive treatment and support.

To support treatment and recovery in urban communities:

- Meet regularly (virtually or in-person) to collaborate on how to address serving the needs of urban-area residents.
- Communicate about recovery successes, new data, or events that impact the community to share learnings within the treatment and recovery community.
- Promote and recruit service providers, recovery specialists, and recovery community organizations to take an active role in recovery support to expand community resources.
- Connect individuals in recovery, including their families and partners, with other providers or supports in the area.

It is also important to have trained peer recovery support specialists or recovery coaches available to those in urban communities. Participation in recovery support groups improves recovery outcomes. While clinical services are beneficial to an individual’s recovery, peer leaders are a resource who can often share personal experiences that can help the recovering individual navigate their treatment process.

In some communities, emergency rooms are working with Peer Bridger and recovery community organizations to meet with individuals and their families to provide support, hope and information on mental and substance use disorder treatment and recovery options.

The process of recovery occurs via many pathways that intersect, including clinical treatment, medications, faith-based approaches, peer support, and family support, among others. Each person’s path to recovery is unique, and their treatment plan should be individualized. It takes a full community effort to help those in need, and leaders in the recovery sector can pave the way for change by working together.

Resources

There are many resources available to support people living in urban communities. The following resources provide assistance for individuals experiencing a mental or substance use disorder and those who care for them.

- **Alcoholics Anonymous** (<https://www.aa.org/>): Lists resources for those experiencing alcohol dependence; helps individuals find and join a local chapter.
- **Depression and Bipolar Support Alliance** (<http://www.dbsalliance.org>): Acts as the leading peer-directed national organization focusing on the two most prevalent mental health conditions, depression and bipolar disorder.



- **Faces & Voices of Recovery** (<https://facesandvoicesofrecovery.org>): Serves as a national organization that supports the 23 million Americans living in recovery to ensure their rights and access to needed services as well as demonstrates the power and proof of obtaining long-term recovery.
- **Mental Health America** (<http://www.mentalhealthamerica.net>): Provides prevention services and supports for those living with a mental disorder.
- **Narcotics Anonymous** (<https://www.na.org/>): Lists resources for those experiencing drug dependence; helps individuals find and join a local chapter.
- **National Alliance on Mental Illness** (<https://www.nami.org/>): Provides education and advocacy programs for those affected by mental disorders, including a toll-free helpline for families in communities throughout the United States.
- **NIDA Treatment Page** (<https://www.drugabuse.gov/related-topics/treatment>): Offers a step-by-step guide on what to do if you or a loved one has a problem with drugs.
- **No Stigmas** (<https://nostigmas.org/>): Provides peer-to-peer, community-within-community support networks, built by and for those whose lives are affected by mental disorders and suicide.
- **SAMHSA's National Helpline (1-800-662-HELP [4357] or 1-800-487-4889 [TDD])**: Provides a 24/7, 365-day-a-year information and treatment referral service (in English and Spanish) for individuals and families facing mental and substance use disorders
- **Schizophrenia and Related Disorders Alliance of America** (<https://sardaa.org>): Promotes improvement in lives affected by schizophrenia and schizophrenia spectrum disorders (mental disorders involving psychosis) and promotes hope and recovery through support programs, education, collaboration, and advocacy.
- **Urban Mental Health Alliance** (<http://www.urbanmentalhealthalliance.org/>): Provides advocacy for the mental health and wellness of urban families and communities.

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 United States Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.



"I've seen so many people on their 7th, 8th, 9th try, finally, the light bulb goes on and they find that connection to community and they find that support and that hope."

- Allison Harden



¹ “Barriers to Substance Abuse Treatment in Rural and Urban Communities: A Counselor Perspective.” The National Center for Biotechnology Information. (2014). Web. 3 October 2017. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3995852/>

² Center for Behavioral Health Statistics and Quality. (2017). *Results from the 2016 National Survey on Drug Use and Health: Detailed Tables*, Table 1.67-A, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.htm#tab1-67a>

³ “Racial and Ethnic Minority Populations.” Substance Abuse and Mental Health Services Administration. (2016). Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/specific-populations/racial-ethnic-minority>

⁴ “Depression in the US Household Population.” Centers for Disease Control and Prevention. (2014). Web. 3 October 2017. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db172.pdf>

⁵ “Prescription Opioids and Heroin.” National Institute on Drug Abuse. (2015). Web. 3 October 2017. Retrieved from <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-abuse-heroin-use/introduction>

⁶ Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044, p. 1. Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

⁷ “What Are Peer Recovery Support Services?” Substance Abuse and Mental Health Services Administration. (2009). Web. 16 November 2017. Retrieved from <https://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf>

⁸ “Recovery and Recovery Support”. (2017). Substance Abuse and Mental Health Services Administration. Web. 15 November 2017. Retrieved from <https://www.samhsa.gov/recovery>

JOIN THE VOICES FOR RECOVERY

Media

“Now is the time for every one of us to take action in our own lives, in our work and in our communities. There is no shame in addiction and there is so much hope and possibility in recovery. I am like more than 23 million other people across our great nation who have the disease of drug or alcohol addiction. And I am grateful that I am one of the faces and voices of recovery.”

**- North Dakota First
Lady Kathryn Burgum**





TARGETED OUTREACH

Media

The media has an important role in recognizing people who are in recovery for their accomplishments and also educating their communities about the realities of mental and substance use disorders. For **National Recovery Month (Recovery Month)** to be successful, it is critical for people to understand the prevalence of behavioral health conditions, as well as the prevention and treatment options available to them. This year's **Recovery Month** theme, *“Invest in Health, Home, Purpose, and Community,”* calls on the media to play a bigger part in positively advancing the public's knowledge of mental and substance use disorders, and to encourage acceptance and inspire action for people to get help for themselves and their loved ones.

Media:

Invest in **purpose** by highlighting positive stories of people in recovery.



The Issue

Today's media landscape offers people access to information 24/7 and has reshaped the way Americans consume information. More than 80 percent of Americans get at least some of their news through websites, apps, or social networking sites.¹

Media sources – whether traditional or digital – influence people's opinions and perceptions. While there is an abundance of negative news stories, the media has the power to educate and inform society about misperceptions of persons in recovery from mental and substance use disorders by highlighting treatment options and bringing individual stories to life. When reporting on behavioral health, the media has a responsibility to convey the prevalence of these issues and the effectiveness of prevention and support.

With the rise of social media, people increasingly expect opportunities to comment, share, and discuss topics online.² The media has an opportunity to use websites such as Facebook and YouTube as platforms to help raise awareness and promote healthy behavior.

Audience Tip:

Refer to the “Common Mental Disorders and Commonly Misused Substances” for the latest data on prevalence of behavioral health conditions in the U.S.



What You Can Do

By communicating the realities of mental and substance use disorders, and the power of effective treatment and recovery support, the media can diminish associated misconceptions and promote action for people and their families who are seeking support.

When sharing an individual's story or reporting on substance use disorders, treatment, and recovery, members of the media community should:

- Include the perspectives of mental health and substance use experts who are knowledgeable about the cultural and ethnic factors that impact people living with these disorders;³
- Accurately refer to substance use, since addictions come in more than one form: substance (drugs, alcohol, etc.) and behavioral (gambling, sex, etc.);⁴
- When referring to someone who is diagnosed with a mental disorder, identify him/her as a person with a disorder, not as the disorder (e.g., “someone with depression” rather than “a depressed person”);⁵
- Be mindful of the language used when discussing substance use disorders so the



condition is accurately portrayed, avoid an “us vs. them” mentality, and keep the human being at the center of the coverage (e.g., “person with a substance use disorder” rather than “addict”);⁶

- Profile people with behavioral health conditions who are living satisfying lives with rewarding relationships and strong community ties;⁷
- Include the phone numbers or websites for national hotlines or local resource centers for those who want to learn more or get help⁸; and
- Report hard-hitting facts about the dire consequences of having a substance use disorder. For instance, every day, 44 Americans die because of prescription opioid overdose.⁹

The inclusion of these angles in your coverage may reduce the number of myths associated with addiction, treatment, and recovery.

