

Picture This:

Addiction and Suicide — Prevention, Treatment and Recovery

Recommendations for entertainment industry professionals portraying
Substance Use Disorders and Mental Illness

Brought to You By the
Entertainment Industries Council, Inc. (EIC)



Special Thanks to Our Partners



The Carter Center

Under the leadership of former First Lady Rosalynn Carter, a long-standing champion for the rights of people with mental health disorders, the Carter Center's Mental Health Program works to promote awareness about mental health issues, inform public policy, achieve a status for mental health care comparable to other forms of health care, and reduce stigma and discrimination against those with mental health disorders.



National Action Alliance for Suicide Prevention

The National Action Alliance for Suicide Prevention is a public-private partnership advancing the National Strategy for Suicide Prevention (NSSP). The Action Alliance is dedicated to championing suicide prevention as a national priority, catalyzing efforts to implement the NSSP's high-priority objectives, and cultivating the resources needed to sustain progress.



National Association of Broadcasters

The National Association of Broadcasters (NAB) is the voice of the nation's radio and television broadcasters. As the premier trade association for broadcasters, NAB advances the interests of its members in the federal government, the broadcast industry, and public affairs and spotlights the important and unique ways that stations serve their communities.



National Institute on Drug Abuse, National Institutes of Health

The National Institute on Drug Abuse is the agency within the U.S. Department of Health and Human Services responsible for conducting research on the causes and consequences of drug use and substance use disorder and applying that knowledge to improve individual and public health.



Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, U.S. Department of Health and Human Services

SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental health disorders on America's communities.



Suicide Awareness Voices of Education (SAVE)

SAVE's suicide prevention and education programs are designed to increase knowledge about depression and other mental health disorders and the need for assessment and treatment, increase knowledge about symptoms of depression and the warning signs of suicidal thinking and behavior, and increase understanding and the use of intervention skills that can help prevent suicide.



U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Mental Health and
Suicide Prevention

Office of Mental Health and Suicide Prevention (OMHSP), Veterans Health Administration, U.S.

Department of Veterans Affairs (VA)

OMHSP is dedicated to providing timely access to high-quality health care that anticipates and responds to Veterans' needs. VA has prioritized initiatives focused on reducing Veteran suicide rates, increasing community outreach and clinician education, and addressing the opioid epidemic among Veterans. These programs and initiatives are aimed at reducing barriers seeking mental health care and promoting help seeking behavior among Veterans and their families. OMHSP is interested in collaborating with external organizations to expand the reach of these programs, to help guide the development of external programs that complement VA efforts, and to promote community collaboration with the goal of increasing the availability of VA's resources.



Women in Film and Video (WIFV) of Washington, D.C.

WIFV is dedicated to advancing career development and promoting achievement among female professionals working in screen-based media and related disciplines.

[Footnote] The Entertainment Industries Council expresses its appreciation and gratitude to the project partners and leaders who worked collaboratively to create this resource to educate the public about substance use disorders and mental health conditions, safe messaging, and stories of hope and recovery in entertainment programs. The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of the project partners.



Message to Entertainment and Media Content Creators

Marie Gallo Dyak, President/CEO,
Entertainment Industries Council

Greetings:

I am honored to introduce "Picture This: Addiction and Suicide - Prevention, Treatment, and Recovery." This publication is about the millions of people who face substance use and mental health disorders personally, as well as their families and communities.

The stigma surrounding these important health issues is often intentionally or unintentionally reinforced by our language and behaviors – and through the powerful impact of the entertainment industry. Consequently, the way peoples' stories, challenges, and recoveries are portrayed has great influence.

In response to the extensive coverage of substance use disorders, substance misuse, overdoses, and suicides, this publication invites you, the media content creators, to look at the big picture:

- The stories of people with substance use and mental health disorders, and their families, are powerful. When we talk about substance use disorder—sometimes referred to as addiction – and mental health disorders, we should also refer to the impact the diseases have on individuals and their families, friends, and communities. While the person with a diagnosis is usually the focus of the conversation, substance use, and mental health disorders affect a wider network: family members, friends, and the community. When depicting these stories, it is important that all members of the network are invited to talk about their experiences and trauma, as they can sometimes feel as though they are the only ones in proximity to these misunderstood diseases. These individuals could also benefit from treatment and family recovery.
- What we hear and see really does make a difference. Informed language empowers. Similarly, language can misguide and stigmatize when people are misinformed and unaware of language's power to influence. Consulting scientific research allows us to assess the accuracy of our language and the authenticity of portrayals. The guidelines in this publication are intended to support wellness and avoid harm, which yields a return on engagement that lasts beyond the closing credits.
- Consider your themes carefully. People's lives may be shaped and distorted by potentially traumatizing storylines. Consider having characters whose lives are saved when they find hope in treatment and recovery. The public is exposed to a variety of narratives, ranging from attributions of behavior to "moral failures" to examples of successful diagnosis, treatment, and recovery. Consider whether the themes you use encourage recovery and inspire hope. For them to do so, the characters in your stories must see value in their lives and others' and must realize that they are not alone.

- Embrace the science and real stories about these public health issues. Substance use and mental health disorders are complicated conditions that sometimes coexist. They are complex diseases that can be effectively treated. We encourage you to embrace the science and real stories behind these public health issues that loom over our daily conversations.
- Ask the important questions. In the research community, scientific investigators seek information that can guide approaches to health and social challenges. As storytellers, we engage the audience with questions integrated into the script to inspire self-reflection. Consider having a character ask, "What happened to you?" rather than "What is wrong with you?" The answer will invite new perspectives on characters and their stories.
- Provide lifesaving resources. By providing readily accessible suicide prevention resources during and after your story and content, you can help someone in crisis reach the support that they need. The National Suicide Prevention Lifeline phone number is 1-800-273-8255. Veterans and their loved ones can reach the Veterans Crisis Line by dialing the same number and pressing 1. Confidential support is available to anyone who needs it via call, chat (VeteransCrisisLine.net/Chat), or text (text to 838255) 24 hours a day, 7 days a week, 365 days a year. The Veterans Crisis Line website (www.VeteransCrisisLine.net) also features a resource locator to assist Veterans and their loved ones in accessing support.

There is always hope. Healing happens, treatment works, and recovery is possible.

With respect and admiration for your creativity and commitment to telling great stories,

Marie Gallo Dyak
President/CEO, Entertainment Industries Council
Supporting the ART of Making a Difference



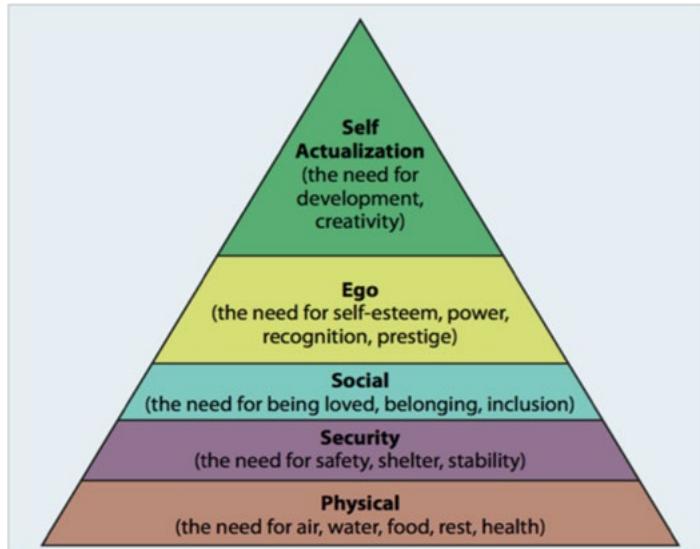
Thank you for your inspiration

In his influential paper of 1943, "A Theory of Human Motivation," the American psychologist Abraham Maslow proposed that healthy human beings are motivated by certain needs, and that these needs are hierachal, with some needs (such as physiological and safety needs) more primitive or basic than others (such as social and ego needs). Maslow's hierarchy of needs is often presented as a five-level pyramid, with higher needs coming into focus only once lower, more basic needs are met.

Maslow called the bottom four levels of the pyramid "deficiency needs," because a person does not feel anything if they are met but becomes anxious if they are not. Thus, physiological needs such as eating, drinking, and sleeping are deficiency needs, as are the need for safety, social needs such as friendship and sexual intimacy, and ego needs such as self-esteem and recognition. In contrast, Maslow called the fifth level of the pyramid a "growth need" because it enables a person to self-actualize or reach their fullest potential as a human being. Once a person has met their deficiency needs, they can turn their attention to self-actualization; however, only a small minority of people are able to self-actualize because self-actualization requires uncommon qualities such as honesty, independence, awareness, objectivity, creativity, and originality.

Although Maslow's hierarchy of needs has been criticized for being overly schematic and lacking in scientific grounding, it presents an intuitive and potentially useful theory of human motivation. After all, there is surely some grain of truth in the popular saying that one cannot philosophize on an empty stomach.

— Excerpt from Neel Burton article, "Our Hierarchy of Needs," 2012 (revised 2019)



Maslow's Hierarchy of Needs

Source: Neel Burton

Read More

For an overview of Maslow's hierarchy of needs, visit

<https://www.psychologytoday.com/us/blog/hide-and-seek/201205/our-hierarchy-needs>

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Ask, “What Happened to You?” rather than, “What Is Wrong With You?”

Substance use and substance use disorder can affect friends, family members, co-workers, neighbors, and community members. The journey to wellness is more likely to be successful when it is a family or group journey that enhances social connectedness.

LANGUAGE OF EMPOWERMENT VS. LANGUAGE OF DISCRIMINATION

Ask, “What Happened to You?” rather than, “What Is Wrong With You?”

The characters we love, the characters we hate, and the characters we love to hate – where did they come from, and where are they going? Some of the answers can be found in their family histories. When their stories take us to dark, messy places, we witness trauma, resolution, and the potential for hope. This is especially true for stories that include substance misuse, drug overdoses, and substance use disorder and stories that depict suicidal thoughts, suicidal behaviors, and death by suicide. Were there warning signs written into the character’s story? These tragedies are not always unavoidable. The life experiences that lead to thoughts of suicide are varied. What happened to the characters before the incident? Science provides deep insight into substance use disorder, mental health disorders, and suicide.

As storytellers we ask questions: who, what, where, when, and why. “What happened to you?” is the common denominator of all these questions. Telling relatable yet complex stories engages the public in a better understanding of mental health conditions and can reduce barriers to treatment and recovery. The entertainment community has the power to influence conversations and behavior and increase awareness about health disorders, including mental health and substance use disorders, ultimately decreasing stigma and promoting an accepting society that encourages those who need help to seek it out. In the process, the community’s work become more authentic, multidimensional, and engaging – and therefore more entertaining.

For Your Consideration: Depiction and Messaging Suggestions

- As you create a script, consider using language that is descriptive of the whole person. A starting point is to avoid defining a character by their diagnosis; for example, refer to the character as “a person diagnosed with schizophrenia” rather than “a schizophrenic.”
- Do not refer to “an alcoholic” or “an addict.” Instead say that a character “is addicted to alcohol/drugs” or “has alcohol use disorder,” just as we would refer to someone “having cancer.”
- Show people seeking treatment. Include families finding the help that they need and living their lives in recovery.

Read More

To learn more, read the Carter Center Journalism Resource Guide on Behavioral Health at www.cartercenter.org/resources/pdfs/health/mental_health/2015-journalism-resource-guide-on-behavioral-health.pdf.

SAFE MESSAGING AND YOUTH

Early Life Experiences and Behaviors Can Have A Lifelong Impact

From the perspective of "What happened to you?" the next three sections provide insight into early-life experiences and behaviors and their impact on future decision-making, emphasizing youth vulnerabilities. We discuss the Adolescent Brain Cognitive Development Study, which provides insight into brain development, and the Adverse Childhood Experiences (ACEs) Study, which explores how childhood trauma influences long-term health outcomes.

Trauma is the gauge for answering the questions, "What happened to you? What challenges have you experienced in your life?" Writing stories with the perspective of asking what happened to a character rather than what is wrong, the character can transform the audience's perspective and allow hope to thrive.

Trauma is the gauge for answering the questions, "What happened to you?"



Research has shown that brain development continues into the 20s – a time that encompasses many important developmental and social changes in a person’s life.

