



Creating Synergies for Collaboration

Finding Opportunities for Collaboration Between Substance Abuse Prevention and Suicide Prevention

Presenter:

Lourdes Vázquez, Coordinator, Southeast Resource Team

Technical Information

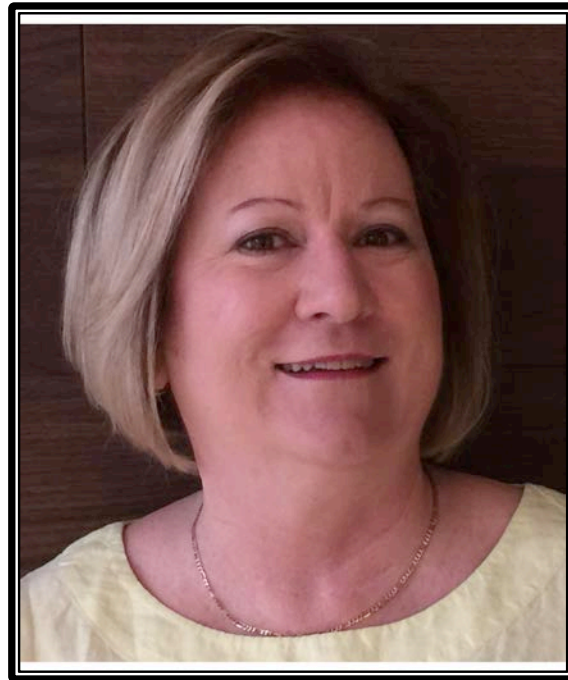
This training was developed under the Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies task order.

Reference

#HHSS283201200024I/HHSS28342002T.

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Presenter



Lourdes Vázquez



Our Roadmap for Today

- Describe the connection between substance abuse prevention and suicide prevention
- Discuss risk and protective factors that are common to substance abuse and suicidal behavior
- Provide an overview of challenges, readiness, and action steps for collaboration between substance abuse and suicide prevention sectors at the local level

Caveats and Considerations

This training is intended to assist participants to gain a better understanding of the connections between substance abuse and suicide *issues* and to help them identify opportunities for collaboration between the substance abuse and suicide prevention *efforts*.

Questions related to utilization of funds for collaboration between both sectors should be directed to the funding agency.

Who Is Here Today?



The Need for Collaborative Work

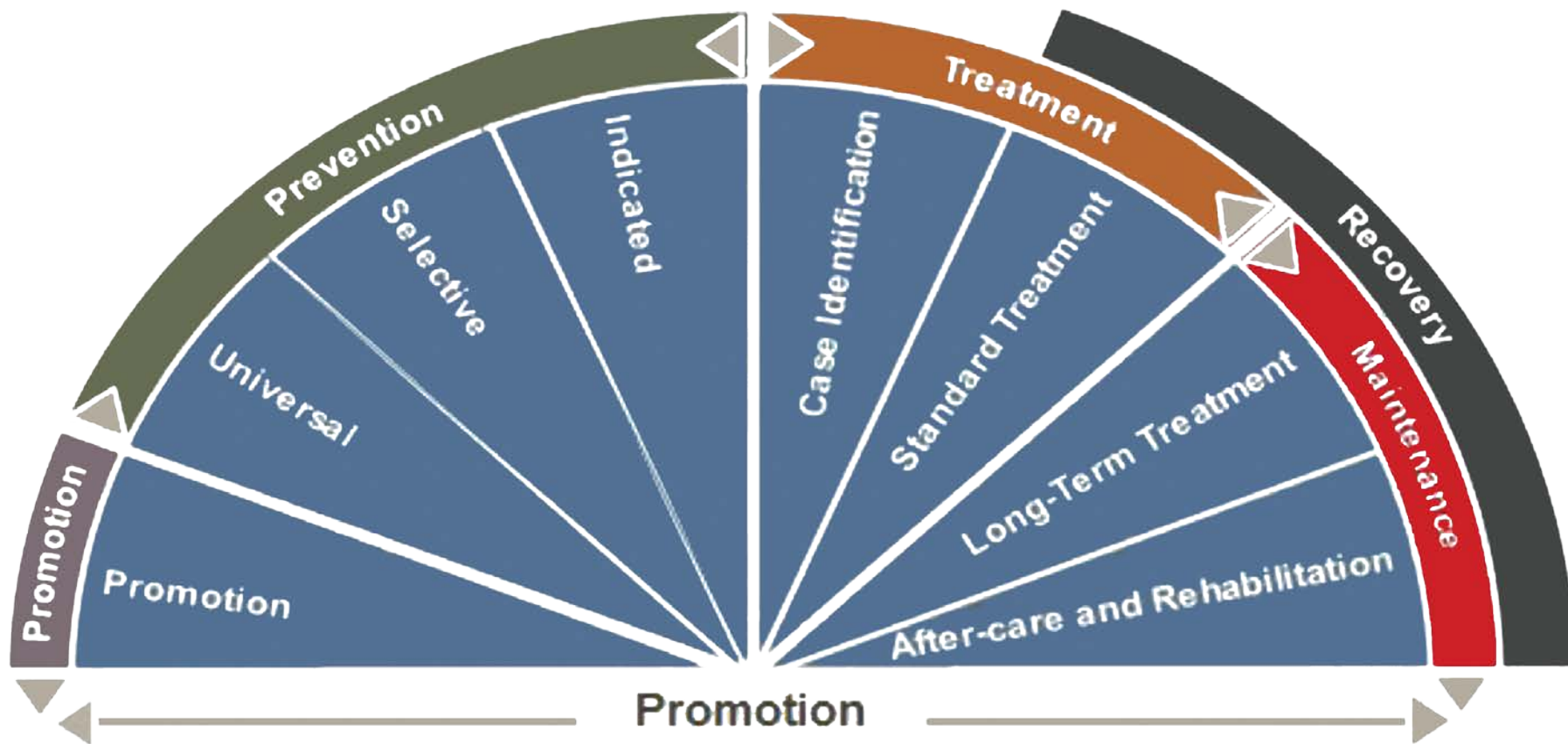
Describe the connection between substance use/misuse and suicide for collaborative efforts