Resources

There are a number of resources that can be used as a reference when constructing articles or broadcast stories. The following links provide assistance for media professionals reporting on a mental or substance use disorder to ensure an accurate depiction of those experiencing a behavioral health issue.

- **American Foundation for Suicide Prevention** (<https://afsp.org/wp-content/uploads/2016/01/recommendations.pdf>): Provides recommendations for reporting about suicide.
- **American Psychiatric Association** (<https://www.psychiatry.org/newsroom/reporting-on-mental-health-conditions>): Provides tips for accurately covering mental disorders.
- **Entertainment Industries Council** (<http://www.eiconline.org/>): Serves as a bridge for information between the entertainment industry and public policy members.
- **Faces and Voices of Recovery** (<http://www.facesandvoicesofrecovery.org/>): Profiles personal treatment and recovery experiences.
- **Facing Addiction** (<https://www.facingaddiction.org/>): Creates campaigns and conducts research to change perceptions about addiction and find solutions for recovery across the nation.
- **Journalist’s Resource** (<https://journalistsresource.org/studies/society/news-media/media-impacts-suicide-research>): Provides a collection of research that investigates the media’s impact on suicide.
- **Media Guidelines for Bullying Prevention** (<https://www.stopbullying.gov/media/index.html>): Serves as a federal resource for journalists covering the issue of bullying.
- **National Alliance on Mental Health** (<https://www.nami.org/>): Provides education, advocacy, helpline support, and leadership to help better the lives of the millions of Americans affected by mental disorders.
- **NIH DrugFacts** (<https://www.drugabuse.gov/publications/finder/t/160/drugfacts>): Lists NIH publications that provide facts and figures on certain substances and their use in America.
- **Poynter** (<https://www.newsu.org/reporting-mental-health-suicide>): Provides a self-directed course for print, online, and broadcast journalists to gain a better understanding of behavioral health conditions and covering suicide.
- **ReportingOnSuicide.org** (<http://reportingonsuicide.org/>): Provides recommendations for media coverage of suicide and at-risk populations.
- **SAMHSA’s Data, Outcomes, and Quality** (<https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2016-NSDUH>): Provides reports and detailed tables from the 2016 National Survey on Drug Use and Health.



- **SAMHSA's National Helpline (1-800-662-HELP [4357] or 1-800-487-4889 [TDD])** (<https://www.samhsa.gov/find-help/national-helpline>): Provides a 24/7, 365-day-a-year information and treatment referral service (in English and Spanish) for individuals and families facing mental and substance use disorders.
- **SAMHSA's The Power of Language and Portrayals: What We Hear, What We See** (<https://www.samhsa.gov/power-language-portrayals>): Provides a four-part webcast produced by SAMHSA in partnership with the Entertainment Industries Council, educates the news and entertainment media about the best terminology and language to use, as well as how to accurately portray individuals with substance use disorders.
- **TEAM UP** (<http://www.eiconline.org/teamup/>): Brings together mental health experts, entertainment industry professionals, and journalists to encourage deeper reporting and more accurate depictions of people living with mental disorders.
- **The Carter Center** (https://www.cartercenter.org/resources/pdfs/health/mental_health/2015-journalism-resource-guide-on-behavioral-health.pdf): Works to promote awareness about mental health issues and reduce stigma and discrimination against those with mental disorders.
- **The National Center for Biotechnology Information** (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4921198/>): Provides data on media coverage of mental disorders.

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 United States Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.



"I continue to grow in my recovery, practicing daily the principles and steps that saved my life. My marriage is stronger than ever, my kids are back in my life, my company is taking off and my life has been given back to me."



¹ “The Modern Consumer: News attitudes and practices in the digital era.” Web. 3 October 2017. Retrieved from http://assets.pewresearch.org/wp-content/uploads/sites/13/2016/07/07104931/PJ_2016.07.07_Modern-News-Consumer_FINAL.pdf

² “Developing a Social Media Plan to Support Substance Misuse Prevention Efforts.” Substance Abuse and Mental Health Services Administration. (2017). Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/capt/tools-learning-resources/social-media-support-prevention-efforts>

³ “Style Guide: Reporting Mental Health.” Entertainment Industries Council. (2012). Web. 3 October 2017. Retrieved from <http://www.eiconline.org/teamup/wp-content/files/mental-health-reporting-style-guide.pdf>

⁴ “Style Guide: Reporting Mental Health.” Entertainment Industries Council. (2012). Web. 3 October 2017. Retrieved from <http://www.eiconline.org/teamup/wp-content/files/mental-health-reporting-style-guide.pdf>

⁵ “Style Guide: Reporting Mental Health.” Entertainment Industries Council. (2012). Web. 3 October 2017. Retrieved from <http://www.eiconline.org/teamup/wp-content/files/mental-health-reporting-style-guide.pdf>

⁶ Botticelli, M., and Koh, H. “Changing the Language of Addiction,” *Journal of the American Medical Association*. (2016). Web. 17 November 2017. Retrieved from: <https://jamanetwork.com/journals/jama/article-abstract/2565298>

⁷ “Style Guide: Reporting Mental Health.” Entertainment Industries Council. (2012). Web. 3 October 2017. Retrieved from <http://www.eiconline.org/teamup/wp-content/files/mental-health-reporting-style-guide.pdf>

⁸ “Style Guide: Reporting Mental Health.” Entertainment Industries Council. (2012). Web. 3 October 2017. Retrieved from <http://www.eiconline.org/teamup/wp-content/files/mental-health-reporting-style-guide.pdf>

⁹ “Patients with Addiction Need Treatment - Not Sigma.” American Society of Addiction Medicine. Web. 3 October 2017. Retrieved from <https://www.asam.org/resources/publications/magazine/read/article/2015/12/15/patients-with-a-substance-use-disorder-need-treatment---not-stigma>

JOIN THE VOICES FOR RECOVERY

Policymakers

“I am living proof that there is hope after opioid addiction. You are looking at the true face of this epidemic, the true face of one of the lucky ones who happened to stumble into a treatment center that prioritized science and research over stigma and fear.”

- Zac Talbott





TARGETED OUTREACH

Policymakers

Untreated mental and substance use disorders not only have devastating personal consequences to individuals and families, but they create financial, economic, and social hardships at all levels in the community, which has an impact on policymaking. Fortunately, when investments are made in prevention, treatment, and recovery support, these challenges can be reduced. We count on our policymakers to advocate for recovery by enacting evidence-based policies at the local, state, and federal levels to help more Americans access the help they need to be healthy and productive citizens. This year's theme of **National Recovery Month (Recovery Month)**, "*Join the Voices for Recovery: Invest in Health, Home, Purpose and Community*," brings policymakers to the forefront of the conversation by providing them with the latest data, information on at-risk populations, and guidance for investing in recovery for their communities.

Policymakers:

Invest in **community** by advocating for and funding behavioral health programs at the local, state, and national levels.