Adolescent Brain Cognitive Development (ABCD)

Research has shown that brain development continues into the 20s – a time that encompasses many important developmental and social changes in a person’s life. Yet there remain important questions about the factors that influence brain development and their impact on physical, cognitive, emotional, and academic trajectories.

The ABCD Study is “the largest long-term study of brain and cognitive development in children across the United States.”¹ It explores the factors that influence development from birth through the mid-twenties and answers questions about how human biology interacts with the physical and social environment. Adolescence is a critical developmental phase, and the ABCD Study helps public health professionals understand the impact of different life experiences and exposures on long-term health outcomes.²

Why Do We Need the ABCD Study?

Adolescence is a period of dramatic brain development in which children are exposed to all sorts of experiences. Yet our understanding of precisely how these experiences interact with each other and a child’s biology to affect brain development – and, ultimately, social, behavioral, health, and other outcomes – is still incomplete. As the only study of its kind, the ABCD study will yield critical insights into the foundational aspects of adolescence that shape a person’s future.

According to the National Institutes of Health’s Institute on Drug Abuse,³ this study helps scientists:

- Map “individual developmental trajectories,” or the ways that an individual’s cognitive, emotional, and academic growth is affected over time, and understand the influences on that growth.
- Study the interaction of genes and environment.
- Track the development of mental health disorders.
- Explore how exercise, sleep, access to technology, sports-related injury, and other exposures during youth influence brain development.
- Examine how the use of substances (e.g., alcohol, caffeine, nicotine) and intake means (e.g., vaping, consuming) affect youth development.
- Evaluate the effectiveness of state and local policies or laws (e.g., age restrictions on purchasing substances) in influencing youth substance use.

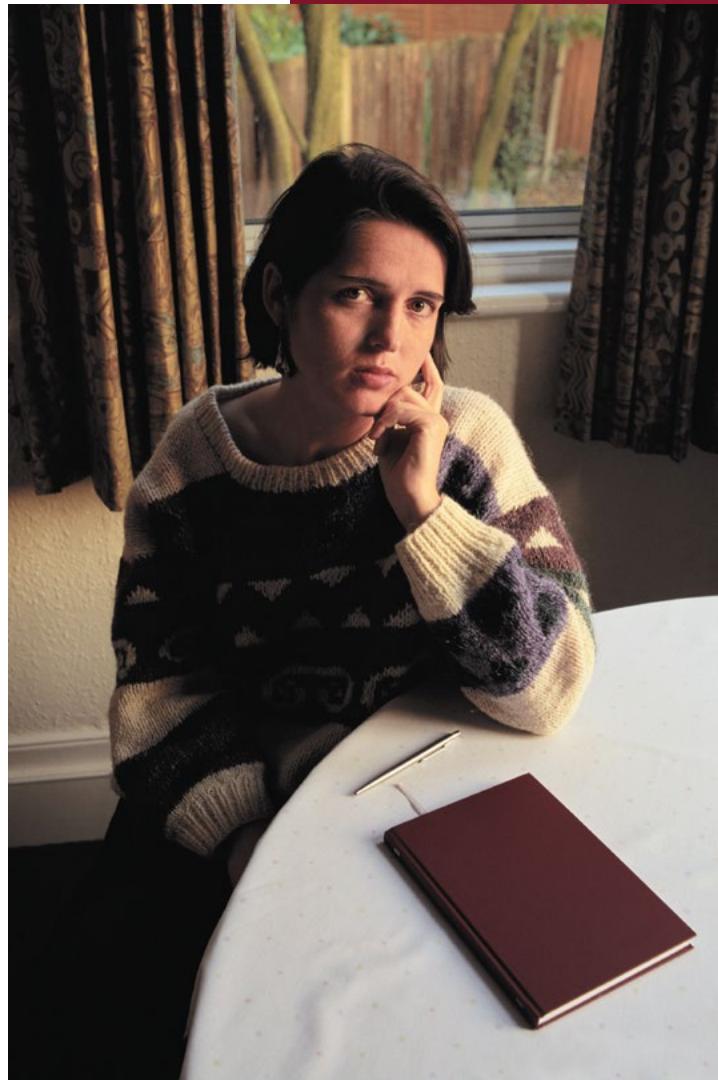
For Your Consideration: Depiction and Messaging Suggestions

- Consider addressing adolescent brain development, the concept of mental health disorders progressing, and the ages associated with different developmental stages.

Read More

The ABCD Study is funded in part by one of the Picture This contributor, National Institute on Drug Abuse, the National Institutes of Health. For more information, visit <https://www.drugabuse.gov/related-topics/adolescent-brain> and <https://www.drugabuse.gov/drug-topics/adolescent-brain/longitudinal-study-adolescent-brain-cognitive-development-abcd-study>.

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Those in the justice system, like those in entertainment, can look through a “trauma lens” to empathize with those who have ACEs and make a difference in the lives of those affected.⁷

Adverse Childhood Experiences (ACEs) Study – Impact of Trauma on the Future

The Centers for Disease Control and Prevention (CDC) sponsored a study of obesity in women that evolved into one of the most significant explorations of how childhood experiences influence long-term health outcomes.

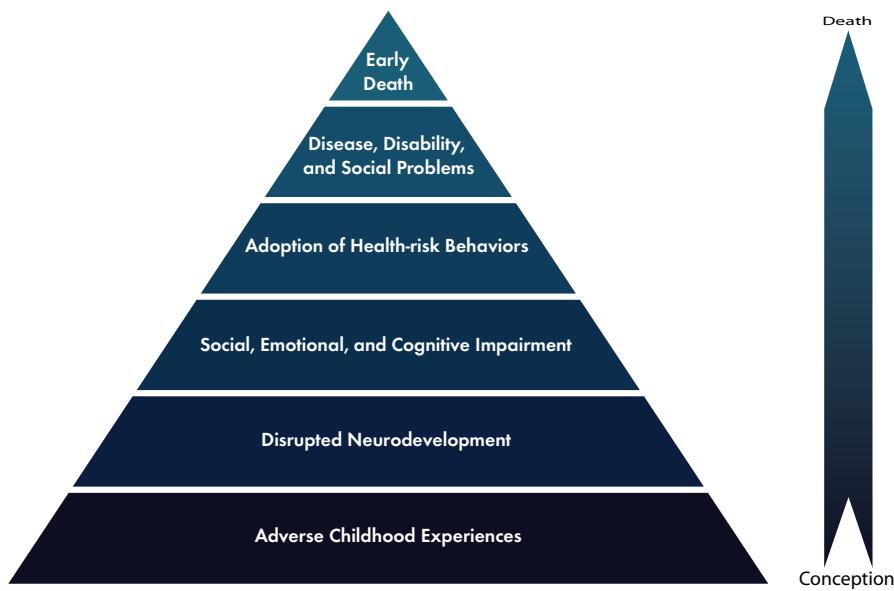
Scientists learned that women in their study referred to the need to gain weight for a sense of protection. This finding prompted further questions about trauma and developed into the Adverse Childhood Experiences (ACEs) Study. The ACEs Study informs how we view behavior by quantifying adversity and providing insight into future behavior.⁴

The ACEs Study was started by Kaiser Permanente in the late 1990s. Thousands of health professionals across Southern California collected data regarding patient childhood experiences and current health status and related behaviors. The CDC continues to monitor the effects of adverse childhood experiences by assessing the medical status of the study participants. These experiences may include witnessing domestic violence, having a parent with substance use disorder, having a parent who was in prison, or being emotionally or verbally abused.⁵

Dr. Vincent Felitti, one of the original investigators on the CDC study, gave a plenary presentation at the Annual Education Program of the Florida Conference of Circuit Judges, during which he explained the ways that the justice system can be more understanding of childhood trauma’s role in human behavior. He stated that “the perceived problem is often someone’s attempted solution to problems about which we keep ourselves unaware.”⁶ In other words, negative behaviors often relate to unhealthy means for coping with trauma. Those in the justice system, like those in entertainment, can look through a “trauma lens” to empathize with those who have ACEs and make a difference in the lives of those affected.⁷



The following pyramid was developed by the CDC to illustrate the mechanism by which ACEs can increase someone's risk for disease and impact well-being throughout their life.⁸



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Image Source: National Center for Injury Prevention and Control, Division of Violence Prevention (2019).

“The perceived problem is often someone’s attempted solution to problems about which we keep ourselves unaware.”⁶ In other words, negative behaviors often relate to unhealthy means for coping with trauma.

Dr. Vincent Felitti

For Your Consideration: Depiction and Messaging Suggestions

- Consider a story on bullying from the perspective of someone who learned the bullying behavior from a parent or older sibling. Avoid demonizing the person; ask what happened to them and show them getting help and support.
- Consider a young person who is drawn to high-risk behavior. Is this their way of connecting with others and avoiding being perceived as isolated?

Read More

Learn more about the ACEs Study: <https://www.cdc.gov/violenceprevention/acestudy/about.html>

Learn more about the ABCD Study: <https://www.nimh.nih.gov/research-research-funded-by-nimh/research-initiatives/adolescent-brain-cognitive-development-study-abcd-study.shtml>

Learn about the link between ACEs and substance misuse: <https://www.ncbi.nlm.nih.gov/pubmed/12612237>

Learn about the link between ACEs and suicide: <https://www.ncbi.nlm.nih.gov/pubmed/11754674>

Read the post by Judge Lynn Tepper about Dr. Felitti's speech: <https://www.acesconnection.com/blog/turning-gold-into-lead-understanding-the-role-of-aces-to-our-work>.

Read Dr. Felitti's research: Felitti, Vincent J et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventative Medicine*, pp. 245–258. Accessed Online [https://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/fulltext](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext)

References

¹NIDA. Adolescent Brain. National Institute on Drug Abuse website. <https://www.drugabuse.gov/related-topics/adolescent-brain>. Published December 3, 2015. Accessed March 4, 2020.

²NIMH. Adolescent Brain Cognitive Development (ABCD Study). National Institute of Mental Health website. <https://www.nimh.nih.gov/research-research-funded-by-nimh/research-initiatives/adolescent-brain-cognitive-development-study-abcd-study.shtml>. Updated August 2016. Accessed March 4, 2020.

³Ibid.

⁴National Center for Injury Prevention and Control, Division of Violence Prevention. About the CDC-Kaiser ACE Study. cdc.gov. <https://www.cdc.gov/violenceprevention/acestudy/about.html>. Updated April 2, 2019. Accessed March 4, 2020.

⁵Ibid.

⁶Tepper, Lynn. Turning Gold into Lead: Understanding the Role of ACES to Our Work as Judges. ACES Connection website. <https://www.acesconnection.com/blog/turning-gold-into-lead-understanding-the-role-of-aces-to-our-work>. Published November 6, 2018. Accessed March 4, 2020.

⁷Ibid.

⁸National Center for Injury Prevention and Control, Division of Violence Prevention. About the CDC-Kaiser ACE Study. cdc.gov. <https://www.cdc.gov/violenceprevention/acestudy/about.html>. Updated April 2, 2019. Accessed March 4, 2020

Suicide Prevention: Safe Messaging and Depiction Suggestions

Safe messaging about suicide means portraying stories of hope and recovery, not just stories of suicide death, as part of developing authentic characters.

Context for Hope

Suicide affects millions of Americans each year – many of whom may watch your show or film. Nearly half of the U.S. population reports knowing someone who died by suicide. Further, over 150 research studies worldwide have found that certain types of media portrayals can increase the likelihood of suicide in vulnerable individuals. Thoughtful consideration should be given to suicide depictions in the media.

There is hope. About 90% of people who attempt suicide and survive do not later go on to die by suicide.¹ These stories offer rich, relatable content for storylines. VA's **Make the Connection** portrays Veterans talking about their own recovery from issues such as PTSD, depression, and suicidal ideation. Visit the site to learn from their experiences.

Stories of coping through suicidal experiences are more often the rule than the exception, and research demonstrates that media exposing communities to stories about how people coped with suicidal ideation and crisis are associated with reductions in the suicide rate.

Entertainment media representatives and suicide prevention experts have come together to offer the following guidance for developing engaging and authentic stories about suicide.

