JOIN THE VOICES FOR RECOVERY

visible, vocal, valuable!
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PROMOTE RECOVERY MONTH WITH EVENTS

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

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

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

Define Goals...

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

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

Choose the Event Type...

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

- **Proclamation signing:** A proclamation is an official announcement by a public official, usually a political figure. The signing gathers people together to generate enthusiasm and awareness for a common cause. By declaring September Recovery Month, public officials can alert members of the community that prevention, treatment, and recovery support services are available and that mental and/or substance use disorders are significant issues affecting communities nationwide.

- **Walk, run, or rally:** A walk, run, or rally can draw large crowds of all ages and backgrounds, fostering a celebratory community atmosphere. These events can be sponsored by local businesses and organizations dedicated to mental and/or substance use disorders. Walks or runs often consist of pre-determined lengths and routes, with social opportunities intermingled, while rallies may identify speakers and opportunities to speak with members of the recovery community.

- **Cookout, dinner, or picnic:** Cookouts, dinners, or picnics are easy ways to unite friends, family, and neighbors in a positive environment. These events can be tailored to encourage treatment, celebrate recovery, or support a person's reintegration into society.
Media Outreach

- **Public garden, artwork, or memorial dedication:** These types of events gather community members to dedicate a public landmark or item to serve as a lasting reminder of recovery. At the dedication, a local government official can speak about the community’s commitment to investing in prevention, treatment, and recovery support services. Other community members with personal recovery experiences can share their inspiring stories.

- **Twitter chat, webinar, or Google Hangout:** Technology allows people to participate in the online discussion surrounding recovery. These types of events are convenient when you are discussing the role of online services in recovery, such as e-therapy and support chat rooms.

- **Forums or discussion groups:** Forums and discussion groups are cost-effective and informal ways to bring members of the community together to address local interests. When planning these events, consider engaging civic leaders and elected officials to participate. These events can take place in a variety of settings—for example, a provider’s office or treatment center, community center, or a place of worship. Attendees should be prepared to engage in a two-way conversation about local issues centered on prevention, treatment, and recovery.

- **Other types of events:** No event is too small to celebrate the accomplishments of individuals in recovery and those who serve them. Be sure to have information on how to get help for mental and/or substance use disorders readily available for event attendees.

**Plan the Event...**

When planning a Recovery Month event, consider the following:

- **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 needed to meet local requirements. When selecting a date and time, consider other events that are occurring in the area to minimize conflicts. Use the following tools to help streamline the search process:
  - Search for already scheduled local events on [http://www.recoverymonth.gov/events/find-events](http://www.recoverymonth.gov/events/find-events). When a date is finalized, post the event on the Recovery Month website.
  - Check event postings in a local newspaper’s community calendar, which is often housed on its website. Go to [http://www.charityhappenings.org](http://www.charityhappenings.org) to view a master calendar of nonprofit events, galas, and benefits.

- **Find a sponsor or partner:** Hosting an event can be expensive, but partnering with local organizations, television networks, or small businesses can help offset the cost in exchange for publicity. Support from partners or sponsors may come in the form of money, broadcast coverage, marketing, catering, printing, giveaways, or other significant expenditures. In addition, local mental illness and/or addiction treatment and recovery centers can provide volunteers from the recovery community to staff an event. The Recovery Month Planning Partners are local organizations...
that an event planner can potentially collaborate with to garner support, attendees, and/or speakers for an event. The Recovery Month Planning Partners are instrumental in spreading the message that behavioral health is essential to health, prevention works, treatment is effective, and people recover. For more information about Recovery Month Planning Partners, visit [http://www.recoverymonth.gov/planning-partners](http://www.recoverymonth.gov/planning-partners).

- **Implement a publicity plan:** Successful events will employ both online and traditional means of increasing awareness about an event. Some necessary outreach may involve developing flyers, banners (print and online), and advertisements, as well as using social media to start a dialogue about the event. Print or broadcast journalists, as well as bloggers, can help increase the credibility of an event. Refer to the “Work with the Media” section in this toolkit for more information on garnering publicity for an event and speaking with the media. Be sure to brand your event as a Recovery Month event by placing the official Recovery Month logo on your printed materials. Such logos can be accessed and downloaded from [http://www.recoverymonth.gov/promote/banners-logos-flyers](http://www.recoverymonth.gov/promote/banners-logos-flyers).

- **Post your event on the Recovery Month website:** Promote your event by posting it on [http://www.recoverymonth.gov](http://www.recoverymonth.gov) under the events section. By doing this, you can let others know the date, time, location, and other details about your event. You can also use this posting as a publicity tool by sharing your event on social media platforms.

- **Remember last-minute details:** Hold a final planning meeting in the days leading up to the event. Call vendors and speakers to confirm reservations and attendance. If possible, set up any booths or multimedia equipment the day before, and plan to arrive early the day of the event in case of any unexpected issues.

- **Develop a back-up plan:** Successful events have contingency plans in place. If the event location is outdoors, always plan a back-up indoor space, or a well-publicized rain date.

**Evaluate...**

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

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

Be sure to send any event promotional materials to [recoverymonth@samhsa.hhs.gov](mailto:recoverymonth@samhsa.hhs.gov) and start to brainstorm for next year’s Recovery Month event!

**Share...**

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

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

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

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

Determine a Focus...

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

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

- **Hot topics:** In the crowded news space, a fresh, timely, and relevant angle will ensure that an event is considered. Check out healthcare trends, such as new research or policies, which may be driving the conversation in the news or on blogs.

- **Local impact:** Research compelling and current statistics that illustrate the prevalence of mental and/or substance use disorders, both locally and nationally. For example, the “Mental and/or Substance Use Disorders: Fast Facts” section of the toolkit features relevant behavioral health facts. You can use this information to create and supplement a localized fact sheet, outlining the effect of mental and/or substance use disorders in your area.

- **Proximity:** Media outlets have less money to spend on staffing and travel, so make sure you are contacting the most appropriate outlet and person. When reaching out to media, emphasize the direct connection of the event to the local community, such as the appearance of a local official.

- **Timeliness:** When contacting reporters, take into account how frequently their publications are distributed. Many reporters may request an advance lead time to write about an event before their publications go to print. Other reporters, such as those for broadcast outlets, may only cover “breaking news” live at the event site.

Research...

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

Organize...

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

- 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 attend.

Interview...

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

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

The following tips may also be useful in an interview:

- **Bridging:** This technique allows you to stay on message and avoid answering questions that may steer the conversation to unanticipated areas. Instead of answering the question head on, find a component of the question that can be tied back to one of the main points. For example, you may say, “That’s a great example of the power of recovery...” and then give a main talking point about recovery.

- **Bundling:** This technique allows a person to state a key point and then explain their justification for making the point. For example, a key message may include the phrase, “SAMHSA has a series of initiatives that improve prevention, treatment, and recovery support services.” This would be followed by important follow-up points that back up the key message, such as: “Recovery Month supports these initiatives by...”

- **Blocking:** If a reporter asks you a question that you are uncomfortable answering, avoid saying “no comment,” as it may appear you are hiding something. Instead, offer to put the reporter in contact with someone who can accurately answer the question. For example, “I am not the best person to answer that question; however, I can put you in contact with a local organization who can provide the information.”

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

When speaking with the media, it may be helpful to use the following talking points about *Recovery Month*:

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

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

This list is not exhaustive of all available resources. Inclusion of websites and resources in this document and on the *Recovery Month* website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.
The following templates should not quote any SAMHSA official directly or add any content that could be potentially misconstrued as an official SAMHSA pronouncement.

Sample Pitch Email

Subject Line of Email: Main topic of your email

Hello [Name],

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

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

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

Thank you for your time and consideration.

Best regards,

[Your Name and Contact Information]
Sample Pitch Call Script

Hi [Name],

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

[If yes] As you may know, mental and/or substance use disorders are common, and not everyone receives the support they need to get better. [Insert Local Prevalence Statistics to Support the Local Community Impact.]

Despite the prevalence of these conditions, recovery from mental and/or substance use disorders is possible.

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

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

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

Thank you for your time, and I hope to speak with you again soon.
BE VISIBLE, VOCAL, AND VALUABLE THROUGH OP-EDS AND ONLINE ARTICLES

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

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

Get Started...

The 2015 Recovery Month theme, “Join the Voices for Recovery: Visible, Vocal, Valuable!” highlights the value of peer support by educating, mentoring, and helping others. It invites individuals in recovery and their support systems to be change agents in communities, and in civic and advocacy engagements.

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

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

• Determine a clear and concise message: A strong op-ed or online article persuasively makes a single point or argument in the beginning of the piece. Explain topics through simple messaging, allowing readers to stay focused and walk away with the main point.

• Think relevance: Make the subject of an op-ed or article timely and relevant to the general public. Consider tying your piece to a recent event or news story.

• Personalize it: Include a personal story to help readers easily connect with the message. Be sure to ask for permission before sharing someone’s personal story.

• Locate statistics and facts: Validate all statements or opinions with hard facts. For example, if you want to note that mental and/or substance use disorders are common and more prevalent than one might think, include statistics on the prevalence. Refer to the “Mental and/or Substance Use Disorders: Fast Facts” section of this toolkit to identify relevant statistics.

• Think local: Give the article a local angle to increase chances that a print or online outlet will publish the piece. Feature local residents in your op-ed or article—given they have granted you permission beforehand. You can also address recent local events, and include statistics that are specific to your city or state.

• Keep it brief: Op-ed or online articles should be between 400 and 750 words. Check with publications to determine specific limitations on word count or other requirements, such as deadlines and how they prefer to receive submissions.

• Identify the appropriate publication(s): Assess which publication is the best fit for a particular op-ed. A local newspaper might be ideal if the article focuses on community issues. If the article focuses on a broader, national issue, try a newspaper with a higher circulation rate. Remember that most publications will not publish op-eds that were already published in another outlet. For this reason, prioritize each outlet and select your top choices,
followed by back-up options. Read examples of past op-eds to get a sense of what formats and topics appear to capture the publication’s interest.

- **Create a relationship**: The best way to have your thoughts published or posted is to develop a relationship with the editor in advance. Always plan out what you want to say before contacting the publication. Provide background information about yourself, your organization, and *Recovery Month*, in addition to any local and state recovery issues.

- **Refer to the template**: Consult the sample op-ed at the end of this document to help initiate the writing process.

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

**Write...**

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

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

- Include an eye-catching title that emphasizes central messaging.
- Make it personal and include real stories to connect with readers.
- Restate your main points at the end of the op-ed, and issue a call to action.
- Avoid technical jargon and acronyms—most newspapers articles 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 listed below for facts to make an op-ed or online article more compelling:

- SAMHSA’s Publication Store ([http://store.samhsa.gov](http://store.samhsa.gov))
Media Outreach

Publish...

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

- **Place a follow-up call**: Follow up with the editor one week after submitting the op-ed or article. If he or she has not had time to look at it yet, follow up again one week later. Remember to be polite and state that publishing your piece will help others who may not be aware of the seriousness of mental and/or substance use disorders and the possibility of recovery.

- **Set a time limit**: Since most publications will not send notification if an op-ed is rejected, set a deadline for your piece to be published. If the deadline passes, move on to the next outlet and gauge their interest in publishing the piece. Don’t give up!

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

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

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

Share...

SAMHSA is interested in receiving copies of published op-eds and hearing about any successes in promoting *Recovery Month*. Be sure to check news sites such as Google News (https://news.google.com) or Yahoo News (http://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:


- Visit the “Social Media Tools” page on the *Recovery Month* website (http://www.recoverymonth.gov/events/plan-events/social-media-tools) for assistance on how to use these online tools.

- Distribute event details, materials, and pictures to the social media channels above.
Send a copy of your published op-ed and placement information electronically to recoverymonth@samhsa.hhs.gov or by mail to:

Substance Abuse and Mental Health Services Administration  
ATTN: Consumer Affairs/Recovery Month  
Center for Substance Abuse Treatment  
1 Choke Cherry Road, Seventh Floor  
Rockville, MD 20857

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The following templates should not quote any SAMHSA official directly or add any content that could be potentially misconstrued as an official SAMHSA announcement.
Sample Op-Ed (approximately 451 words)

A Friend in Need is a Friend Indeed OR Find Time to Support Peers

Often, individuals who experience a mental and/or substance use disorder feel isolated and alone. Yet, every year millions of Americans experience these conditions. It’s imperative that we offer support to individuals facing mental and/or substance use disorders. In fact, we need to create environments and relationships that promote acceptance. Support from peers is essential to recovery, so it’s important that individuals in the community get involved by starting conversations about prevention, treatment, and recovery. Too many people are still unaware that prevention works and that mental and/or substance use disorders can be treated, just like other health problems.

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

Mental and/or substance use disorders affect people of all ethnicities, ages, genders, geographic regions, and socioeconomic levels. They need to know that help is available. In fact, in 2013, 34.6 million adults aged 18 or older received services for mental illness in the past year, and 2.5 million people aged 12 or older who needed treatment for an illicit drug or alcohol use problem received treatment at a specialty facility.

These individuals can get better, both physically and emotionally, with the support of a welcoming community.

Community members can be change agents for spreading 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 can demonstrate the support of the recovery community, including those who provide prevention, treatment, and recovery support services.

I urge all community members and organizations to join the celebration and help stem the incidence of mental and/or substance use disorders. Engaging with organizations by offering financial or volunteer support can help make recovery possible. 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 http://www.recoverymonth.gov.

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

[Include Author Name, Title, and Brief Summary of Qualifications that Make Him or Her an Expert on this Topic.]
Press Materials for Your Recovery Month Event

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

The 2015 *Recovery Month* theme, “*Join the Voices for Recovery: Visible, Vocal, Valuable!*” highlights the value of peer support by educating, mentoring, and helping others. It invites individuals in recovery and their support systems to be change agents in communities, and in civic and advocacy engagements.

Use this document to guide the development and distribution of publicity materials to promote *Recovery Month* events this September and throughout the year.

Choose a Format...

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

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

- **Media advisories**, or media alerts, are brief one-page documents that notify the media of an upcoming event and provide essential information about the event’s date, time, and location. They are brief and entice reporters to attend the event to learn more. Advisories should be sent to the calendar editor of a local newspaper and also the health care reporter or editor who covers local news or events. Advisories 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
  - Include a quote from an event’s spokesperson or key figure

- **Backgrounders** are succinct, supplementary documents that often accompany a media advisory or news release. A backgrounder may also be distributed at *Recovery Month* events, or sent to reporters separately. They can be written in paragraph form or have bulleted information. Create a backgrounder, such as the one at the end of this document, that highlights SAMHSA and *Recovery Month*; your organization; the specific event; recent behavioral health data; relevant prevention, treatment, and recovery support services; and local individuals in recovery.