The Issue

States and communities across the country are experiencing a public health crisis with the opioid epidemic. The time to address the needs of individuals with substance use disorders is now. Behavioral health conditions affect individuals and families in every corner of the U.S. In 2016, approximately 20.1 million people aged 12 or older had a substance use disorder related to their use of alcohol or illicit drugs in the past year, and about 44.7 million Americans aged 18 and older experienced a mental disorder in the past year.¹

Policymakers recognize and are addressing the fact that the adverse effects of untreated behavioral health conditions are widespread, as

shown by these statistics:

- The National Institute of Drug Abuse estimates that substance misuse exacts more than \$740 billion annually in costs related to crime, lost work productivity, and health care.²
- Communities across our nation are facing an opioid use issue. In 2016, an estimated 11.8 million people misused opioids in the past year.³
- Mental and substance use disorders feed into other problems facing American communities such as homelessness and incarceration – in 2016, approximately one in five people experiencing homelessness also had a serious mental illness,⁴ and in 2011, more than a third (37 percent) of federal and state prisoners had been told by a mental health professional in the past that they had a mental disorder.⁵
- In 2016, about 333,000 adolescents aged 12 to 17 had both a substance use disorder and a major depressive episode in the past year – and 239,000 of adolescents in this age group received substance use disorder treatment or mental health treatment.⁶

Policymakers can help by elevating the conversation around behavioral health conditions in our country and enacting policies to support recovery in American communities.



Audience Tip:

Refer to the “Events and Media Outreach” section of the toolkit for information on issuing a proclamation or planning an event to raise awareness of mental and substance use disorders in your community.



What You Can Do

Local, state, and federal policymakers can be instrumental in reducing barriers to prevention, treatment, and recovery support services. They must allocate resources to these services to create healthier, safer, and more productive communities, work with health care providers to improve the quality of care, and work to change laws, rules, policies, and practices that create barriers to treatment and recovery support services. Proactive, passionate policymakers can help make recovery an expected outcome of behavioral health services in the United States and the services that facilitate and support it a priority.

Policymakers can strengthen the communities they represent by advocating for treatment access and recovery support. They have opportunities to:

- Advocate for insurers to provide equitable coverage for behavioral health conditions comparable to other medical conditions;
- Help safeguard coverage for behavioral health conditions by insurers, so that it is at parity with other medical conditions, as required by law;
- Identify segments of the community who experience more adverse health outcomes, such as veterans and youth, who are at increased risk for certain disorders and ensure they have the tools they need to seek treatment; and

- Foster the creation of safe spaces and housing for those experiencing mental and substance use disorders; and amplify the national conversation surrounding these issues in their communities.

Audience Tip:

Refer to the “Common Mental Disorders and Commonly Misused Substances” section for data on how behavioral health conditions affect individuals throughout the country.



Resources

Policy and action are most effective when they are enacted by informed leaders. Visit the pages below to learn more about how policymakers can change the lives of constituents affected by behavioral health conditions.

- **Addiction Policy Forum** (<http://www.addictionpolicy.org>): Supports a diverse partnership of organizations, policymakers, and stakeholders committed to working together to elevate awareness around addiction and to improve national policy through a comprehensive response that includes prevention, treatment, recovery, and criminal justice reform.
- **Council of State Governments-Mental Health and Substance Abuse Page** (<http://knowledgecenter.csg.org/kc/category/policy-area/health/mental-health-and-substance-abuse>): Provides state government professionals with resources to treat and prevent mental and substance use disorders.



“I continue to grow in my recovery, practicing daily the principles and steps that saved my life. My marriage is stronger than ever, my kids are back in my life, my company is taking off and my life has been given back to me.”



- **Faces & Voices of Recovery** (<https://facesandvoicesofrecovery.org>): Acts as a national organization that supports the 23 million Americans living in recovery to ensure their rights and access to needed services as well as demonstrates the power and proof of obtaining long-term recovery.
- **National Alliance for Recovery Residences** (<http://narronline.org>): Certifies recovery residences using national standards.
- **National Alliance for State Model Drug Laws** (<http://www.namsdl.org>): Helps those striving for comprehensive and effective state drug and alcohol laws, policies, regulations, and programs.
- **National Alliance on Mental Illness-Public Policy Page** (<https://www.nami.org/Learn-More/Public-Policy>): Explains recovery-related policy issues such as family support, access to care, and behavioral health screening.
- **National Association of Counties “Behavioral Health Matters to Counties” Fact Sheet** (<http://www.naco.org/resources/behavioral-health-matters-counties>): Provides county government professionals with opportunities and resources for recovery support.
- **National Association of County Behavioral Health & Developmental Disability Directors** (<http://nacbhdd.org>): Supports county and local policymakers who make decisions affecting behavioral health conditions and disabilities.
- **National Association of State Alcohol and Drug Abuse Directors** (<http://nasadad.org>): Organizes, funds, and regulates substance use disorder prevention and treatment systems on behalf of state officials.
- **National Association of State Mental Health Program Directors** (<https://nasmhpd.org>): Supports government stakeholders who contribute to and direct mental health programs.
- **National Coalition for Mental Health Recovery** (<https://www.ncmhr.org>): Advocates for mental health reform and promotes recovery from a public health perspective.
- **National Conference of State Legislatures Mental Health and Substance Abuse Page** (<http://www.ncsl.org/research/health/diseases-and-conditions/mental-health-and-substance-abuse.aspx>): Provides information on key policy issues facing state legislatures in the mental health and substance use domains.
- **National Council for Behavioral Health** (<https://www.thenationalcouncil.org>): Unites health care organizations and policymakers to address behavioral health conditions in the U.S.
- **National Institute of Mental Health Legislative Activities Page** (<https://www.nimh.nih.gov/outreach/legislative-activities/index.shtml>): Details federal legislation and Congressional committees relevant to behavioral health conditions.
- **National Institute on Alcohol Abuse & Alcoholism: Helping Patients Who Drink too Much: A Clinician’s Guide** (<https://www.niaaa.nih.gov/guide>): Provides strategies to help clinicians detect and address high-risk drinking in general medical settings.
- **Surgeon General’s Facing Addiction in America Fact Sheet and Recommendations for State, Local, and Tribal Governments** (<https://addiction.surgeongeneral.gov/sites/default/files/fact-sheet-governments.pdf>): Provides facts and guidance for state, local, and tribal governments in addressing substance use and substance use disorders.

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 United States Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.



¹ Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044, p. 2. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

² “Trends & Statistics.” National Institute on Drug Abuse. (2017). Web. 3 October 2017. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics>

³ Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044, p. 1. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 3 October 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

⁴ Henry, M., Watt, R., Rosenthal, L., and Shivji, A. “The 2016 Annual Homeless Assessment Report (AHAR) to Congress from: HUD 2016 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations,” p. 2. U.S. Department of Housing and Urban Development Office of Community Planning and Development. (2016). Web. 3 October 2017. Retrieved from https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatITerrDC_2016.pdf

⁵ Bronson, J., and Berzofsky, M. “Indicators of Mental Health Problems Reported by Prisoners

and Jail inmates, 2011-2012,” p. 1. U.S. Department of Justice Bureau of Justice Statistics. (2017). Web. 1 November 2017. Retrieved from https://www.bjs.gov/content/pub/pdf/imhprpji1112_sum.pdf

⁶ Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044, p. 3, p. 32-33. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 1 November 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

JOIN THE VOICES FOR RECOVERY

Common Mental Disorders and Misused Substances

“After speaking to a therapist, I learned that I was dealing with PTSD from my childhood and facing anxiety and depression. Due to the stigma around behavioral health issues, I hid my diagnosis, only because I didn’t think people would understand. But once I realized my peers were suffering too, I knew I had to share my recovery story. I have made it my life’s mission to help other youth avoid facing the same mistakes and hardships I’ve experience, because I didn’t know about my mental health, and the importance of minding my mental health. So, today I stand before you as a survivor in recovery, taking control of my life for myself and my community.”