For Your Consideration: Depiction and Messaging Suggestions

- Avoid showing characters engaging in suicidal behaviors either self-harming or dying by suicide. Instead show them surviving thoughts of suicide. If depicting a character who dies by suicide, state that the character died by suicide rather than showing the method.
- Avoid referring to suicide as an epidemic.
- Avoid quantifying the number of deaths by suicide per day/week/year. This can give the impression that suicide is normalized among specific demographic groups, i.e. youth, veterans, elderly; it has the potential to create unintended consequences, rather than call for help.
- Convey that most people find ways to survive thoughts of suicide and cope with major stressors. Avoid storylines that make suicide seem more common than it is or that glorifies suicide. This is particularly important for certain populations (e.g., Veterans, LGBT youth) for whom incorrect narratives (e.g., "Veterans are broken, and most Veterans with PTSD take their life," "LGBT youth who are bullied kill themselves") can undermine prevention and increase risk.

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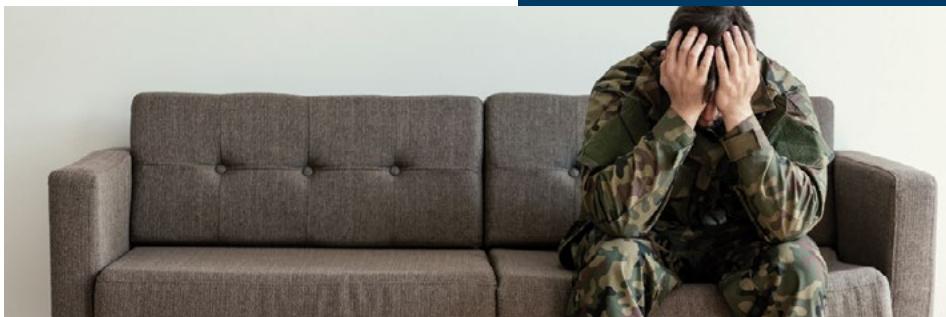
- Focus on suicidal thoughts and/or grief following a suicide attempt, not just the death by suicide. Depicting a character's suicidal thoughts offers the opportunity to illustrate how someone can successfully overcome suicidal thoughts. If there is a suicide death, avoid detailed depictions of suicide methods (e.g., showing how someone took their life), as those have the potential to increase suicidal behavior, or create contagion.
- Use nonjudgmental language. Use terms like "died by suicide" instead of "committed suicide" (which connotes a crime).
- Reinforce the power of relationships. Depict the power of relationships in creative ways that underscore the role that others (e.g., friends, family members, neighbors, faith communities, teammates, co-workers) play when someone is in crisis. Showing ordinary people asking someone whether they are going through a hard time or whether they need help counters the inaccurate idea that only mental health professionals can help or that these questions increase the likelihood of suicide. In fact, openly discussing a character's suicidal ideation offers the opportunity to explore the emotional pain a character is experiencing and for another character to demonstrate support.
- Convey that suicidal ideation or suicidal thoughts are often of limited duration. People who attempt suicide are often acutely distressed or in crisis at that particular moment. Depictions should accurately portray the opportunity for intervention.
- Portray suicide as complex. Losing someone to suicide is typically the result of multiple factors affecting an individual (e.g., mental health disorders, relationships, substance misuse, physical health, and financial, legal, and job-related problems). There is no single cause of suicide.
- Recognize help, hope, and healing in storylines. Depicting characters navigating suicidal crises and coping with them can deepen the impact of the story and its characters. Create a character who seeks and receives help to convey that support is available and healing is possible. Show help-seeking, such as calling or texting crisis hotlines (listed below), consulting mental health professionals, or seeking support from someone (e.g., a family member, friend, or acquaintance). Feature characters who have experienced suicidal thoughts or attempts and have survived. It is important to convey the message that treatments for mental health disorders and substance use disorders are an effective means of preventing suicide.
- Show suicide prevention successes. Have a character provide support to someone in crisis (e.g., helped them get care, removed access to lethal means such as firearms or pills), interrupt a suicide attempt, or help someone get help for suicidal thinking. Show that the beneficiary goes on to live. For ideas on how a character could support someone, see the action steps at www.bethe1to.com, www.take5tosavelives.org, and MakeTheConnection.net.

- Highlight the healing process associated with suicide loss. For each person who dies by suicide, there are an estimated 135 people affected. The suicide grief journey is complex and can enrich story lines when incorporated appropriately. It is recommended that stories avoid memorializing someone who died by suicide. For Veterans' loved ones, the Tragedy Assistance Program for Survivors (TAPS) offers resources and support for those who have lost someone to suicide.
- Consult with suicide prevention messaging experts and explore stories of lived experience. Recognizing the power of stories drawn from personal experience, there are organizations documenting stories related to suicide. Consider consulting these resources and stories and working with a suicide prevention messaging expert as you construct the storyline. Include in your stories people coping with suicidal experiences or survivors of a suicide loss who are trained in suicide prevention messaging.
- Promote resources to viewers. Resources could include a postproduction public service announcement that offers a message of hope and presents resources, such as the following:
 - National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
 - Veterans Crisis Line: 1-800-273-8255 and Press 1, text to 838255, or chat online at VeteransCrisisLine.net/Chat for Veterans, service members, National Guard and Reserve members, as well as those calling on their behalf.
 - Crisis Text Line: text "HOME" to 741741
- Social Media Safe Messaging: Knowing how to get help for a social media friend can save a life. If you are concerned about a friend's updates, you can contact the social media site directly or dial 911 in an emergency. You can also use VA's *Social Media Safety Toolkit for Veterans, Their Families, and Friends*, which equips everyone with the knowledge needed to respond to social media posts that indicate a Veteran may be having thoughts of suicide. Download the toolkit at <http://bit.ly/VASocialSafety>.

Reference

¹Harvard Injury Control Research Center, Harvard School of Public Health. Means Matter. Harvard T.H. Chan School of Public Health website. <https://www.hsph.harvard.edu/means-matter/means-matter/survival/> Accessed March 4, 2020.

Veterans Crisis Line:
1-800-273-8255 and Press 1,
text to 838255, or chat online
at VeteransCrisisLine.net/Chat for
Veterans, service members,
National Guard and Reserve
members, as well as those
calling on their behalf.



Suicide is preventable.

RISK FACTORS FOR SUICIDE

The next five sections describe the risk factors for suicide. Three of the sections highlight the connection between substance use disorders and other mental health disorders as well as suggest media depictions for your consideration.



Signs, Symptoms, Risk Factors, and Action Steps to Help and Inspire Hope

Suicide Is a Major Public Health Concern

Suicide is a national public health issue that affects communities everywhere. Each year, more than 45,000 people die by suicide, including about 6,000 Veterans.¹ Suicide is the 10th leading cause of death in the nation.²

Suicide is preventable. All of our nation's health systems and communities must work collectively to reduce suicide rates using the best available information and practices. This includes understanding the warning signs and how to get help to save lives.

When talking about suicide, this document refers to the National Institutes of Health definitions³ below:

- Suicide is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.
- A suicide attempt is a nonfatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
- Suicidal ideation refers to thinking about, considering, or planning suicide.

Research has shown that chronic health conditions, including chronic pain, substance use disorders, and other mental health disorders, are associated with increased suicide risk. Further, patients receiving opioid therapy for chronic pain are at elevated risk for mental health conditions and suicide attempts.⁴

All of our nation's health systems and communities must work collectively to reduce suicide rates using the best available information and practices. This includes understanding the warning signs and how to get help to save lives.

In 2018,⁵ the suicide risk was greatest at different ages for women and men (reference https://www.cdc.gov/nchs/products/databriefs/db362.htm#section_2):

- Among females, suicide rates were highest for those ages 45–64 and lowest for those aged 10–14 from 1999 through 2018.
- Among males, suicide rates were highest for those age 75 and over and lowest for those aged 10–14 from 1999 through 2018.
- Children and young adults also are at risk for suicide. Suicide is the second leading cause of death for people ages 10 to 34.

The **2019 VA National Suicide Data Report** analyzes the most recent available suicide data for both Veteran and non-Veteran populations.

For more information, visit https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf.

Risk Factors for Suicide

Suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk. Suicidal behavior is complex and there is no single cause. In fact, many different factors contribute to someone attempting suicide. However, people most at risk tend to share certain characteristics. The main risk factors for suicide are:⁶

The following can all be suicide warning signs⁷:

- Appearng sad or depressed most of the time
- Hopelessness; feeling like there's no way out
- Anxiety, agitation, sleeplessness, or mood swings
- Feeling as if there is no reason to live
- Feeling excessive guilt, shame, or sense of failure
- Rage or anger
- Engaging in risky activities without thinking
- Losing interest in hobbies, work, or school
- Increasing alcohol or drug misuse
- Neglecting personal welfare; a deteriorating physical appearance
- Withdrawing from family and friends
- Showing violent behavior, such as punching a hole in the wall or getting into fights
- Giving away prized possessions
- Getting affairs in order, tying up loose ends, or writing a will

The following signs require immediate attention:

- Thinking about hurting or killing yourself
- Looking for ways to kill yourself
- Talking about death, dying, or suicide
- Self-destructive behavior such as drug misuse, carelessly handling weapons, etc.

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has recently increased in severity. Family members and friends are often the first to recognize the signs of suicide risk and can be the first to help an at-risk individual find treatment from a mental health professional.

For Your Consideration: Depiction and Messaging Suggestions

Five Action Steps for Helping Someone in Emotional Pain or Crisis:

1. Ask: "Are you thinking about taking your own life?" It's not an easy question, but studies show that asking at-risk individuals whether they are suicidal does not increase the risk for suicide or suicidal thoughts.
2. Keep them safe: Reducing a suicidal person's access to highly lethal items or settings is an important part of suicide prevention. Asking whether the at-risk person has a safety plan and encouraging them to remove or secure lethal means such as firearms and medications can be lifesaving.
3. Be there: Listen carefully and learn what the person is thinking and feeling. Findings suggest acknowledging and talking about suicide may reduce rather than increase the incidence of suicidal thoughts.
4. Help them connect: Save the National Suicide Prevention Lifeline's number in your phone so it's there when you need it: 1-800-273-TALK (8255). Veterans and their loved ones can reach the Veterans Crisis Line by dialing the same number and then pressing 1. You can also help the person get in touch with someone they trust, such as a family member, friend, spiritual advisor, or mental health professional.
5. Stay connected: Staying in touch after a crisis or after the person is discharged from care can make a difference. Studies have shown that the rate of suicide deaths decreases when someone follows up with the person at risk.

Read More

Morbidity and Mortality Weekly Report (MMWR) "Vital Signs" on suicide: https://www.cdc.gov/mmwr/volumes/67/wr/mm6722a1.htm?s_cid=mm6722a1_w

2018 CDC document describing increases in suicide rates: <https://www.cdc.gov/nchs/products/databriefs/db309.htm>

CDC suicide prevention page, which includes the video "What Is Suicide?": <https://www.cdc.gov/violenceprevention/suicide>

The vulnerability for experiencing multiple disorders at once may be attributed to how the brain is still developing during adolescence, making youths more susceptible to co-occurrence.

References

¹Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs. National Strategy for Preventing Veteran Suicide. Washington, DC: U.S. Dept of Veterans Affairs; 2019. Retrieved from https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf

²National Center for Injury Prevention and Control, Division of Violence Prevention. Preventing Suicide. Atlanta, GA: Centers for Disease Control and Prevention; 2018. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/suicide-factsheet.pdf>

³NIMH. Suicide. National Institute of Mental Health website. <https://www.nimh.nih.gov/health/statistics/suicide.shtml>. Updated April 2019. Accessed March 4, 2020.

⁴Ashrafioun, L, Kane, C, Bishop, T, Britton, P, Pigeon, W. The association of pain intensity and suicide attempts among patients initiating pain specialty services. *J.Pain.* 2019;20(7):852–859. doi:10.1016/j.jpain.2019.01.012

⁵Hedegaard, H., Curtin, S., Warner, M. *Suicide Rates in the United States Continue to Increase*. Hyattsville, MD: National Center for Health Statistics; 2018. NCHS Data Brief, no 309. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db309.htm>

⁶Ibid.

⁷American Foundation for Suicide Prevention. Risk Factors and Warning Signs. American Foundation for Suicide Prevention website. <https://afsp.org/about-suicide/risk-factors-and-warning-signs>. Accessed March 4, 2020.

