

Handout 4: Shared Concepts in Substance Use/Misuse Prevention and Suicide Prevention Provide for Collaborative Efforts

Prevention efforts to reduce substance use/misuse and suicidal behavior share common concepts that guide collaborative efforts between sectors. Both sectors utilize the public health model for prevention planning and delivery. They both operate within the context of the Continuum of Care Model¹. The behavior theories that provide the foundation for the prevention work of both are the same¹. Yet despite the similarities, there are differences that should be considered by those who want to enter collaborative partnerships that span sectors. Recognizing the differences in interpretation of concepts or definition of terms is imperative in developing strong working relationships.

The chart below highlights some concepts that are common to both fields, how each field understands them, and examples that illustrate each concept. The list is not exhaustive, but represents some important concepts to consider when beginning a cross-sector collaboration. The terms are listed in alphabetical order. The items chosen for inclusion were selected because they provide potential areas where interconnection of efforts can occur, but also represent areas where tension might arise when both sectors don't have a clear understanding of the other's perspective or understand the parameters within which they are working.

For example, in substance use/misuse prevention, efforts are usually focused at the community level and coalitions are made up of various stakeholders from the organizations or systems — education, government, justice, media, youth-serving organizations, faith-based groups — whose social capital can impact community norms for the targeted population. In the suicide prevention sector, state and community-level efforts are often focused at the clinical level or on policies and procedures that ensure those at risk for suicide have access and care when they are in crisis. Family members and friends of those who have died by suicide most often start community-level efforts and those efforts may initially focus on providing support to those experiencing loss. Understanding the differences in the operationalization of efforts allows for better communication during the development of collaborative processes.

CONCEPT	DEFINITION/ KEY CHARACTERISTIC	SUBSTANCE USE/MISUSE PREVENTION EXAMPLES	SUICIDE PREVENTION EXAMPLES
Access Reduction	Reducing availability of alcohol, drugs and weapons for those with or those who are at risk for developing substance abuse or mental health disorders.	Drug Take Back Programs Lock Boxes Alcohol Density Policies	Drug Take Back Programs Lock Boxes Firearm locks
Awareness	Increasing public understanding about mental health, substance use and misuse, and suicide.	Media campaigns that encourage youth to make healthy lifestyle choices as	Media campaigns encouraging family members to seek help for their loved one experiencing suicidal behaviors

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

CONCEPT	DEFINITION/ KEY CHARACTERISTIC	SUBSTANCE USE/MISUSE PREVENTION EXAMPLES	SUICIDE PREVENTION EXAMPLES
		opposed to using drugs or alcohol	
Community-level efforts	Prevention efforts that are provided at the community level as compared to the state or federal levels.	Usually coalition- based; they address local substance abuse-related conditions	Often survivors/survivor led groups; often focus on ensuring identification of those at increased risk for suicide and connecting them with services
Co-occurring disorders (COD)	Co-occurring substance-related and mental disorders. Those with COD have one or more substance-related disorders as well as one or more mental disorders. ²	Substance abuse and depression, bipolar disorders, and anxiety disorders, for example	Use or misuse of drugs or alcohol
Evidence-based practices	Interventions that generate consistently positive results for the outcomes targeted under conditions that rule out competing explanations for effects achieved. ³	<i>LifeSkills Training</i> <i>Parenting Wisely</i> <i>Prime for Life</i> <i>Project Success</i>	<i>Sources of Strength, Question, Persuade, Refer</i> <i>Applied Suicide Intervention Skills Training</i>
Framework for Decision Making	A guide for decision-making; provide a structured format for determining a course of action, or logical order of next steps;	Strategic Prevention Framework (SPF). The SPF is the strategic planning process SAMHSA uses to guide communities and states in developing and implementing comprehensive substance abuse prevention activities.	Suicide Care in Systems Framework. The framework guides delivery of services to those experiencing suicidal behaviors with a goal of zero suicides
Funding streams	The various funding sources that cover the costs of providing prevention services; can be federal, state or community specific or can be public or private.	State Block Grant Partnership for Success Grant Centers for Disease Control and Prevention (CDC)	State Block Grant Garrett Lee Smith Memorial Act Grant CDC
Indicated Prevention	Interventions for "high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing a?mental, emotional, or behavioral disorders?."4 These interventions focus on the	Substance use/misuse program for students experiencing early signs of substance use, failing	Skill-building support groups, parental support groups, case management for those at high

Developed under the Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies task order.
Reference #HHSS283201200024I/HHSS28342002T.