Defining our Context

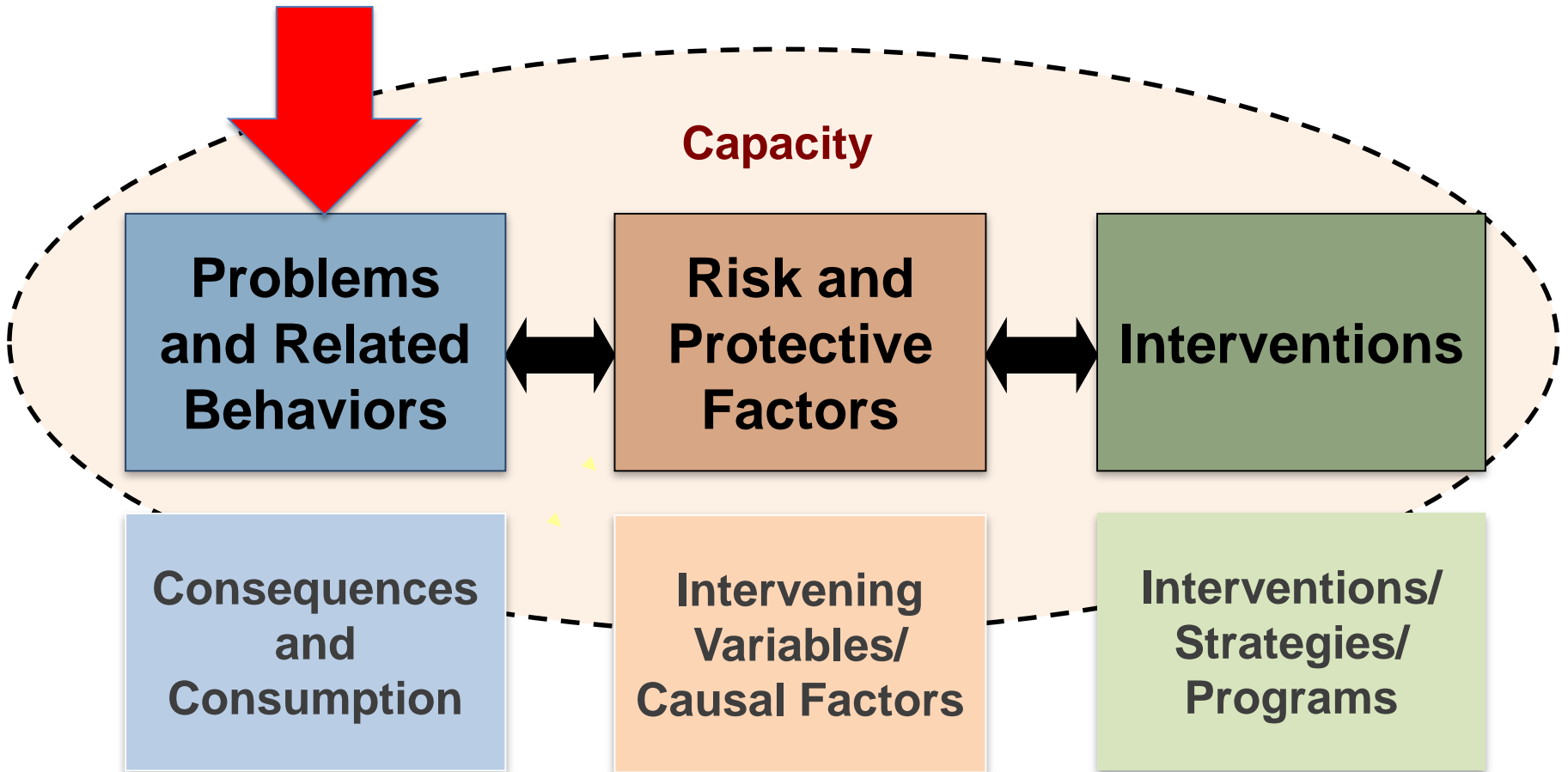
Prevention: *Interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder.¹*

Behavioral Health: *Emotional and mental health, and individual actions that affect wellness. Behavioral health problems include substance abuse and addiction, serious psychological distress and mental disorders, and suicidal behaviors.²*

The Continuum of Care Model ³



Making the Connection



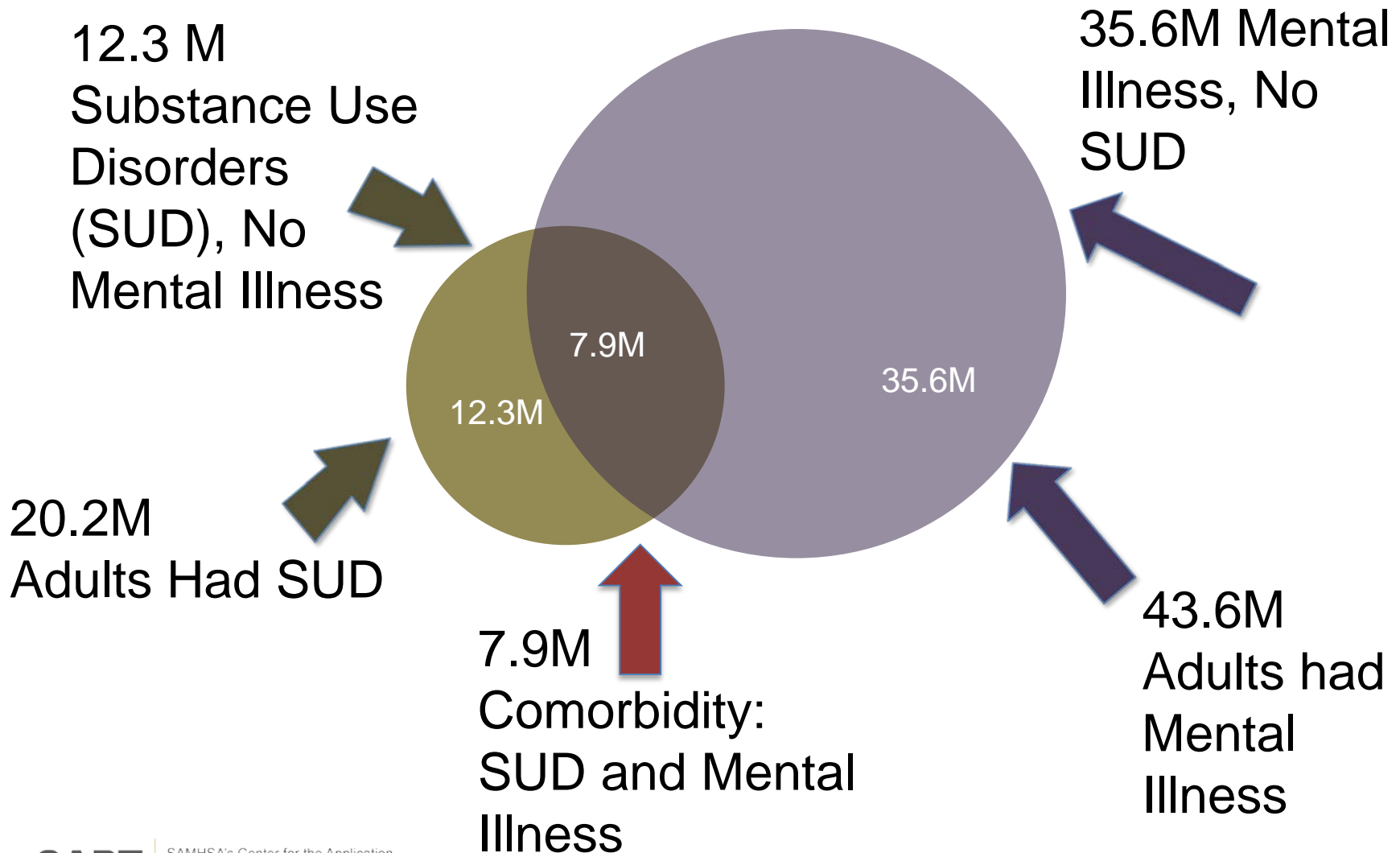
**How do you see
substance
abuse, suicide
or other
behavioral
health issues
connected in
your
communities, if
in anyway?**



Making the Connection 4-13



Past Year Substance Use Disorders and Mental Illness, Adults Aged 18 or Older: 2014 ¹⁴