- **Op-eds**, or opposite of the editorials, provide an opinion on a specific topic or event, and are published opposite a publication’s editorial page. An op-ed’s purpose is to influence public opinion by taking a strong position and creating a dialogue about issues, such as mental and/or substance use disorders affecting a community.

- **Letters to the editor** are brief letters (no more than 175 words) written to express an individual’s or organization’s point of view on a particular, yet timely, subject that was recently covered in the news. Letters should be written as a response to another news story (within a couple of days of the story’s appearance) and should highlight a timely issue, such as how the rate of mental and/or substance use disorders in a local...
Media Outreach

community factors into other stories in the news. Letters to the editor tend to be published in newspapers and news magazines.

• **Public service announcements** (PSAs) are non-paid informational commercials, distributed to local radio or television outlets. PSAs create awareness of *Recovery Month* in communities and help inform audiences about the realities of mental and/or substance use disorders. Refer to the “Recovery Month Public Service Announcements” section in this toolkit for more information.

**Draft...**

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

When developing press materials, keep in mind the following:

• Avoid using slang terms, which may offend people in recovery, or technical jargon that the general public may not understand.

• Double-check the names, titles, and contact information in press materials, and verify that all statistics and spelling are correct.

**Personalize...**

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

• SAMHSA’s National Survey on Drug Use and Health ([http://www.samhsa.gov/data/population-data-nsduh](http://www.samhsa.gov/data/population-data-nsduh))


• SAMHSA’s Behavioral Health Treatments and Services Webpage ([http://www.samhsa.gov/treatment](http://www.samhsa.gov/treatment))


**Disseminate...**

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

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

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

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

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

Share...

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

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

Share event information through Recovery Month social media outlets:

- Facebook page (http://www.facebook.com/RecoveryMonth)
- YouTube channel (http://www.youtube.com/recoverymonth)
- 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
1 Choke Cherry Road, Seventh Floor
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.

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

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

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

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

Mental and/or substance use disorders are prevalent in our community, and it’s imperative that individuals in [City or State] understand how to seek help. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2013, an estimated XX [Thousand/Million] people in [City or State] were affected by mental illness, and 34.6 million adults aged 18 or older in the United States received mental health services. In addition, an estimated XX [Thousand/Million] people in [City or State] were affected by substance use disorders, and 2.5 million people aged 12 or older in the United States received substance use treatment at a specialty facility.

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

Last year, 83 proclamations were issued nationwide, including one by the President of the United States. After the signing of the proclamation, attendees and all citizens of [City or State] are encouraged to join a recovery event around the community to highlight the significance of helping people in need of prevention, treatment, and recovery support services, while also celebrating the accomplishments of individuals in recovery.

WHO: [Participants]

WHEN: [Date and Time]

WHERE: [Address of Event]

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

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

For Immediate Release

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

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

[Email Address of Contact Person]

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

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

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

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

[Replace the following paragraph with local statistics, if available.] In 2013, 43.8 million people aged 18 or older had a mental illness according to the 2013 National Survey on Drug Use and Health, an annual survey released by the Substance Abuse and Mental Health Services Administration (SAMHSA). However, only 34.6 million people received mental health services. In addition, of the estimated 22.7 million individuals aged 12 or older in 2013 who needed treatment for an illicit drug or alcohol use problem, only 2.5 million received substance use treatment at a specialty facility.

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

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

Today’s event was part of Recovery Month, a national observance sponsored by SAMHSA, within the U.S. Department of Health and Human Services. The observance raises awareness of mental and/or substance use disorders, celebrates individuals in long-term recovery, and acknowledges the work of prevention, treatment, and recovery support services.
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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, [http://www.recoverymonth.gov](http://www.recoverymonth.gov), for additional information on the initiative.

Who sponsors Recovery Month?

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

What is this year’s Recovery Month theme?

This year’s theme, “*Join the Voices for Recovery: Visible, Vocal, Valuable!*” highlights the value of peer support by educating, mentoring, and helping others. It invites individuals in recovery and their support systems to be active change agents in communities, and in civic and advocacy engagements.

What events occur during Recovery Month?

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

- Active military and veterans
- Civic leaders
- Communities
- College-aged students
- Educators
- Employers
- Faith-based organizations
- Faith leaders
- First responders
- Friends and family members
- High school-aged students
- Justice system personnel
- Policymakers
- Prevention, treatment, and recovery organizations
- Peer recovery
- Recovery community
- Social service organizations
- Youth and young adults
Where can people find treatment for mental and/or substance use disorders?

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

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

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

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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, 83 proclamations were signed to support *Recovery Month*, including one issued by President Barack Obama. For the past 14 years, the Executive Office of the President of the United States has supported the Substance Abuse and Mental Health Services Administration (SAMHSA) ([http://www.samhsa.gov](http://www.samhsa.gov)), within the U.S. Department of Health and Human Services (HHS) ([http://www.hhs.gov](http://www.hhs.gov)), by working to raise public awareness and support for those with behavioral health conditions, as well as their communities and families. The Presidential Proclamation recognizes the importance of prevention, treatment, and recovery across the country. Equally important are the hundreds of proclamations issued at the state, territory, and local levels each year.

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

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

**Contact Public Officials...**

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

- Governors
- Senators and Representatives
- Mayors
- City council members
- State legislators
- County managers
- Tribal nation leaders

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

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

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

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

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

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

Develop a Proclamation...

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

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

Personalize...

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

- SAMHSA’s National Survey on Drug Use and Health and other data from SAMHSA (http://www.samhsa.gov/data/population-data-nsduh)
- SAMHSA’s National Survey on Substance Abuse Treatment Services (N-SSATS) (http://www.samhsa.gov/data/substance-abuse-facilities-data-nssats)
- SAMHSA’s Treatment Episode Data Set (http://www.samhsa.gov/data/client-level-data-teds)
- SAMHSA’s Mental Health Facilities Data (NMHSS) (http://www.samhsa.gov/data/mental-health-facilities-data-nmhss)
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- SAMHSA’s Behavioral Health Treatments and Services Webpage: (http://www.samhsa.gov/treatment)

Publicize...

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

To create additional publicity, arrange a press conference or town-hall meeting and have local officials sign or present the proclamation. This event can be accompanied by a roundtable discussion on issues related to mental and/or substance use disorders. Ideas for panelists include treatment and service providers, families affected by mental and/or substance use disorders, young adults affected by these disorders, and other individuals already in recovery.

For information on how to plan a Recovery Month event, refer to the “Promote Recovery Month with Events” section in this toolkit.

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

Share...

Post a copy of the proclamation on the Recovery Month website (http://www.recoverymonth.gov) by sending 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
  1 Choke Cherry Road, Seventh Floor
  Rockville, MD 20857

Be sure to share it on your social media channels!

This list is not exhaustive of all available resources. 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/or substance use disorders works, treatment is effective, and people recover in our area and around the nation; and

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

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

WHEREAS, in 2013, 2.5 million people aged 12 or older received substance use treatment at a specialty facility and 34.6 million adults aged 18 or older received mental health services, according to the 2013 National Survey on Drug Use and Health. Given the serious nature of this public health problem, we must continue to reach the millions more who need help; 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 2015 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.

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

Signature

[Insert City/State or Other Official Seal]
Sample Proclamation 2: Modern Format

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

The impact of mental and/or substance use disorders is apparent in our local community, and an estimated XX [Thousand/Million] people in [City or State] are affected by these conditions. According to the 2013 National Survey on Drug Use and Health, 22.7 million persons aged 12 or older needed treatment for an illicit drug or alcohol use problem (8.6 percent of people aged 12 or older). Of these, 2.5 million (10.9 percent of those who needed treatment) received treatment at a specialty facility. Also in 2013, out of the 43.8 million Americans aged 18 or older who had any mental illness in the past year, 19.6 million (44.7 percent of those with any mental illness) received mental health services in the past year. Through Recovery Month, people become more aware and able to recognize the signs of mental and/or substance use disorders, which can lead more people into needed treatment. Managing the effects of these conditions can help people achieve healthy lifestyles, both physically and emotionally.

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

I, [Name and Title of Elected Official], do hereby proclaim the month of September 2015 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 2015 Recovery Month campaign, SAMHSA created two radio and television PSAs English and Spanish. The spots reflect this year’s Recovery Month theme, “Join the Voices for Recovery: Visible, Vocal, Valuable!” as well as advertise SAMHSA’s National Helpline. They highlight the message that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and/or substance use disorders.

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

Customize...

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

If stations are unable to play the PSAs during September, remind them these PSAs can be played year-round. If local television or radio stations do not have the 2015 PSAs, suggest emailing recoverymonth@samhsa.hhs.gov to receive a copy. The PSAs are also available on the Recovery Month website under the “Promote Recovery Month” section at http://www.recoverymonth.gov/promote/public-service-announcements.

Use Scripts...

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

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

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

**Promote Pre-Recorded PSAs**...

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

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

If you host a *Recovery Month* event, you can play the PSAs during the event to enhance the message. Set up a 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.

**Personalize**...

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

- SAMHSA’s National Survey on Drug Use and Health (http://www.samhsa.gov/data/population-data-nsduh)
- SAMHSA’s Treatment Episode Data Set (http://www.samhsa.gov/data/client-level-data-teds)
- SAMHSA’s Mental Health Facilities Data (NMHSS) (http://www.samhsa.gov/data/mental-health-facilities-data-nmhss)
- SAMHSA’s Behavioral Health Treatments and Services Webpage (http://www.samhsa.gov/treatment)

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

This list is not exhaustive of all available resources. Inclusion of websites and resources in this document and on the *Recovery Month* website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.
2015 Live-Read Radio PSA Scripts

:30 second

Mental and/or substance use disorders affect all Americans. By speaking up about the issues and reaching out to those who need help, you can help encourage public awareness and inspire others.

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

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

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

:15 second

Mental and/or substance use disorders affect all Americans.

By speaking up about the issues and reaching out to those who need help, you can help encourage public awareness and inspire others.

Celebrate National Recovery Month and call 1-800-662-HELP for treatment referral [or replace this number with a local treatment and service provider's] or visit http://www.recoverymonth.gov for information on prevention, treatment, and recovery support services.
VISIBLE, VOCAL, VALUABLE: AN OVERVIEW

Mental and/or substance use disorders affect millions of Americans and directly touch the lives of individuals, family members, neighbors, and colleagues. Given the widespread impact and societal cost of these behavioral health conditions, it’s important for communities to make prevention, treatment, and recovery support available and accessible for all who need them.

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

The 2015 Recovery Month theme, “Join the Voices for Recovery: Visible, Vocal, Valuable!” highlights the value of peer support by educating, mentoring, and helping others. It invites individuals in recovery and their support systems to be catalysts and active change agents in communities, and in civic and advocacy engagements.

The concept encourages individuals to be vocal by starting conversations about the prevention, treatment, and recovery of behavioral health conditions at earlier stages of life and to depict the societal benefits of recovery. Recovery Month continues to celebrate and support communities, families, and individuals through continued outreach efforts, materials, and cross-promotion.

The “Targeted Outreach” section of this toolkit shares tips the recovery community can use to connect with these key community audiences.

Why It's Important...

The prevalence of mental and/or substance use disorders is high. Nearly one out of every five adults in the United States, about 43.8 million people, has a mental illness, such as a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders).\(^1\) Approximately 21.6 million people age 12 or older were classified with a substance dependence or misuse disorder in 2013.\(^2\) In spite of high prevalence, most Americans believe that recovery from a mental illness\(^3\) or a substance use disorder is possible.\(^4\)

For many individuals, behavioral health treatment is an important part of the recovery process.\(^5\) However, in 2013, 22.7 million individuals aged 12 or older needed treatment for an illicit drug or alcohol use problem, but only 2.5 million received treatment at a specialty facility in the past year.\(^6\)

High school and college students, families, and peer recovery networks all play unique roles in society and have the power to support healthy lifestyles. Members of the recovery community can lead the charge to educate these audiences about how they can provide support, starting with the basics of recovery.

For many people, recovery—\(^7\)

- Emerges from hope, which is fostered by friends, families, providers, colleagues, and others who have experienced recovery themselves
- Occurs via many pathways, which may include professional clinical treatment, use of medications, support from families and in schools, faith-based approaches, peer support, and other approaches
- Is holistic, meaning recovery encompasses a person’s whole life including mind, body, spirit, and community
- Is supported by relationships with peers and allies, and on social networks
- Is culturally based and influenced
Targeted Outreach – Overview

• Is supported by addressing trauma, including physical or sexual abuse, domestic violence, war, disaster, or profound loss
• Involves individual, family, and community strengths and responsibilities
• Is fostered by respect

These principles of recovery can help people establish a blueprint for their own journey. However, it’s also important for people living with these conditions to become aware that they are not alone in their efforts. The right support system can help ensure that those in need are addressing the following four key aspects of recovery.8

• **Health:** The person learns to overcome or manage his or her condition(s) or symptom(s)—and make informed, healthy choices that support physical and emotional well-being.

• **Home:** It is also important to have a stable and safe place to live.

• **Purpose:** A person in recovery participates in meaningful daily activities, such as a job, school, volunteer opportunities, family caretaking, or creative endeavors, and has the independence, income, and resources to participate in society.

• **Community:** Relationships and social networks should provide support, friendship, love, and hope.

**Groups That Can Make a Difference...**

Anyone can be affected by mental and/or substance use disorders. This year’s *Recovery Month* observance focuses on ways the recovery community can connect with four different audiences that play distinct and important roles in helping others, or themselves, find a path of recovery.

Detailed information on the following groups can be found in their respective “Targeted Outreach” sections in this toolkit.

• **High School Students:** High school students often find or place themselves under heavy peer pressure because they feel the need to “fit in” within a certain group of friends. This same type of pressure can also come from media and pop culture messages suggesting to this group that they must act a certain way to be “trendy” or “edgy.” Dealing with this type of pressure can be a trigger for high school students to start experimenting with substances or develop symptoms associated with mental health issues. Fortunately, this group is at an age, and within an environment, with visible and valuable resources around them, such as parents, teachers, counselors, and other support groups who can provide critical information, resources, and support.

• **College Students:** The transition from home to college is a stressful time for students and families, especially when the school campus is far from home. Likewise, the new acquired responsibilities, sense of independence, and pressure to perform well academically or at other college activities, such as sports, can lead college students to develop symptoms related to mental health issues, to experiment with substances, or experience a combination of both. Often, this group doesn’t feel comfortable disclosing any of these issues and refrains from reaching out and utilizing resources within their campuses. This section aims to help and encourage students to be visible and vocal about their experiences with mental and/or substance use disorders in order to be a valuable resource to others who might be experiencing the same issues and are seeking help.

