



## Navigating Conversations on Substance Use

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**PreventEd works to reduce or prevent the harms of alcohol and other drug use through education, intervention and advocacy.**

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## Objectives

- Understand substance use disorder as a brain disease
- Discuss the current landscape of the heroin/opioid epidemic
- Highlight the importance of PFL and preferred terminology
- Provide resources and information



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## What is Addiction?

- Addiction is defined as a long lasting, reoccurring **brain disease** that is characterized by compulsive drug seeking and use, **despite harmful consequences**.
  - Drugs change the **structure** of brain and **how it works**.
  - These changes can be **long lasting** and can lead to many harmful, often self-destructive, behaviors.

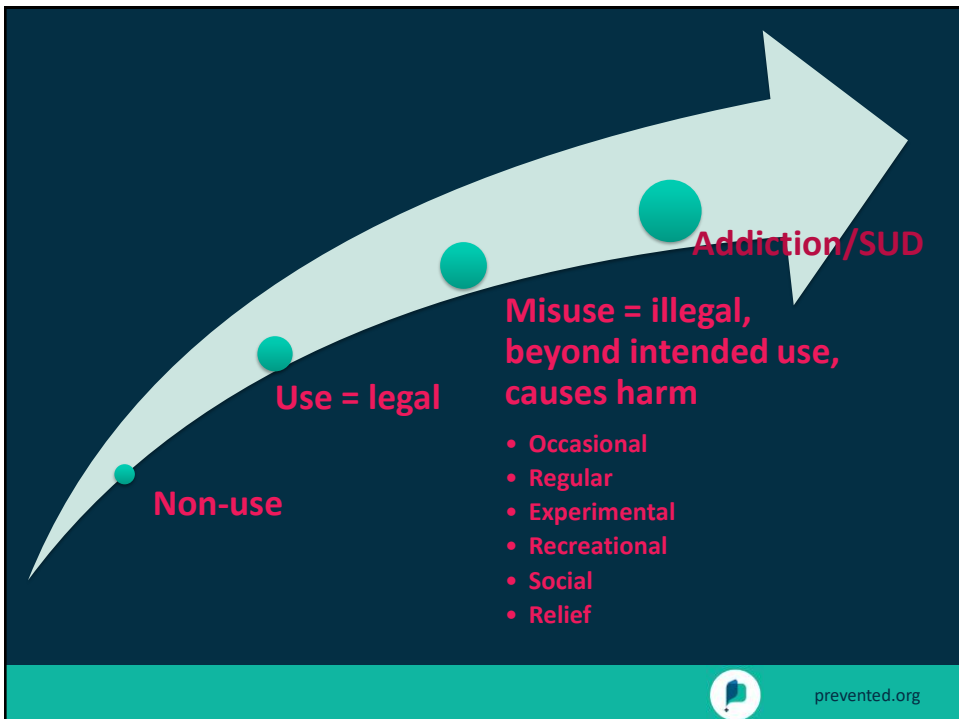


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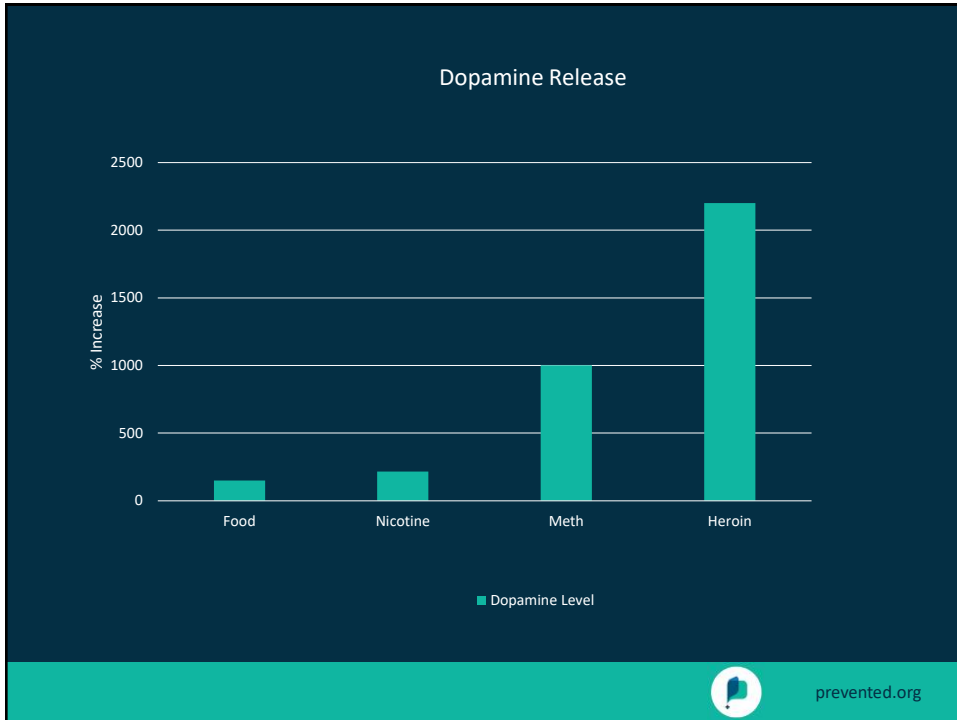
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# Addiction = Substance Use Disorder (SUD)