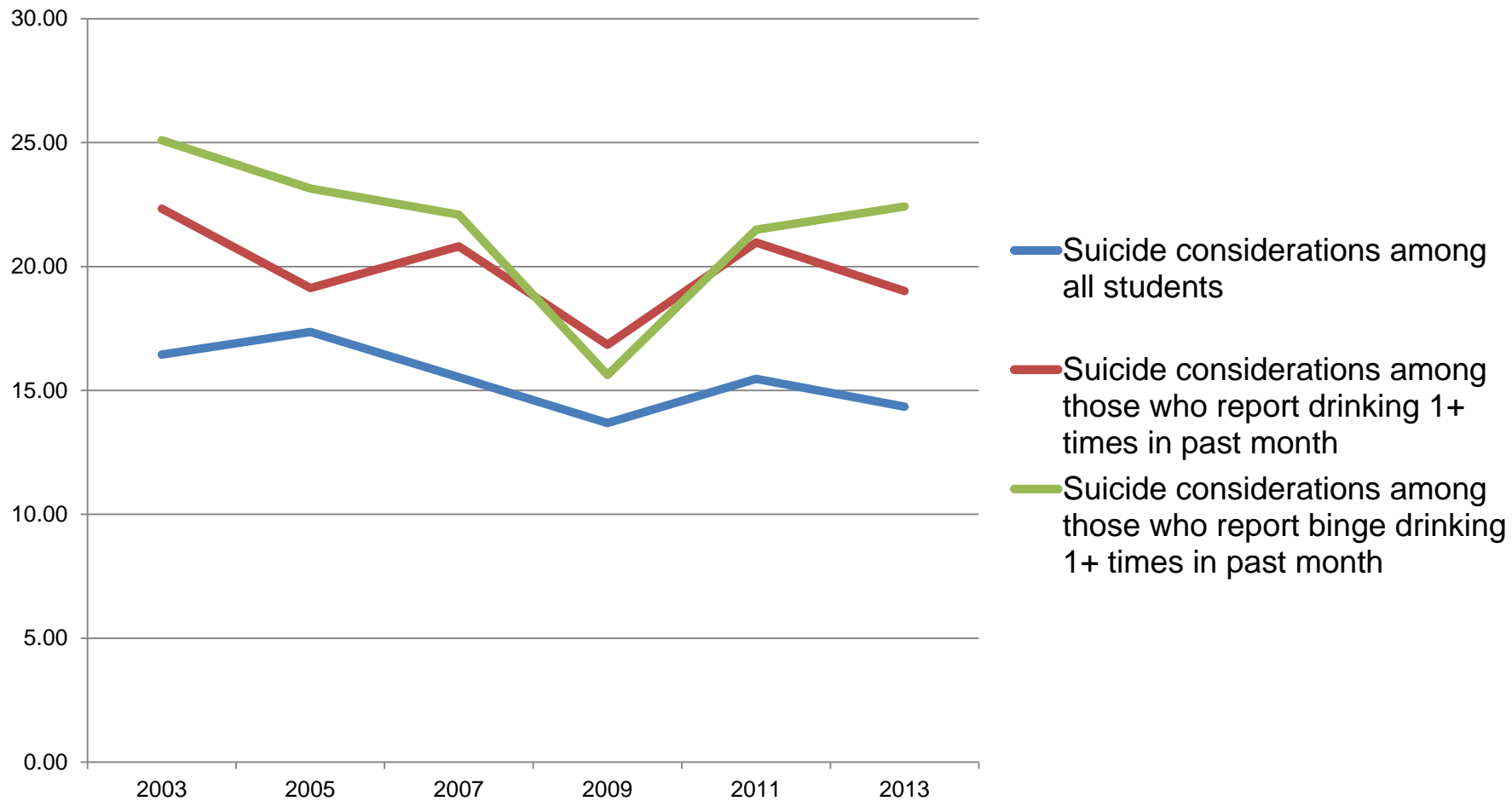


Past Year Suicide Attempts among High-School Students by Substance Use Patterns ¹⁵⁻¹⁶

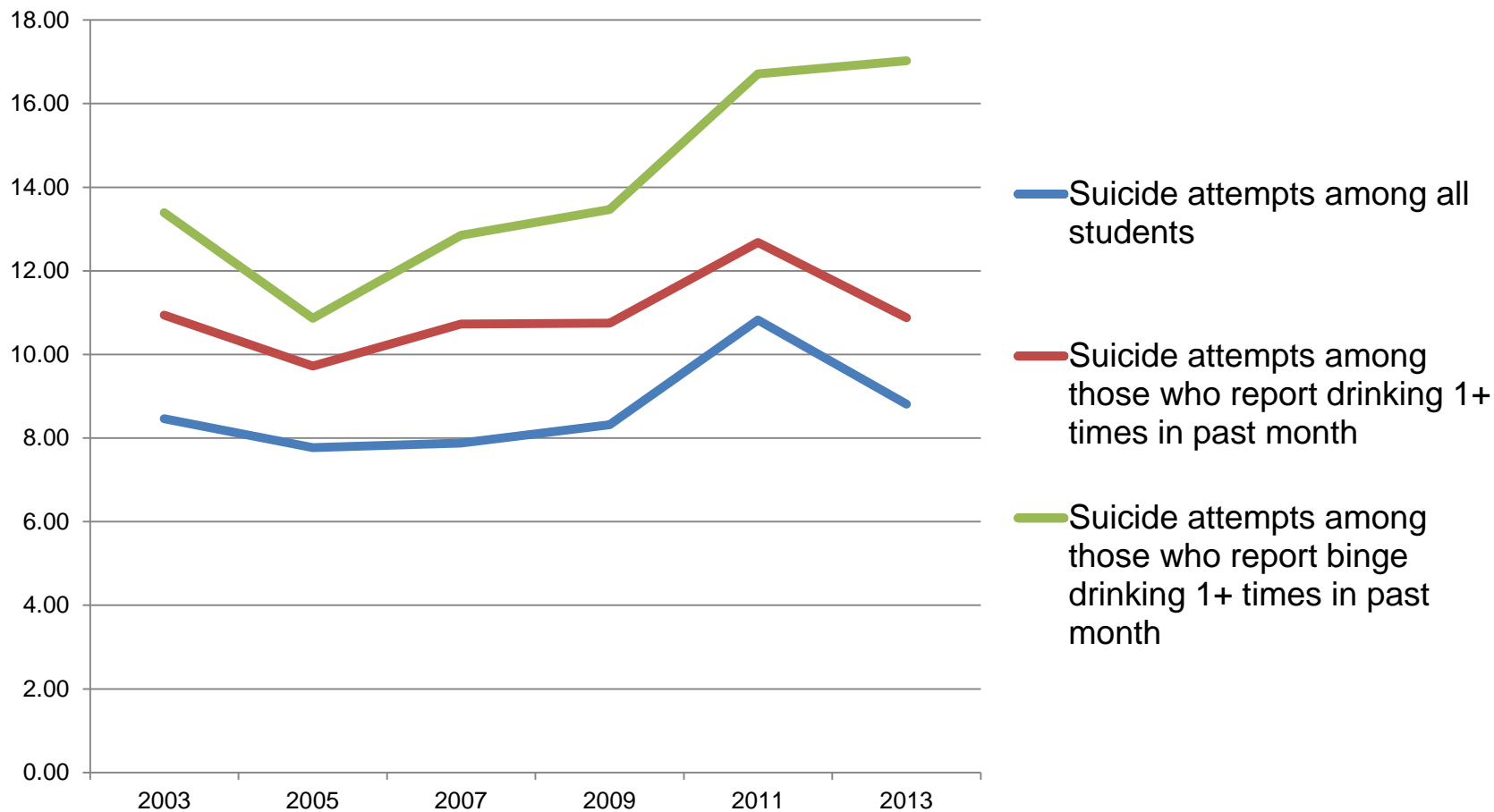
Measure	U.S.	Georgia
Suicide Rates all students	8%	8.8%
Never tried alcohol or marijuana	3.1%	Unreliable
No binge/marijuana in last month	4.7%	4.9%
Did not try alcohol or marijuana before 13	5.6%	5.0%
Past 30 day binge drinkers	14.1%	17%
Past 30 day binge drinking and marijuana use	18.1%	Unreliable
Tried both alcohol and marijuana before 13	26.5%	38.1%