• **Family Supports:** A supportive family is an essential element in a person’s recovery. People who have an engaged family tend to have better outcomes in recovery. In addition, it is just as important for family members to have a recovery process to learn how to manage their health and wellness as their loved one goes through recovery. There are many organizations tailored to provide recovery support for the family because these groups understand the value of family and its ability to aid in the healing and restorative process of a single person’s recovery. These groups also support the family’s need for a place where they can be visible, vocal, and share their value with others on the same journey.
Targeted Outreach – Overview

• **Recovery Peers**: Recovery peers can be from all walks of life. They can be found in your neighborhood, congregation, and workplace. They are valuable to communities and institutions as they guide people in treatment and recovery in making decisions. Recovery peers are also cornerstones and people on which individuals in recovery depend on a day-to-day, month-to-month, and year-to-year basis. Chances are we all know someone in recovery, and many can make personal identification to the value they hold in your life. These are the same people who support individuals in recovery and share an even greater value, peer support. A large part of peer recovery is sharing the story, helping others know they too can live a life of recovery and can help bring balance to what was once uncertain. A peer being vocal and visible is often the beacon of hope many seek to either start or continue their personal journey of recovery. Therein resides the value of the peer.

Additional resources for high school and college students, families, and peer recovery networks are provided in the “Targeted Outreach” section of the toolkit.

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

SUPPORTING HIGH SCHOOL STUDENTS’ BEHAVIORAL HEALTH

Introduction
For many students, high school presents a critical time of personal and social development. Driven by the desire to “fit in” with certain social groups, the high school environment fosters immense peer pressure. In addition, academic pressures can overwhelm high school students. As a result, high school students are susceptible to mental and/or substance use disorders.

The physical, mental, and emotional health of high school students is essential to every family and community. When young people exhibit signs of mental and/or substance use disorders, it is important that they receive appropriate support as early as possible. Family members, friends, and trusted adults (e.g., teachers, school counselors, and medical professionals) can help address mental and/or substance use disorders by understanding the risks and learning about the resources available to help young people with behavioral health conditions. Students who live with one or both parents with a mental and/or substance use disorder also need support systems to help them learn healthy ways to cope with problems.

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

The 2015 Recovery Month theme, “Join the Voices for Recovery: Visible, Vocal, Valuable!” highlights opportunities for recovery education, support, and celebration. The community can: be visible by knowing the prevalence of mental and/or substance use disorders; be vocal by noticing warning signs and symptoms; and be valuable by raising awareness of the resources available to help.

Visible...
Statistics highlight the importance of preventing behavioral health issues among high school students, as the data shows widespread prevalence of mental and substance use disorders.

- In 2013, 8.8 percent of adolescents aged 12 to 17 were current illicit drug users, and 11.6 percent were current alcohol users.
- An estimated 1.3 million adolescents aged 12 to 17 had a substance use disorder in 2013 (5.2 percent of all adolescents).
- Roughly one out of every nine adolescents aged 12 to 17 (10.7 percent) experienced a major depressive episode in the past year, with 7.7 percent having a major depressive episode with a severe impairment in one or more role domains (e.g., chores at home, school/work, close relationships with family, and/or social life).

Young people who experience a mental and/or substance use disorder are at increased risk for a variety of academic, health, social, and emotional problems, including:

- Academic: lower grades, absenteeism, and school dropout
- Physical health: injuries, physical disabilities, death by suicide, homicide, illness, and unintentional injuries
- Mental health: memory problems, depression, developmental delays, personality disorders, and suicidal ideation
Targeted Outreach – High School Students

- **Social**: isolation from peers, disengagement from school, family, and community activities; and family dysfunction.

Reaching high school students with mental and/or substance use disorder prevention messages and resources benefits individuals, families, and communities. Intervening early promotes the benefits of a healthy lifestyle and continued wellness.

Recovery from a mental and/or substance use disorder for adolescents is possible and may be a vital piece for the maintenance of a healthy lifestyle. Youth recovery support should include alternative peer groups, ongoing emotional and mental health check-ups, and developmentally appropriate recovery support from peers and mentorship programs. This is also true for young people living with a parent who has a substance use disorder or untreated mental health condition. According to the 2015 Al-Anon Membership Survey, 12 percent of Al-Anon members, whose mean age is 59.8 years old, have a child under the age of 18 living with them.13 Of these adults, 81 percent are the biological parent of the child living with them.14 Students whose lives have been affected by a parent with a mental and/or substance use disorder can also experience academic, health, social, and emotional problems.

**Vocal...**

Everyone can play a role in detecting mental and/or substance use disorders by recognizing signs and symptoms of these disorders and encouraging the individual to get help. Families and educators are in a unique position to recognize these signs and symptoms and can take steps to have a young person evaluated.

Signs and symptoms of a mental health problem of a high school student may include:15,16

- Feeling very sad or withdrawn for more than two weeks
- Not eating, throwing up, or using laxatives to lose weight
- Having intense worries or fears that interfere with daily activities
- Experiencing extreme difficulty controlling behavior, putting oneself in physical danger, or causing problems in school
- Changes in sleeping and/or eating habits
- Excessive complaints of physical ailments
- Defiance of authority
- Loss of interest in favorite activities
- Outbursts of anger
- Suicidal thoughts

Signs and symptoms of a substance use disorder of a high school student may include:17,18

- Sudden drop in grades
- Loss of appetite or sudden increase in appetite
- Sudden weight loss or gain
- Skipping school or class
- Stealing and/or vandalism
- Change in friends or social groups or isolation from peers
- Hyperactivity or exhaustion
- Lack of motivation or inability to focus on daily tasks
Several factors can decrease the likelihood that high school students will use or misuse alcohol and other drugs. Protective factors include: perceived risks associated with substance use, prevention messages, parental monitoring of activities, and having a strong sense of family and school connectedness and engagement.\(^\text{19}\)

Friends, parents, and teachers play a major role in helping to prevent mental and/or substance use disorders, identifying when someone has a problem, and connecting those in need with treatment and recovery resources.

Students with a parent who has a mental and/or substance use disorder need to have at least one trustworthy adult to speak to and listen to them.

If a high school student is showing signs or symptoms of a mental and/or substance use disorder, a concerned member of the community can be vocal by doing the following:

- Express concern and support for the individual in need.
- Find out if the individual is getting the care he or she needs and wants—if not, connect him or her to help.
- Ask questions in a calm voice, listen to ideas, and be responsive when mental and/or substance use problems come up.
- Offer to help the individual with everyday tasks without enabling negative behavior.
- Include the individual in plans and outings; continue to invite him or her without being overbearing, even if he or she declines your invitations.
- Educate other people so they understand the facts about mental and/or substance use disorders and do not discriminate.
- Treat him or her with respect, compassion, and empathy.
- Recommend resources like recovery high schools, which provide students with a safe and substance-free environment conducive to sustaining recovery.
- Set an example of how to live a healthy lifestyle and encourage the individual to do the same.

SCHOOL AND CAMPUS HEALTH

SAMHSA’s Safe Schools/Healthy Students (SS/HS) initiative supports schools and communities that promote students’ mental health, enhance their academic achievement, prevent violence and substance use, and create safe and respectful school climates. To date, SS/HS has provided services for 13+ million youth and has offered more than $2 billion in funding and other resources to 365 communities in 49 states across the nation. The SS/HS initiative also provides a series of online resources for the prevention of youth and school violence. To learn more about SS/HS initiatives and resources, visit [http://www.samhsa.gov/safe-schools-healthy-students](http://www.samhsa.gov/safe-schools-healthy-students).
Targeted Outreach – High School Students

**Valuable...**

Support from the community enables a high school student to see his or her worth and recognize that recovery is possible. In addition to encouraging treatment and offering emotional support, concerned community members can also connect students to important treatment and recovery resources.

The community can be valuable in reaching out to high school students in many ways, including:

- Conduct a search of existing, federally-supported youth programs in the community at Map My Community ([http://youth.gov/map-my-community](http://youth.gov/map-my-community)). The search can be filtered by programs that deal with substance use disorders, bullying, mental health, homelessness and housing, and health and nutrition.
- Talk with other organizations including nonprofit support group programs in the community that have already successfully partnered with high school students and high schools for their advice on how to engage teens.
- Develop key talking points on prevention, treatment, and recovery support services relevant to high school students in the community.
- Reach out to teachers, coaches, counselors, school administrators, and school or county officials to participate in informational fairs or to arrange speaking opportunities to educate students about prevention, treatment, and recovery support services.
- Access the following **Recovery Month** social media channels for prevention, treatment, and recovery information, tips, and resources.
  - Facebook page ([http://www.facebook.com/RecoveryMonth](http://www.facebook.com/RecoveryMonth))
  - YouTube channel ([http://www.youtube.com/RecoveryMonth](http://www.youtube.com/RecoveryMonth))
  - Twitter account ([http://www.twitter.com/RecoveryMonth](http://www.twitter.com/RecoveryMonth))

Some valuable resources for individuals or organizations looking to reach high school students with prevention, treatment, and recovery information include:

- **National Institute on Drug Abuse (NIDA) for Teens** ([http://teens.drugabuse.gov](http://teens.drugabuse.gov)): Provides information and resources to students about drugs and neuroscience, and supports educators and parents to facilitate student learning.
- **Young People in Recovery** ([http://youngpeopleinrecovery.org](http://youngpeopleinrecovery.org)): Creates and cultivates local community-led recovery chapters that support young people in or seeking recovery by empowering them to obtain stable employment, secure suitable housing, and explore continuing education.
- **Students Against Destructive Decisions** ([http://www.sadd.org](http://www.sadd.org)): Empowers local student-led high school chapters to be resilient to all forms of peer pressure and engage in peer-to-peer education on healthy and safe development.
- **Association of Recovery Schools** ([http://recoveryschools.org](http://recoveryschools.org)): Provides research and best practices to recovery high schools across the country in an effort to support the growth of the recovery high school movement.
- **School Mental Health** ([http://www.schoolmentalhealth.org/AboutUs.html](http://www.schoolmentalhealth.org/AboutUs.html)): Provides tips for nurturing high school students’ mental health based on the role schools play in the students’ lives.
- **Mental Health America** ([http://www.mentalhealthamerica.net/back-school](http://www.mentalhealthamerica.net/back-school)): Offers tips on how parents can help their children thrive in a high school setting and links to external resources that further explain the psychological development of this age category. In addition, the “Find an Affiliate” page ([http://www.mentalhealthamerica.net/find-affiliate](http://www.mentalhealthamerica.net/find-affiliate)) finds the closest mental health clinic in an area.
Targeted Outreach – High School Students

- **Love Is Respect** ([http://www.loveisrespect.org](http://www.loveisrespect.org)): Provides an opportunity for teens and young adults to receive support for dealing with an unhealthy or abusive relationship by offering online chat, telephone support, and texting with a peer advocate.

Additional resources can be found on SAMHSA’s website, such as:

- **SAMHSA’s Recovery Month Website** ([http://www.recoverymonth.gov](http://www.recoverymonth.gov)): Provides resources, tools and materials, including print, web, television, radio, and social media assets, to help communities encourage individuals to seek treatment and recovery services.

- **SAMHSA’s Website** ([http://www.samhsa.gov](http://www.samhsa.gov)): Provides numerous resources and helpful pieces of information related to mental and/or substance use disorders, prevention, treatment, and recovery.

- **SAMHSA’s Behavioral Health Treatments and Services Webpage** ([http://www.samhsa.gov/treatment]): Contains information on common mental illnesses and substance use disorders and how SAMHSA helps people access treatments and services.

- **SAMHSA’s Find Help Webpage** ([http://www.samhsa.gov/find-help]): Provides various links and numbers to mental and substance use disorder treatment and recovery services locators.

- **SAMHSA’s National Helpline, 1-800-662-HELP (4357) – or 1-800-487-4889 (TDD)** ([http://www.samhsa.gov/find-help/national-helpline]): Provides 24-hour, free, confidential treatment referral and information about mental and/or substance use disorders, prevention, treatment, and recovery in English and Spanish.

- **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** ([http://www.suicidepreventionlifeline.org/]): Provides a free, 24-hour helpline available to anyone in suicidal crisis or emotional distress.

- **SAMHSA’s “Talk. They Hear You.” Campaign** ([http://www.samhsa.gov/underage-drinking]): Provides information about the dangers of underage drinking and gives families and communities prevention tips.

- **SAMHSA’s Age- and Gender-Based Populations** ([http://www.samhsa.gov/specific-populations/age-gender-based]): Provides information about SAMHSA’s programs, initiatives, and resources to improve the behavioral health of age-and gender-based populations.

- **SAMHSA’s Recovery and Recovery Support Webpage** ([http://www.samhsa.gov/recovery]): Provides information on how recovery-oriented care and recovery support systems help people with mental and/or substance use disorders manage their conditions.

- **SAMHSA’s School and Campus Health Webpage** ([http://www.samhsa.gov/school-campus-health]): Offers information about SAMHSA’s efforts to promote mental health and substance use prevention in schools and on campuses, and to provide safe learning environments.

- **SAMHSA’S Too Smart To Start** ([http://www.samhsa.gov/too-smart-to-start]): Helps prevent underage alcohol use by offering strategies and materials for youth, teens, families, educators, community leaders, professionals, and volunteers.

- **SAMHSA’s 2012 Town Hall Meetings to Prevent Underage Drinking: Moving Communities Beyond Awareness to Action** ([http://store.samhsa.gov/product/2012-Town-Hall-Meetings-to-Prevent-Underage-Drinking-Moving-Communities-Beyond-Awareness-to-Action/SMA14-4838]): Presents outcomes from a series of Town Hall meetings to educate communities about underage drinking and engage them in prevention efforts.

- **SAMHSA’s Know Bullying App** ([http://store.samhsa.gov/product/KnowBullying-Put-the-power-to-prevent-bullying-in-your-hand/PEP14-KNOWBULLYAPP]): Describes strategies to prevent bullying and explains how to recognize warning signs that a child is bullying or being bullied. Includes a section for educators.

- **SAMHSA’s Wellness page** ([http://www.samhsa.gov/wellness]): Promotes the improved wellness of people with mental and/or substance use disorders by engaging, educating, and training providers, consumers, and policymakers.
This list is not exhaustive of all available resources. Inclusion of websites and resources in this document and on the Recovery Month website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.


19 Substance Abuse Prevention: Snapshots from the Safe Schools/Healthy Students Initiative, The National Center for Mental Health Promotion and Youth Violence Prevention at Education Development Center, Inc. (EDC), 2013.
HELPING COLLEGE STUDENTS ACHIEVE POSITIVE BEHAVIORAL HEALTH OUTCOMES

Introduction

College students are in a phase of self-discovery as they transition from adolescence to adulthood. For many, college is the first time students are living on their own—a newfound freedom, which can be both exciting and overwhelming. College students go from having their parents to support them at home to seeking guidance from their peers on campus.