- Emmanuel Ford





Common Mental Disorders and Misused Substances

Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) (<https://www.samhsa.gov/>), within the U.S. Department of Health and Human Services (HHS) (<https://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 substance use disorders.

The 2018 **Recovery Month** theme, “*Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community*,” explores how integrated care, a strong community, sense of purpose, and leadership contribute to effective treatments that sustain the recovery of persons with mental and substance use disorders. The observance will work to highlight inspiring stories that help thousands of people from all walks of life find the path to hope, health, and wellness. In addition, the materials support SAMHSA’s message that prevention works, treatment is effective, and people can and do recover.

BEHAVIORAL HEALTH PREVALENCE IN THE UNITED STATES


Millions of people in the U.S. live with a mental or substance use disorder. The prevalence of these conditions highlights the importance of focusing funding and attention on behavioral health needs.

- In 2016, there were 20.1 million people (7.5 percent), aged 12 or older who had a substance use disorder in the past year.¹
- The rate of drug overdose deaths involving heroin increased on average by 19% from 2014 to 2016.²
- An estimated 7.3 million of underage persons aged 12 to 20 (19.3 percent) were current drinkers in 2016, including 4.5 million who reported binge alcohol use (12.1 percent) and 1.1 million heavy drinkers (2.8 percent).³
- Data from 2016 demonstrated that among adults aged 18 or older, 44.7 million adults (18.3 percent) had any mental illness in the past year.⁴ A person with any mental illness (AMI) 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).⁵
 - Among adults aged 18 or older, 10.4 million adults (4.2 percent) had a serious mental illness (SMI) in the past year.⁶ A person with a serious mental illness is defined as an individual having any mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interfered with or limited one or more major life activities. AMI and SMI are not mutually exclusive categories; adults with SMI are included in estimates of adults with AMI.



- In 2016, an estimated 8.2 million U.S. adults 18 or older reported having co-occurring disorders. This means that within the previous year, they experienced both a mental illness and a substance use disorder.⁷
 - About 6.1 percent of individuals aged 18 to 25 (2.1 million) had co-occurring mental illness and a substance use disorder.⁸
- In 2016, approximately 44,965 Americans died as a result of suicide—on average, more than 123 deaths per day.⁹
 - Suicide was the second leading cause of death in 2015 for two age groups: individuals aged 15 to 24 and 25 to 34.¹⁰

Read on to learn about common mental disorders and misused substances, as well as alternative names for each disorder or substance; signs, symptoms, and adverse health effects; additional information on prevalence; and the average age of first-time use of a substance.



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:

<https://www.samhsa.gov/disorders>



COMMON MENTAL DISORDERS

Mental Disorder	Signs And Symptoms <small>11,12,13</small>	Estimate Description	Surveillance System ^{14,15,16,17}	Estimate ¹⁸
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% of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	1.4% 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% of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	5.7% 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% of adults
		Average Age of Onset	NCS-R	19 years old
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% of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	4.7% of adults
		Average Age of Onset	NCS-R	24 years old



Mental Disorder	Signs And Symptoms <small>11,12,13</small>	Estimate Description	Surveillance System <small>14,15,16,17</small>	Estimate ¹⁸
ANXIETY DISORDERS				
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% of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	6.8% 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% of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	12.1% of adults
		Average Age of Onset	NCS-R	13 years old
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% of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	12.5% of adults
		Average Age of Onset	NCS-R	7 years old



Mental Disorder	Signs And Symptoms <small>11,12,13</small>	Estimate Description	Surveillance System ^{14,15,16,17}	Estimate ¹⁸
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)	N/A	0–3% of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	3.9% of adults
		Average Age of Onset	NCS-R	25 years old
MAJOR DEPRESSIVE EPISODE	A period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, self-image or recurrent thoughts of death or suicide	Lifetime Prevalence in the United States Among Youth (12 to 17 Years Old)	NSDUH	12.8% of youth
		Lifetime Prevalence in the United States Among Adults	NSDUH	6.7% of adults
		Average Age of Onset	N/A	N/A ²⁷
OTHER MENTAL DISORDERS				
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADD/ADHD)	Experiencing hallucinations such as hearing voices; having paranoid thoughts like others are controlling people’s minds; disorganized speech with mixed up or made up words and incomplete thoughts	Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)	NCS-A	9.0% of youth
		Lifetime Prevalence in the United States Among Adults	NCS-R	8.1% 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	1.1% of adults



Mental Disorder	Signs And Symptoms <small>11,12,13</small>	Estimate Description	Surveillance System ^{14,15,16,17}	Estimate ¹⁸
OTHER MENTAL DISORDERS				
PERSONALITY DISORDERS	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	12-month Prevalence in the United States Among Adults	DSM-IV	9.1% of adults



COMMONLY MISUSED SUBSTANCES

Substance: Examples of Other Names for Substances ^{19,20,21}	Negative Immediate Intoxication Effects; Negative Health Effects ^{22,23}	Estimate Description	Estimate ^{24,25,26}
ALCOHOL, INHALANTS, AND TOBACCO			
ALCOHOL: BOOZE, BEER, WINE, LIQUOR	<p><i>Immediate Effects:</i> Dizziness, talkativeness, slurred speech, disturbed sleep, nausea, vomiting, impaired judgment and coordination, increased aggression, risky behavior including drunk driving, inappropriate sexual behavior, and impaired judgement</p> <p><i>Health Effects:</i> Irregular heartbeat, stroke, high blood pressure; cirrhosis and fibrosis of the liver; mouth, throat, liver, and breast cancer; and for pregnancy, fetal alcohol spectrum disorders</p>	Past-month Use: Rate Among People Aged 12 and Older	50.7%
		Past-month Use: Number of People Aged 12 and Older	136.7 million
		Past-month Use: Rate Among Youth (Aged 12 to 17)	9.2%
		Past-month Use: Number of People Aged 12 to 17	2.3 million
		Average Age of First Use Among People Aged 12 to 49	17.4 years old
INHALANTS (GASES, NITRITES, AND AEROSOLS): ETHER, CHLOROFORM, NITROUS OXIDE, ISOBUTYL, ISOAMYL, POPPERS, SNAPPERS, WHIPPETS, LAUGHING GAS	<p><i>Immediate Effects:</i> Confusion; nausea; slurred speech; lack of coordination; euphoria; dizziness; drowsiness; disinhibition, lightheadedness, hallucinations/delusions; headaches; sudden sniffing death syndrome due to heart failure (from butane, propane, and other chemicals in aerosols); death from asphyxiation, suffocation, convulsions or seizures, coma, or choking; For nitrites: enlarged blood vessels, enhanced sexual pleasure, increased heart rate, brief sensation of heat and excitement, dizziness, headache</p> <p><i>Health Effects:</i> Liver and kidney damage; bone marrow damage; limb spasms due to nerve damage; brain damage from lack of oxygen that can cause problems with thinking, movement, vision, and hearing; Increased risk of pneumonia (nitrites only); In pregnancy: low birth weight, bone problems, delayed behavioral development due to brain problems, altered metabolism and body composition</p>	Past-month Use: Rate Among People Aged 12 and Older	0.2%
		Past-month Use: Number of People Aged 12 and Older	600,000
		Past-month Use: Rate Among Youth (Aged 12 to 17)	0.6%
		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 old