Georgia Alcohol Use and Suicide Consideration ¹⁶



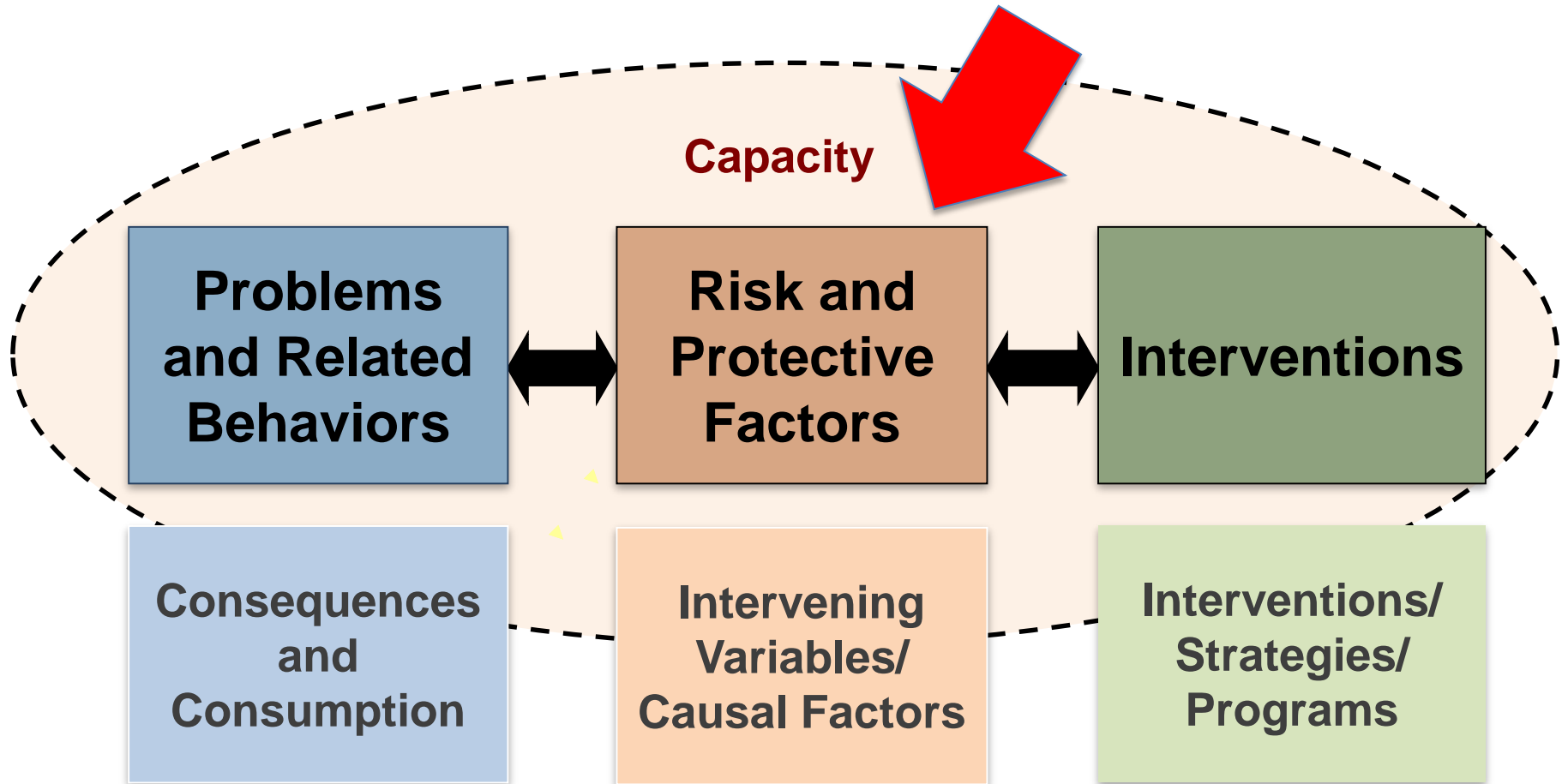
Georgia Alcohol Use and Suicide Attempts ¹⁶



The Tools for Collaborative Work

Examine risk and protective factors that are common to substance abuse and suicidal behavior to develop collaborative partnerships