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## Risk factors for SUD

- Victims of abuse
- Easy availability
- Poor self concept
- Difficulties coping with stress
- Weak family relationships
- Early experimentation
- Behavior problems
- Genetics

A photograph showing a collection of various colorful pills and capsules, including red, yellow, green, blue, and white ones, arranged in several small, clear plastic containers. The pills are of different shapes and sizes, some round and some rectangular.

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## Recurrence is Also Possible

- Triggers can set off physiological chain reactions in the body
  - External triggers (cash, Fridays, using “buddies”)
  - Internal triggers (loneliness, celebration, emotional pain)
- It’s not about weakness or saying “no thank you”
  - **Addiction is a brain disease**



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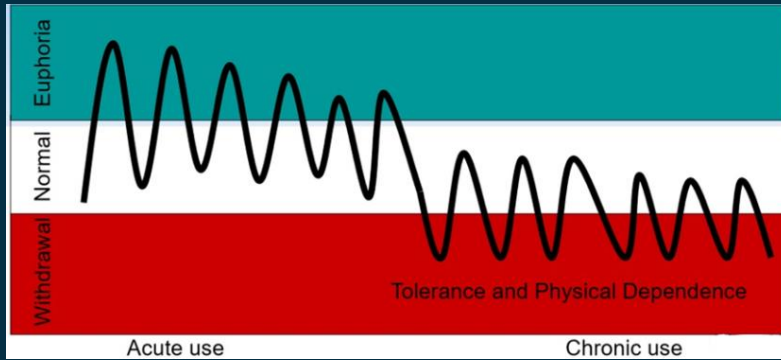
## Heroin and Opioids



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# Why do people continue to use opioids?