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

CONCEPT	DEFINITION/ KEY CHARACTERISTIC	SUBSTANCE USE/MISUSE PREVENTION EXAMPLES	SUICIDE PREVENTION EXAMPLES
	immediate risk and protective factors present in the environments surrounding individuals.	grades, truancy; programs for people arrested for drunk driving.	risk, referral sources for crisis intervention and treatment
Protective Factors	A characteristic at the individual, family or community level that is associated with a lower likelihood of problem outcomes. ⁴	Parental monitoring and support, clear community norms, success in school, community policies that support youth engagement, positive self-esteem	Positive self-esteem, parental support, success in school, community policies that support youth engagement
Risk Factors	A characteristic at the biological, psychological, family, community or cultural level that precedes and is associated with a higher likelihood of problem outcomes. ⁵	Trauma (e.g., child abuse), poor grades/achievement, school transition, community norms favorable to alcohol and drug use, discrimination and bullying	Trauma, poor grades/achievement, school transition, community norms where suicide is seen as a way to cope with problems, discrimination and bullying
Selective prevention	Interventions for "individuals or a population sub-group whose risk of developing mental disorders [or substance abuse disorders] is significantly higher than average." ⁴ Selective interventions focus on biological, psychological, or social risk factors that are more prominent among high-risk groups than among the wider population.	Support groups for youth in high crime neighborhoods, mentoring programs for students with school performance problems	Screening programs, such as <i>Signs of Suicide</i> ; gatekeeper trainings such as <i>Question, Persuade, Refer</i> ; skill-building groups; enhanced crisis services
Stakeholders	Individuals representing the organizations or systems within communities who have the influence and social capital to change community norms around substance use/misuse and mental health issues such as suicidal behavior.	Any individual who has the passion and connections to impact community norms around substance abuse-related issues but should include those in positions of leadership	Any individual who has the passion and connections to impact community norms around suicide prevention, but should include those in positions of leadership

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

CONCEPT	DEFINITION/ KEY CHARACTERISTIC	SUBSTANCE USE/MISUSE PREVENTION EXAMPLES	SUICIDE PREVENTION EXAMPLES
Stigma	Negative and often unfair beliefs that society, and/or groups of people and individuals have about substance use/misuse or mental health problems.	Beliefs that, for example, those who use or misuse substances are weak, have character flaws, are deviant, unemployed, victims of bad parenting, or are high school dropouts	Beliefs that, for example, those who consider suicide are shameful, weak, selfish, manipulative
Trauma	A collective of lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being which resulted from an event, series of events or set of circumstances experienced by an individual. ⁶	Traumatic events in early childhood, such as child abuse, are associated with, or considered to be a risk factor for substance abuse later in life (based on the Adverse Childhood Experiences Study (ACE Study ⁷), an ongoing collaborative research between the Centers for Disease Control and Prevention in Atlanta, GA, and Kaiser Permanente in San Diego, CA).	Traumatic events in early childhood, such as child abuse, are also associated with, or considered to be a risk factor for suicidal behavior ⁷
Universal prevention	Interventions that take the broadest approach, and focus on "the general public or a whole population that has not been identified on the basis of...risk." ⁴	Social norming campaign to decrease norms favorable to youth substance use; life skills and substance use education for all students in a school district; education for physicians on prescription drug misuse.	Public education campaigns, awareness programs, means restriction, life skills and connectedness programming for all students in a school district; medical providers screening all patients for suicidality

¹ National Research Council (NRC) and Institute of Medicine (IOM), *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, 2009.

²Center for Substance Abuse Treatment. Definitions and Terms Relating to Co-Occurring Disorders. COCE Overview Paper 1. DHHS Publication No. (SMA) 06-4163 Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services, 2006.

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

³Center for Substance Abuse Prevention. Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program. HHS Pub. No. (SMA)09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2009.

⁴National Research Council and Institute of Medicine. (2009). Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities (O'Connell, M. E., Boat, T., & Warner, K. E., Eds.) (p. 66). Washington, DC: National Academies Press.

⁵Committee for the Study of the Future of Public Health, Division of Health Care Services. (1988). The Future of Public Health. Washington, DC: The National Academies Press.

⁶Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁷Robert F. Anda, MD, MS, with the CDC; and Vincent J. Felitti, MD, with Kaiser Permanente. The Adverse Childhood Experiences Study. Linking childhood trauma to long-term health and social consequences. Available path: <http://www.acestudy.org/> Retrieved: September 30, 2013