With this independence comes responsibility, academic stress, and social pressure. Coupled with access to alcohol and/or drugs, college students are at risk of developing mental and/or substance use disorders.

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

The 2015 Recovery Month theme, “Join the Voices for Recovery: Visible, Vocal, Valuable!” highlights opportunities for recovery education, support, and celebration. The community can: be visible by sharing information about the prevalence of mental and/or substance use disorders; be vocal by speaking truth when noticing warning signs and symptoms; and be valuable by raising awareness of the resources available to help.

Visible...

Research shows the widespread prevalence of mental and substance use disorders amongst college students.

- In 2013, 22.3 percent of full-time college students aged 18 to 22 were currently using illicit drugs, with nearly one out of five using marijuana (19.8 percent). More than half (59.4 percent) were drinking alcohol.20

- The rate of current nonmedical use of prescription-type drugs among college students is 4.3 percent.21

- According to the 2013 National Survey on Drug Use (NSDUH), among full-time college students age 18 to 22, 8.0 percent had serious thoughts of suicide, 2.4 percent made suicide plans, and 0.9 percent attempted suicide.22

- According to the 2013 NSDUH, 9.5 percent of full-time college students aged 18 to 22 had a major depressive episode in the past year; this equals 5.9 percent among college males and 12.6 percent among college females.23

- Despite college counseling services offered at most campuses, 36 percent of college students who screened positive for depression did not receive treatment.24

For parents, peers, teachers, and staff, knowing how to recognize an issue is critical to helping a student in need. Signs and symptoms of a mental health problem in a college student may include:25,26

- Feeling very sad or withdrawn for more than two weeks

- Not eating, throwing up, or using laxatives to lose weight

- Having intense worries or fears that interfere with daily activities

- Experiencing extreme difficulty controlling behavior, putting oneself in physical danger, or causing problems in school
Targeted Outreach – College Students

Signs and symptoms of a substance use disorder in a college student may include:\(^27,28\)

- Bloodshot eyes
- Sudden loss of appetite or extreme hunger
- Unusual weight loss or gain
- Loss of interest in favorite activities
- Withdrawal and isolation from social functions
- Skipping school or class
- Stealing
- Sudden change in peers/friends
- Hyperactivity or fatigue

Vocal...

Approaching a college student about a mental and/or substance use disorder can be uncomfortable. At the same time, it is important to voice concern and speak the truth. If someone is showing signs or symptoms of a mental and/or substance use disorder, consider doing the following:\(^29\)

- Offer support, understanding, patience, and encouragement.
- Talk to the individual and listen carefully.
- Recognize comments about hurting themselves or suicide and report his or her behavior to a counselor or advisor on campus.
- Invite the individual out for walks, outings, and other activities; if he or she refuses, keep trying but don’t push.
- Encourage the individual to attend doctor’s appointments.
- Support the individual in reporting any concerns about his or her medication misuse to a health care professional.
- Remind the individual that with time and treatment, recovery is possible.
- Share information about services on campus, such as support groups, recovery programs, or a sober living dorm.

Collegiate Recovery Community

A Collegiate Recovery Community (CRC) provides a safe, supportive environment for students to maintain their sobriety and adopt skills to help manage the stresses of college life. Students participating in this community have educational, academic, advisory, community building, and programmatic opportunities that support their decisions to maintain their recovery, as well as improve their academics and general life skills. Some colleges even have sober housing, where students in recovery have an opportunity for a fulfilling, healthy college residential experience free from drugs and alcohol. To learn more, visit the Association of Recovery in Higher Education at [http://collegiaterecovery.org](http://collegiaterecovery.org).
Valuable...

Members of the college community all have a role to play in helping students in need get the proper prevention, treatment, and recovery support services. Ways that parents, teachers, peers, and community members can make a valuable contribution include:

- Talking with organizations in the community that have successfully partnered with college students and campuses for their advice on how to engage students.
- Reaching out to university officials and the school’s Collegiate Recovery Community (CRC) to plan guest-speaking opportunities to educate students about prevention, treatment, and recovery support services.
- Asking coaches, professors, and administrators to talk about mental and/or substance use disorders with their students or collegiate athletes. Consult the “Mental and/or Substance Use Disorders: Fast Facts” section in this toolkit for more information.
- Recruiting college students in recovery to share their stories on campus and offer support.
- Accessing the following Recovery Month social media channels for prevention, treatment and recovery information, tips, and resources.
  - Facebook page (http://www.facebook.com/RecoveryMonth)
  - YouTube channel (http://www.youtube.com/RecoveryMonth)
  - Twitter account (http://www.twitter.com/RecoveryMonth)

The following is a list of online resources for community members who want to connect a college student to prevention, treatment, and recovery support services and information.

- **Active Minds** (http://activeminds.org/): Lists external resources about mental health for students, multicultural organizations, and LGBT communities.

- **Transforming Youth Recovery** (http://www.transformingyouthrecovery.org): Works with recovery communities to increase recovery success for students struggling with addiction. Uses the real world experiences of students in recovery to educate the public about addiction and to connect students and their families to recovery support services.

- **Young People in Recovery** (http://youngpeopleinrecovery.org): Creates and cultivates local community-led recovery chapters that support young people in or seeking recovery by empowering them to obtain stable employment, secure suitable housing, and explore continuing education.

- **Teen Mental Health** (http://teenmentalhealth.org): Offers tools specifically designed for first-year college students and works to erase the shame attached to mental health issues.
Targeted Outreach – College Students

- **ULifeline** ([http://www.ulifeline.org](http://www.ulifeline.org)): Designed for college students with questions about mental health issues, including a “self-evaluator” for mental health. Includes a searchable database to find the location of a counseling center on campus.

- **The American College Health Association** ([http://www.acha.org](http://www.acha.org)): Leads a coalition against alcohol, tobacco, and other drugs, and offers brochures and online education programs.

- **Transition Year** ([http://www.transitionyear.org/parent/intro.php](http://www.transitionyear.org/parent/intro.php)): Features interactive tools for determining college students’ emotional health and advice on how to differentiate between emotional challenges versus larger mental health concerns.

- **Association of Recovery in Higher Education** ([http://collegiaterecovery.org](http://collegiaterecovery.org)): Represents collegiate recovery programs (CRP), and communities (CRC), the faculty and staff who support them, and the students who represent them.

- **Mental Health First Aid** ([http://www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)): Offers training through an eight-hour course to help communities identify, understand, and respond to signs of mental illnesses and substance use disorders.

- **Love is Respect** ([http://www.loveisrespect.org](http://www.loveisrespect.org)): Provides an opportunity for teens and young adults to receive support for dealing with an unhealthy or abusive relationship by offering online chat, telephone support, and texting with a peer advocate.

- **Recovery Campus Magazine** ([www.recoverycampus.com](http://www.recoverycampus.com)): Provides editorial information to young adults seeking to continue their recovery and complete their education. The magazine raises awareness on the growing number of CRCs across the country.

- **Sound of Your Voice Video and Parent Guide** ([http://www.stopalcoholabuse.gov/videos/soyv.aspx](http://www.stopalcoholabuse.gov/videos/soyv.aspx)): Provides information for parents to encourage them to talk with their college-bound young adults about alcohol use. The resources are for parents, high school or college administrators, and organizations serving parents and teens.

Additional resources can be found on SAMHSA’s website. These include:

- **SAMHSA’s Recovery Month Website** ([http://www.recoverymonth.gov](http://www.recoverymonth.gov)): Provides resources, tools, and materials including print, web, television, radio, and social media assets, to help communities encourage individuals to seek treatment and recovery services.

- **SAMHSA’s Website** ([http://www.samhsa.gov](http://www.samhsa.gov)): Provides numerous resources and helpful pieces of information related to mental health and/or substance use issues.

- **SAMHSA’s Behavioral Health Treatments and Services Webpage** ([http://www.samhsa.gov/treatment](http://www.samhsa.gov/treatment)): Provides information on common mental illnesses and/or substance use disorders and how SAMHSA helps people access treatments and services.

- **SAMHSA’s Find Help Webpage** ([http://www.samhsa.gov/find-help](http://www.samhsa.gov/find-help)): Provides various links and numbers to mental and/or substance use disorder treatment and recovery services locators.

- **SAMHSA’s National Helpline, 1-800-662-HELP (4357) – or 1-800-487-4889 (TDD)** ([http://www.samhsa.gov/find-help/national-helpline](http://www.samhsa.gov/find-help/national-helpline)): Provides 24-hour, free, confidential treatment referral and information about mental and/or substance use disorders, prevention, treatment, and recovery in English and Spanish.

- **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** ([http://www.suicidepreventionlifeline.org/](http://www.suicidepreventionlifeline.org/)): Provides a free, 24-hour helpline available to anyone in suicidal crisis or emotional distress.

- **SAMHSA’s Recovery and Recovery Support Webpage** ([http://www.samhsa.gov/recovery](http://www.samhsa.gov/recovery)): Provides information on how recovery-oriented care and recovery support systems help people with mental and/or substance use disorders manage their conditions.
• **SAMHSA’s Wellness Webpage** ([http://www.samhsa.gov/wellness](http://www.samhsa.gov/wellness)): Promotes the improved wellness of people with mental and/or substance use disorders by engaging, educating, and training providers, consumers, and policymakers.

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COMMUNITY-BASED FAMILY SUPPORT

Introduction

Family members are often the first to recognize that a loved one has a mental and/or substance use disorder.

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

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

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

The 2015 Recovery Month theme, “Join the Voices for Recovery: Visible, Vocal, Valuable!” highlights opportunities for recovery education, support, and celebration. The community can: be visible by knowing the prevalence of mental and/or substance use disorders; be vocal by noticing warning signs and symptoms; and, be valuable by raising awareness of the resources available to help.

Visible...

Statistics show the widespread prevalence of mental and/or substance use disorders that affect millions of family members.

- In 2013, an estimated 24.6 million Americans aged 12 or older were current (past month) illicit drug users.
- In 2013, an estimated 21.6 million persons aged 12 or older were classified with substance dependence or abuse in the past year.
- In 2013, the prevalence of binge alcohol use among adults aged 65 and older was 9.1 percent or 3.9 million people.
- In 2013, approximately 7.7 million adults had co-occurring substance use disorder and any mental illness in the past year.

People with a mental and/or substance use disorder are likely to find themselves increasingly isolated from their families. Family can include members of the immediate (parents, siblings, partners, and children) and extended (cousins, grandparents, and in-laws) families. People in recovery may include others, who are supportive, as part of their “family of choice” (friends, colleagues from work, and mentors).

The effects of a substance use disorder frequently extend beyond the nuclear family. Extended family members may experience feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt. They may also wish to ignore or cut ties with the person misusing substances.

Military families are especially vulnerable to the risks of mental and/or substance use disorders. Post-traumatic stress disorder is a common and devastating mental health condition that may lead veterans and family members alike to cope through the use of drugs and alcohol. Additionally, approximately 50 percent of returning service members who need treatment for mental health conditions seek it, but only slightly more than half who receive treatment receive adequate care. Members of the military are often separated from their families for lengthy periods of time due to active-duty assignments, and as a result their families often experience life challenges and stress.
KEY ISSUE: HOMELESSNESS AND FAMILIES IN RECOVERY

Individuals with serious mental illnesses, and especially those with substance use disorders, are at risk of homelessness. Family members of a loved one who is homeless may feel stress and pressure to help resolve the problem. Resources are available to help end the cycle of homelessness associated with mental and/or substance use disorders and help individuals and families find stable housing. For more information, visit SAMHSA’s Homelessness Resource Center at http://homeless.samhsa.gov.

Vocal...

Families are in a unique position to recognize the signs and symptoms of a mental and/or substance use disorder. Signs and symptoms of a mental health problem in a family member may include:  
1. Showing signs of confusion and an inability to follow directions  
2. Withdrawal from family and social functions  
3. Having intense worries or fears that get in the way of daily activities  
4. Having severe mood swings that cause problems in relationships  
5. Excessive anxiety and worry  
6. Showing drastic changes in behavior or personality  
7. Feeling tired or having problems sleeping  
8. Loss of interest in favorite activities  
9. Outbursts of anger  
10. Delusions or hallucinations  
11. Denial of problems  
12. Minor or chronic physical ailments  
13. Showing severe behavior that can hurt oneself or others  
14. Defiance of authority, stealing, and/or vandalism

Signs and symptoms of a substance use disorder in a family member may include:  
1. Bloodshot eyes  
2. Sudden loss of appetite or extreme hunger  
3. Unusual weight loss or gain  
4. Skipping class or work  
5. Unexplained or sudden change in mood  
6. Unusual hyperactivity or nervousness  
7. Lack of motivation or inability to focus on daily tasks

Below are some tips for families to reach out to a loved one in need:  
1. Observe the family member’s behavior to look for signs and symptoms of a mental and/or substance use disorder.  
2. Discuss your observations with other family members to determine if they also notice signs and symptoms of a mental and/or substance use disorder.
Targeted Outreach – Family Support

- If other family members agree that there is a problem, talk to the family member in need about getting help in a calm, matter-of-fact manner.
- Listen to the family member in need to identify the root of the problem and suggest the appropriate resources to help.
- Contact a behavioral health specialist, faith leader, physician, employee assistance professional, or guidance counselor to help you. Do this even when the family member with the mental and/or substance use disorder declines help.
- Offer to go with the family member to doctor’s appointments and recovery support groups.
- Respect the individual's need for, and right to, his or her privacy.

Valuable...

Family members supporting a loved one on the road to recovery need access to resources like treatment programs, counseling, family resource centers, and mutual aid/support groups.

The recovery community can be valuable in reaching out to families in many ways, including:

- Set up or join existing family support groups.
- Reach out to county or health department officials to arrange guest-speaking opportunities to educate families about prevention, treatment, and recovery support services.
- Organize a run/walk to promote the Recovery Month message.
- Access the following Recovery Month social media channels for prevention, treatment, and recovery information, tips, and resources.
  - Facebook page (http://www.facebook.com/RecoveryMonth)
  - YouTube channel (http://www.youtube.com/RecoveryMonth)
  - Twitter account (http://www.twitter.com/RecoveryMonth)

Resources for family members who need support during this trying time include:

- **Al-Anon Family Groups** (http://www.al-anon.alateen.org/): Offers the opportunity to learn from the experiences of others who have coped or are coping with a loved one with a drinking problem.
- **Mental Health America – Mental Illness and the Family: Recognizing Warning Signs and How to Cope** (http://www.mentalhealthamerica.net/recognizing-warning-signs): Provides information on how to recognize mental illness and resources for those coping with someone with a mental illness.
- **The 20 Minute Guide** (http://the20minuteguide.com/parents/#.VFqX-TTF9fe): Offers a set of interactive tools and strategies for any family member or friend who wants to help a loved one get help for a substance use disorder.
Targeted Outreach – Family Support

Additional resources can be found on SAMHSA’s website. These include:

- **SAMHSA’s Recovery Month Website** ([http://www.recoverymonth.gov](http://www.recoverymonth.gov)): Provides resources, tools, and materials, including print, web, television, radio, and social media assets, to help communities encourage individuals to seek treatment and recovery services.