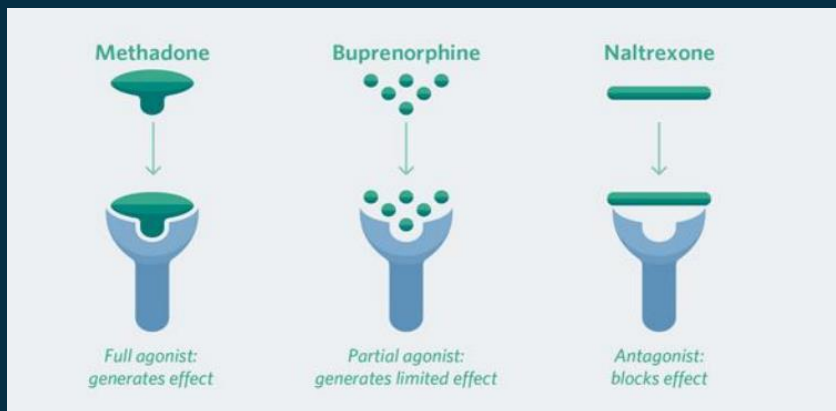
Alexander Walley, MD



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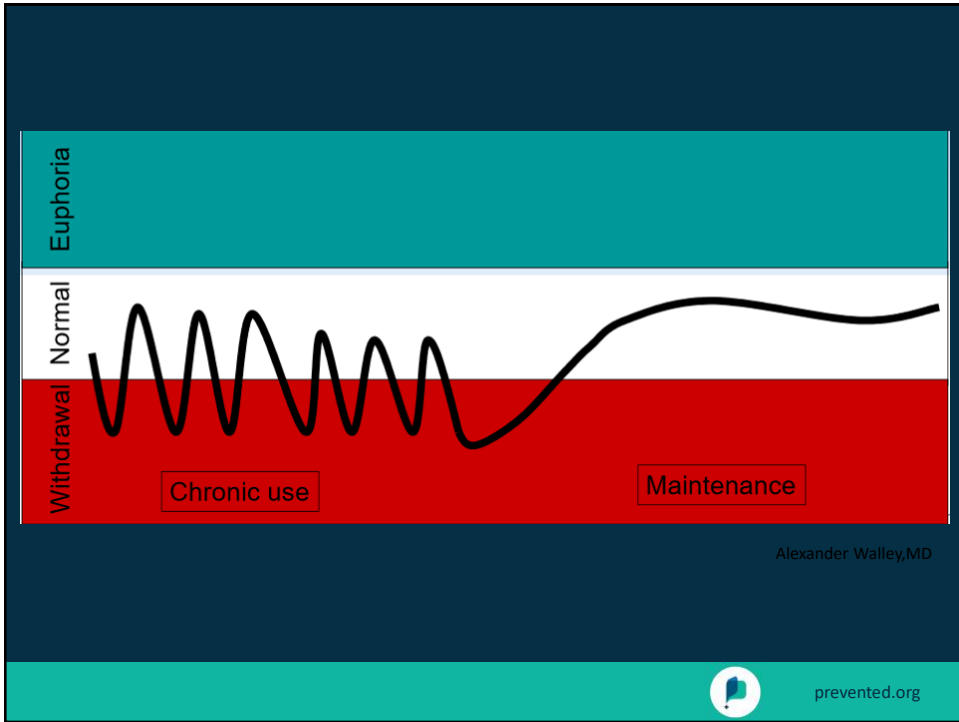
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# Medications for OUD (MOUD)



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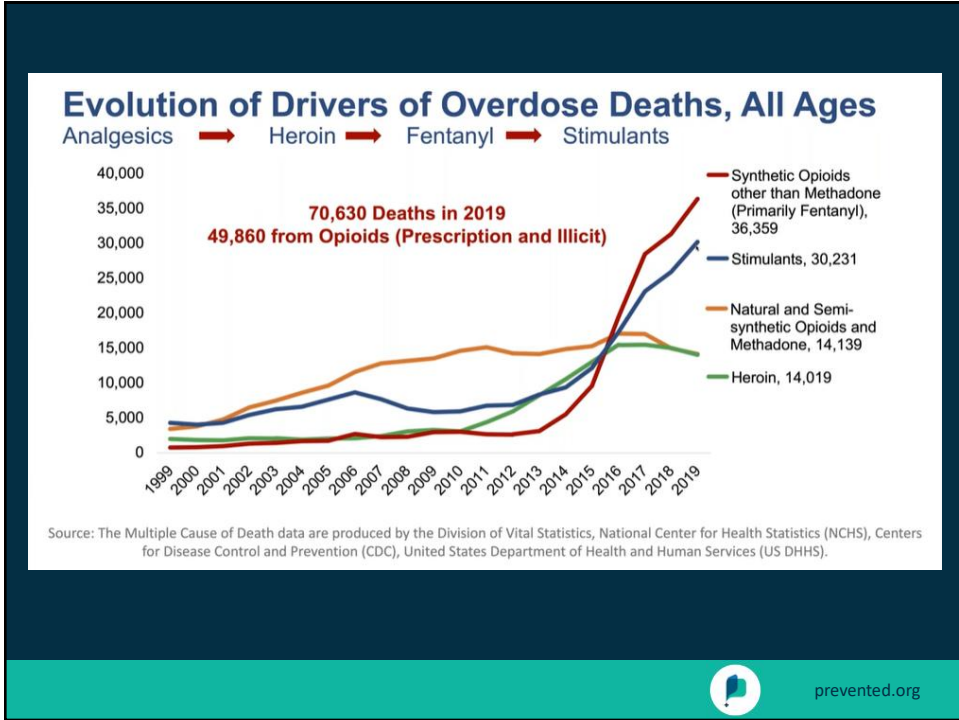
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# BACKGROUND AND CURRENT LANDSCAPE