Substance: Examples of Other Names for Substances ^{19,20,21}	Negative Immediate Intoxication Effects; Negative Health Effects ^{22,23}	Estimate Description	Estimate ^{24,25,26}
ALCOHOL, INHALANTS, AND TOBACCO			
TOBACCO PRODUCTS: CIGARETTES, CIGARS, SMOKELESS TOBACCO, SNUFF, SPIT TOBACCO, CHEW	<p><i>Immediate Effects:</i> Increased blood pressure, breathing, and heart rate</p> <p><i>Health Effects:</i> Greatly increased risk of cancer, especially lung cancer when smoked and oral cancers when chewed; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia; In pregnancy: miscarriage, low birth weight, stillbirth, learning and behavior problems</p>	Past-month Use: Rate Among People Aged 12 and Older	23.5%
		Past-month Use: Number of People Aged 12 and Older	63.4 million
		Past-month Use: Rate Among Youth (Aged 12 to 17)	5.3%
		Past-month Use: Number of People Aged 12 to 17	1.3 million
		Average Age of First Use Among People Aged 12 to 49	18.0 cigarettes and 20.4 smokeless tobacco
ILLICIT DRUGS			
COCAINE: BLOW, BUMP, C, CANDY, CHARLIE, COKE, CRACK, FLAKE, ROCK, SNOW, TOOT, WHITE LADY	<p><i>Immediate Effects:</i> Narrowed blood vessels; enlarged pupils; increased body temperature, heart rate, and blood pressure; headache; abdominal pain and nausea; euphoria; increased energy, alertness; insomnia, restlessness; anxiety; panic attacks, paranoia, psychosis; heart rhythm problems, heart attack; stroke, seizure, coma</p> <p><i>Health Effects:</i> Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting; infection and death of bowel tissue from decreased blood flow; weight loss; lung damage from smoking; Additionally, risk of HIV, hepatitis, and other infectious diseases from shared needles; In pregnancy: premature delivery, low birth weight, deficits in self-regulation and attention in school-aged children prenatally exposed</p>	Past-month Use: Rate Among People Aged 12 and Older	0.7%
		Past-month Use: Number of People Aged 12 and Older	1.9 million
		Past-month Use: Rate Among Youth (Aged 12 to 17)	0.1%
		Past-month Use: Number of People Aged 12 to 17	28,000
		Average Age of First Use Among People Aged 12 to 49	21.8 years old



Substance: Examples of Other Names for Substances ^{19,20,21}	Negative Immediate Intoxication Effects; Negative Health Effects ^{22,23}	Estimate Description	Estimate ^{24,25,26}
ILLCIT DRUGS			
<p>ECSTASY (A TYPE OF HALLUCINOGEN): ADAM, E, MOLLY, ROLL, X, XTC</p>	<p><i>Immediate Effects:</i> Lowered inhibition; enhanced sensory perception; increased heart rate and blood pressure; muscle tension; nausea; faintness; chills or sweating; sharp rise in body temperature leading to kidney failure or death</p> <p><i>Health Effects:</i> Long-lasting confusion, depression, problems with attention, memory, and sleep; increased anxiety, impulsiveness; decreased interest in sex</p>	Past-month Use: Rate Among People Aged 12 and Older	0.2%
		Past-month Use: Number of People Aged 12 and Older	619,000
		Past-month Use: Rate Among Youth (Aged 12 to 17)	0.1%
		Past-month Use: Number of People Aged 12 to 17	29,000
		Average Age of First Use Among People Aged 12 to 49	21.4 years old
<p>HALLUCINOGENS: ACID, BOOMERS, DOSES, HITS, LSD, MICRODOT, PEYOTE, SHROOMS, SUGAR CUBES, TABS, TRIPS, PCP</p>	<p><i>Immediate Effects:</i> (With Lysergic acid diethylamide [LSD]) Rapid emotional swings; distortion of a person's ability to recognize reality, think rationally, or communicate with others; raised blood pressure, heart rate, body temperature; dizziness; loss of appetite; tremors; enlarged pupils</p> <p>(With Phencyclidine [PCP]) Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety</p> <p>Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement</p> <p>High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death</p> <p><i>Long-Term Health Effects:</i> Frightening flashbacks (called Hallucinogen Persisting Perception Disorder); ongoing visual disturbances, disorganized thinking, paranoia, and mood swings</p>	Past-month Use: Rate Among People Aged 12 and Older	0.5% (includes Ecstasy, LSD, and PCP data)
		Past-month Use: Number of People Aged 12 and Older	1.4 million (includes Ecstasy, LSD, and PCP data)
		Past-month Use: Rate Among Youth (Aged 12 to 17)	0.5% (includes Ecstasy, LSD, and PCP data)
		Past-month Use: Number of People Aged 12 to 17	114,000 (includes Ecstasy, LSD, and PCP data)
		Average Age of First Use Among People Aged 12 to 49	19.6 years (includes Ecstasy, LSD, and PCP data)



Substance: Examples of Other Names for Substances ^{19,20,21}	Negative Immediate Intoxication Effects; Negative Health Effects ^{22,23}	Estimate Description	Estimate ^{24,25,26}
ILLCIT DRUGS			
<p>HEROIN: BIG H, BLACK TAR, BROWN SUGAR, DOPE, HORSE, JUNK, SKAG, SMACK, CHINA WHITE HORSE</p>	<p><i>Immediate Effects:</i> Euphoria; dry mouth; itching; nausea; vomiting; analgesia; slowed breathing and heart rate</p> <p><i>Health Effects:</i> Collapsed veins; abscesses; infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease; Additionally, risk of HIV, hepatitis, and other infectious diseases from shared needles; In pregnancy: miscarriage, low birth weight, neonatal abstinence syndrome</p>	<p>Past-month Use: Rate Among People Aged 12 and Older</p> <p>Past-month Use: Number of People Aged 12 and Older</p> <p>Past-month Use: Rate Among Youth (Aged 12 to 17)</p> <p>Past-month Use: Number of People Aged 12 to 17</p> <p>Average Age of First Use Among People Aged 12 to 49</p>	<p>0.2%</p> <p>475,000</p> <p>Less than 0.1%</p> <p>3,000</p> <p>25.5 years old</p>
<p>MARIJUANA/ HASHISH: BLUNT, DOPE, GANJA, GRASS, HERB, JOINT, BUD, MARY JANE, POT, REEFER, GREEN, TREES, SMOKE, SKUNK, WEED</p>	<p><i>Immediate Effects:</i> Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory; anxiety</p> <p><i>Long-Term Health Effects:</i> Mental health problems, chronic cough, frequent respiratory infections</p>	<p>Past-month Use: Rate Among People Aged 12 and Older</p> <p>Past-month Use: Number of People Aged 12 and Older</p> <p>Past-month Use: Rate Among Youth (Aged 12 to 17)</p> <p>Past-month Use: Number of People Aged 12 to 17</p> <p>Average Age of First Use Among People Aged 12 to 49</p>	<p>8.9%</p> <p>24.0 million</p> <p>6.5%</p> <p>1.6 million</p> <p>19.3 years old</p>
<p>METHAMPHETAMINE: CHALK, CRANK, CRYSTAL, ICE, METH</p>	<p><i>Immediate Effects:</i> Increased wakefulness and physical activity; decreased appetite; increased breathing, heart rate, blood pressure, temperature; irregular heartbeat</p> <p><i>Long-Term Health Effects:</i> Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss, severe dental problems (“meth mouth”), intense itching leading to skin sores from scratching</p>	<p>Past-month Use: Rate Among People Aged 12 and Older</p> <p>Past-month Use: Number of People Aged 12 and Older</p> <p>Past-month Use: Rate Among Youth Aged 12 to 17</p> <p>Past-month Use: Number of People Aged 12 to 17</p> <p>Average Age of First Use Among People Aged 12 to 49</p>	<p>0.2%</p> <p>667,000</p> <p>Less than 0.1%</p> <p>9,000</p> <p>24.6 years old</p>