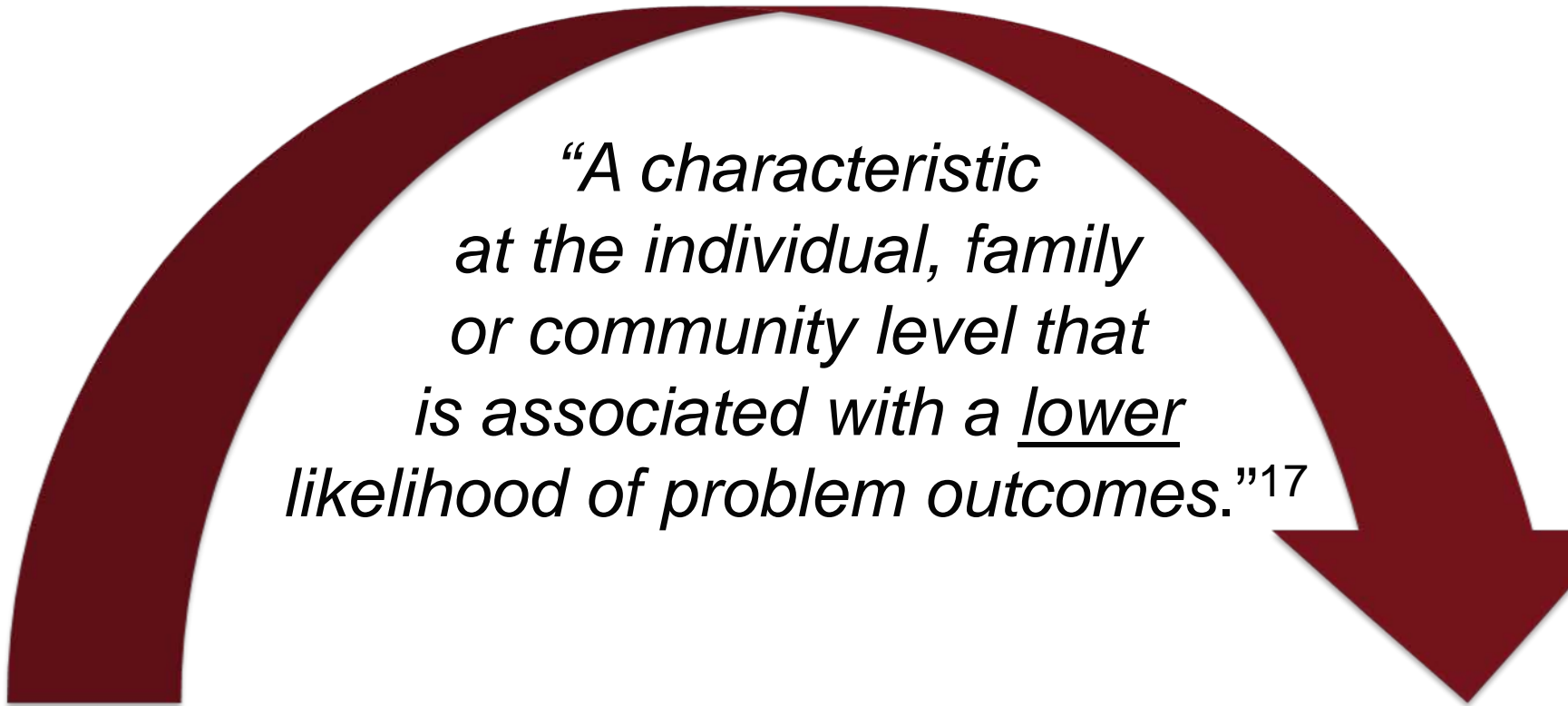
Making the Connection



Risk Factor

“A characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes.”¹⁷

Protective Factor



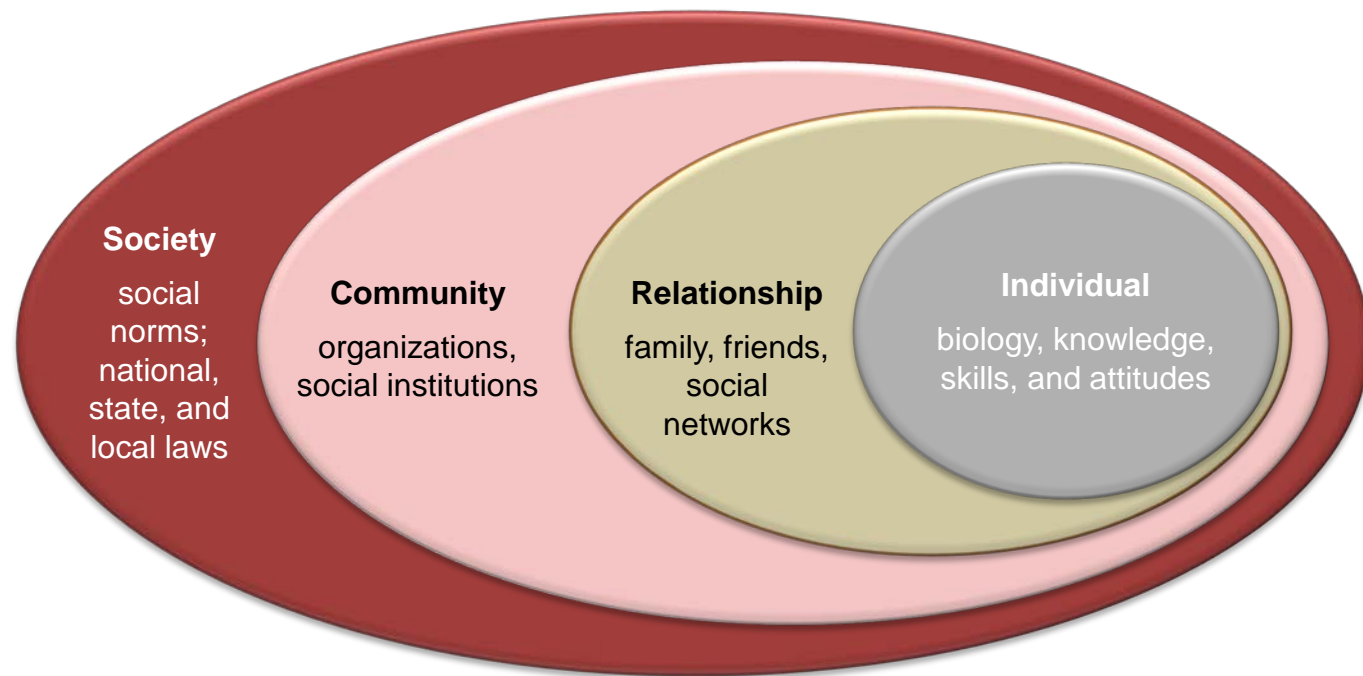
“A characteristic at the individual, family or community level that is associated with a lower likelihood of problem outcomes.”¹⁷

An Ecological Model for Risk and Protection¹⁸

Shared
Risk
Factors



Shared
Protective
Factors

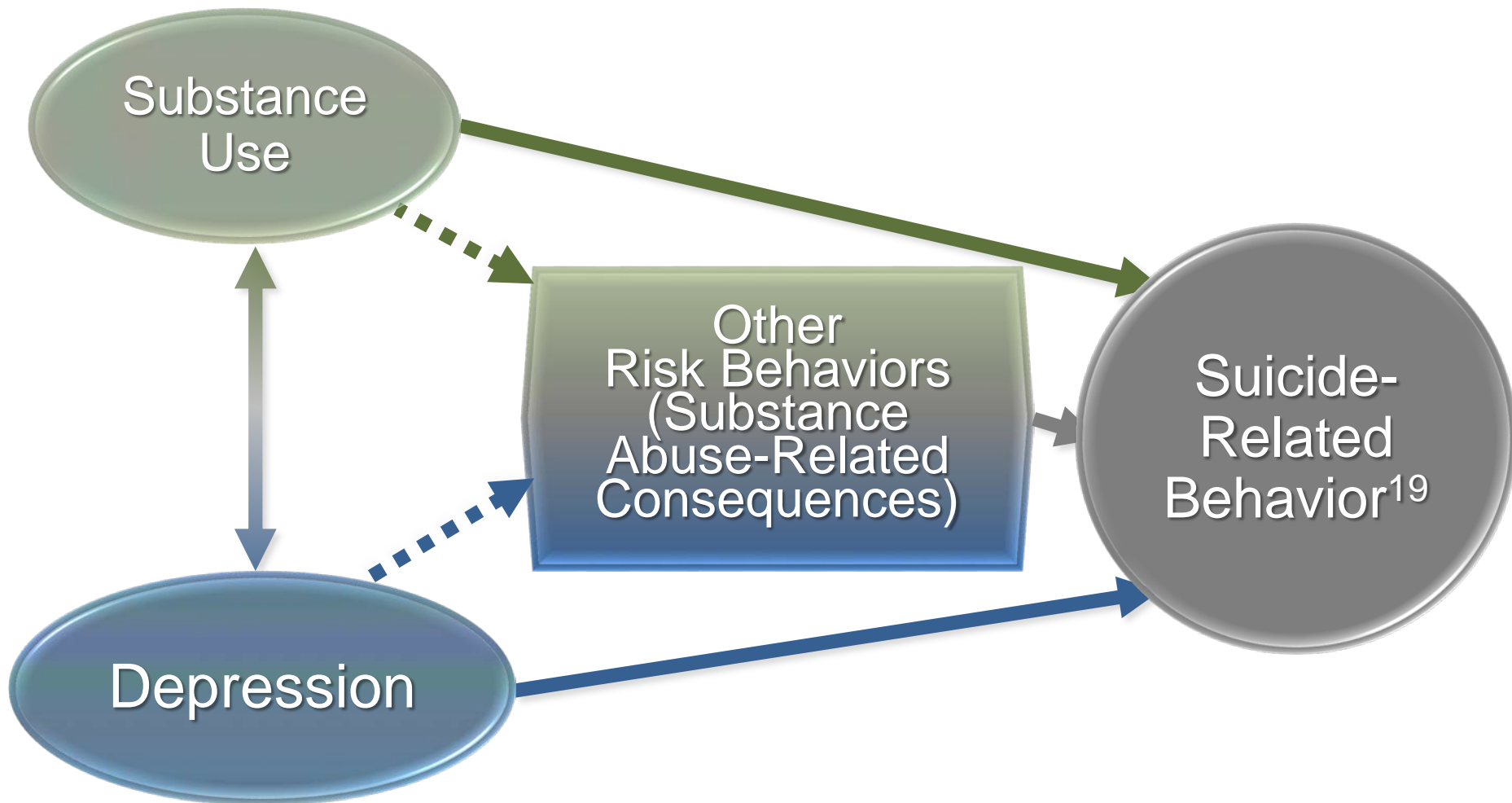


Examples of Shared Risk Factors

Domain	Shared Risk Factors
Individual/Relationship	Adverse Childhood Experiences, Illness, Injury or Poor Physical Health, Bullying and/or Victimization
Community	Acute Community Stressful Events, Chronic Community Disorganization and Stress, Military Status, Poor Grades/Achievement, Problems/Difficulties in School, School Transition
Societal	Perceived Discrimination, Acculturation, Historical Trauma