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- **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** ([http://www.suicidepreventionlifeline.org/](http://www.suicidepreventionlifeline.org/)): Provides a free, 24-hour helpline available to anyone in suicidal crisis or emotional distress.

- **SAMHSA’s Homelessness Resource Center** ([http://homeless.samhsa.gov](http://homeless.samhsa.gov)): Provides resources about homelessness, mental illness, substance use, co-occurring disorders, and traumatic stress.

- **SAMHSA’s Recovery and Recovery Support Page** ([http://www.samhsa.gov/recovery](http://www.samhsa.gov/recovery)): Provides information on how recovery-oriented care and recovery support systems help people with mental and/or substance use disorders manage their conditions.

- **SAMHSA’s Veterans and Military Families Webpage** ([http://www.samhsa.gov/veterans-military-families](http://www.samhsa.gov/veterans-military-families)): Offers information about SAMHSA’s efforts to ensure that American service men and women, and their families, can access behavioral health treatment and services.

- **SAMHSA’s Wellness Webpage** ([http://www.samhsa.gov/wellness](http://www.samhsa.gov/wellness)): Promotes the improved wellness of people with mental and/or substance use disorders by engaging, educating, and training providers, consumers, and policymakers.

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36 Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014, p. 49.


Targeted Outreach – Peer Recovery

PEER-SUPPORTED RECOVERY IN THE COMMUNITY

Introduction

Each year millions of Americans experience mental and/or substance use disorders. Seeking help can be challenging, especially when people fear discrimination and often feel isolated and alone. Knowing that there are peers to help in the recovery journey can be immensely empowering.

Research shows that peer support facilitates recovery and reduces health care costs. Peer recovery supports self-efficacy through role modeling by those who have traveled the same path. Ongoing peer recovery support can help individuals regain meaning, purpose, and positive social connections.

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

The 2015 Recovery Month theme, “Join the Voices for Recovery: Visible, Vocal, Valuable!” highlights opportunities for recovery education, support, and celebration. The community can: be visible by participating in peer support groups; be vocal by sharing recovery stories; and, be valuable by raising awareness of the resources available to help.

Visible...

The following statistics highlight the prevalence of mental and substance use disorders.

- In 2013, an estimated 24.6 million Americans aged 12 or older were current (past month) illicit drug users.
- In 2013, an estimated 21.6 million persons aged 12 or older were classified with substance dependence or abuse.
- In 2013, approximately 7.7 million adults had a co-occurring substance use disorder and any mental illness in the past year.

Peers play a major role in helping to prevent and intervene with mental and/or substance use disorders. Peers can identify if someone has a problem, and connect those in need with treatment resources and recovery support services.

In studies of individuals with co-occurring substance use disorders and/or mental illness, peer-led interventions were found to significantly reduce substance use, mental illness symptoms, and crisis.

Recovery peers can be found in all walks of life, including neighborhoods, faith communities, and workplaces. By sharing their experiences, peers bring hope to people who are in or seeking recovery, and promote a sense of belonging within the community.

Specialized peer support is especially helpful for groups with unique experiences, such as military service members and veterans; people who have been involved in the justice system; young adults; and lesbian, gay, bisexual, and transgender (LGBT) populations. Recovery peers and coaches can help those in recovery navigate the various services available, such as filing paperwork for disability, preparing for job interviews, finding housing, and managing medical appointments.
Targeted Outreach – Peer Recovery

Peers can take part in peer support services that help prevent relapse and promote sustained recovery from mental and/or substance use disorders, including:51

- **Peer mentoring or coaching**: Developing a one-on-one relationship in which a peer leader with recovery experience encourages, motivates, and supports a peer in recovery.

- **Peer recovery resource connecting**: Connecting the peer with professional and nonprofessional services and resources available in the community.

- **Recovery group facilitation**: Facilitating or leading recovery-oriented group activities, including support groups and educational activities.

- **Community involvement**: Helping peers make new friends and build healthy social networks through emotional, social, and mutual support efforts. This includes connecting a peer to information about learning a new skill, accessing child care or transportation services, and supporting positive personal relationships that encourage recovery.

**Vocal…**

Everyone develops a number of meaningful relationships throughout school, work, and other day-to-day activities. Daily interactions with people from these different parts of life provide a unique opportunity for recognizing signs and symptoms of a mental and/or substance use disorder.

**Signs and symptoms of a mental health issue in a peer may include:**52,53

- Feeling very sad or withdrawn for more than two weeks
- Showing signs of confusion and an inability to follow directions
- Having unusual ideas and experiencing paranoia
- Responding to auditory and visual hallucinations
- Seriously trying to harm oneself or commit suicide, or making plans to do so
- Experiencing sudden and overwhelming fear for no reason, sometimes with a racing heart or fast breathing.
- Exhibiting violent behavior that poses a risk to oneself, or others
- Not eating, throwing up, or using laxatives to lose weight
- Having intense worries or fears that interfere with daily activities
- Experiencing extreme difficulty controlling behavior, putting oneself in physical danger
- Using illegal drugs or alcohol repeatedly
- Having severe mood swings that cause problems in relationships
- Showing drastic changes in behavior or personality
- Feeling tired or having problems sleeping
- Losing interest in activities once enjoyed

**Signs and symptoms of a substance use disorder in a peer may include:**54

- Sudden weight loss
- Loss of interest in favorite activities and/or pastimes
- Sudden drop in grades
- Uncommon behavior problems at home, school, and work
- Skipping school or work
- Change in friends
- Stealing
- Excessive hunger
- Runny nose
- Loss of appetite
A peer who is vocal about his or her treatment and recovery story can be the catalyst for others in need. Real-life stories bring to life the power of recovery.\textsuperscript{55} For examples of real-life stories and the chance to upload a story, please consult the \textit{Recovery Month} Personal Recovery Stories (http://www.recoverymonth.gov/personal-stories) page.

Below are tips that can help peers start the conversation if a friend, colleague, or classmate is showing signs of a mental and/or substance use disorder.\textsuperscript{56}

- Talk to the individual and offer support, including offering to go with him or her to get help.
- Share personal stories of treatment and recovery to foster trust.
- Focus on the positive aspects of treatment and recovery, including paths to wellness.
- Acknowledge that everyone’s recovery is unique.
- Remain involved and encourage the individual’s participation in continuing care, treatment, and recovery support groups.

\textit{Valuable...}

Through self-help and mutual support models, peers offer support, strength, and hope to others by encouraging personal growth, wellness promotion, and recovery.

In order to maintain lasting recovery, people need relationships and social networks, such as family and friends, who provide support, friendship, love, and hope.\textsuperscript{57}

The recovery community can be valuable in reaching out to recovery peers in many ways, including:

- Start peer support groups and offer to mentor peer support specialists.
- Organize an event (e.g., run/walk, rally, educational series) to benefit \textit{Recovery Month}.
- Reach out to school, county, or local government officials who could participate as guest speakers to educate groups about prevention, treatment, and recovery support services.
- Contact other community organizations that have partnered with recovery peer groups and get advice on how to engage.
- Develop key talking points on prevention, treatment, and recovery support services for peer support in the community.
- Access the following \textit{Recovery Month} social media channels for prevention, treatment, and recovery information, tips, and resources.
  - Facebook page (http://www.facebook.com/RecoveryMonth)
  - YouTube channel (http://www.youtube.com/RecoveryMonth)
  - Twitter account (http://www.twitter.com/RecoveryMonth)

Additional peer recovery resources include:

- \textbf{Alcoholics Anonymous} (http://www.aa.org/): An international fellowship of men and women who have had a drinking problem.
- \textbf{Al-Anon Family Groups} (http://www.al-anon.alateen.org/): Offers the opportunity to learn from the experiences of others who have faced similar problems coping with a loved one with a drinking problem.
Targeted Outreach – Peer Recovery

- **Faces & Voices of Recovery** ([http://www.facesandvoicesofrecovery.org/](http://www.facesandvoicesofrecovery.org/)): Organizes and mobilizes individuals in recovery, as well as their families and friends.

- **Sober Nation** ([http://www.sobernation.com/](http://www.sobernation.com/)): Provides numerous recovery resources online as well as links to addiction treatment centers and directories.

- **Young People in Recovery** ([http://youngpeopleinrecovery.org/](http://youngpeopleinrecovery.org/)): Creates and cultivates local community-led recovery chapters that support young people in or seeking recovery by empowering them to obtain stable employment, secure suitable housing, and explore continuing education.

- **SMART (Self-Management and Recovery Training) Recovery** ([http://www.smartrecovery.org/](http://www.smartrecovery.org/)): Is a self-empowering addiction recovery resource where individuals learn tools for recovery through science-based mutual help groups. Sponsors face-to-face meetings around the world, daily online meetings, an online message board, and a 24/7 chat room.

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PERSONAL STORIES

Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) (http://www.samhsa.gov) sponsors National Recovery Month (Recovery Month), an observance that increases awareness and understanding of mental and/or substance use disorders while encouraging those in need to seek treatment for these conditions. This year’s theme, “Join the Voices for Recovery: Visible, Vocal, Valuable!” highlights opportunities for recovery education, support, and celebration.

The following narratives provide personal perspectives on the benefits of prevention, treatment, and recovery. While every story is unique, they all illustrate this year’s Recovery Month theme and encourage others in the recovery community to: be visible—emphasize the prevalence of mental and/or substance use disorders; be vocal—share personal stories and be advocates for others seeking help; and be valuable—notice warning signs and symptoms and bring awareness to the resources available. These stories are an inspiration to take action and seek treatment for a mental and/or substance use disorder, or help a loved one in need.
Voices for Recovery

Alonzo Grape
Recovery Coach, Association of Persons Affected by Addiction (APAA)
Dallas, TX

I grew up a privileged black child with parents who had college-level jobs. My mother placed an emphasis on speaking proper English and being articulate. Socializing was tough—the neighborhood kids picked on me for not knowing how to speak slang. They said I walked and talked like a “white boy,” and made me uncomfortable in my own skin. To make things worse, I attended a predominately white school where the students were quick to call me the “N” word. As a child I felt like I would never fit in anywhere.

My identity crisis carried on through high school. Even though I was a good baseball player, I was still shy and lacked social skills. A teammate of mine told me to have a drink to make me relax, and it worked! So, my social crisis was over. With alcohol, I felt like I fit in with everybody. By the time I went to college I was a full blown alcoholic. I lost my baseball scholarship and got thrown out for fighting. While I graduated from another college, I still abused marijuana, alcohol, and cocaine. I was diagnosed with extreme anxiety shortly after college, a condition for which I now take medication.

After college, I continued to struggle with drugs. I started hanging out with gangsters and tried to fit in. My cocaine use led to heroin, which made me feel invincible. As a result of my drug use, I got into trouble with the law and was in and out of prison. I went to five different treatment centers and chronically relapsed. I wanted to stop using but couldn’t; my situation felt hopeless.

At that point in my life, I was introduced to a man who told me that drugs were the wrong answer to my problems. I had a revelation and started seeking help. Starting the recovery process gave me hope. I got a sponsor, started going to recovery meetings, and now I am three years clean. I am a recovery coach, a father, a son, and a friend—this only happened through long-term recovery.
Voices for Recovery

Ivana Grahovac
Executive Director, Transforming Youth Recovery
San Diego, CA

At the age of 17, I developed anorexia and bulimia, which went untreated. Shortly after, I developed a full blown addiction to heroin and crack. The only reason I graduated from my undergraduate institution was because my mom sat next to me in class for an entire semester so that I couldn’t get up and leave to go get high. I did graduate, but I felt so hopeless about my chances of a successful, happy, full future, that I went to live on the streets of Detroit for two months during the winter.

My parents never gave up on me. They sent someone to find me, and I was taken to jail. I spent two months there, and then I was allowed to get treatment. Having multiple attempts at treatment allowed me to finally find the intrinsic motivation to stay sober.

I now work in the collegiate recovery field, which means all of those painful experiences were not in vain because I can use them to give hope to students who are struggling. Today I am the executive director of Transforming Youth Recovery. I just celebrated 10 years being clean and sober. I am so grateful.
Matthew McManus
*Recovery Coach, Association of Persons Affected by Addiction (APAA)*
Dallas, TX

After decades of addiction and untreated mental health issues, I had what people in recovery refer to as a “burning bush moment.” I was told to take all I had been through and, “Go help the other children.” I had no idea how to do this, but set out on a journey of discovery to answer this calling.

Step one was going to a mental health provider who diagnosed my mental illness and set a recovery plan. The second step was to enter and graduate from a dual diagnosis recovery center. Then I spent two years pouring the foundation of my personal recovery. Once that foundation was solid, I entered a program that helped with vocational rehabilitation. I became certified as a peer recovery support specialist.

It’s been four years since my “burning bush” moment, and I’m now doing exactly as my higher power asked. I work every day with other recovering addicts and dually diagnosed individuals. I thought God intended that I work with youth at the time of my calling, but it turns out he meant the other children of God. My life now is full of riches that I could not have dreamed of, yet, they have nothing to do with money.

It is only through long-term recovery that I am able to be an advocate for people in recovery and a messenger of experience, strength, and hope.
I am Merlissa C. Alfred, and I have been in active recovery from alcoholism since February 21, 2013. Reflecting on my journey to this point, it’s clear I was always an alcoholic. The first time I drank alcohol, as a freshman in college, it filled something in me that I lacked. It eased my insecurities and flaws, allowing me to feel relaxed and comfortable in my skin; however, I consumed so much alcohol that I became sick and ultimately blacked out. This same series of events—drinking in excess to the point of becoming sick and blacking out—occurred almost every time I drank throughout my undergraduate years. Though I did not drink with any regularity during that period, the times I did drink proved I had absolutely no control when it came to alcohol.

Eventually, I grew tired of alcohol and stopped drinking for many years, but that internal void remained. Ultimately, I returned to drinking alcohol. Initially, I drank socially; however, in a short time I was drinking at home by myself in the evenings. The evenings turned into the mornings, and eventually I was drinking all day, every day. My drinking consumed me, and I could think of nothing else. I drank until I blacked out, and upon awakening, would start drinking again, repeating the cycle.

By 2010, my family realized the situation I was in with my drinking and held an intervention. I believed I had everything under control and could stop any time. Then I saw the pain that I had caused and decided to go to treatment. I learned a lot about addiction and recovery while I was there. One month after being released from treatment, I started drinking again, picking up where I left off. My drinking quickly grew out of control, which resulted in me getting two DWI’s within six weeks. At this point, my family and my lawyer made it clear my only option was to go back to inpatient treatment. I went and had an amazing experience, and upon discharge I did almost everything that was suggested for the first few months. I went to outpatient treatment, I saw a counselor, I had a sponsor, and I went to meetings. However, one-by-one, I started removing components from my recovery program to the point where there was nothing recovery-related left. At 10 months sober, I returned to active alcoholism. The insanity returned immediately, and I couldn’t stop drinking no matter whom I hurt.