Suicide Risk Among Young People

Suicide is the second leading cause of death for people ages 10 to 34.¹ Prevalent risk factors for suicide in this age group include substance use disorder and mental health conditions such as depression.

Research shows mental health disorders appear at early ages and differ by diagnosis and severity based on when they appear.² Multiple disorders, such as both depression and substance misuse, can often co-occur among youths.^{3,4,5} Even though drug misuse and substance use disorder can occur at any time during a person's life, drug misuse typically starts in adolescence. Exposures to substances and other negative environmental factors, such as trauma, can change how the brain functions, resulting in a disorder.⁶ The vulnerability for experiencing multiple disorders at once may be attributed to how the brain is still developing during adolescence, making youths more susceptible to co-occurrence.

Furthermore, members of certain communities may be more likely to experience distress and may be more at risk for negative health outcomes. For example, lesbian, gay, and bisexual individuals report higher rates of frequent mental distress and depression than their straight counterparts.⁷ Transgender children and adolescents have higher rates of depression, suicidality, self-harm, and eating disorders than their cisgender counterparts.⁸

It is particularly important to consider the social and environmental factors that influence these higher rates of mental health conditions among LGBT youths. In depicting transgender or gender non-conforming youths, it is important to consider the pronouns in character dialogue. Show the use of preferred pronouns as part of mutually respectful conversation.

Safe Messaging To Prevent Suicide and Responding to Grief, Trauma, and Distress After a Suicide: National Guidelines

There are resources to assist with crafting these storylines, including a strategic document outlining how communities can effectively respond to the devastating impact of suicide loss. Developed by the Action Alliance's Survivors of Suicide Loss Task Force, [After a Suicide: A Toolkit for Schools](#) paves the way for advances in postvention services for youth, including support for the bereaved after a suicide.

Safe messaging to prevent suicide is extremely important. Studies have shown that graphic depictions of suicidal behavior have an adverse impact on viewers, especially young people. In addition to the recommendations below, the U.S. Department of Veterans Affairs has developed Safe Messaging Best Practices to help prevent suicide contagion, the phenomenon in which exposure to a suicide increases the risk for more suicides. By reviewing the guidelines and incorporating safe messaging recommendations, you can avoid a negative impact on young audience members.

In depicting transgender or gender non-conforming youths, it is important to consider the pronouns in character dialogue. Show the use of preferred pronouns as part of mutually respectful conversation.

Studies have shown that graphic depictions of suicidal behavior have an adverse impact on viewers, especially young people. In addition to the recommendations below, the U.S. Department of Veterans Affairs has developed Safe Messaging Best Practices to help prevent suicide contagion, the phenomenon in which exposure to a suicide increases the risk for more suicides.

For Your Consideration: Depiction and Messaging Suggestions

- Consider having a character who expresses not feeling “normal” based on what they perceive “normal” to be and having another character explore these feelings with them. This can inspire someone else to seek help and feel hopeful rather than despairing.
- Approach the language we use to describe people in dialogue, especially the pronouns, with care. Show acceptance of using preferred pronouns and highlight the hurt it causes to invalidate someone’s pronouns.
- Refrain from showing youth engaging in suicidal behavior to reduce the risk of suicide contagion. Instead, show youths experiencing thoughts of suicide and reaching out for help. This may encourage others to do the same.

Read More

To learn more about safe messaging, visit <http://www.sprc.org/resources-programs/after-suicide-toolkit-schools>, <https://www.mentalhealth.va.gov/suicide-prevention/docs/OMH-086-VA-OMHSP-Safe-Messaging-Factsheet-4-9-2019.pdf> and <http://www.sprc.org/keys-success/safe-messaging-reporting>.

To learn more about preventing youth suicide, visit <https://www.jedfoundation.org> and <https://www.thetrevorproject.org>.

To learn more about supporting those who have lost someone to suicide, visit <https://afsp.org/find-support/ive-lost-someone> and <https://suicidology.org/resources/suicide-loss-survivors>



References

¹National Center for Injury Prevention and Control, Division of Violence Prevention. Preventing Suicide. cdc.gov. <https://www.cdc.gov/violenceprevention/suicide/fastfact.html>. Updated September 5, 2019. Accessed March 4, 2020.

²NIDA. Common Comorbidities with Substance Use Disorders. National Institute on Drug Abuse website. <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders>. Updated February 27, 2018. Accessed March 4, 2020.

³Sheidow AJ, McCart M, Zajac K, Davis M. Prevalence and impact of substance use among emerging adults with serious mental health conditions. *Psychiatr Rehabil J.* 2012;35(3):235–243. doi:10.2975/35.3.2012.235.243.

⁴Sterling S, Weisner C, Hinman A, Parthasarathy S. Access to Treatment for Adolescents With Substance Use and Co-Occurring Disorders: Challenges and Opportunities. *J Am Acad Child Adolesc Psychiatry.* 2010;49(7):637–726. doi:10.1016/j.jaac.2010.03.019.

⁵Bukstein OG, Horner MS. Management of the adolescent with substance use disorders and comorbid psychopathology. *Child Adolesc Psychiatr Clin N Am.* 2010;19(3):609–623. doi:10.1016/j.chc.2010.03.011.

⁶NIDA. Common Comorbidities with Substance Use Disorders. National Institute on Drug Abuse website. <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness> Updated February 27, 2018. Accessed March 4, 2020.

⁷Gonzales G, Henning-Smith C. Health Disparities by Sexual Orientation: Results and Implications from the Behavioral Risk Factor Surveillance System. *J Community Health.* May 2017. doi:10.1007/s10900-017-0366-z.

⁸Connolly MD, Zervos MJ, Barone CJ, Johnson CC, Joseph CLM. The Mental Health of Transgender Youth: Advances in Understanding. *J Adolesc Health Off Publ Soc Adolesc Med.* 2016;59(5):489–495. doi:10.1016/j.jadohealth.2016.06.012.

Calls to Action for Viewers: Where To Call for Help and Find Treatment

Instant access: The ability to get immediate help for yourself or for a friend can make a difference. Consider showing a character saving a crisis line number in their phone or a character helping another character to find treatment. In the end cards following a depiction that features suicide or someone needing mental health or substance use treatment, consider suggesting that your audience save the following numbers:

- The phone number for a trusted friend or relative
- The nonemergency number for their local police department
- National Suicide Prevention Lifeline: Available 24 hours a day, seven days a week, at 1-800-273-TALK (8255) and suicidepreventionlifeline.org. Those who are deaf or hard of hearing can contact the Lifeline by TTY at 1-800-799-4889. Related resources include the following:
 - **Veterans Crisis Line:** Available 24 hours a day, seven days a week. If you or someone you know is in crisis, connect with the Veterans Crisis Line to reach caring, qualified responders. Call **1-800-273-8255 and Press 1, text to 838255, or chat online at VeteransCrisisLine.net/Chat.**
 - **Crisis Text Line (741741)**

For Your Consideration: Providing Resources for Your Audience:

- **VA, National Resource Directory** & SAMHSA Behavioral Health Treatment Services Resource Directories: No matter what you are experiencing, there are resources and support systems to help. Whether you're looking for clinical care, counseling, assistance with benefits, or something else, we're here. Use the tool below to find resources and assistance close to you. <https://www.veteranscrisisline.net/get-help/local-resources>
- **VA, Substance Use Disorder (SUD) Program Locations:** To learn more about Substance Use Disorders (SUD) Program in your area, visit the VA directory here: <https://www.va.gov/directory/guide/sud.asp>
- **PsychArmor Institute**, in partnership with VA, developed a free online training video to help anyone learn how to identify the signs of suicide risk in a Veteran, ask the Veteran questions, validate the Veteran's experience, escort the Veteran to care, and expedite treatment. To watch the video, visit <https://psycharmor.org/courses/s-a-v-e>.
- **VA National Center for PTSD:** It's never too late to get help. Learn more about PTSD and your treatment options: <https://www.ptsd.va.gov>

Is Drug Addiction a Mental Health Disorder? Yes.

Substance use disorders (SUDs) alter brain chemistry, influencing needs, desires, and impulses. Substance use disorders are considered mental health disorders and often co-occur with other mental health issues. This is known as “comorbidity,” or when a person experiences multiple disorders at once.¹

It is common for someone with a SUD to also have a mental health disorder or to later develop one. According to research, nearly half of those living with a mental health diagnosis will also experience a SUD in their lifetime. The opposite is also true.^{2,3}

Mental health disorders and SUDs have similar risk factors, such as genetic predisposition and trauma. They can also be treated in similar ways, and those with comorbid disorders should be treated for all conditions, not just one condition at a time.⁴

Also, while these conditions often co-occur, there isn’t evidence that one causes the other. Research suggests that the relationship between disorders may be associated with risk and brain chemistry. For instance, someone with a mental health disorder may turn to substances as a form of self-medication to help cope with negative symptoms.⁵ A mental health disorder may also modify brain pathways and change how the body responds to addictive substances. New pathways created by addiction may increase someone’s risk for developing a mental health disorder.⁶

Those with a serious mental illness, or a “diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits ... major life activities,” are most at risk for having co-occurring SUDs.⁷ According to the National Institutes of Health (NIH), about 1 in 4 people with a serious mental illness also have an SUD.

Also, while these conditions often co-occur, there isn’t evidence that one causes the other.

Read More

NIH facts about comorbidity:

<https://www.drugabuse.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mental-illnesses> and <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness>

References

¹NIDA. Comorbidity: Substance Use Disorders and Other Mental Illnesses. National Institute on Drug Abuse website. <https://www.drugabuse.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mental-illnesses>. Updated August 1, 2018. Accessed March 4, 2020.

²Ross S, Peselow E. Co-occurring psychotic and addictive disorders: neurobiology and diagnosis. *Clin Neuropharmacol.* 2012;35(5):235–243. doi:10.1097/WNF.0b013e318261e193

³Kelly TM, Daley DC. Integrated Treatment of Substance Use and Psychiatric Disorders. *Soc Work Public Health.* 2013;28(0):388–406. doi:10.1080/19371918.2013.774673

⁴NIDA. Comorbidity: Substance Use Disorders and Other Mental Illnesses. National Institute on Drug Abuse website. <https://www.drugabuse.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mental-illnesses>. Updated August 1, 2018. Accessed March 4, 2020.

⁵Santucci K. Psychiatric disease and drug abuse. *Curr Opin Pediatr.* 2012;24(2):233–237. doi:10.1097/MOP.0b013e3283504fbf

⁶Ibid.

⁷NIDA. Common Comorbidities with Substance Use Disorders. National Institute on Drug Abuse website. <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders>. Updated February 27, 2018. Accessed March 4, 2020.



Suicide Among People Addicted to Opioids and Other Substances

When we look at who is dying from suicide and who is dying from opioids, we see that there is overlap in the population demographics.

Suicide rates in the U.S. have increased in all age groups under 75, and opioid deaths have increased by nearly six times the deaths since 1999.¹

Certain groups have had the greatest increases, including²:

- Males
- People ages 35–64
- Non-Hispanic whites
- Non-Hispanic, American Indians, and Alaska Natives
- People living in rural areas

Experiencing chronic pain may explain part of the connection between suicide and opioid misuse. According to the 2018 National Survey on Drug Use and Health, the top cited reason for pain medication misuse was to relieve physical pain.³ A study on Veteran suicide risk found that Veterans who experienced high pain intensity had lower survival rates than those with mild to no pain had. Therefore, experiencing intense pain may contribute to opioid misuse, which increases risk for suicide and overdose.⁴

The U.S. Department of Veterans Affairs⁵ has released several resources to equip health care providers and patients with information on responsible pain management. When writing a character experiencing pain, consider showing them using one of these alternative pain management strategies:

- General self-care (yoga, meditation, change in diet, regular sleep habits)
- Nonmedication therapies (cognitive behavioral therapy, acupuncture, physical or occupational therapy)
- Nonopioid medications (topical gels or ointments, anti-inflammatory medicines, antidepressants)

More than 750,000 people have died since 1999 from a drug overdose.

Two out of three drug overdose deaths in 2018 involved an opioid.

(<https://www.cdc.gov/drugoverdose/data/index.html>)

Centers for Disease Control and Prevention (CDC): *Saving Lives, Protecting People*

Avoid a “treatment and release” conclusion when showing an overdose experience treated in a hospital emergency department.