Substance: Examples of Other Names for Substances ^{19,20,21}	Negative Immediate Intoxication Effects; Negative Health Effects ^{22,23}	Estimate Description	Estimate ^{24,25,26}
PRESCRIPTION DRUGS			
OPIOID PAIN RELIEVERS: VIKE (VICODIN [®]), OXY, O.C. (OXYCONTIN [®]), DEMMIES, PERCS, OCTAGONS, SIZZURP, CAPTAIN CODY	<p><i>Immediate Effects:</i> Increased risk of overdose or abuse if misused</p> <p><i>Health Effects:</i> Increased risk of overdose, abuse, or neonatal abstinence syndrome if misused</p>	<p>Past-month Use: Rate Among People Aged 12 and Older</p> <p>Past-month Use: Number of People Aged 12 and Older</p> <p>Past-month Use: Rate Among Youth (Aged 12 to 17)</p> <p>Past-month Use: Number of People Aged 12 to 17</p> <p>Average Age of First Use Among People Aged 12 to 49</p>	<p>1.2%</p> <p>3.4 million</p> <p>1.0%</p> <p>239,000</p> <p>24.4 years old</p>
SEDATIVES: AMBIEN [®] , ZOLPIDEM, LUNESTA [®] , SONATA [®] , RESTORIL [®] , HALCION [®] , BUTISOL [®] , NEMBUTAL [®] , AND MEBARAL [®]	<p><i>Immediate Effects:</i> Increased alertness, attention, energy; increased blood pressure and heart rate; narrowed blood vessels; increased blood sugar; opened-up breathing passages; high doses include dangerously high body temperature and irregular heartbeat; heart disease; seizures</p> <p><i>Health Effects:</i> Seizures; impaired memory, judgment, and coordination; irritability; paranoid and suicidal thoughts; sleep problems</p>	<p>Past-month Use: Rate Among People Aged 12 and Older</p> <p>Past-month Use: Number of People Aged 12 and Older</p> <p>Past-month Use: Rate Among Youth (Aged 12 to 17)</p> <p>Past-month Use: Number of People Aged 12 to 17</p> <p>Average Age of First Use Among People Aged 12 to 49</p>	<p>0.2%</p> <p>497,000</p> <p>0.1%</p> <p>23,000</p> <p>24.8 years old</p>
STIMULANTS: ADDERALL [®] , RITALIN [®] , DESOXYN [®] , DEXEDRINE [®] , CONCERTA [®]	<p><i>Immediate Effects:</i> Increased blood pressure and heart rate, constricted blood vessels, increased breathing, cardiovascular failure, lethal seizures</p> <p><i>Health Effects:</i> Heart problems, psychosis, anger, paranoia</p>	<p>Past-month Misuse: Rate Among People Aged 12 and Older</p> <p>Past-month Misuse: Number of People Aged 12 and Older</p> <p>Past-month Misuse: Rate Among Youth Aged 12 to 17</p> <p>Past-month Misuse: Number of People Aged 12 to 17</p> <p>Average Age of First Misuse Among People Aged 12 to 49</p>	<p>0.6%</p> <p>1.7 million</p> <p>0.4%</p> <p>92,000</p> <p>24.3 years old</p>



Substance: Examples of Other Names for Substances ^{19,20,21}	Negative Immediate Intoxication Effects; Negative Health Effects ^{22,23}	Estimate Description	Estimate ^{24,25,26}
PRESCRIPTION DRUGS			
TRANQUILIZERS: DOWNERS, BENZOS (ATIVAN®, XANAX®, VALIUM®, 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: Rate Among People Aged 12 and Older	0.7%
		Past-month Use: Number of People Aged 12 and Older	2.0 million
		Past-month Use: Rate Among Youth (Aged 12 to 17)	0.5%
		Past-month Use: Number of People Aged 12 to 17	121,000
		Average Age of First Use Among People Aged 12 to 49	23.9 years old

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. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 1 November 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

² Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017.

³ Center for Behavioral Health Statistics and Quality. (2017). *Results from the 2016 National Survey on Drug Use and Health: Detailed Tables: Table 2.52A and 2.52B*. Substance Abuse and Mental Health Services Administration, Rockville, MD. Web. 4 October 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.htm#tab2-52A>

⁴ Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 1 November 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

⁵ American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (4th ed.)*. Washington, DC.

⁶ Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 1 November 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

⁷ Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental*

health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 1 November 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

⁸ Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 1 November 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

⁹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2016). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Web. 4 October 2017. Retrieved from <https://webappa.cdc.gov/sasweb/ncipc/mortrate.html>

¹⁰ Centers for Disease Control and Prevention National Center for Injury Prevention and Control. (2015). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Web. 16 April 2018. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_05.pdf

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¹² The National Comorbidity Survey Replication Adolescent Supplement (NCS-A). *Severity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement*. Web. 4 October 2017. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22474106/>

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www.ncbi.nlm.nih.gov/pmc/articles/PMC1403718/pdf/pubhealthrep00070-0057.pdf

¹⁴ “What is prevalence?” The National Institute of Mental Health. Web. 4 October 2017. Retrieved from <https://www.nimh.nih.gov/health/statistics/prevalence/index.shtml>

¹⁵ “Mental Disorders.” SAMHSA. Web. 23 September 2016. Retrieved from <https://www.samhsa.gov/topics>

¹⁶ “Personality Disorder.” Mental Health America. Web. 4 October 2017. Retrieved from <https://www.mentalhealthamerica.net/conditions/personality-disorder>

¹⁷ Lenzenweger, M.F., et. al. *DSM-IV personality disorders in the National Comorbidity Survey Replication*. The National Institute of Health. (2007). Web. 3 October 2017. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2044500/pdf/nihms30015.pdf>

¹⁸ “What is prevalence?” The National Institute of Mental Health. Web. 4 October 2017. Retrieved from <https://www.nimh.nih.gov/health/statistics/prevalence/index.shtml>

¹⁹ National Institute on Drug Abuse. *NIDA: Commonly Abused Drug Charts*. U.S. Department of Health and Human Services & National Institutes of Health. Web. 4 October 2017. Retrieved from <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts>

²⁰ “Drug guide.” The Partnership at DrugFree.org. Web. 4 October 2017. Retrieved from <https://www.drugfree.org/drug-guide>

²¹ National Institute on Drug Abuse. *NIDA: Commonly Abused Drug Charts*. U.S. Department of Health and Human Services & National Institutes of Health. Web. 4 October 2017. Retrieved from <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts>

²² National Institute on Drug Abuse. *NIDA: Commonly Abused Drug Charts*. U.S. Department of Health and Human Services &

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²³ “Drug guide.” The Partnership at DrugFree.org. Web. 4 October 2017. Retrieved from <https://www.drugfree.org/drug-guide>

²⁴ Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Series H-52, HHS Publication No. (SMA) 17-5044. Rockville, MD: Substance Abuse and Mental Health Services Administration. Web. 1 November 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

²⁵ Center for Behavioral Health Statistics and Quality. (2017). *Results from the 2016 National Survey on Drug Use and Health: Detailed Tables* Substance Abuse and Mental Health Services Administration, Rockville, MD. Web. 4 October 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.htm>

²⁶ Lipari, R. N., Ahrnsbrak, R. D., Pemberton, M. R., & Porter, J. D. (2017, September). *Risk and protective factors and estimates of substance use initiation: Results from the 2016 National Survey on Drug Use and Health. NSDUH Data Review: Figure 12*. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR3-2016/NSDUH-DR-FFR3-2016.htm#fig12>

²⁷ **Note:** All data on major depressive episodes comes exclusively from the 2016 National Survey on Drug Use and Health, which did not measure average age of onset.