In a moment of clarity, I agreed to talk to my counselor, and I entered inpatient treatment. I was void of any hope or faith, so I held on mightily to the Big Book and the recovery community because they demonstrated that I never had to return to a life with alcohol.

On leaving treatment, I went directly to a sober living residence, where I lived for the following 13 months. Though it was difficult to accept, sober living proved to be instrumental in my recovery. With the guidance of my sponsor, I worked on my recovery honestly and thoroughly; something I had not done before. As a result, I gained access to my Higher Power, and the alcohol obsession, which once controlled every aspect of my life, was removed. I now live a spiritual life in which my relationships with family and friends have been restored and strengthened. I have grown to love myself as a result of staying active in my recovery. Mostly, I have a new-found relationship with God and a service-oriented outlook on life. Today, I have the privilege of carrying the message and giving back what was so freely given to me. For all of this, I am forever grateful.
Voices for Recovery

Robert Ashford
University of North Texas, Program Director of the Collegiate Recovery Program
Denton, TX

Today, I consider myself a person in long-term recovery, which for me means that I haven’t had a drink, a drug, or a manifestation of a symptom of my mental health illness for a little over two years. The reason I introduce myself that way is so I can be a face and voice of recovery, and because it’s very important for me to let others know that not only is recovery possible, but it works no matter who you are.

My recovery journey really began as a child. I came from an upper-middle class family, and I could do anything that I wanted. I had good grades, I was involved in sports, and everything on the outside looked like any other normal kid. But on the inside, I wasn’t aware of the internal conflict and the damage and destruction. It continually progressed over my entire adolescence, until I really found recovery.

After I got my third DUI, my family and friends came forward to say, “You need help. There’s something that’s going on. We want to take a look at this because we really care about you.” I never heard these messages so clearly before, so that day I decided to go to treatment.

Thanks to government support, treatment was accessible for me in the state of Texas. Those 42 days in treatment were really an eye-opener. I began to take a look at what was going on inside of me. There were counselors and other people offering peer support who I could talk to about the trauma, underlying issues, and my mental health illness. It allowed me to finally see who I was for the first time. It put me on a path to what I call long-term recovery that didn’t just end with 30 days of acute care treatment.

I needed long-term recovery support, which I think most people do, so I went to a recovery residence hall. I enrolled in college. Now I get to take part in a collegiate recovery program with like-minded peers and services to support my recovery in a caring environment.

When I look toward the future and where I am today compared to where I was, I’m proud to be a program director of a collegiate recovery program at the University of North Texas that changes and saves lives. I am proud that I get to sit on the Board of Directors for Young People in Recovery, that empowers emerging adults in recovery to be able to effectively tell their recovery stories. All of this was possible because of recovery. Long-term recovery is continuous—whether it’s abstinence-based, counseling, peer supports, or another pathway. Recovery is a life-long journey, and today I’m glad to know that I’m in it.
My journey with addiction started at a pretty young age and has plagued my family for generations. I can look back and see uncles, cousins, grandparents, and great-grandparents who struggled with substance use and mental health issues. When I was in elementary school, I was diagnosed with panic disorder. It’s something that I spent a lot of my childhood and young adulthood attempting to overcome without formal treatment.

I remember the first time I took a drink was in middle school, and it was a very intense feeling for me. I spent so much of my life living with untreated panic disorder and struggling to make sense of my world, where I was, and the people in my life. Alcohol helped fill a void—it allowed me to feel more settled in my own body, which is something that panic disorder doesn’t allow.

I made a mess of things during my adolescence, and in my early twenties I made the decision to stop the madness and finally receive treatment for my substance use and mental health issues. I’ll never forget the last time I decided to drink—it was December 28, 2001—the day that I decided this was just enough. I sought treatment for my panic disorder, and the first thing I was asked to do was take a look at my unhealthy behavior with alcohol. It was the first time in a long time that I felt the hope connected to recovery. I decided to really address the mental health issues that led to my drinking and made the choice to lead an abstinence-based lifestyle. That’s when things started shifting for me.

I’ve been married for 14 years and I have a beautiful seven year-old son. I’m the Executive Director of a Recovery High School in Houston, Texas. It was those first glimmers of hope back in 2001 that led me to the beautiful path that I’m on now.
At the beginning of seventh grade an older girl asked my good friend and me if we wanted to smoke weed. I jumped at this idea and felt an overwhelming sense of excitement. I wanted to know what it was like. After we smoked, I felt like the sun was shining brighter, I was more confident, and everyone around me, including myself, was hilarious. I loved it.

Things went on like this for quite some time. Sometimes worse, sometimes better. By the time I was in eighth grade I was an everyday user. Pot was my drug of choice, mostly because it was so easy to get my hands on. This went on for my entire eighth grade year, which resulted in me failing that grade. I was able to move on to high school because of my test scores. By the middle of freshman year I was so out of control that I began drinking alone on a regular basis.

Numerous times, my father tried to explain to me to be careful with alcohol because his father had died due to alcoholism. I listened, but blew it off as something only old people had to deal with. I was young, all my friends were doing it, so obviously there was nothing wrong. Suddenly, I’m in the emergency room with my mother. I was belligerent, rude, sloppy, and embarrassing. I was yelling at my mother so much that the police had to separate us because I was scaring the other patients. Ultimately, I was sent to outpatient treatment and during this time I had no contact with my friends. I graduated from my treatment and was sober for about a month and half before I relapsed with my old friends.

Starting my sophomore year I had a two-year period of sobriety, while I attended a recovery high school. But a number of things happened that I did not have the tools to cope with: my house was foreclosed, my boyfriend and I broke up, the relationship with my father ended horribly, along with many other things. All of this piled up and ended with me drinking again. This quickly spiraled into me drinking every day and ending up in jail. I drank in the morning, on the job; I was drinking constantly. I can vividly recall the feeling of sheer horror and panic when I felt the alcohol leaving my system. It became a mad rush to see who could go to the liquor store for me. I knew I was obsessed and out of control, but I did not care. Finally, everything came to a head when I ended up in a crack house in north Minneapolis because I was desperate for somewhere to drink. It was terrifying, and I hid in the bathroom with my bottle for most of the day. I agreed to go back to treatment.

Soon I found the sponsor who I have now, and we dove into the steps. I returned to a recovery high school and nine months later and I’m graduating…on time! I never in a million years thought that would happen. I have the same sense of accomplishment I felt after getting my first six months sober. But instead of pride, there is gratitude.
Voices for Recovery

Sophie
Houston, TX

The symptoms of my alcoholism and drug addiction appeared long before I decided to pick up and use. Growing up I had very low self-esteem. I had low self-worth and I didn’t know there was a solution out there for the things that were taking place internally. I was emotionally unstable.

Mentally, I knew there were a lot of things that were wrong with me, but I had no idea how to ask for help and talk about them—so I acted out. I destroyed several different aspects of my life. Socially, I didn’t really have many friends, so I connected with a lot of people that used. I had a really chaotic family life. I fell off the radar for a really long time, but I showed up making good grades, playing sports, doing things that kept my parents’ attention off of me and my acting out.

Before I got into recovery, I had no idea who I was. Getting into recovery, having the opportunity to go to a sober high school, and connecting with people who have the same goals as I do, has allowed me to be the young woman that I am today. Through recovery, I have regained my true potential that I thought drug addiction and alcoholism had taken from me.

This spring I’ll be three years sober. In the fall I will be headed to a university. I hope to spread the message that there is a solution, and there is hope for other people who have been through the same things that I have.
Stacey Meyer  
*Family Member*  
*Ashburn, VA*

My story began 13 years ago when I met my husband who was abstinent from alcohol and drugs. Things were great, and I didn’t fully understand what recovery meant, or what it meant to be abstinent from alcohol and drugs. So when he started using again, it created a tremendous strain on our relationship. It was very stressful for both of us, and for several years we had a roller coaster of a ride within our marriage and our relationship.

When my husband sat down with me and told me he had an addiction and needed help, I didn’t berate or belittle him. I simply asked the question, “What do we need to do?” because we were in it together. He immediately went to a meeting and into a treatment center, and he has been working an amazing program and improving himself on a daily basis. Recently, I’ve been attending recovery support meetings, and together we are working on ourselves individually and as a couple. We have a long road ahead of us, but I’m optimistic because we have a better relationship today than we had 13 years ago. I’m hopeful that it will only get stronger as we both heal.
Voices for Recovery

Zach Edgerton
Director of Philanthropy, ScoreMore Shows
Resident Care Staff, Hope Harbor Extended Care
Austin, TX

My Name is Zach Edgerton, and I am in long-term recovery from alcoholism and drug addiction. What that means to me is that I am able to have an exciting and fulfilling existence, contributing to my life, my family, and my community.

Growing up I never imagined the aforementioned statement would be my introduction. Born to a cardiac surgeon and a pediatric nurse practitioner, I spent my childhood attending the most competitive schools in Texas, constantly driving to be accepted to the best universities. Success was expected, even demanded. No one imagined I would soon be trading in my scholarships and school visits for arrests and jail stays; me least of all. But at the age of 18, just months after graduating from high school, I became a ward of the legal system for the first time. It was an awful experience that ended up being one of the greatest blessings I could have imagined. After a year-long struggle, I entered recovery for the first time in 2008.

I moved to Austin, Texas where I reapplied myself to my education, moving rapidly from the local community college to The University of Texas (UT) at Austin. At UT I became a member of the Center for Students in Recovery, one of the few collegiate recovery programs in the nation. I studied Psychology and Chemistry with the intention of applying to medical school upon completion.

However, the course of my life was drastically altered in 2010 when I became suddenly debilitated by an incredibly painful autoimmune disorder known as recurrent Stevens-Johnson syndrome. Stevens-Johnson syndrome causes the blistering of the skin and mucous membranes (eyes, nose, and mouth) as well as rheumatoid arthritis. As I attempted to cope with the disorder, I was also involved in a rollover accident in an off-road vehicle. The combined pain of my auto-immune disorder and the injuries of the wreck left me in a predicament many people in recovery face: how do we safely manage pain in a population that is dependent on psychoactive substances?

After unsuccessful treatment with all non-narcotic options and faced with constant pain, I eventually decided to take the opiates that had been prescribed for me. Lacking recovery support services, my disease led me back to the depths of addiction, and I found myself alone and chemically dependent once more. It would be another year before I found recovery again.

Recovery has given me a life I could have never imagined. Living with my brother, who is also in recovery, my family has slowly been reunited. Successful people in recovery surround me, and I have deep fulfilling relationships. I get to spend my free time riding motorcycles and playing with my dog in the woods! As I continue my education at UT, I also work for two companies that are dear to me and to my recovery. First, as a part of the recovery industry, I provide support services for other men trying to recover. I have also had the opportunity to become the Director of Philanthropy for a concert promotions company. In a consolidation of my professional and personal worlds we are aiming to create an alcohol-free health and wellness music festival this year for Recovery Month, the first of its kind. Come join us in Austin! We are getting well, and we are loving life!
COMMON MENTAL DISORDERS AND MISUSED SUBSTANCES

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

The 2015 Recovery Month theme, “Join the Voices for Recovery: Visible, Vocal, Valuable!” highlights opportunities for recovery education, support, and celebration. The community can: be visible by knowing the prevalence of mental and/or substance use disorders; be vocal by noticing warning signs and symptoms; and, be valuable by raising awareness of the resources available to help.

In 2013, an estimated 22.7 million Americans aged 12 or older (8.6 percent) needed treatment for an illicit drug or alcohol use problem in the past year. Of these individuals, only 2.5 million (0.9 percent of persons aged 12 or older and 10.9 percent of those who needed treatment) received treatment at a specialty facility. Additionally, among the 43.8 million (18.5 percent) Americans aged 18 and older who experienced any mental illness in 2013, 19.6 million (44.7 percent) received mental health services during the past 12 months. Included in this document are other key statistics about common mental illnesses and/or misused substances. Also included are alternative names for each disorder or substance; signs, symptoms, and adverse health effects; prevalence; and average age of onset (or age of first-time use of a substance). Information in the following tables was collected from SAMHSA’s 2013 National Survey on Drug Use and Health (NSDUH), National Comorbidity Survey – Replication Survey (NCS-R), National Comorbidity Survey Adolescent (NCS-A), and the Epidemiologic Catchment Area (ECA) Survey of Mental Disorders, as well as reports and data released by The Partnership at DrugFree.Org, the National Institute of Mental Health, and the National Institute on Drug Abuse. Additional sources are provided in the endnotes.

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a An individual is defined as needing treatment for an alcohol or drug use problem if he or she met the DSM-IV (APA, 1994) diagnostic criteria for alcohol or illicit drug dependence or abuse in the past 12 months or if he or she received specialty treatment for alcohol use and/or illicit drug use in the past 12 months.

b Specialty treatment is defined as treatment received at any of the following types of facilities: hospitals (inpatient only), drug and/or alcohol rehabilitation facilities (inpatient or outpatient), or mental health centers.

c Any mental illness among adults aged 18 or older is defined as currently or at any time in the past 12 months having had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and/or substance use disorders) of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association [APA], 1994).

d Mental health services is defined as treatment or counseling for any problem with emotions, “nerves,” or mental health in the past year in any inpatient or outpatient setting or using prescription medication in the past year for a mental or emotional condition, not including treatment for use of alcohol or illicit drugs.
The following chart includes information on common mental disorders.