For those who have developed opioid use disorder and others who misuse opioids, there is hope for reducing the risk for overdose death. Naloxone, an overdose-reversing drug, is effective in preventing death when administered correctly and at the right time.⁶ Naloxone use has increased among police officers, emergency medical professionals, and first responders. Public health organizations and communities have advocated for more widespread Naloxone education and Good Samaritan laws, such as those for CPR, for bystanders that assist someone experiencing an overdose. VA has been a leader in Naloxone distribution, providing over 200,000 Veterans with the medication and documenting over 700 successful overdose reversals as of September 2019.⁷

For Your Consideration: Depiction and Messaging Suggestions

- Avoid a “treatment and release” conclusion when showing an overdose experience treated in a hospital emergency department. The overdose reversal is critical; also important is the next step. Immediately releasing a patient after a near-death experience can be dangerous. Include a social worker or other health care provider following up with the patient to give hope and address the bigger picture.
- Recognize the dual diagnosis of a substance use disorder and another mental health disorder. This complex situation can provide engaging insight into a character’s challenges, the search for treatment, and the journey to recovery.
- Look at the lives lost to substance misuse, substance use disorder, and suicide. These are complex and sometimes intertwined tragedies. What happened to the characters before the tragedy? The science of substance use and mental health disorders may offer answers.
- Consider depicting the symptoms of a mental health disorder and the character’s unsuccessful attempt to hide the disorder and self-medicate.
- Consider depicting a character’s visit to a doctor and the challenges of focusing on symptoms, diagnosis, and treatment – showing a successful outcome.
- Consider depicting a character who successfully recovered from substance use disorder and has moved past a suicidal crisis.

At the time of this article, Massachusetts attributed about 2% of opioid overdoses to suicide, but research suggests that as many as 45% of opioid overdoses could be suicides.

Read More

CDC study examining the link between chronic pain and suicide:

<http://annals.org/aim/fullarticle/2702061/chronic-pain-among-suicide-decedents-2003-2014-findings-from-national>

NIH research linking opioid use disorder with increased self-reporting of suicidal thoughts and suicide attempts: <https://www.ncbi.nlm.nih.gov/pubmed/28364579>

CDC document describing increases in overdose deaths: <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

VA's "From Science to Practice" literature review describing reduced access to lethal means as a form of suicide prevention:

https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_Lethal_Means_508_FINAL_04-26-2019.pdf

VA press release on Naloxone distribution: <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5349>

SAMHSA short report on prescription drug misuse: https://www.samhsa.gov/data/sites/default/files/report_3210/ShortReport-3210.html

VA patient guide on safe and responsible opioid use: https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/OSI_docs/10-791-Safe_and_Responsive_Use_508.pdf

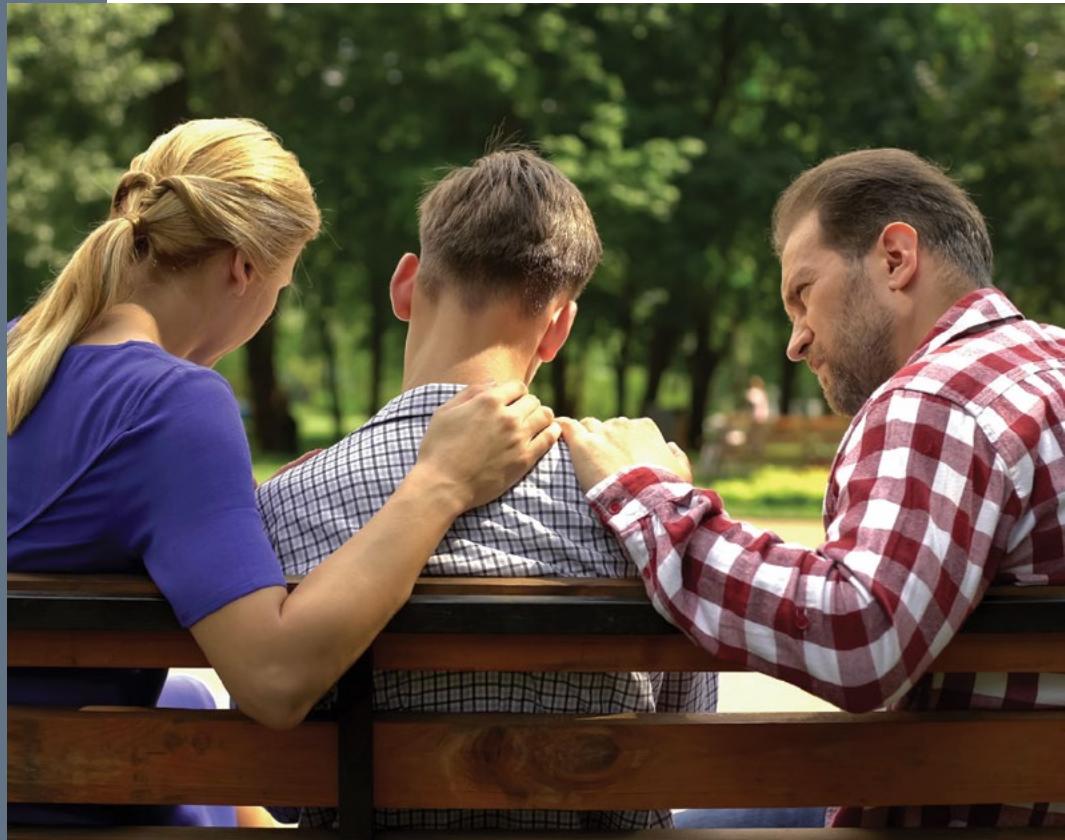
The National Survey on Drug Use and Health: <https://www.samhsa.gov/data/population-data-nsduh>.

Opioids and Suicide: The March 2018 NPR article "How Many Opioid Overdoses Are Suicides?" explores the relationships between opioid overdose, mental health, and suicide. In the article, Dr. Monica Bharel, a leader at the Massachusetts Department of Health, states:

"[The] tremendous amount of stigma surrounding both overdose deaths and suicide sometimes makes it extremely challenging to piece everything together and figure out unintentional and intentional."

FAMILIES: ADDICTED, AFFLICTED, AND AFFECTED

Whether a person is diagnosed with cancer or generalized anxiety disorder, the trajectory of their life changes in ways that can be hard to predict. The networks that surround them also share in their challenges, a fact that is often overlooked and underrepresented. These next three sections describe the effects of addiction on people of all ages within these networks.



Babies Born to Women with Substance Use Disorders

Babies are not born addicted; they are born in withdrawal.

Risks of Opioid Use During Pregnancy

According to the National Institutes of Health,⁸ untreated opioid use disorder during pregnancy can cause the following negative effects for the baby:

- Neonatal abstinence syndrome (NAS), or being born in withdrawal
- Stunted growth
- Being born premature
- Convulsions, or painful spasms or seizures
- Miscarriage, being stillborn, or death

Women with opioid use disorder may also experience:

- Increased risk for infection that can be passed on to the baby (e.g. HIV, hepatitis B)
- Malnutrition, which may affect fetal growth
- Dangers from drug seeking (e.g., violence and incarceration), which increases risk for complications

What Is Neonatal Abstinence Syndrome (NAS)?

NAS occurs when a baby is born in withdrawal from a substance, most commonly an opioid, that they were exposed to during pregnancy.⁹ The baby may experience symptoms such as tremors, diarrhea and other forms of gastrointestinal distress, seizures, and fever.¹⁰

Treating a Pregnant Woman with Opioid Use Disorder

Researchers have concluded that treating a pregnant woman who has opioid use disorder with methadone or buprenorphine is the most effective way to reduce harm for the baby and help the woman start treatment.¹¹ Methadone and buprenorphine are also opioids, but they are a safe means of reducing risk for NAS. For babies born with NAS, those who had mothers on these medications had less severe withdrawal symptoms than those with mothers who did not receive treatment.¹²

Treating a Baby in Withdrawal

Babies in withdrawal may also be treated with methadone or buprenorphine. They often stay in a hospital intensive care unit to receive IV fluids and a high-calorie baby formula.¹³ The March of Dimes states that comforting the baby through swaddling, breastfeeding, and skin-to-skin contact can also help ease recovery. Depending on the NAS severity, recovery time may vary from 5 to 30 days.¹⁴

Babies are not born addicted. NAS can be treated, and — most importantly — it can be prevented.

NAS occurs when a baby is born in withdrawal from a substance, most commonly an opioid, that they were exposed to during pregnancy.⁹

For Your Consideration: Depiction and Messaging Suggestions

- Most of these mothers want their babies to be healthy. Avoid labeling the mothers as sick with scenes of delirium and cruelty to their babies. This is not realistic and only adds to stigma.
- As among all people addicted to opioids, many of these women fear the pain of withdrawal, and many don't have access to treatment. They often live isolated lives for fear that their babies will be taken away. These fears keep women away from opioid treatment as well as proper prenatal care.
- The mothers view their lives as having few options and little hope. Mentioning community resources, in the form of a conversation with a doctor in the hospital or social worker, can offer hope to audience members who might otherwise be unaware and equally isolated.

Healthy Pregnancy, Healthy Baby

In September 2018, the Surgeon General released "Facing Addiction in America: The Surgeon General's Spotlight on Opioids," a condensed document with opioid-relevant content from the 2016 Surgeon General's Report on Alcohol, Drugs, and Health. The Spotlight on Opioids calls for a cultural shift in the way Americans talk about the opioid crisis and recommends actions that can prevent and treat opioid misuse and promote recovery.

In 2018, the Substance Abuse and Mental Health Services Administration published "Healthy Pregnancy, Healthy Baby" fact sheets to explain the processes for treating opioid use disorder and neonatal abstinence syndrome. They give women the information they need to seek care and to successfully manage both pregnancy and opioid use disorder treatment. The four fact sheets are titled:

- Opioid Use Disorder and Pregnancy
- Treating Opioid Use Disorder During Pregnancy
- Treating Babies Who Were Exposed to Opioids Before Birth
- Good Care for Mother and Your Baby

Read More

News Release on NAS study: <https://www.drugabuse.gov/news-events/news-releases/2010/12/buprenorphine-treatment-in-pregnancy-less-distress-to-babies>

NIDA Research Report: Substance Use in Women: <https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/summary>

References

¹National Center for Injury Prevention and Control. Understanding the Epidemic. cdc.gov. <https://www.cdc.gov/drugoverdose/epidemic>. Updated December 19, 2018. Accessed March 4, 2020.

²National Center for Injury Prevention and Control, Division of Bacterial Diseases. Opioid Prescribing. cdc.gov. <https://www.cdc.gov/vitalsigns/opioids>. Updated July 6, 2017. Accessed March 4, 2020.

³Lipari, R & Park-Lee, E. Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2019. HHS Publication No. PEP 19-5068, NSDUH Series H-54. Retrieved from <https://www.samhsa.gov/data/report/2018-nsduh-annual-national-report>

⁴Ashrafioun, L, Kane, C, Bishop, T, Britton, P, Pigeon, W. The association of pain intensity and suicide attempts among patients initiating pain specialty services. *J.Pain*. 2019;20(7):852–859. doi:10.1016/j.jpain.2019.01.012

⁵Veterans Health Administration. Safe and Responsible Use of Opioids for Chronic Pain: A Patient Information Guide. Washington, DC: U.S. Department of Veterans Affairs; 2018. IB 10-91, P96791. Retrieved from https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/OSI_docs/10-791-Safe_and_Responsible_Use_508.pdf

⁶Office of Public and Intergovernmental Affairs. VA Equips 200,000 Veterans with Lifesaving Naloxone. U.S. Department of Veterans Affairs website. <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5349> Updated November 2019. Accessed March 4, 2020.

⁷Ibid.

⁸NIDA. Treating Opioid Use Disorder During Pregnancy. National Institute on Drug Abuse website. <https://www.drugabuse.gov/treating-opioid-use-disorder-during-pregnancy>. Updated July 1, 2017. Accessed March 4, 2020.

⁹Ko JY, Wolicki S, Barfield WD, et al. CDC Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome. *MMWR Morb Mortal Wkly Rep* 2017;66:242–245. doi: <http://dx.doi.org/10.15585/mmwr.mm6609a2>

¹⁰NIDA. Treating Opioid Use Disorder During Pregnancy. National Institute on Drug Abuse website. <https://www.drugabuse.gov/treating-opioid-use-disorder-during-pregnancy>. Updated July 1, 2017. Accessed March 4, 2020.