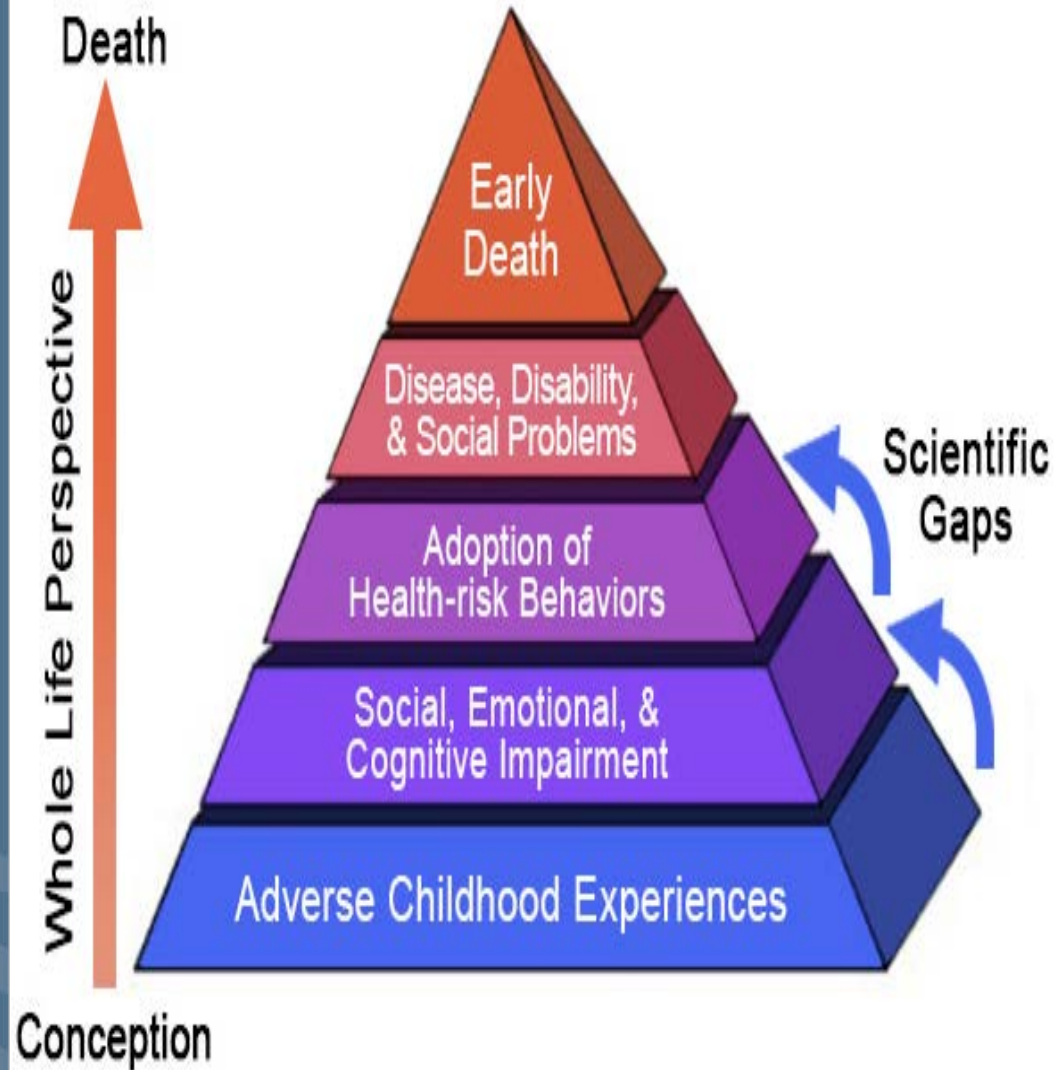


A Complex Relationship



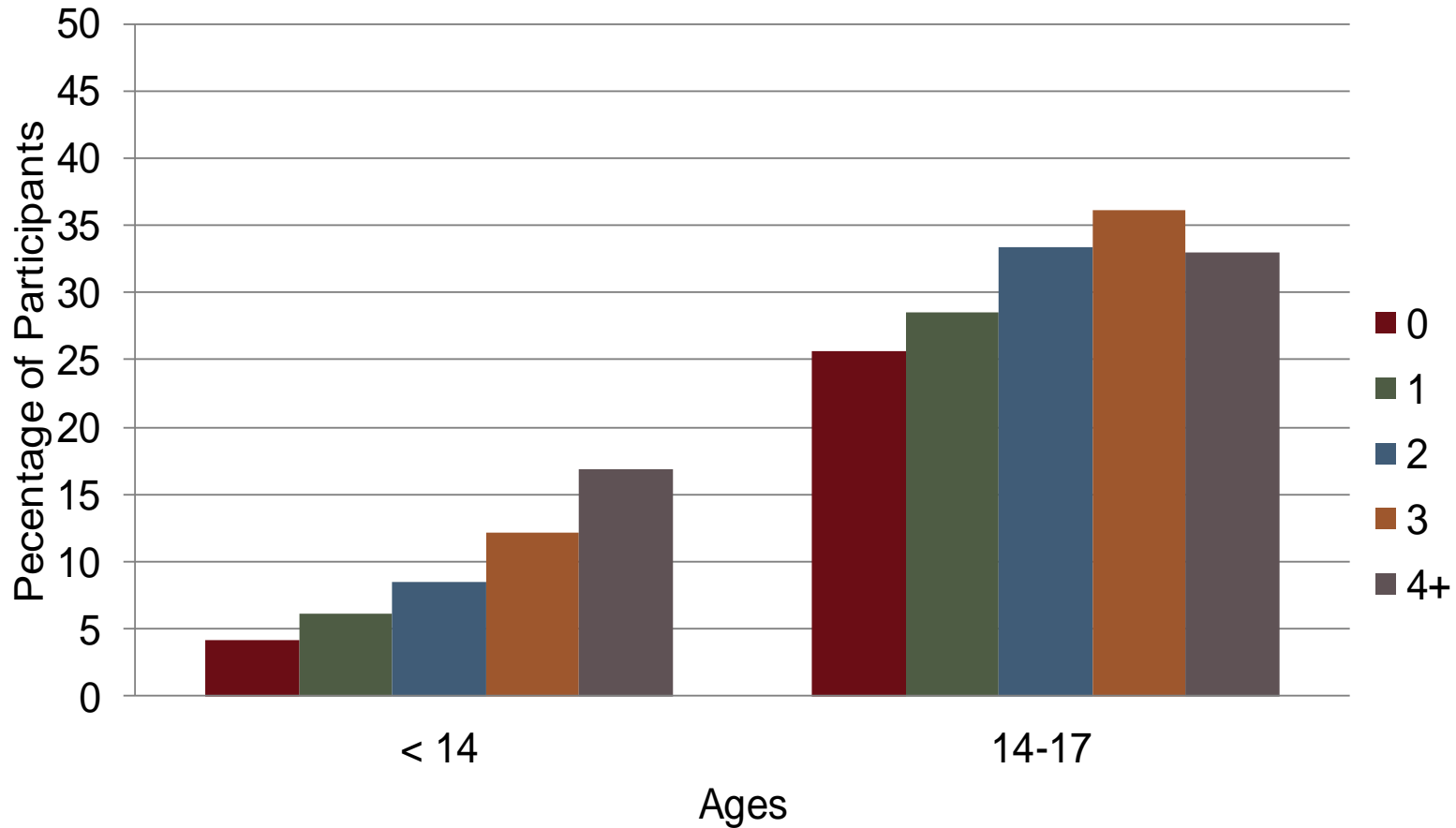
Taking a Closer Look

Adverse Childhood Experiences (ACEs), Substance Abuse & Suicide ²⁰



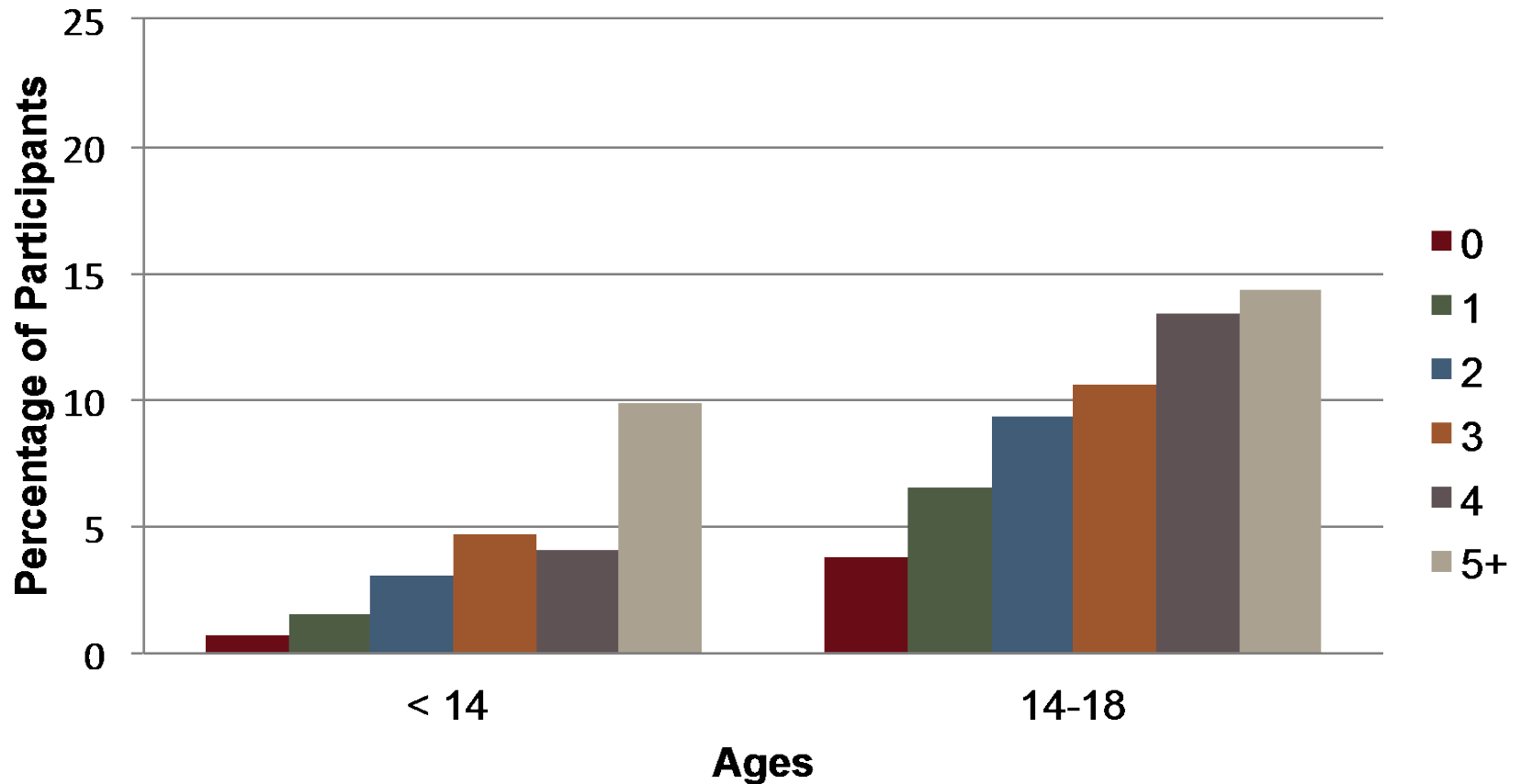
Alcohol: Age at First Use ²¹

Alcohol Use by Age and Number of Reported ACEs



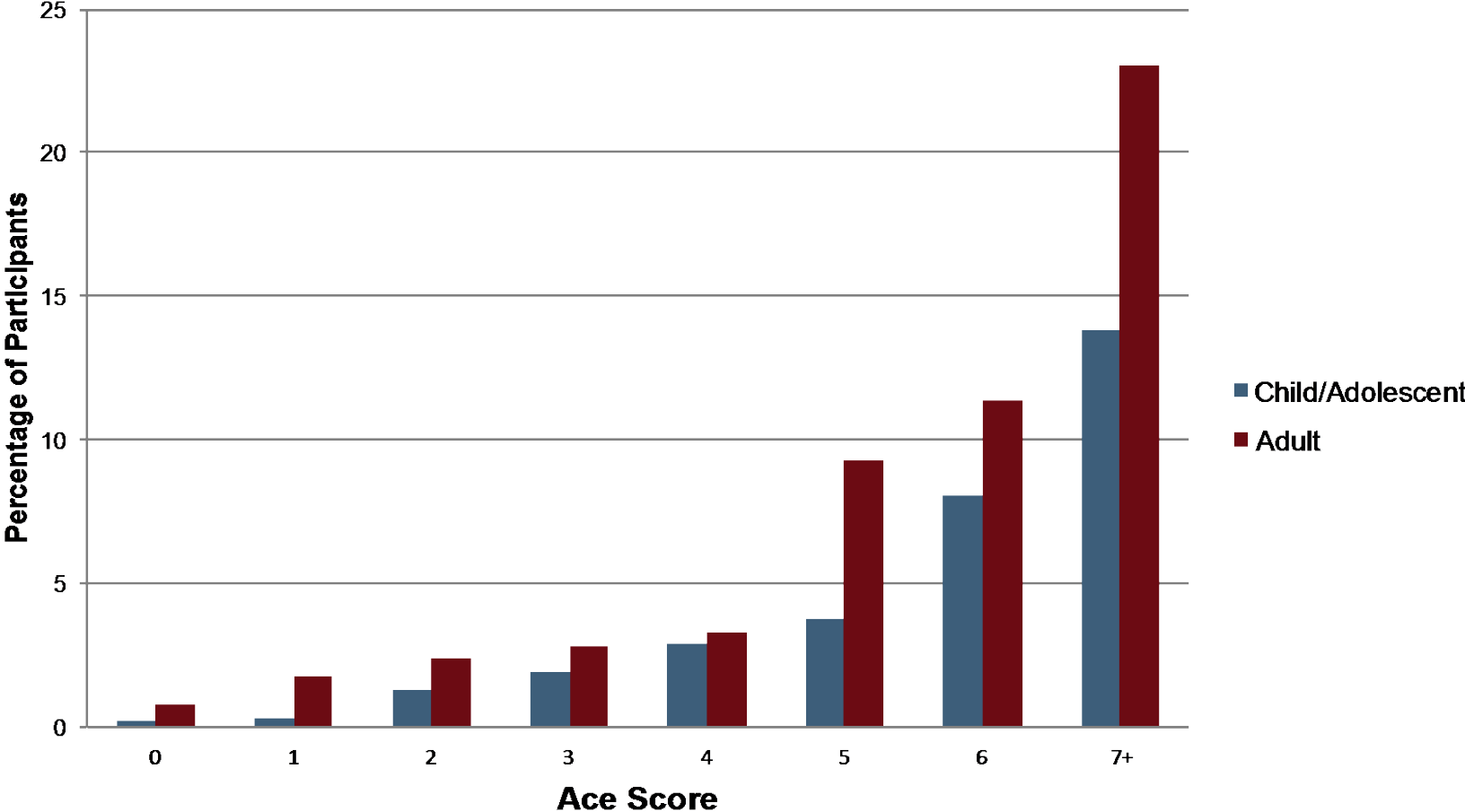
Illicit Drug Use: Age at First Use ²²

Illicit Drug Use by Age and Number of Reported ACEs



Suicide Attempts ²³

Suicide Attempts by ACE Score



Examples of Shared Protective Factors

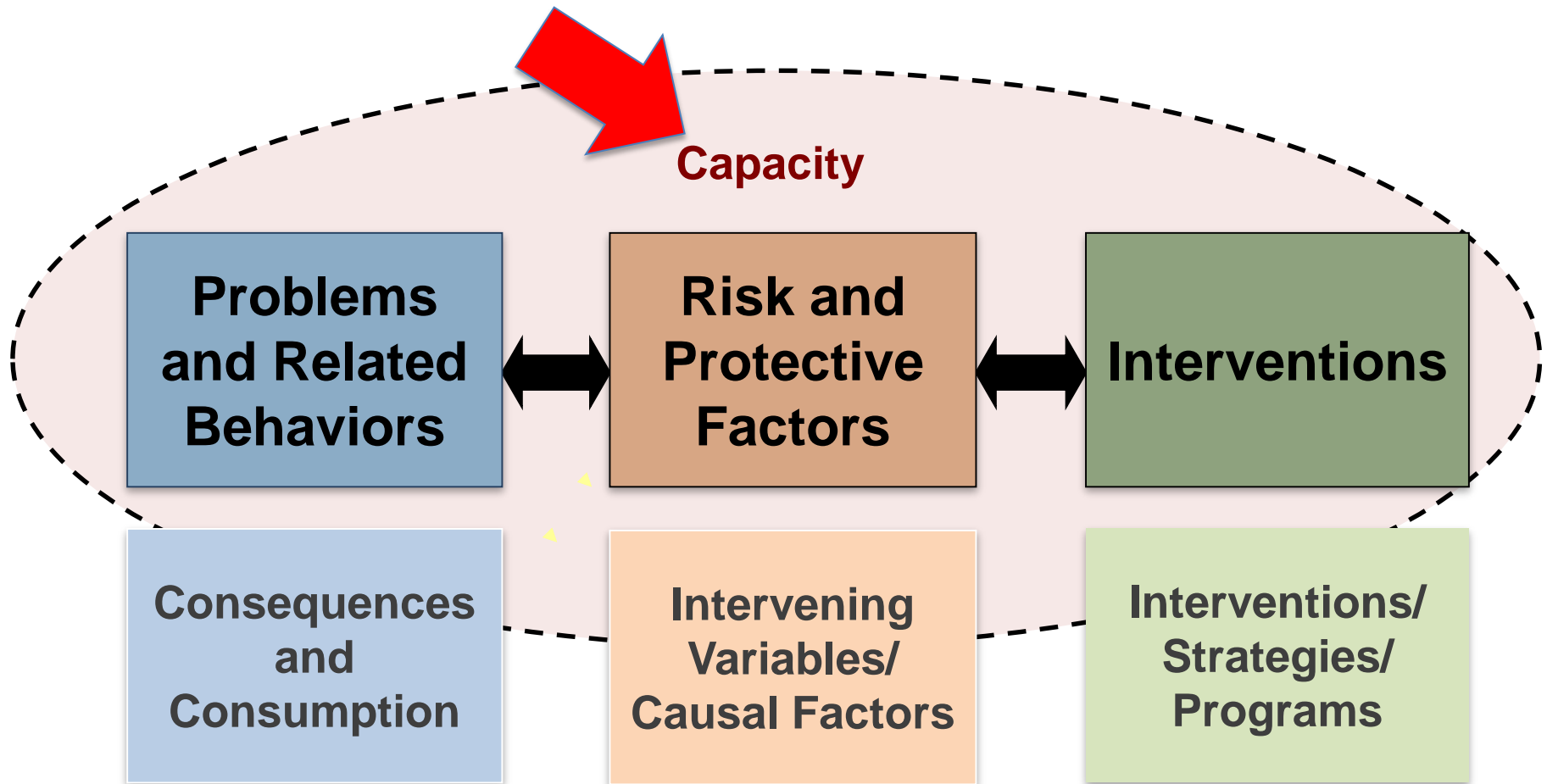
Domain	Shared Protective Factors
Individual	Religiosity, Self-esteem
Relationship	Parental Support and Bonding, Positive Parental Involvement, Positive Involvement with Other Adults, Social Support