<table>
<thead>
<tr>
<th>Mental Disorder</th>
<th>Signs &amp; Symptoms[^62,63,64]</th>
<th>Estimate Description</th>
<th>Surveillance System</th>
<th>Estimate[^65]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anxiety Disorders</strong></td>
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<tr>
<td>Agoraphobia</td>
<td>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</td>
<td>Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old) NCS-A</td>
<td>2.4 percent of youth</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifetime Prevalence in the United States Among Adults NCS-R</td>
<td>1.4 percent of adults</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average Age of Onset NCS-R</td>
<td></td>
<td>20 years old</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>Excessive worry about a variety of everyday problems for at least six months; may excessively worry about and anticipate problems with finances, health, employment, and relationships</td>
<td>Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old) NCS-A</td>
<td>1.0 percent of youth</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifetime Prevalence in the United States Among Adults NCS-R</td>
<td>5.7 percent of adults</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average Age of Onset NCS-R</td>
<td></td>
<td>31 years old</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder (OCD)</td>
<td>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</td>
<td>Lifetime Prevalence in the United States Among Adults NCS-R</td>
<td>1.6 percent of adults</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average Age of Onset NCS-R</td>
<td></td>
<td>19 years old</td>
</tr>
</tbody>
</table>

[^62,63,64]: Refer to specific sources for detailed information.
[^65]: Estimate based on surveillance system data.
### Common Mental Disorders and Misused Substances

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Description</th>
<th>Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)</th>
<th>NCS-A</th>
<th>Lifetime Prevalence in the United States Among Adults</th>
<th>NCS-R</th>
<th>Average Age of Onset</th>
<th>NCS-R</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Panic Disorder</strong></td>
<td>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</td>
<td>NCS-A</td>
<td>2.3 percent of youth</td>
<td>NCS-R</td>
<td>4.7 percent of adults</td>
<td>24 years old</td>
<td></td>
</tr>
<tr>
<td><strong>Post-Traumatic Stress Disorder (PTSD)</strong></td>
<td>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, feel detached or numb, or can be easily startled</td>
<td>NCS-A</td>
<td>4.0 percent of youth</td>
<td>NCS-R</td>
<td>6.8 percent of adults</td>
<td>23 years old</td>
<td></td>
</tr>
<tr>
<td><strong>Social Phobia</strong></td>
<td>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</td>
<td>NCS-A</td>
<td>5.5 percent of youth</td>
<td>NCS-R</td>
<td>12.1 percent of adults</td>
<td>13 years old</td>
<td></td>
</tr>
</tbody>
</table>
### Specific Phobia
Marked and persistent fear and avoidance of a specific object or situation, such as a fear of heights, spiders, or flying

<table>
<thead>
<tr>
<th>Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)</th>
<th>NCS-A</th>
<th>15.1 percent of youth</th>
</tr>
</thead>
</table>

### Mood Disorders

#### Bipolar Disorder
Recurrent episodes of highs (mania) and lows (depression) in mood; changes in energy and behavior; extreme irritability or elevated mood; an inflated sense of self-importance; risky behaviors; distractibility; increased energy; and a decreased need for sleep

<table>
<thead>
<tr>
<th>Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)</th>
<th>NCS-A</th>
<th>0-3 percent of youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Prevalence in the United States Among Adults</td>
<td>NCS-R</td>
<td>3.9 percent of adults</td>
</tr>
<tr>
<td>Average Age of Onset</td>
<td>NCS-R</td>
<td>25 years old</td>
</tr>
</tbody>
</table>

#### Any Mood Disorder (major depressive disorder, dysthymic disorder)
A pervading sense of sadness and/or loss of interest or pleasure in most activities that interferes with the ability to work, study, sleep, and eat; negative impact on a person’s thoughts, sense of self-worth, energy, and concentration

<table>
<thead>
<tr>
<th>Lifetime Prevalence in the United States Among Youth (13 to 18 Years Old)</th>
<th>NCS-A</th>
<th>14 percent of youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Prevalence in the United States Among Adults</td>
<td>NCS-R</td>
<td>9.5 percent of adults</td>
</tr>
<tr>
<td>Average Age of Onset</td>
<td>NCS-R</td>
<td>30 years old</td>
</tr>
</tbody>
</table>
### Other Mental Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Description</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attention-Deficit/Hyperactivity Disorder</strong></td>
<td>Inattention or difficulty staying focused; hyperactivity or constantly being in motion or talking; impulsivity, meaning often not thinking before acting</td>
<td>NCS-A</td>
</tr>
<tr>
<td><strong>Schizophrenia</strong></td>
<td>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</td>
<td>NCS-R</td>
</tr>
<tr>
<td><strong>Any Personality Disorder</strong></td>
<td>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</td>
<td>ECA</td>
</tr>
</tbody>
</table>
Common Mental Disorders and Misused Substances

The following chart includes information on commonly misused substances:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Examples of Other Names for Substances</th>
<th>Negative Immediate Intoxication Effects, Negative Health Effects</th>
<th>Estimate Description</th>
<th>Estimate **</th>
</tr>
</thead>
</table>
| Alcohol, Tobacco, and Inhalants | - Alcohol: Booze, beer, wine, liquor | - Immediate Effects: Dizziness; talkativeness; slurred speech; disturbed sleep; nausea; vomiting; impaired judgment and coordination; increased aggression  
- Health Effects: Brain and liver damage; depression; liver and heart disease; hypertension; fetal damage (in pregnant women) | - Past Month Use: Prevalence Rate Among People Aged 12 and older  
- Past Month Use: Number of People Aged 12 or Older  
- Past Month Use: Prevalence Rate Among Youth (12 to 17)  
- Past Month Use: Number of People (Aged 12 to 17)  
- Average Age of First Use Among People Aged 12 to 49 | - 52.2 percent  
- 136.9 million  
- 11.6 percent  
- 2.9 million  
- 17.3 years |
| Gases, Nitrites, and Aerosols (Inhalants): Ether, chloroform, nitrous oxide, isobutyl, isoamyl, poppers, snappers, whippets, laughing gas | - Immediate Effects: Increased stimulation; loss of inhibition; headache; nausea; vomiting; slurred speech; loss of motor coordination; wheezing; cramps; muscle weakness  
- Health Effects: Memory impairment; damage to cardiovascular and nervous systems; unconsciousness | - Past Month Use: Prevalence Rate Among People Aged 12 and older  
- Past Month Use: Number of People Aged 12 or Older  
- Past Month Use: Prevalence Rate Among Youth (12-17)  
- Past Month Use: Number of People (Aged 12 to 17)  
- Average Age of First Use Among People Aged 12 to 49 | - 0.2 percent  
- 496,000  
- 0.5 percent  
- 121,000  
- 19.2 years |
### Tobacco Products

**Immediate Effects:**
- Increased blood pressure and heart rate

**Health Effects:**
- Chronic lung disease; coronary heart disease; stroke; cancer of the lungs, larynx, esophagus, mouth, and bladder; poor pregnancy outcomes

| Past Month Use: Prevalence Rate Among People Aged 12 and older | 25.5 percent |
| Past Month Use: Number of People Aged 12 or Older | 66.9 million |
| Past Month Use: Prevalence Rate Among Youth (12-17) | 7.8 percent |
| Past Month Use: Number of People (Aged 12 to 17) | 2.0 million |
| Average Age of First Use Among People Aged 12 to 49 | 17.8 years (cigarette use data) |

### Illicit Drugs

**Cocaine:** Blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot, white lady

**Immediate Effects:**
- Increased alertness, attention, and energy; dilated pupils; increased temperature, heart rate, and blood pressure; insomnia; loss of appetite; feelings of restlessness, irritability, and anxiety

**Health Effects:**
- Weight loss; cardiovascular complications; stroke; seizures

<p>| Past Month Use: Prevalence Rate Among People Aged 12 and older | 0.6 percent |
| Past Month Use: Number of People Aged 12 or Older | 1.5 million |
| Past Month Use: Prevalence Rate Among Youth (12-17) | 0.2 percent |
| Past Month Use: Number of People (Aged 12 to 17) | 43,000 |
| Average Age of First Use Among People Aged 12 to 49 | 20.4 years |</p>
<table>
<thead>
<tr>
<th>Substance</th>
<th>Immediate Effects:</th>
<th>Health Effects:</th>
<th>Past Month Use: Prevalence Rate Among Youth (12-17)</th>
<th>Past Month Use: Number of People (Aged 12 to 17)</th>
<th>Average Age of First Use Among People Aged 12 to 49</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ecstasy</strong></td>
<td>Involuntary tooth clenching; a loss of inhibitions; transfixion on sights and sounds; nausea; blurred vision; chills; sweating; increased heart rate and blood pressure</td>
<td>Muscle cramping/sleep disturbances; depression; impaired memory; kidney, liver, and cardiovascular failure; anxiety</td>
<td>0.2 percent</td>
<td>48,000</td>
<td>20.5 years</td>
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<tr>
<td><strong>Hallucinogens</strong></td>
<td>Dilated pupils; higher body temperature; increased heart rate and blood pressure; sweating; loss of appetite; sleeplessness; dry mouth; tremors</td>
<td>Disturbing flashbacks that may occur within a few days or more than a year after use</td>
<td>0.5 percent (includes ecstasy, LSD, and PCP data)</td>
<td>1.3 million people</td>
<td>19.9 years (includes ecstasy, LSD, and PCP data)</td>
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<tr>
<td><strong>Heroin</strong></td>
<td>Alternately wakeful and drowsy states; flushing of the skin; dry mouth; heavy extremities; slurred speech; constricted pupils; droopy eyelids; vomiting; constipation</td>
<td>Collapsed veins; infection of the heart lining and valves; abscesses; cellulitis; liver disease; pneumonia; clogged blood vessels; respiratory complications</td>
<td>0.1 percent</td>
<td>289,000 people</td>
<td>24.5 years</td>
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<tr>
<td>Substance</td>
<td>Immediate Effects</td>
<td>Past Month Use: Prevalence Rate Among People Aged 12 and older</td>
<td>Past Month Use: Number of People Aged 12 or Older</td>
<td>Past Month Use: Prevalence Rate Among Youth (12-17)</td>
<td>Past Month Use: Number of People (Aged 12 to 17)</td>
</tr>
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<tr>
<td><strong>Marijuana</strong></td>
<td>Distorted perception; trouble with thinking and problem solving; loss of motor coordination; increased heart rate</td>
<td>7.5 percent</td>
<td>19.8 million</td>
<td>7.1 percent</td>
<td>1.76 million</td>
</tr>
<tr>
<td></td>
<td>Health Effects: Respiratory infection; impaired memory; anxiety; exposure to cancer-causing compounds</td>
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<tr>
<td><strong>Methamphetamine</strong></td>
<td>State of high agitation; insomnia; decreased appetite; irritability; aggression; anxiety; nervousness; convulsions</td>
<td>0.2 percent</td>
<td>595,000</td>
<td>0.1 percent</td>
<td>22,000</td>
</tr>
<tr>
<td></td>
<td>Health Effects: Paranoia; hallucination; repetitive behavior; delusions of parasites or insects crawling under the skin; psychosis; severe dental problems; heart attack</td>
<td></td>
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<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Immediate Effects: Pain relief; euphoria; drowsiness; respiratory depression and arrest; nausea; confusion; constipation; sedation; unconsciousness; restlessness</td>
<td>1.7 percent</td>
<td>4.5 million</td>
<td>1.7 percent</td>
<td>425,000</td>
</tr>
<tr>
<td><strong>Pain Relievers</strong></td>
<td>Muscle and bone pain; drowsiness; seizure; coma; respiratory depression; decreased heart rate</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>1.7 percent</td>
<td>4.5 million</td>
<td>1.7 percent</td>
<td>425,000</td>
</tr>
</tbody>
</table>
### Sedatives: Haldol®, Thorazine®, Navane®, Prolixin®, Mellaril®, Trilafon®

**Immediate Effects:** Slurred speech; shallow breathing; sluggishness; fatigue; disorientation and lack of coordination; dilated pupils; reduced anxiety; lowered inhibitions

**Health Effects:** Seizures; impaired memory, judgment, and coordination; irritability; paranoid and suicidal thoughts; sleep problems

| Past Month Use: Prevalence Rate Among People Aged 12 and older | 0.1 percent |
| Past Month Use: Number of People Aged 12 or Older | 251,000 people |
| Past Month Use: Prevalence Rate Among Youth (12-17) | 0.1 percent |
| Past Month Use: Number of People (Aged 12 to 17) | 25,000 |
| Average Age of First Use Among People Aged 12 to 49 | 25.0 years |

### Stimulants: Adderall®, Ritalin®, Concerta®

**Immediate Effects:** Increased blood pressure and heart rate; constricted blood vessels; increased breathing; cardiovascular failure; lethal seizures

**Health Effects:** Increased hostility or paranoia; dangerously high body temperatures; irregular heartbeat; cardiovascular failure; lethal seizures

| Past Month Use: Prevalence Rate Among People Aged 12 and older | 0.5 percent (includes Methamphetamine) |
| Past Month Use: Number of People Aged 12 or Older | 1.4 million (includes Methamphetamine) |
| Past Month Use: Prevalence Rate Among Youth (12-17) | 1.1 percent (includes Methamphetamine) |
| Past Month Use: Number of People (Aged 12 to 17) | 84,000 (includes Methamphetamine) |
| Average Age of First Use Among People Aged 12 to 49 | 21.6 years |

### Tranquilizers: Benzos (Mebaral®, Ativan®, Xanax®, Valium®, Nembutal®, Librium®)

**Immediate Effects:** Slurred speech, shallow breathing; sluggishness, fatigue; disorientation and lack of coordination; dilated pupils; reduced anxiety; lowered inhibitions

**Health Effects:** Seizures; impaired memory, judgment, and coordination; irritability; paranoid and suicidal thoughts; sleep problems

| Past Month Use: Prevalence Rate Among People Aged 12 and older | 0.6 percent |
| Past Month Use: Number of People Aged 12 or Older | 1.7 million |
| Past Month Use: Prevalence Rate Among Youth (12-17) | 0.4 percent |
| Past Month Use: Number of People (Aged 12 to 17) | 90,000 |
| Average Age of First Use Among People Aged 12 to 49 | 25.4 years |

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Common Mental Disorders
and Misused Disorders


TREATMENT AND RECOVERY SUPPORT SERVICES

Introduction

According to the 2013 National Survey on Drug Use and Health (NSDUH) data, 34.6 million adults aged 18 or older received mental health treatment or counseling during the past 12 months. Additionally, of the 22.7 million individuals aged 12 or older who needed treatment for an illicit drug or alcohol use problem in the past year, only 2.5 million received treatment at a specialty facility in the past year.

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

The 2015 Recovery Month theme, “Join the Voices for Recovery: Visible, Vocal, Valuable!” highlights opportunities for recovery education, support, and celebration. The theme encourages communities to: be visible by knowing the prevalence of mental and/or substance use disorders; be vocal by noticing warning signs and symptoms; and, be valuable by raising awareness of the resources available to help.

Visible: Support Systems Make a Difference

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.

There are numerous treatment and recovery options for mental and/or substance use disorders, and each recovery journey is unique. If you, a family member, or a friend needs help, resources are available. You are not alone. In the community, there are trained professionals who provide help to individuals with behavioral health conditions.

For additional information about recovery, visit SAMHSA’s Recovery and Recovery Support Webpage at http://www.samhsa.gov/recovery. At the end of this document, under “Resources,” is a list of national and local resources, as well as toll-free numbers that can connect you to prevention, treatment, and recovery support services.

Vocal: Connect Those in Need to Treatment Services

A person with a mental and/or substance use disorder may find it difficult to take the first step toward finding help, but being vocal about supporting the individual can make a positive impact. Recognizing the signs and symptoms of a mental health and/or substance use disorder is the first step toward getting help. The “Targeted Outreach” section of this toolkit provides a list of common signs and symptoms of behavioral health conditions to assist in this process.