¹¹Ibid

¹²Ibid.

¹³March of Dimes. Neonatal Abstinence Syndrome (NAS). March of Dimes website. [https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-\(nas\).aspx](https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-(nas).aspx) Updated June 2019. Accessed March 4, 2020.

¹⁴Ibid.

Youth who have experienced foster care are also incredibly resilient.

Data shows a significant jump — approximately a 30% increase — in the number of children living in three-generational homes since 1990.²

Impact of Substance Misuse, Suicide, and Other Issues on Child Custody; Grandparents Raising Grandchildren

“Grandfamilies:” A Growing Trend in American Families

Parents may voluntarily give up custody of their children to their parents for several reasons. These may include substance use, violence in the home, incarceration, serious mental illness, teen parenthood, and death.¹ This puts retirement on hold for thousands of grandparents. Data shows a significant jump — approximately a 30% increase — in the number of children living in three-generational homes since 1990.²

Reports estimate that 2% of U.S. children live with “grandfamilies.”³ While the percentage is small, there are nearly 74 million children in the U.S., so that means this affects approximately 1.48 million children.⁴ Many grandfamilies live below the poverty line, and often their “unofficial” status as a family under the law may exclude grandparents from receiving social services to support them in raising their grandchildren.⁵

Foster Care and Youth Transitions

When families are unable to care for children, the children may be placed in foster care. Unfortunately, research shows that children in foster care experience more challenges in their lives than their peers who are not in foster care do.⁶ [“Fostering Youth Transitions,”](#) by the Annie E. Casey Foundation, found a gap in educational attainment and financial security for youths transitioning out of foster care. It also found that this gap disproportionately affects children of color and that less than 25% of youths exiting foster care receive federally provided transition services.⁷

Leslie Gross, director of the Casey Foundation’s Jim Casey Youth Opportunities Initiative, was quoted in the Washington Post: “Young people at 18 or 21 are at this point of falling off a cliff because they don’t have the support or services they need. ... They also don’t have the folks they can rely on to help them make difficult decisions in their life and get them on the path to success.”⁸ When showing youths transitioning out of the foster care system, it is important to raise awareness around the challenges they experience. However, youths who have experienced foster care are also incredibly resilient. Consider striking a balance between the challenges that they are facing and their ability to overcome those obstacles through problem-solving, coping strategies, and social support through connections they’ve made.

For Your Consideration: Depiction and Messaging Suggestions

- Consider telling multigenerational stories in which the character addicted to drugs is an adult, not an adolescent. The dialogue you create for your adult characters about prevention and treatment should be very different from what you create for adolescent characters.
- For grandparents raising grandchildren whose parents have a substance use disorder, consider the grandparents' resulting conversations with friends or their lack of disclosure. The isolation is harmful, and forgoing support from friends and peers is a missed opportunity.
- Keep in mind that, as with any substance use disorder treatment, the likelihood of success increases with family involvement.

Read More

Fostering Youth Transitions: <https://www.aecf.org/resources/fostering-youth-transitions/>

Article on "grandfamilies:" <https://www.psychologytoday.com/us/blog/evidence-based-living/201709/when-grandparents-raise-their-grandchildren>

Article on reactive attachment disorder: <https://www.psychologytoday.com/us/conditions/reactive-attachment-disorder>

Article featuring "Fostering Youth Transitions" report: https://www.washingtonpost.com/local/education/as-foster-care-teens-enter-adulthood-obstacles-mount-report-finds/2018/11/13/1abefc20-e6c0-11e8-bbdb-72fdbf9d4fed_story.html?utm_term=.9dbf785b5a98

References

¹Bronfenbrenner Center for Translational Research. When Grandparents Raise Their Grandchildren. Psychology Today. <https://www.psychologytoday.com/us/blog/evidence-based-living/201709/when-grandparents-raise-their-grandchildren> Published September 11, 2017. Accessed March 4, 2020.

²Cervantes, D.B. Kinship Support Group: Addressing Grandparent Caregiver Challenges. [masters thesis]. San Bernardino: California State University at San Bernardino; 2016. Retrieved from <https://scholarworks.lib.csusb.edu/etd/332>

³Bronfenbrenner Center for Translational Research. When Grandparents Raise Their Grandchildren. Psychology Today. <https://www.psychologytoday.com/us/blog/evidence-based-living/201709/when-grandparents-raise-their-grandchildren> Published September 11, 2017. Accessed March 4, 2020.

⁴Child Trends. Number of Children. Child Trends website. <https://www.childtrends.org/indicators/number-of-children> Published September 13, 2019. Accessed March 4, 2020.

Unfortunately, research shows that children in foster care experience more challenges in their lives than their peers who are not in foster care do.⁶

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⁵Bronfenbrenner Center for Translational Research. When Grandparents Raise Their Grandchildren. Psychology Today. <https://www.psychologytoday.com/us/blog/evidence-based-living/201709/when-grandparents-raise-their-grandchildren> Published September 11, 2017. Accessed March 4, 2020.

⁶Heim, J. As Foster Care Teens Enter Adulthood, Obstacles Mount, Report Finds. Washington Post. https://www.washingtonpost.com/local/education/as-foster-care-teens-enter-adulthood-obstacles-mount-report-finds/2018/11/13/1abefc20-e6c0-11e8-bbdb-72fdbf9d4fed_story.html?utm_term=.9dbf785b5a98 Published November 13, 2018. Accessed March 4, 2020.

⁷Annie E. Casey Foundation. Fostering Youth Transitions: Using Data to Drive Policy and Practice Decisions. The Annie E. Casey Foundation website. <https://www.aecf.org/resources/fostering-youth-transitions> Published November 13, 2018. Accessed March 4, 2020.

⁸Heim, J. As Foster Care Teens Enter Adulthood, Obstacles Mount, Report Finds. Washington Post. https://www.washingtonpost.com/local/education/as-foster-care-teens-enter-adulthood-obstacles-mount-report-finds/2018/11/13/1abefc20-e6c0-11e8-bbdb-72fdbf9d4fed_story.html?utm_term=.9dbf785b5a98 Published November 13, 2018. Accessed March 4, 2020.



Alcohol and Other Substance Use Disorder and the Impact on Children

One of the adverse childhood experiences from the CDC-Kaiser ACEs Study is living with a family member with substance use disorder (SUD). Compared with those who are not, children who are living with a family member with a SUD are exposed to higher stress levels and risky situations.¹ When under the influence, a family member may be more likely to act in a way that is verbally, physically, or emotionally abusive. Heavy intoxication and blackouts may lead to neglect or an inability to care for the child's needs. Intoxicated people are also more likely to take risks, which may put children in stressful situations in which they have no control, such as being in the car with an impaired person.²

Recovery is possible for SUD and for families. Family and individual therapy can help families "establish healthy interactions and boundaries to replace unhealthy ones" (e.g., children assuming the parenting role for their parents, themselves, and/or their siblings).³ SUD treatment for those affected and psychotherapy for all family members can help improve the environment and create safe, healthy family dynamics.

For Your Consideration: Depiction and Messaging Suggestions

- When writing a story that includes substance use or alcohol disorder, consider that it is not only the behaviors of the person with a disorder that affect the child. It is also the behavioral effects on every other member in the family and the way the other family members interact with the child, the person with the disorder, and each other.
- Consider language that is directed to children living in homes with substance use disorder. Certain messages could help them work through the confusion and gain an understanding that makes healing possible, messages such as:
 - "It's not your fault."
 - "Substance use disorder is a disease."
 - "You can't control your parent's drinking."
 - "You are not alone."

A father in the Family Recovery Project recounts his experience: "Early recovery was a self-obsessed time for us. Our children had a 'recovering dad' and a 'recovering mom,' but who was taking care of them? No one. I will be forever grateful for sobriety, but I have a profound regret that we abandoned our children in the service of our own recoveries."

"You can't control your parent's drinking."

Read More

Article on ACEs and alcohol:

<https://www.acesconnection.com/blog/aces-alcohol-s-harm-to-others-second-hand-drinking>

National Association for Children of Addiction (NACoA):

<https://nacoa.org/families/family-recovery>

NACoA article on recovery: <https://nacoa.org/wp-content/uploads/2018/04/Families-in-Recovery-NACoA.pdf>

The Family Recovery Project: <http://familyrecoveryma.org>

Peer groups for families and friends of those with alcohol use disorders: <https://al-anon.org/contact-us>

References

¹Frederiksen, L. Alcohol's Harm to Others: Secondhand Drinking. ACES Connection website. <https://www.acesconnection.com/blog/aces-alcohol-s-harm-to-others-secondhand-drinking> Published August 7, 2018. Accessed March 4, 2020.

²Ibid.

³Brown, S. Families in Recovery. National Association for Children of Addiction website. <https://nacoa.org/wp-content/uploads/2018/04/Families-in-Recovery-NACoA.pdf> Published April 2018. Accessed March 4, 2020.

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SERVICE MEMBERS, VETERANS, AND THE CIVILIAN WORKPLACE

Whether in service to our country or in an office environment, external responsibilities can present additional stress that affects mental wellness. High stress can have a further impact on people with substance use disorder, posttraumatic stress disorder (PTSD), or traumatic brain injury (TBI), increasing their risk for suicide.

The next three sections look at substance use disorder and suicide among military members, including those who serve in the National Guard and/or Reserves, Veterans, and civilian workforces.



PTSD is not a sign of weakness but rather a legitimate health condition. Think about how your characters might show emotional reactions to common events, especially if those events include sensory reminders of traumatic events.

Military Service Members and Veterans

Veterans and Substance Misuse or Substance Use Disorder

Service members and Veterans with substance use disorders may present differently than civilians with substance use disorders. The stresses of transitioning out of the military into civilian life, the social connection that is part of military culture, deployment during wartime, and the unique culture of the military account for some differences between substance use in service members, Veterans, and civilians.

Many service members and Veterans do not seek behavioral health treatment or get connected with recovery support services soon enough. However, a recent study found that post 9/11 Veterans were more likely than non-Veterans to seek mental health care for PTSD and depression (reference <http://dx.doi.org/10.1176/appi.ps.201800444>). Strict military policies around substance use and stigma around help-seeking and mental health issues may stop someone who needs treatment from seeking it.¹ You can hear from Veterans about their experiences with seeking support at VA's Make the Connection site. VA also has other resources available for Veterans experiencing substance use problems: <http://www.mentalhealth.va.gov/MENTALHEALTH/res-vatreatmentprograms.asp>

PTSD: Signs and Symptoms

PTSD (posttraumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault (https://www.ptsd.va.gov/understand/what/ptsd_basics.asp). Not all service members deploy to a combat zone; of those who do, not all have PTSD or have experienced a TBI (traumatic brain injury). Many Veterans have PTSD from non-combat events. Not all people who experience posttraumatic stress symptoms go on to have PTSD. PTSD is not synonymous with suicide risk, and most people who are exposed to a traumatic event do not have PTSD. TBI in service members and Veterans often goes unrecognized because it can take days and weeks after the injury for cognitive and emotional effects to emerge.²

Reactions to a traumatic event comprise a spectrum of experiences and reactions that differ in severity. Consider the different ways in which people deal with traumatic events. For example, two people might be robbed together at gunpoint and both experience the event differently. One might recover within a few days or weeks, while the other might become reclusive, fear crowds and other public situations, or feel unsafe at home. Think about showing how these two people might view one another and how they might ultimately come to understand that both reactions are valid.

- People with PTSD sometimes relive the emotional effects of the traumatic events they've lived through in the past. A storyline involving PTSD is a great

opportunity to explore a character's past. Many rape or abuse victims are diagnosed with PTSD. A woman Veteran who has experienced military sexual trauma is one story suggestion. However, know that many people who've survived sexual assault may be triggered by graphic scenes. Consider how to safely depict these scenes – keeping your audience engaged while avoiding unintended harm and promoting wellness among survivors.