Community	Success in Academics, School Connectedness, Participation in Social Activities
Societal	Culture



Increasing Collaboration Between Sectors at the Community Level



Making the Connection



Levels of Collaboration

- Networking
- Cooperation
- Coordination
- Full Collaboration

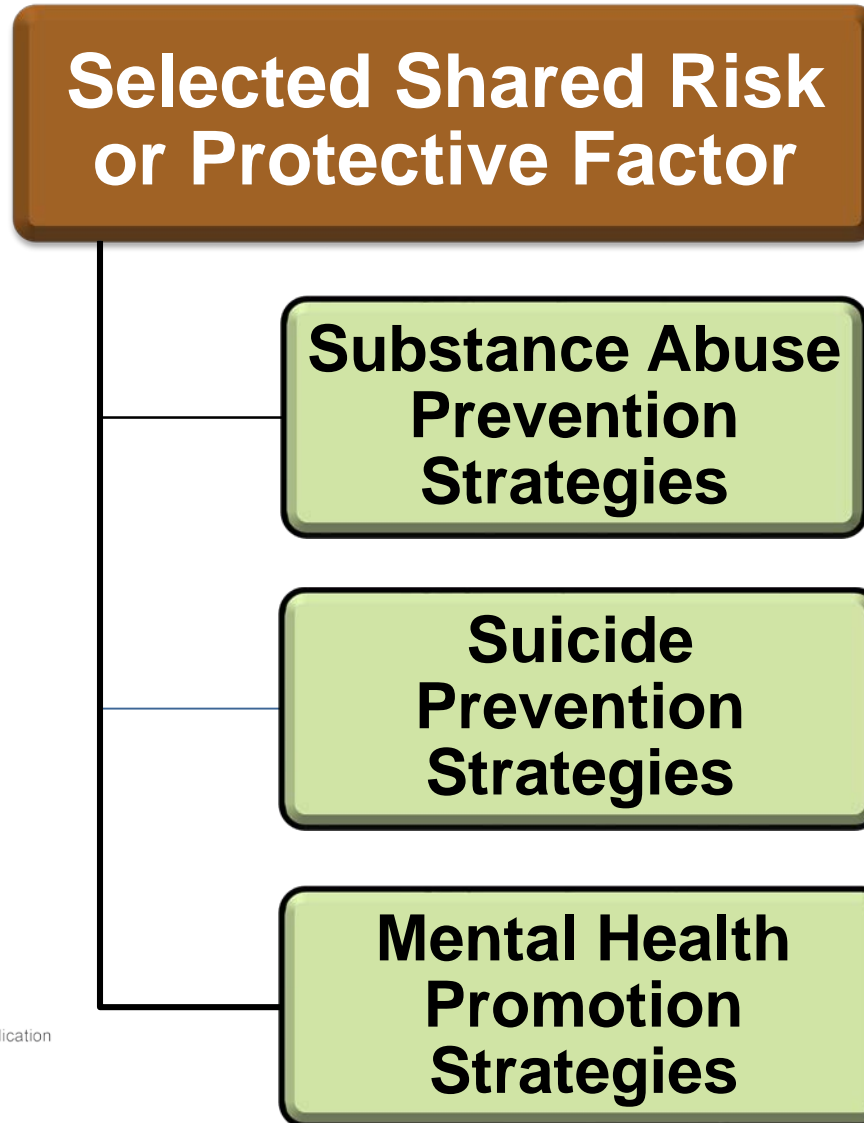


Challenges to Collaboration

- Lack of resources and competing interests
- Lack of data/limited evidence base to support collaboration
- Different 'languages' between fields
- Difficulty in teasing out priorities for prevention of complex behaviors
- Balancing expectations from funders/leaders
- Turf issues/siloed programs



Collaborating in the Field



Are You Ready to Collaborate?

- ✓ Support
- ✓ Ready for change
- ✓ Understand added value
- ✓ Right partners at the table
- ✓ Motivated
- ✓ Clear purpose
- ✓ Willing to share
- ✓ Prepared to engage
- ✓ Capacity
- ✓ Good track record
- ✓ Committed to improvement



Are We Ready to Collaborate?

Based on your assessment of your community's readiness, identify 1-2 next steps for your community to increase the collaboration between sectors.

1.

2.

Questions



Evaluation



Contact

If you have questions or comments, please don't
hesitate to contact:

Lourdes Vázquez

Coordinator

Southeast Resource Team

lvazquez@edc.org or 202-572-3728

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