Most people who seek help for a mental and/or substance use disorder experience reduced or eliminated symptoms, and they are able to manage their diseases. For example, treatment for borderline personality disorder not only improves psychiatric symptoms, but also the quality of life. Similarly, research shows that treatment for substance use disorders can help people stop substance use, avoid relapse, and lead active lives engaged with their families, workplaces, and communities. Researchers have found that treating alcohol addiction reduces burden on the family budget and improves life for those who live with the alcohol dependent individual.

Valuable: Treatment and Recovery Support Services

Intervening early, before behavioral health problems progress, is among the best and most cost-effective ways to improve health. Mental and/or substance use conditions that progress are complex and have several dimensions. Treatment for mental and/or substance use disorders is provided in different settings—including outpatient, residential, and inpatient settings—based on the nature and intensity of care required. Proven and effective treatments include behavioral treatments, medication assisted therapy, and recovery support services. Effective treatment methods are directed to the various aspects (biological, psychological, and social) of the illness.
For more information about various types of treatments, what they do, and the benefits of each, visit SAMHSA’s Behavioral Health Treatments and Services Webpage at http://www.samhsa.gov/treatment.

Resources

Many options are available to help people seek treatment and sustain recovery. Whichever path a person chooses, it is important that each individual finds the treatment and recovery support that works best for him or her. To assist individuals in reaching out, a variety of organizations that provide information and resources on mental and/or substance use disorders, as well as prevention, treatment, and recovery support services are included below. Toll-free numbers and websites are also available for people to find help, obtain information, share, and learn from others. Services and supports are available in-person, via telephone and online. Through these resources, individuals can interact with others and find support on a confidential basis.

- **SAMHSA’s Recovery and Recovery Support Webpage** (http://www.samhsa.gov/recovery): Provides information on how recovery-oriented care and recovery support systems help people with mental and/or substance use disorders manage their conditions.

- **SAMHSA’s Behavioral Health Treatments and Services Webpage** (http://www.samhsa.gov/treatment): Contains information on common mental and/or substance use disorders, and how SAMHSA helps people access treatments and services.

- **SAMHSA’s Recovery Month Website** (http://www.recoverymonth.gov): Provides resources, tools and materials, including print, web, television, radio and social media assets, to help communities reach out and encourage individuals in need of help, and their friends and families, to seek treatment and recovery services.

- **SAMHSA’s Website** (http://www.samhsa.gov): Provides numerous resources and helpful pieces of information related to mental and/or substance use disorders, prevention, treatment, and recovery.

- **SAMHSA’s Find Help Webpage** (http://www.samhsa.gov/find-help): Provides various links and phone numbers to mental and/or substance use disorder treatment and recovery services locators.

- **SAMHSA’s National Helpline, 1-800-662-HELP (4357) – or 1-800-487-4889 (TDD)** (http://www.samhsa.gov/find-help/national-helpline): Provides 24-hour, free, and confidential treatment referral and information about mental and/or substance use disorders, prevention, treatment, and recovery in English and Spanish.

- **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** (http://www.suicidepreventionlifeline.org): Provides a free, 24-hour helpline available to anyone in suicidal crisis or emotional distress.

- **SAMHSA’s “Co-Occurring Disorders” Webpage** (http://www.samhsa.gov/co-occurring): Contains information on co-occurring mental and/or substance use disorders and treatment options for these conditions.

- **SAMHSA’s National Prevention Week** (http://www.samhsa.gov/prevention-week): A SAMHSA-supported annual health observance dedicated to increasing public awareness of, and action around, substance abuse and/or mental health issues. The National Prevention Week 2015 theme is The Voice of One, The Power of All.

- **SAMHSA’s Opioid Overdose Prevention Toolkit** (http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742): Helps communities and local governments develop policies and practices to help prevent opioid-related overdoses and deaths. Addresses issues for first responders, treatment and service providers, and those recovering from opioid overdose.

- **SAMHSA’s Addiction Technology Transfer Center Network (ATTC)** (http://www.nattc.org/home/): Provides research and information for professionals in the addictions treatment and recovery services field. The ATTC Network is a SAMHSA-funded resource.
• SAMHSA’s Wellness Initiative and Wellness Week (http://www.samhsa.gov/wellness): Promotes the importance of the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person’s life for well-being. Offers tools to incorporate wellness into recovery and life.

• Healthcare.gov (http://www.healthcare.gov/index.html): Contains information on how to find health insurance options, compare providers, enroll in a health plan, and on prevention and wellness resources.

• National Dating Abuse Helpline (www.loveisrespect.org): Provides an opportunity for teens and young adults to receive support for dealing with an unhealthy or abusive relationship by offering online chat, telephone support, and texting with a peer advocate.

• National Sexual Assault Hotline (www.rainn.org): Connects callers to a local sexual assault crisis center so they can receive the information and support that they need.

• Addiction Recovery Guide’s Mobile App Listing (http://www.addictionrecoveryguide.org/resources/mobile_apps): Contains online recovery options, including self-evaluation, recovery programs, online treatment, and chat rooms.

• Alcoholics Anonymous (http://www.aa.org) and Narcotics Anonymous (http://www.na.org): Contains resources for individuals suffering from alcohol or drug dependence and allows them to find and join a local chapter.

• Al-Anon/Alateen Family Groups (http://www.al-anon.alateen.org): Provides support groups for families and friends of people with alcohol problems.

• Faces and Voices of Recovery (http://www.facesandvoicesofrecovery.org): Offers resources on recovery from addiction to alcohol and other drugs. Through nationwide regions, organizes and mobilizes Americans in recovery from addiction to alcohol and other drugs to promote their right and resources to recover.

• Mental Health America (MHA) (http://www.mentalhealthamerica.net): Offers resources about mental illness. Through their affiliates, MHA provides America’s communities and consumers direct access to a broad range of self-help and professional services.

• National Alliance on Mental Illness (http://www.nami.org/): Works in local communities across the country to raise awareness and provide essential and free education, advocacy, and support group programs.

• National Council on Alcoholism and Drug Dependence, Inc. (NCADD) (http://ncadd.org): Provides, through NCADD and its affiliate network, numerous resources and services dedicated to fighting alcoholism and drug addiction.

• National Association for Children of Alcoholics (NACoA) (http://www.nacoa.org): Works on behalf of children of alcohol and drug dependent parents. NACoA provides information on its website about the ways to help children of alcoholics and other drug-dependent parents and maintains a toll-free phone number available to all.

• Psychology Today’s Therapy Directory (http://therapists.psychologytoday.com/rms): Allows users to locate a therapist, psychologist, or counselor who specializes in mental illness by city or zip code.

• Racing for Recovery (http://www.racingforrecovery.org): Helps people sustain recovery and improve their quality of life by promoting a healthy lifestyle, fitness, and sobriety.

• SMART Recovery (http://www.smartrecovery.org): Is a self-empowering addiction recovery support group. SMART Recovery sponsors face-to-face meetings and daily online meetings.

• SSI/SSDI Outreach, Access, and Recovery (SOAR) (http://soarworks.prainc.com): Increases access to Supplemental Security Income and Social Security Disability Income for eligible adults who are homeless or at risk of homelessness and have a mental and/or substance use disorder.
• **StopAlcoholAbuse.gov** ([https://www.stopalcoholabuse.gov/default.aspx](https://www.stopalcoholabuse.gov/default.aspx)): Provides a comprehensive portal of Federal resources for information on underage drinking and ideas for combating this issue.

• **T2 Mood Tracker** ([http://t2health.org/apps/t2-mood-tracker](http://t2health.org/apps/t2-mood-tracker)): Allows users to self-monitor, track, and reference their emotional experiences through a mobile application over a period of days, weeks, and months. The tool can be useful in self-help as well as when the person is interacting with a therapist or other health care professional.

• **Young People in Recovery** ([http://youngpeopleinrecovery.org](http://youngpeopleinrecovery.org)): Educates, recommends, and collaborates to mobilize the voices of young people in recovery.

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MENTAL AND/OR SUBSTANCE USE DISORDERS

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

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

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

The following facts from the NSDUH report and other data sources highlight that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and/or substance use disorders. Facts and statistics are provided for the following audiences: high school students, college students, family supports, and peer recovery.

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

Behavioral Health Prevalence in the U.S. in 2013

- Among adults aged 18 or older, 43.8 million (18.5 percent of adults) had any mental illness in the past year. 79
  - Any mental illness is defined as an individual having any mental, behavioral, or emotional disorder in the past year that met Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria (excluding developmental and substance use disorders). 80
- Among adults aged 18 or older, 34.6 million (14.6 percent of adults) reported receiving mental health services in the past year. 81
- Among adults aged 18 or older, 10 million (4.2 percent of adults) had a serious mental illness in the past year. 82
- Among the 43.8 million adults aged 18 or older with any mental illness, 19.6 million (44.7 percent) received mental health services in the past year. Among the 10 million adults with serious mental illness, 6.9 million (68.5 percent) received mental health services in the past year. 83
- On average, more than 33,000 Americans died each year between 2001 and 2009 as a result of suicide—more than 1 person every 15 minutes. 84
- Suicide was the second leading cause of death for two different age groups, individuals aged 15 to 24 and 25 to 34. 85
- Among people aged 12 or older, 21.6 million people (8.2 percent of this population) were classified with substance dependence or abuse in the past year. 86
- Among people aged 12 or older, 20.2 million people needed treatment for an illicit drug or alcohol use problem in the past year, but did not receive treatment at a specialty facility in the past year. 87
- In 2013, adults aged 21 or older who had first used alcohol at age 14 or younger were more likely to be classified with alcohol dependence or abuse in the past year compared to adults who had their first drink at age 21 or older (14.8 percent versus 2.3 percent). 88
- An estimated 8.7 million, or 22.7 percent, of underage persons (aged 12 to 20) were current drinkers in 2013, including 5.4 million, or 14.2 percent, binge drinkers and 1.4 million, or 3.7 percent, heavy drinkers. 89
Fast Facts

- More than seven million U.S. adults reported having co-occurring disorders. This means that in the past year they have had any mental illness and a substance use disorder. The percentage of adults who had co-occurring mental illness and substance use disorder in the past year was highest among adults aged 18 to 25 (6.0 percent).

Prevention Works, Treatment is Effective, and People Recover

- By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

- The first behavioral health symptoms typically precede a mental and/or substance use disorder by two to four years, offering a window of opportunity to intervene early and often.

- In 2013, 72.6 percent of youth aged 12 to 17 reported having seen or heard drug or alcohol prevention messages from sources outside of school. The prevalence of past month illicit drug use in 2013 was lower among youth who reported having exposure to prevention messages compared with youth who did not have such exposure.

- According to research that tracks individuals in treatment over extended periods, most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning.

- Two-thirds of Americans believe that treatment and support can help people with mental illnesses lead normal lives.

Special Populations Affected by Behavioral Health Conditions

- High School Students
  - According to the University of Michigan’s 2014 Monitoring the Future study, one in five (19 percent) 12th graders reported binge drinking at least once in the prior two weeks.
  - In 2013, 8.8 percent of youth aged 12 to 17 were current illicit drug users and 11.6 percent were current alcohol users. In addition, 5.2 percent of this age group was considered to have a substance use disorder in the past year.
  - In 2013, 10.7 percent of youth aged 12 to 17 experienced a major depressive episode in the past year while 7.7 percent had a major depressive episode with a severe impairment in one or more role domains (e.g., chores at home, school/work, close relationships with family, or social life).

- College Students
  - In 2013, 22.3 percent of full-time college students aged 18 to 22 were currently using illicit drugs and 59.4 percent were current drinkers.
  - The rate of current nonmedical use of prescription-type drugs amongst college students is 4.8 percent.
  - The mental health of college students is a growing concern—18 percent of college students have seriously considered attempting suicide, and 60.5 percent of students report having severe feelings of sadness.

- Family Supports
  - Research shows that family supports play a major role in helping to prevent mental and/or substance use disorders, identifying when someone has a problem, and connecting those in need with treatment resources and services they need to begin and stay on their recovery journey.
Fast Facts

- In 2013, past month use of illicit drugs, cigarettes, and/or binge alcohol-use were lower among youth aged 12 to 17 who reported that their parents always or sometimes engaged in supportive or monitoring behaviors than among youth whose parents seldom or never engaged in such behaviors. ¹⁰⁹
- Past month illicit drug use in 2013 was lower among youth who indicated that their parents always or sometimes helped with homework than among youth who indicated that their parents seldom or never helped (7.3 percent compared to 14.7 percent). ¹¹⁰

Peer Recovery

- In studies of clinical populations, completion of addiction treatment, and participation in peer recovery groups are more predictive of long-term recovery than either activity alone. ¹¹¹
- Several studies have concluded that helping others improves one’s own prognosis for recovery. ¹¹²
- By sharing their experiences, peers bring hope to people in recovery, and promote a sense of belonging within the community. ¹¹³

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Data Visualization

BEHAVIORAL HEALTH CONDITIONS IN THE UNITED STATES

IN 2013

an estimated 7.7 million adults aged 18 and older (3.2 percent) of adults had

CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE USE DISORDERS

in the past year.¹

BY 2020

MENTAL AND SUBSTANCE USE DISORDERS

will surpass all PHYSICAL DISEASES

as a major cause of disability worldwide.²

SUBSTANCE USE AMONG AMERICANS

IN 2013

8.8 percent of youth aged 12 to 17 were current illicit drug users¹ and 11.6 percent were current alcohol users.²

5.2 percent of this age group was considered to have a substance use disorder in the past year.²

22.3 percent of full-time college students aged 18 to 22 were currently using illicit drugs³ and 59.4 percent were current drinkers.⁴

The prevalence of binge alcohol use among adults aged 65 and older was 9.1 percent or 3,938,000.⁵


³ Substance Abuse and Mental Health Services Administration. Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49. HHS Publication No. (SMA) 14-4865. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014, p. 27.


⁵ Substance Abuse and Mental Health Services Administration. Results from the 2015 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49. HHS Publication No. (SMA) 16-4967. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016, p. 31.

*Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.
Adults aged 21 or older who had first used alcohol at age 14 or younger were more likely to be classified with alcohol dependence or abuse in the past year compared to adults who had their first drink at age 21 or older (14.8 vs. 2.3 percent).¹

72.6 percent of youth aged 12 to 17 reported having seen or heard drug or alcohol prevention messages from sources outside of school. The prevalence of past month illicit drug use in 2013 was lower among youth who reported having exposure to prevention messages compared with youth who did not have such exposure.²

¹ Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4853, Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014, p. 3.

According to research that tracks individuals in treatment over extended periods, most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning.

2/3 of Americans believe that treatment and support can help people with mental illnesses lead normal lives.