- People who live with PTSD may be numb to emotional experiences as a form of self-protection. Consider showing characters who have lived through a traumatic event become emotionally distant or affectless before realizing that they are living with PTSD.
- Some people with PTSD are agitated, irritable, or easily frightened. Think about how your characters might show emotional reactions to common events, especially if those events include sensory reminders of traumatic events. A sexual assault survivor might be triggered in intimate situations. Someone involved in a plane crash might develop fear of flying, heights, enclosed spaces, or speed. A combat Veteran might experience a distressing flashback when hearing a car backfire or a helicopter fly overhead or encountering other reminders of the trauma-inducing experience.
- Veterans may present with concerns such as cognitive impairment, depression, anxiety, posttraumatic stress disorder, postinjury substance use disorders, and other co-occurring experiences. Research has shown that families and peers are important resources that improve outcomes and resilience among Veterans. From the point of diagnosis and throughout treatment, family and peer involvement is critical, as are education and support. Social support can help prevent suicide among this at-risk group.³
- Veterans with combat exposure and related injuries are most at risk for developing substance misuse issues. For example, those with combat exposure and related injuries were more at risk for binge drinking or heavy, weekly drinking than those without. Upon injury, like non-Veterans, they are likely to be prescribed opioids, which puts them at risk for opioid use disorder.⁴

For Your Consideration: Depiction and Messaging Suggestions

- Active duty service members and Veterans have unique training and skills that are valuable to communities. Not all military Veterans deployed to a combat zone during their time in the military; of those who did, not all have PTSD or TBI. Consider depictions of military Veterans as valuable community members and leaders.
- VA's National Center for PTSD has extensive resources for providers as well as for Veterans, their family members, and the general public. Visit www.ptsd.va.gov.
- Overall, show consideration for vulnerable audiences by avoiding unsafe messaging. Data can be used effectively to make a point but can also seem to normalize behavior such as suicide.

Not all service members deploy to a combat zone; of those who do, not all have PTSD or TBI.

Research has shown that families and peers are important resources that improve outcomes and resilience.

Like civilians, they are at risk for opioid use disorder when prescribed opioid pain medicines after an injury.

Read More

VA's "From Science to Practice" literature review on social support: https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_FSTP_Social_Support_508_FINAL_07-11-2019.pdf

Additional resources that accurately depict or explain PTSD and the effectiveness of PTSD treatment, especially in Veterans, can be found at www.ptsd.va.gov and include the following:

- AboutFace: A video gallery of Veterans, family members, and clinicians sharing their experiences with PTSD and PTSD treatment
- PTSD Awareness in Health Care Settings: A 15-minute video showing how patients' PTSD symptoms may manifest in health care settings
- PTSD Whiteboard Videos: Brief animated videos explaining PTSD and specific evidence-based treatment options
- PTSD Overview: A 45-minute course that covers the diagnostic criteria, risk factors, and effective treatments for PTSD
- Co-Occurring Conditions: A list of webpages written to help providers explain current research about PTSD and a variety of co-occurring conditions, including substance misuse and suicide risk
- PsychArmor Institute is a national nonprofit that provides free online education and support to all Americans who work with, live with, or care for military service members, Veterans, or their families. Visit www.psycharmor.org to learn more about military and Veteran culture and how to depict it safely and respectfully.

References

¹NIDA. Military Life and Substance Use. National Institute on Drug Abuse website. <https://www.drugabuse.gov/related-topics/military-life-substance-use>. Published October 11, 2019. Accessed March 4, 2020.

²National Center for PTSD. Understanding PTSD and PTSD Treatment. Washington, DC: U.S. Department of Veterans Affairs; 2019. Retrieved from https://www.ptsd.va.gov/publications/print/understandingptsd_booklet.pdf

³Office of Mental Health and Suicide Prevention. Social Support and Belongingness as Protective Factors. Washington, DC: U.S. Department of Veterans Affairs; 2019. Retrieved from https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_FSTP_Social_Support_508_FINAL_07-11-2019.pdf

⁴NIDA. Military Life and Substance Use. National Institute on Drug Abuse website. <https://www.drugabuse.gov/related-topics/military-life-substance-use>. Published October 11, 2019. Accessed March 4, 2020.

The Workplace: Co-Workers, Wellness, and Grieving

Consider the workplace as one of the settings in which a comprehensive, public health approach to substance use disorders and suicide prevention, intervention, and postvention will be implemented. A public health approach looks beyond the individual to involve peers, family members, and the community in preventing suicide.

Most suicide prevention training programs consist of a workshop (either in-person or online) and accompanying educational materials. Program topics include prevention and postvention (approaches designed to assist those affected by a suicide or suicide attempt to decrease negative responses and increase coping), screening tools, gatekeeper training, and online educational information. In addition to training programs, there are other educational resources designed to help companies create a work environment where employees and managers are more knowledgeable about suicide and better prepared to help colleagues.¹

Comprehensive Blueprint for Workplace Suicide Prevention

If writing about a workplace setting that is responding to a suicide crisis (a suicide death or attempt by an employee or family member of an employee), consult guidelines from the National Action Alliance for Suicide Prevention that can help you (see the “Read More” section below).

Questions workplaces may consider before implementing a suicide prevention program include:

- How has suicide affected our workforce and workplace?
- How does the price of not implementing a suicide prevention program compare with the price of implementing a suicide prevention program?
- Do major stakeholders actively support suicide prevention (within and outside the organization)?
- How does leadership within the organization view suicide prevention?
- How does suicide prevention align with organizational core values and goals?
- How will planning and implementation for suicide prevention be supported and sustained?

Mitigating the Effects of Substance Use Among Workers

Considering how much time the average adult spends working, it is important to show individuals with SUD receiving support in the workplace. When employers and colleagues know the signs and the resources available, individuals with SUD can be more effectively be connected with treatment.²

Opioids have helped people manage their chronic pain, which has enabled many people to continue working and lead productive lives. However, opioid misuse can interfere with a person’s work, leaving employers concerned not only about their organizations but about their employee’s health and safety. The same is true for other prescription medication misuse.

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When depicting substance misuse in the workplace, consider the following scenarios:

- Managers and employees learning about human resources policies and the prescribed medications covered by the American Disabilities Act.
- Employees being trained on the signs of substance misuse and how to communicate with a colleague who may be going through a hard time.
- Workplaces outlining the resources available to their employees diagnosed with a SUD.

For Your Consideration: Depiction and Messaging Suggestions

How could your character(s) intervene in the workplace for another character in crisis? Here are a few guidelines:

- Ask how the person is doing.
- Listen without judging.
- Mention changes you have noticed in the person's behavior and say that you are concerned about their emotional well-being.
- Suggest that they talk with someone in the employee assistance program (present in most organizations), someone in the human resources department, or a mental health professional. Offer to help arrange an appointment and go with the person.
- Continue to stay in contact with the person and pay attention to how they are doing.
- In some cases, workplaces also have a management approach that encourages abstinence from substances.

When warning signals are unclear or when employees are unsure how to respond to another employee in crisis, encourage them to talk with their employee assistance program or human resources department or call the suicide prevention crisis line (see the resources section for crisis line information).

Read More

Construction industry blueprint for suicide prevention in the workplace: <https://theactionalliance.org/resource/construction-industry-blueprint-suicide-prevention-workplace>

The Action Alliance resource on crisis management policy: <https://theactionalliance.org/communities/workplace/blueprintforworkplacesuicideprevention/crisis-management-policy-means-restriction>

SAMHSA workplace resources: <https://www.samhsa.gov/workplace>

TRAIN, a national learning network that provides training opportunities for professionals who protect and improve the public's health: www.train.org.

References

¹Center for Workplace Mental Health. Suicide Prevention. American Psychiatric Association Foundation website. <http://www.workplacementalhealth.org/Mental-Health-Topics/Suicide-Prevention> Accessed March 4, 2020.

²Division of Workplace Programs. Drug-Free Workplace Toolkit. Substance Abuse and Mental Health Services Administration website. <https://www.samhsa.gov/workplace/toolkit> Updated July 19, 2019. Accessed March 4, 2020.

Public conversations about substance use, substance use disorder, and mental health disorders are negatively influenced by misinformation, stigma, and fear. These are complicated diseases with complex treatments that are effective and support long-term recovery. Hope, presented in the form of compelling stories, can make a difference in someone's life.

DIAGNOSIS, TREATMENT, AND RECOVERY

The first step after diagnosis can feel daunting, and the beginning of recovery can feel victorious, but the overall process tests the endurance and hope of many. The road to recovery is not always straight. The next sections offer some guidance and advice on where to start and provide more considerations for depiction.

Treatments for Substance Use Disorders

Treatments and Supportive Services

Individual paths to recovery differ, and packages of treatments and supportive services for people with substance use disorders should be tailored to fit individual needs. For many people, the most effective approach involves a combination of counseling, peer support, and medication. Supportive services, such as case or care management, can also play an important role in promoting recovery.

Some have found peer-support groups and 12-step programs, such as Alcoholics Anonymous, Narcotics Anonymous, and Al-Anon, helpful in their recovery. According to the NIH,¹ these groups “complement and extend the effects of professional treatment.” You can learn more about these programs by visiting their websites:

- Alcoholics Anonymous: www.aa.org
- Narcotics Anonymous: www.na.org
- Al-Anon Family Groups: www.al-anon.org
- An Online Addiction Recovery Community: <https://www.intherooms.com/>

Individual and Group Counseling

Individual and group counseling for substance use disorders is provided by trained and licensed clinicians, like social workers or psychologists. Different types of psychotherapy can help change thought patterns, regulate behaviors, manage emotions, and provide perspective. Counseling provides support beyond, or in addition to, peer groups.²

Medications for Treating Opioid Use and Other Substance Use Disorders

Medication tends to be most effective when it is used in combination with counseling or psychotherapy. Evidence-based psychotherapies such as cognitive behavioral therapy help people recover from mental health and substance use problems.

Medications are increasingly being used to treat substance use disorders. Medications for the treatment of opioid and other substance use disorders is “the use of FDA-approved medications, in combination with counseling and behavioral therapies,” to provide a comprehensive SUD treatment.³ Certain medications can reduce the cravings and other symptoms associated with withdrawal, block the pathways in the brain that produce the rewarding sensation, or create negative side effects when a substance is taken.⁴

Effective medications for treating opioid use disorder include methadone, buprenorphine, and extended-release naltrexone, while those for alcohol use disorder include naltrexone (oral and extended release), acamprosate, disulfiram, and topiramate.⁵ While these medications could help many people recover

Medications are increasingly being used to treat substance use disorders. Medications for the treatment of opioid and other substance use disorders is “the use of FDA-approved medications, in combination with counseling and behavioral therapies,” to provide a comprehensive SUD treatment.

from these disorders, they remain underused. There is misunderstanding about how these medications work to counter addiction, and this contributes to their underuse in treatment, despite the potential for medications to help fight substance use disorders and the opioid epidemic.⁶

Medications for mental health disorders provide significant relief for many people experiencing SUD and help manage co-occurring conditions so that people can use other strategies to pursue and sustain recovery. Medications work better for some people than for others, even if they have the same disorders.⁷ A medication's effectiveness may change over time, and side effects may be too debilitating to continue use of the medication. As a result, it is important for people receiving medications to talk to their doctors about any problems they're experiencing to ensure that treatment continues to be safe and effective.⁸

For Your Consideration: Depiction and Messaging Suggestions

- Consider adding a pharmacist to the story and depicting the role of pharmacists in filling prescriptions. What challenges do they face with customers they suspect of seeking illegitimate prescriptions?
- Consider depicting a character at a doctor's office visit in which the doctor appropriately recommends medication, yet the patient's family is hesitant, concerned that the patient is simply replacing one drug with another. (See links below for more information.)
- Consider depicting a patient in recovery who may have the mistaken belief that taking medication is not consistent with their recovery.

If you are writing about a doctor prescribing a medication, consider having the patient do the following:

- Talk with their doctor or a pharmacist to make sure they understand the risks and benefits of the medications they are taking.
- Do not stop taking a medication without talking to the doctor first. Suddenly stopping a medication may lead to worse symptoms. Other uncomfortable or potentially dangerous withdrawal effects also are possible.
- Report any concerns about side effects to the doctor right away. The patient may need a change in the dose or a different medication.
- Report serious side effects to the U.S. Food and Drug Administration (FDA) MedWatch Adverse Event Reporting program online or by phone at 800-332-1088. The doctor may also send a report.