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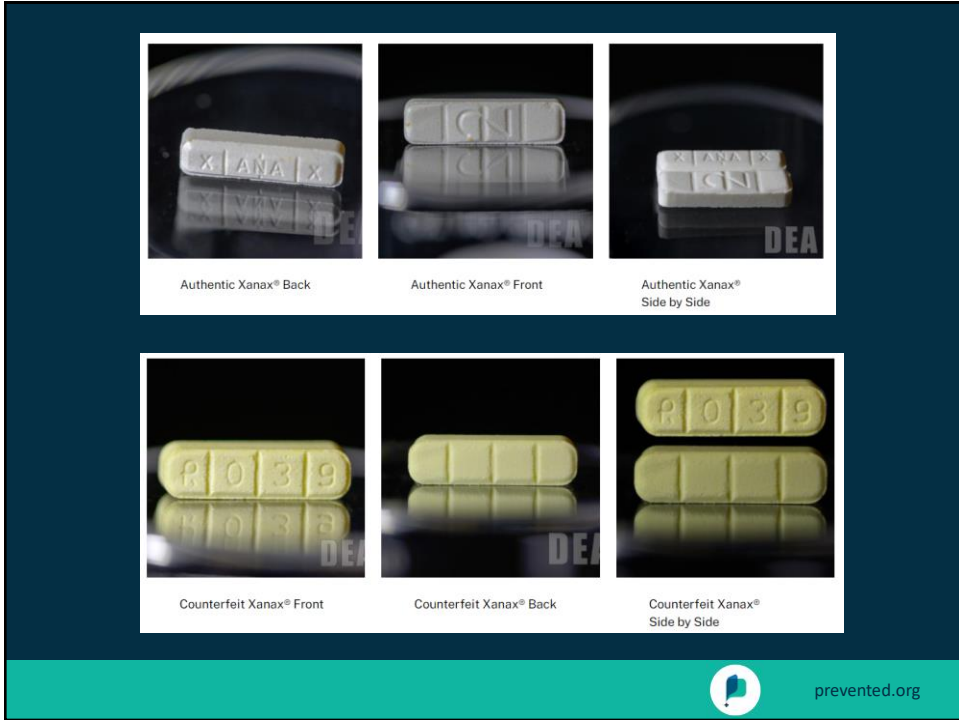


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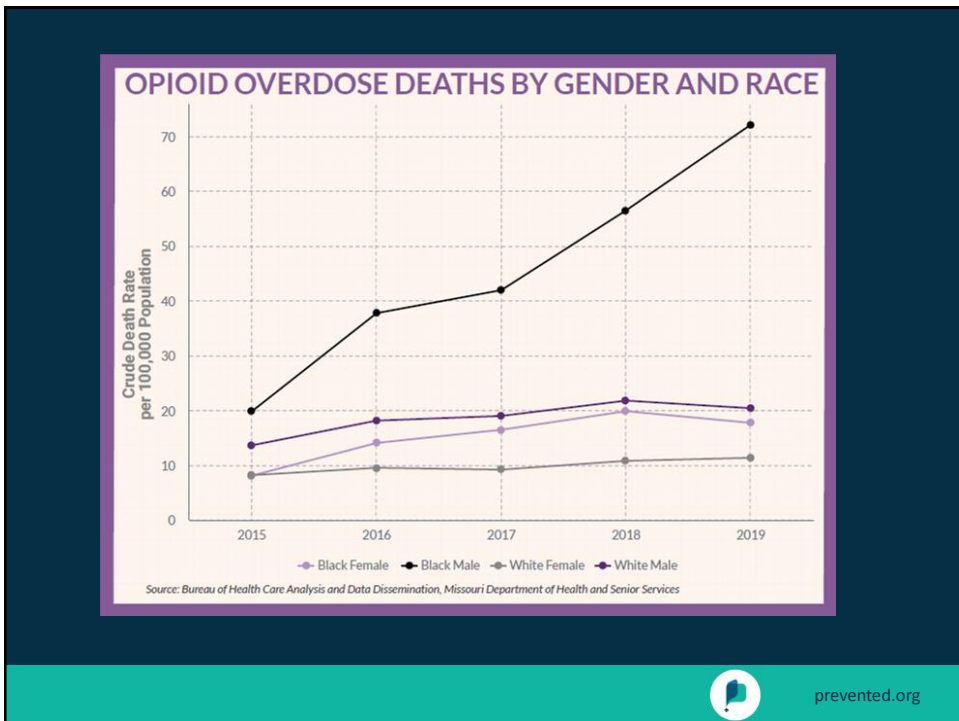