JOIN THE VOICES FOR RECOVERY

Treatment and Recovery Support Services

"I believe there are many pathways to recovery. Faith has been my pathway to recovery. You have to have will. You have to want to change things. Recovery is possible."

- Evan Figueroa-Vargas





Treatment and Recovery Support Services

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 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) (<https://www.samhsa.gov>), within the U.S. Department of Health and Human Services (HHS) (<https://www.hhs.gov/>), sponsors **National Recovery Month (Recovery Month)** (<https://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 substance use disorders.

The 2018 **Recovery Month** theme, “*Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community,*” explores how integrated care, a strong community, sense of purpose, and leadership contributes to effective treatments that sustain the recovery of persons with mental and substance use disorders. The observance will work to highlight inspiring stories that help thousands of people from all walks of life find the path to hope, health, and wellness. In addition, the materials support SAMHSA’s message that prevention works, treatment is effective, and people can and do recover.

Connecting Those in Need to Treatment Services

SAMHSA’s 2016 National Survey on Drug Use and Health showed:

- About 1 in 13 people (7.8 percent) needed substance use treatment.²
- An estimated 44.7 million adults aged 18 or older had any mental illness (AMI) in the United States, representing 18.3 percent of all adults in the United States.³
- About half of the adults with co-occurring AMI and a substance use disorder (SUD) in the past year did not receive either type of service.⁴
- Approximately 11.8 million aged 12 or older – 4.4 percent of the total U.S. population aged 12 or older – misused opioids in the past year.⁵

A person with a mental or substance use disorder may find it difficult to reach out for help alone, but families and support networks can help make the connection to appropriate resources. Getting help may improve the chances of managing a behavioral health condition, and reduce or eliminate associated symptoms, and save a life. For example:

- Treatment for depression improves not only psychiatric symptoms, but also a person’s quality of life.⁶
- Treatment for substance use disorders can help people stop substance use, avoid relapse, and lead active lives engaged with their families, workplaces, and communities.⁷
- Treating alcohol dependence and addiction reduces the burden on the family budget and improves life for those who live with the alcohol-dependent individual.⁸

Data show that in 2016, individuals with mental



and substance use disorders accessed care to begin the recovery process:

- In 2016, 7.2 percent of young adults aged 18 to 25 (or 383,000 individuals) who needed substance use treatment received it in a specialty facility in the past year.⁹
- In 2016, 1.8 million adults aged 26 or older who needed substance use treatment received treatment in a specialty facility in the past year (12.1 percent of this population).¹⁰
- Among the 44.7 million adults with AMI, 19.2 million (43.1 percent) received mental health services in the past year.¹¹
- An estimated 6.9 percent of adults with co-occurring disorders received both mental health care and specialty substance use treatment in the past year.¹²

Treatment and Recovery Support Services

When mental and substance use disorders go unaddressed, they become more complex and more difficult to treat. Intervening early, before behavioral health conditions progress, is among the best and most cost-effective ways to improve overall health. Addressing the mental and substance use disorders in the impacted family members is also a cost-effective way to improve health and will support whole family recovery. Most communities have trained professionals who can help individuals with behavioral health conditions. 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 Cognitive-Behavioral Therapy, Community Reinforcement Approach, and medication-assisted treatment (MAT) for opioid or alcohol use disorder using an FDA-approved medication in combination with counseling and other services. Effective approaches to treatment address all aspects of the illness (for example, biological, psychological, and social). For more information about various types of treatment

and recovery support services and the benefits of each, visit SAMHSA's Behavioral Health Treatments and Services webpage at <https://www.samhsa.gov/treatment> and the Recovery and Recovery Support webpage at <https://www.samhsa.gov/recovery>.

The “Resources” section of this document 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 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. It also includes mobile applications that support treatment and recovery.

Hotlines & Helplines

- **Crisis Text Line** (<https://www.crisistextline.org/>): Provides 24/7 support for individuals experiencing a crisis via text message.
- **Loveisrespect.org (formerly National Dating Abuse Helpline)** (<http://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** (<https://www.rainn.org/>): Connects callers to a local sexual assault crisis center so they can receive information and support.



- **SAMHSA's National Helpline, 1-800-662-HELP (4357) or 1-800-487-4889 (TDD)** (<https://www.samhsa.gov/find-help/national-helpline>): Provides a 24/7, 365-day-a-year information and treatment referral service (in English and Spanish) for individuals and families facing mental and substance use disorders.
- **SAMHSA's National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** (<https://www.suicidepreventionlifeline.org/>): Provides a free, 24-hour helpline available to anyone in suicidal crisis or emotional distress.

Online Resources

- **Al-Anon/Alateen Family Groups** (<https://al-anon.org/>): Provides support groups for families and friends of people who struggle with alcohol use.
- **Alcoholics Anonymous** (<https://www.aa.org/>) Lists resources for those experiencing alcohol dependence; helps individuals find and join a local chapter.
- **Association of Recovery High Schools** (<https://recoveryhighschools.org/?reqp=1&reqr>): Connects recovery high schools with training, expertise, resources, and best practices to assist every student who is in recovery.
- **Association of Recovery in Higher Education** (<https://collegiaterecovery.org/>): Provides the education, resources, and community connection needed to help recovering students in higher education.
- **Celebrate Recovery** (<https://www.celebraterecovery.com/>): Provides support for those in recovery through summits, groups, and church-centered meetings.
- **Depression and Bipolar Support Alliance** (<http://www.dbsalliance.org>): Serves as the leading peer-directed national organization focusing on the two most prevalent mental health conditions, depression and bipolar disorder.
- **Faces & Voices of Recovery** (<http://facesandvoicesofrecovery.org/>): Supports the 23 million Americans living in recovery to ensure their rights and access to needed services as well as demonstrates the power and proof of obtaining long-term recovery.
- **Facing Addiction** (<https://www.facingaddiction.org/>): Creates campaigns and conducts research to change perceptions about addiction and find solutions for recovery across the nation.
- **Hable. Ellos escuchan.** (<https://www.samhsa.gov/hable-ellos-escuchan>): Provides Spanish language resources to help families prevent drug use and underage drinking.
- **Life Ring** (<https://lifering.org/>): Offers peer-to-peer support and personal strategies to fight addiction to alcohol and drugs.
- **Mental Health America** (<https://www.mentalhealthamerica.net/>): Offers resources about mental disorders. Through its affiliates, MHA provides America's communities and consumers with direct access to a broad range of self-help and professional services.
- **Narcotics Anonymous** (<https://www.na.org/>): Lists resources for those experiencing drug dependence; helps individuals find and join a local chapter.
- **National Center on Domestic Violence, Trauma, and Mental Health** (<http://www.nationalcenterdvtraumamh.org/>): Provides training, support, and consultation to advocates, mental health and substance abuse providers, legal professionals, and policymakers working to improve agency and systems-level responses to survivors of domestic violence.
- **National Council on Alcoholism and Drug Dependence, Inc.** (<https://ncadd.org/>): Provides numerous resources and services dedicated to fighting alcoholism and drug addiction.