Medications such as antidepressants, antianxiety medications, and mood stabilizers have been used to treat suicidal thoughts and behaviors, but more research is needed to show the benefit of these options.

Read More

For statistical information, visit <https://www.nimh.nih.gov/health/statistics>.

MedWatch: The FDA Safety Information and Adverse Event Reporting Program: <https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program>

Addiction Technology Transport Centers: <https://www.samhsa.gov/technology-transfer-centers-ttc>

Information on physical ailments often diagnosed in MAT patients (also known as common comorbidities and including viral hepatitis, HIV, and AIDS): <https://www.samhsa.gov/medication-assisted-treatment/treatment/common-comorbidities>

Research on medications to treat opioid use disorder: <https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/overview>

SAMHSA article on medication assisted treatment: <https://www.samhsa.gov/medication-assisted-treatment>

VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders: <https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUD-CPGRevised22216.pdf>

For basic information about these medications, visit the NIMH Mental Health Medications webpage: <https://www.nimh.nih.gov/health/topics/mental-health-medications>. For the most up-to-date information on medications, side effects, and warnings, visit the FDA website: <https://www.fda.gov>.

References

¹NIDA. Seeking Drug Abuse Treatment: Know What To Ask. National Institute on Drug Abuse website. <https://www.drugabuse.gov/publications/seeking-drug-abuse-treatment-know-what-to-ask>. Published June 1, 2013. Accessed March 4, 2020.

²Ibid.

³Substance Abuse and Mental Health Services Administration. Medication-Assisted Treatment (MAT). Substance Abuse and Mental Health Services Administration website. <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment>. Updated September 9, 2019. Accessed March 4, 2020.

⁴The Management of Substance Use Disorders Work Group, Department of Defense and Department of Veterans Affairs. VA/DoD Clinical Practice Guideline for the Management of Substances Use Disorders. Washington, DC: U.S. Department of Defense and U.S. Department of Veterans Affairs; 2015. Retrieved from <https://www.healthquality.va.gov/guidelines/MH/sud/VADoD-SUDCPGRevised22216.pdf>

⁵Ibid.

⁶NIDA. Medications to Treat Opioid Use Disorder. National Institute on Drug Abuse website. <https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-use-disorder>. Updated June 8, 2018. Accessed March 4, 2020.

⁷NIDA. Medications to Treat Opioid Use Disorder. National Institute on Drug Abuse website. <https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-use-disorder>. June 8, 2018. Accessed March 4, 2020.

⁸The Management of Substance Use Disorders Work Group, Department of Defense and Department of Veterans Affairs. VA/DoD Clinical Practice Guideline for the Management of Substances Use Disorders. Washington, DC: U.S. Department of Defense and U.S. Department of Veterans Affairs; 2015. Retrieved from <https://www.healthquality.va.gov/guidelines/MH/sud/VADoD-SUDCPGRevised22216.pdf>

Traumatic Events: Invisible Wounds

PTSD (posttraumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault.

It's normal to have upsetting memories, feel on edge, or have trouble sleeping after this type of event. At first, it may be hard to do normal daily activities, like go to work, go to school, or spend time with people you care about. But most people start to feel better after a few weeks or months.

If it's been longer than a few months and you're still having symptoms, you may have PTSD. For some people, PTSD symptoms may start later on, or they may come and go over time (https://www.ptsd.va.gov/publications/print/understandingptsd_booklet.pdf). Mental health providers can help people find constructive ways of managing their emotions.

Treatment works. There are many treatment options for PTSD. For many people, these treatments can get rid of symptoms altogether. Others find they have fewer symptoms or feel that their symptoms are less intense. After treatment, most people feel they have a better quality of life.

The body can also experience physical trauma. When someone experiences a blow or jolt to the head, they can develop traumatic brain injury (TBI), which can interfere with biological and psychological processes. TBI may happen during a fight, a vehicle crash, or explosion.¹ Service members and Veterans, especially those who are in or have experienced combat, are at risk for developing TBI. They may develop physical symptoms, such as headaches, blurry vision, and dizziness, and psychological symptoms, such as anxiety, depression, and insomnia. TBI can also influence behavior by increasing impulsivity, which may increase risk for substance misuse and suicide.²

For Your Consideration: Depiction and Messaging Suggestions

- With treatment, recovery from trauma is possible. Psychotherapy and medication are effective treatments. According to the VA National Center for PTSD,³ the psychotherapies with the strongest evidence include:
 - Prolonged exposure, which teaches you how to gain control by facing your negative feelings. It involves talking about your trauma with a provider and doing some of the things you have avoided since the trauma.
 - Cognitive processing therapy, which teaches you to reframe negative thoughts about the trauma. It involves talking with your provider about your negative thoughts and doing short writing assignments.
 - Eye movement desensitization and reprocessing, which helps you process and make sense of your trauma. It involves calling the trauma to mind while paying attention to a back-and-forth movement or sound (like a finger waving side to side, a light, or a tone).

Treatment works.

When someone experiences a blow or jolt to the head, they can develop traumatic brain injury (TBI)

Read More

Children respond differently to traumatic situations. This guide provides information on talking to children about school shootings: <https://www.apa.org/topics/violence/school-shooting>

This resource identifies signs of a trauma response and outlines ways that people can cope and recover from experiencing a disaster: <https://www.apa.org/helpcenter/recovering-disasters>

Journaling can be therapeutic for some who have experienced trauma: <https://www.apa.org/research/action/writing>

This resource provides talking points for discussing shootings with children: <https://www.apa.org/helpcenter/aftermath>

This resource helps people understand how childhood memories of abuse may be processed by the brain, including their repression and recovery: <https://www.apa.org/topics/trauma/memories>

For additional information on safe depiction of firearm use, visit <http://www.eiconline.org/eic-resources/publications/gun-violence-depiction-book>.

For more information on service member and Veteran TBI:

- <https://www.mentalhealth.va.gov/tbi>
- https://www.research.va.gov/pubs/docs/va_factsheets/tbi.pdf

Service members, Veterans, and their family members who need help dealing with substance use issues or trauma may find the following resources helpful:

- U.S. Department of Veterans Affairs – Treatment Programs for Substance Use Problems: <http://www.mentalhealth.va.gov/MENTALHEALTH/res-vatreatmentprograms.asp>
- U.S. Department of Veterans Affairs – National Center for PTSD: https://www.ptsd.va.gov/understand/related/substance_misuse.asp
- Substance Abuse and Mental Health Services Administration – Veterans and Military Families: <https://www.samhsa.gov/veterans-military-families>
- Make the Connection: [MakeTheConnection.net](http://maketheconnection.net)
- SAMHSA Treatment Locator: <http://findtreatment.samhsa.gov> or 1-800-662-HELP

References

¹U.S. Department of Veterans Affairs. Effects of TBI. U.S. Department of Veterans Affairs website. <https://www.mentalhealth.va.gov/tbi> Updated December 17, 2019. Accessed March 4, 2020.

²Ibid.

³National Center for PTSD. PTSD Treatment Basics. U.S. Department of Veterans Affairs website. https://www.ptsd.va.gov/understand_tx/tx_basics.asp Updated January 7, 2020. Accessed March 4, 2020.

RESOURCES

ACE: Adverse Childhood Experiences (ACE Study)

<https://www.acesconnection.com>

Active Minds

<https://www.activeminds.org>

Addiction Policy Forum

<https://www.addictionpolicy.org>

Al-Anon Family Group

<https://al-anon.org>

American Foundation for Suicide Prevention

<https://www.afsp.org>

An Online Addiction Recovery Community

<https://www.intherooms.com/>

Carter Center

www.cartercenter.org

CBS Cares

https://www.cbs.com/shows/cbs_cares/

Centers for Disease Control and Prevention

<https://www.cdc.gov/mentalhealth>

Defense and Veterans Brain Injury Center

<https://dvbic.dcoe.mil>

Each Mind Matters

<https://www.eachmindmatters.org>

Education Development Center

<https://www.edc.org/body-work/suicide-violence-and-injury-prevention>

Entertainment Industries Council

<http://www.eiconline.org>

Entertainment Industries Council Network TV

<http://eicnetwork.tv/Home/Videoid/-1/UseHtml5/True>

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health

<https://addiction.surgeongeneral.gov>

International Association of Chiefs of Police

<http://www.theiacp.org/Ethics>

JED Foundation

<https://www.jedfoundation.org>

National Action Alliance for Suicide Prevention
<http://actionallianceforsuicideprevention.org/national-strategy-suicide-prevention-0>

<http://suicidepreventionmessaging.org>
<https://www.bethe1to.com>

National Alliance on Mental Illness
<http://ok2talk.org> or <https://www.nami.org>

National Association for Children of Addiction
<https://nacoa.org>

National Institute on Alcohol Abuse and Alcoholism (NIAAA) |
<https://www.niaaa.nih.gov>

National Association of Broadcasters
<http://www.nab.org/ok2talk>

National Institute on Drug Abuse
<https://www.drugabuse.gov>

National Institute of Mental Health
<https://www.nimh.nih.gov>

National Network for Youth
<https://www.nn4youth.org>

National Suicide Prevention Lifeline
<https://suicidepreventionlifeline.org>
1-800-273-TALK

National Council for Suicide Prevention
<https://www.take5tosavelives.org>

Office of National Drug Control Policy
<https://www.whitehouse.gov/opioids>

PsychArmor Institute
<https://psycharmor.org>

Reingold
<https://www.reingold.com>

Reporting on Suicide
<http://reportingonsuicide.org>

SAVE, Suicide Awareness Voices of Education
<https://www.facebook.com/www.save.org>

Substance Abuse and Mental Health Services Administration (SAMHSA)
<https://www.samhsa.gov/tribal-ttac/resources/suicide-prevention>
<https://www.samhsa.gov/ebp-resource-center>

Tragedy Assistance Program for Survivors (TAPS)
<https://www.taps.org>

Union Pacific Railroad

https://www.up.com/aboutup/community/inside_track/suicide-prevention-8-31-2016.htm

U.S. Department of Defense – Defense Suicide Prevention Office

<http://www.dsdo.mil>

U.S. Department of Health and Human Services – Mental Health and Substance Abuse

<https://www.hhs.gov/programs/prevention-and-wellness/mental-health-substance-abuse/index.html?language=es>

U.S. Department of Veteran Affairs

<https://www.va.gov/health-care/health-needs-conditions/mental-health/suicide-prevention>

Make the Connection

<https://maketheconnection.net>

U.S. Surgeon General

Facing Addiction in America: The Surgeon General's Spotlight on Opioids

VA, Office of Mental Health and Suicide Prevention

<https://www.mentalhealth.va.gov/mentalhealth/about>

VA, Substance Use Disorder (SUD) Program Locations

<https://www.va.gov/directory/guide/sud.asp>

VA National Center for PTSD

<https://www.ptsd.va.gov>

Veteran Crisis Line

VeteransCrisisLine.net

Vibrant Emotional Health

<https://www.vibrant.org>

Werther vs. Papageno effect

<https://www.ncbi.nlm.nih.gov/pubmed/20807970>

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Researching health issues can be as basic as finding information on the internet or as complex as delving into public policy and the positions of interest groups. Most important is the perspective of people who, for one reason or another, make a deep commitment and dedicate their time to a cause.

Public conversations about substance use, substance use disorder, and mental health disorders are negatively influenced by misinformation, stigma, and fear. These are complicated diseases with complex treatments that are effective and support long-term recovery. Hope, presented in the form of compelling stories, can make a difference in someone's life.

This publication was prepared in response to the unusually extensive and continuous coverage of overdoses and suicides in the media for those who write stories and create characters in entertainment programs. We encourage you to embrace the science and the real stories connected with these dynamic public health issues that are the focus of family and community concerns.

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Some of the issues EIC's First Draft service regularly helps top television shows and feature films research:

- Aging • Addiction • Alcohol • At-Risk Youth • Bipolar Disorder
- Depression • Diabetes • Disaster Preparedness • Drug Abuse
- Eating Disorders Injury Prevention • Intellectual Disabilities
- Mental Health and Mental Illness • Obesity
- Seat Belt Use • Skin Cancer & Sun Safety • Smoking/Tobacco Use
- Substance Abuse Prevention, Treatment & Recovery
- Suicide • Women's Health

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