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## Why the racial disparity?

- Decades-long approach of incarceration (vs. treatment)
- When the epidemic was recognized, resources were directed to white populations
- Structural differences in healthcare
  - Access in general, especially mental health services
  - Stigma and prejudice
  - Access to effective treatments
  - Trust in healthcare providers
- Fear of calling for help



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## What is harm reduction?

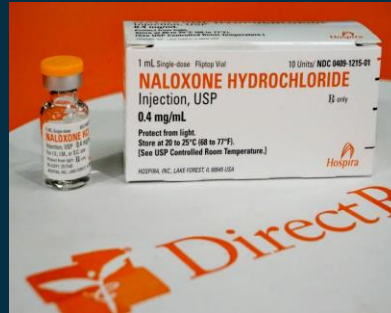
- **Harm reduction** is a set of practical strategies and ideas aimed at reducing negative consequences associated with a behavior.



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## Narcan/naloxone



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## Naloxone is harm reduction

- First, there is no evidence that increased access to overdose education and naloxone leads to riskier or more frequent drug-using behaviors.
- Second, we see an increase in other positive outcomes:
  - Overdoses at the population level are reduced
  - Rates of calling 911, administering naloxone, and staying with the person till help arrives increase
  - Opioid-related ER and hospital visits are reduced



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## Other Harm Reduction

- Syringe access
- Safe consumption sites
- Good Samaritan laws
- Increased access to overdose education and naloxone



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**Say This, Not That:  
Preferred Language**



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## Your Words Matter

- Example: “Disabled Person”



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## Your Words Matter

- “People First Language” (PFL)
  - “PFL puts the person before the disability, and describes what a person has, not who a person is. PFL uses phrases such as “person with a disability,” “individuals with disabilities,” and “children with disabilities,” as opposed to phrases that identify people based solely on their disability, such as “the disabled.”

Outdated Term	Replace With
Autistic	Has autism
Mentally ill	Struggles with mental illness
Depressed	Has depression

<https://odr.dc.gov/page/people-first-language>



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## Your Words Matter

- Stigma about people with SUD might include inaccurate or unfounded thoughts like they are dangerous, incapable of managing treatment, or at fault for their condition.
  - Feeling stigmatized can reduce the willingness of individuals with SUD to seek treatment.
  - Stigmatizing views of people with SUD are common; this stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from people with an SUD.
  - Stigmatizing language can negatively influence health care provider perceptions of people with SUD, which can impact the care they provide.



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**SAY THIS**  
**Substance misuse,**  
**Non-medical use**

**NOT THAT**  
**Substance abuse,**  
**Drug abuse**

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**SAY THIS**  
Actively using, actively drinking, testing positive for substance and/or alcohol use

**NOT THAT**  
Dirty, a dirty drug screen, dirty drop, tested dirty, I am dirty

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**SAY THIS**  
abstinent, not actively using, in recovery, on the path toward recovery, not currently using substances, person in long-term recovery, substance-free

**NOT THAT**  
former/reformed addict, former/reformed alcoholic, clean, off the sauce, off drugs, gave up the needle, put down the pipe, on the wagon, dry

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**SAY THIS**  
**Person with a Substance Use Disorder (SUD)**

**NOT THAT**  
Addict, junkie, druggie, crackhead, pothead, pill popper, abuser, user, cokehead, dope fiend, dooper, drug fiend