- **National Domestic Violence Hotline, 1-800-799-SAFE (7233)** (<http://www.thehotline.org/>): Provides confidential, one-on-one support for women, men, children, and families affected by domestic violence. Crisis intervention and support are offered 24/7, 365 days a year with well-trained, compassionate advocates via phone, online chat, text or video phone (for victims who are deaf or hard of hearing).
- **National Institute on Drug Abuse's (NIDA's) What to Do If Your Adult Friend or Loved One Has a Problem with Drugs** (<http://www.drugabuse.gov/related-topics/treatment/what-to-do-if-your-adult-friend-or-loved-one-has-problem-drugs>): Includes a list of the warning signs of drug misuse as well as resources and information to help someone who might have a drug use problem.
- **NIDA's What to Do If Your Teen or Young Adult Has a Problem with Drugs** (<http://www.drugabuse.gov/related-topics/treatment/what-to-do-if-your-teen-or-young-adult-has-problem-drugs>): Provides parents of teens/young adults with information on how to identify and handle possible drug misuse situations.
- **Office of the Surgeon General's 2016 Report on Alcohol, Drugs, and Health** (<https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>): Details substance use statistics and the impacts on American citizens and health care systems.
- **Patient and Family Opiate Treatment Guide** (<https://eguideline.guidelinecentral.com/i/706017-asam-opioid-patient-piece>): Offers facts about treatment related to opiates and provides resources for responding to an opioid overdose.
- **Phoenix Multisport** (<https://thephoenix.org>): Fosters a supportive, physically active community for individuals who are recovering from a substance use disorder.
- **Psychology Today's Therapy Directory** (<https://therapists.psychologytoday.com/rms>): Allows individuals to locate, by city or ZIP Code, a therapist, psychologist, or counselor who specializes in mental disorders.
- **SAMHSA's Addiction Technology Transfer Center Network** (<http://www.nattc.org/home>): Provides research and information for professionals in the addictions treatment and recovery services field.
- **SAMHSA's Behavioral Health Treatments and Services webpage** (<https://www.samhsa.gov/treatment>): Contains information on common mental and substance use disorders and explains how SAMHSA helps people access treatments and services.
- **SAMHSA's Decisions in Recovery: Treatment for Opioid Use Disorder** (<https://archive.samhsa.gov/MAT-Decisions-in-Recovery>): Helps families make informed decisions about treatment for addiction to pain medication or other opioids, such as heroin or fentanyl.
- **SAMHSA's Find Help webpage** (<https://www.samhsa.gov/find-help>): Provides links and phone numbers to locators of mental and substance use disorder treatment and recovery services.
- **SAMHSA's Information and resources for families and family-based organizations** (<https://www.samhsa.gov/brss-tacs/recovery-support-tools/parents-families>): Provides resources for families and family-run organizations supporting behavioral health recovery and resilience for children, youth, and adults.
- **SAMHSA's Medication-Assisted Treatment (MAT) page** (<https://www.samhsa.gov/medication-assisted-treatment>): Offers resources for providers on MAT.
- **SAMHSA's Opioid Overdose Prevention Toolkit** (<https://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 Recovery and Recovery Support webpage** (<https://www.samhsa.gov/recovery>): Provides information on how recovery-oriented care and recovery support systems help people with mental and substance use disorders manage their conditions.
- **SAMHSA's website** (<https://www.samhsa.gov>): Provides numerous resources and helpful information related to mental and substance use disorders, prevention, treatment, and recovery.
- **Schizophrenia and Related Disorders Alliance of America** (<https://sardaa.org>): Promotes improvement in lives affected by schizophrenia and schizophrenia spectrum disorders (mental disorders involving psychosis) and promotes hope and recovery through support programs, education, collaboration, and advocacy.
- **Secular Organizations for Sobriety** (<https://www.sossobriety.org/>): Offers resources to help individuals achieve and maintain sobriety and abstinence from alcohol and drug addiction.
- **SMART Recovery®** (<http://smartrecovery.org>): Offers a self-empowering addiction recovery support group network with face-to-face and daily online meetings.
- **The Alcohol Treatment Navigator, from the National Institute on Alcohol Abuse and Alcoholism** (<https://AlcoholTreatment.niaaa.nih.gov>): Provides a step-by-step strategy to inform a search for evidence-based alcohol treatment.
- **The National Child Traumatic Stress Initiative** (<https://www.samhsa.gov/child-trauma>): Provides information and resources to help identify and address traumatic stress in children, which increases the risk of behavioral health challenges and for a range of medical conditions.

- **Wellbriety Movement** (<https://wellbriety.com/>): Provides an interconnected online resource across Native Nations about recovery for individuals, families, and communities.
- **Young People in Recovery** (<http://youngpeopleinrecovery.org/>): Mobilizes the voices of young people in recovery.

SAMHSA Mobile Applications*

- **KnowBullying:** Provides parents and caregivers with information and guidance on ways to prevent bullying and build resilience in children.
- **MATx (medication-assisted treatment):** Offers health care practitioners support with medication-assisted treatment for opioid use disorder.
- **SAMHSA's Behavioral Health Disaster Response App:** Provides responders with access to critical resources, including the Behavioral Health Treatment Services Locator to identify substance use and mental health treatment facility locations.
- **Suicide Safe:** Helps providers integrate suicide prevention strategies into their practice, address suicide risk among their patients, and make referrals to treatment and community resources.
- **Talk. They Hear You.:** Helps parents and caregivers talk to kids (9-15 years old) about the dangers of underage drinking.



Additional Mobile Applications*

- **Dialectical Behavior Therapy Diary Card and Skills Coach:** Provides individuals with self-help skills, reminders of therapy principles, and coaching tools for coping.
- **I Am Sober:** Allows individuals to track their recovery process. It includes features such as a tracker and notifications for new milestones.
- **PTSD Coach:** Provides useful resources for those suffering from PTSD or PTSD symptoms. The app offers education about the signs and symptoms of PTSD, self-care, and how to find support and emergency access to a suicide hotline or to personal contacts. It also offers relaxation skills, positive self-talk, anger management, and other coping skills for symptoms of PTSD. This app was developed by the Department of Veterans Affairs' National Center for PTSD.
- **Reachout:** Provides social support for people with various health conditions, including mental and substance use disorders. Individuals can share their stories, read others' stories, and interact with one another.
- **SAM Self-Help for Anxiety Management:** Encourages individuals to record their anxiety levels and identify triggers. It includes over 20 self-help options for individuals to deal with the physical, emotional, and mental symptoms of anxiety.
- **Sober Grid:** Provides support and information to help those in recovery. This app provides a social network among people who are in recovery.

- **The Addiction Recovery Guide's Mobile App Listing:** Provides descriptions and links to other apps that support recovery, including self-evaluation, recovery programs, online treatment, and chat rooms. The guide is available at: https://www.addictionrecoveryguide.org/resources/mobile_apps
- **Twelve Steps – The Companion:** Provides resources, information, and stories to help individuals through the 12 steps of Alcoholics Anonymous.

This is not an exhaustive list of all available resources.

Inclusion of websites, mobile applications, 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.

*Mobile applications can be found by searching for the name in Apple or Android app stores online.



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