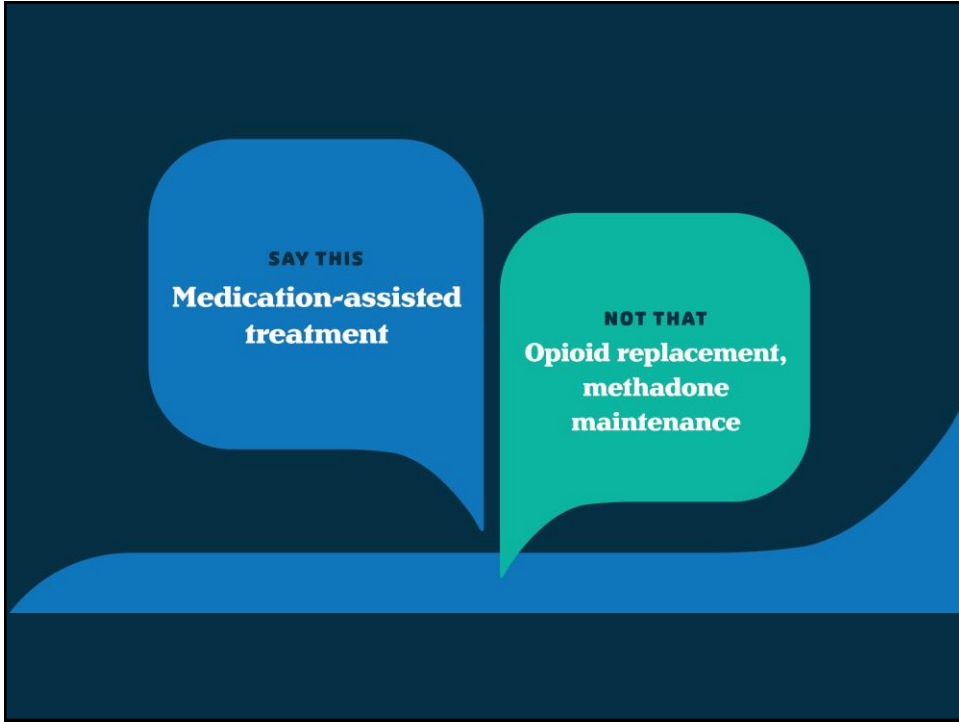
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**SAY THIS**  
**Person with an Alcohol Use Disorder (AUD)**

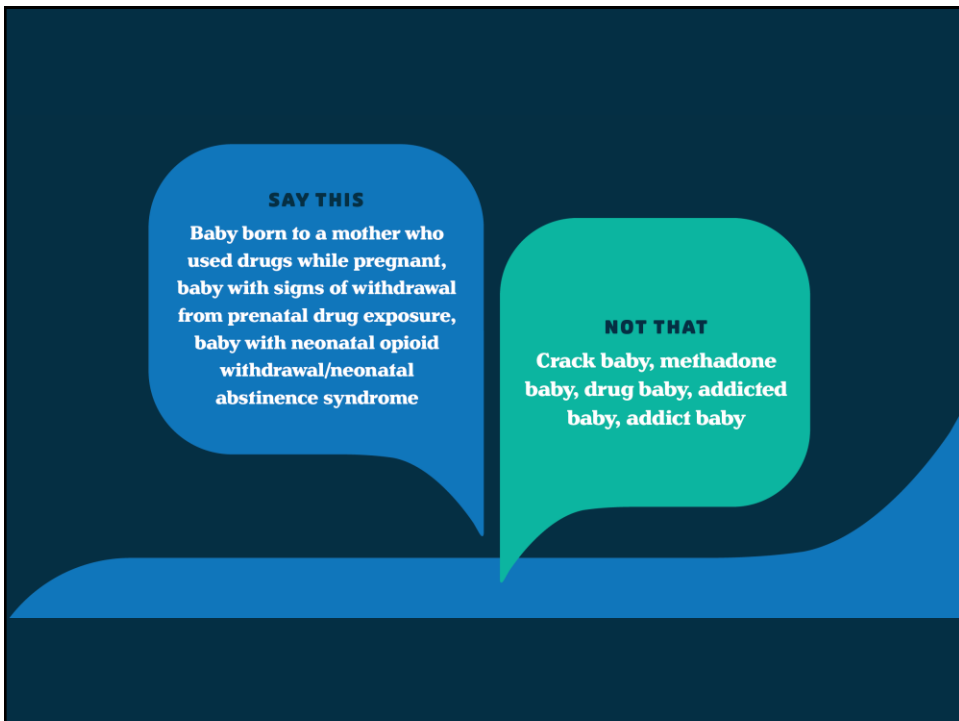
**NOT THAT**  
Alcoholic, drunk, lush, wino, heavy/hard/serious drinker, boozier, partier, problem drinker

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There are exceptions!



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# SAMHSA Treatment Locator

samhsa.gov

**Behavioral Health Treatment Services Locator**  
Find alcohol, drug, or mental health treatment facilities and programs around the country at [treatment.samhsa.gov](http://treatment.samhsa.gov).

**Buprenorphine Physician & Treatment Program Locator**  
Find information on locating physicians and treatment programs authorized to treat opioids, such as heroin or prescription pain relievers, at [www.samhsa.gov/medications-assessment-treatment-physician-program-data/treatment-physician-locator](http://www.samhsa.gov/medications-assessment-treatment-physician-program-data/treatment-physician-locator).

**Opioid Treatment Program Directory**  
Find treatment programs in your state that treat addiction and dependence on opioids, such as heroin or prescription pain relievers, at [dpt.samhsa.gov/treatment/](http://dpt.samhsa.gov/treatment/).

**Suicide Prevention Lifeline**  
1-800-273-TALK (8255)  
TTY: 1-800-799-4889  
Website: [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. Your call is routed to the nearest crisis center in the national network of more than 150 crisis centers.

**SAMHSA's National Helpline**  
1-800-662-HELP (4357)  
TTY: 1-800-487-4889  
Website: [www.samhsa.gov/find-help/national-helpline](http://www.samhsa.gov/find-help/national-helpline)

Also known as, the Treatment Referral Routing Service, this Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

**Disaster Distress Helpline**  
1-800-985-5990  
TTY: 1-800-846-8517  
Website: [www.samhsa.gov/find-help/disaster-distress-helpline](http://www.samhsa.gov/find-help/disaster-distress-helpline)

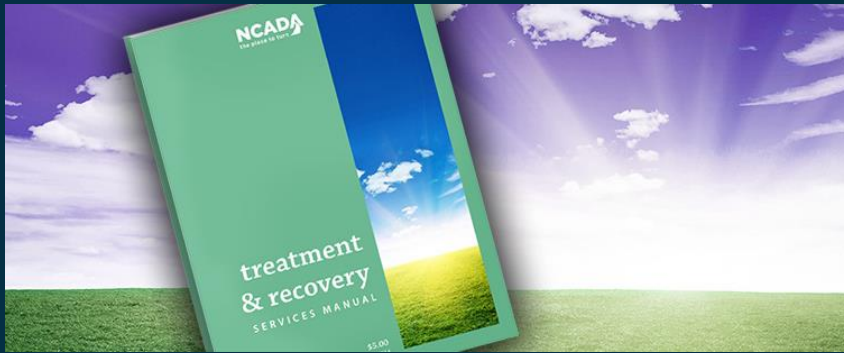
Stress, anxiety, and other depression-like symptoms are common reactions after any natural or human-caused disaster. Call this toll-free number to be connected to the nearest crisis center for information, support, and counseling.



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## PreventEd Treatment & Recovery Services Manual



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## Substance Use Assessments

- A professional evaluation
  - If necessary, a number of referral options
- Offered at no cost for adolescents, \$25 for adults
- Can also contact for information, assistance with intervention

(Lincoln, Warren, Jefferson, Franklin, St. Charles, St. Louis Counties and St. Louis City)

**314-962-3456**



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## Connect with us

[PreventEd.org](https://PreventEd.org)

[MOHOPEproject.org](https://MOHOPEproject.org)

[TalkaboutitMO.com](https://TalkaboutitMO.com)

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