HOW CAN WE HELP?
A GUIDE TO
SUBSTANCE USE DISORDER,
STIGMA,
AND HARM REDUCTION

STARRING LEO
(A CONCERNED CHIHUAHUA)

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For more information and resources, please visit the Office of Health Equity and Community Engagement website at: https://extension.usu.edu/healthwellness/healthequity/index
HARM REDUCTION
IS A SET OF PRACTICAL STRATEGIES
AND IDEAS AIMED AT REDUCING
NEGATIVE CONSEQUENCES
ASSOCIATED WITH DRUG USE.
IT IS ALSO A MOVEMENT FOR
SOCIAL JUSTICE
BUILT ON A BELIEF IN, AND RESPECT
FOR, THE RIGHTS OF PEOPLE
WHO USE DRUGS.

from the National Harm Reduction Coalition, 2022
harmreduction.org
Hi! I’m Dr. Erin Fanning Madden, and I’m faculty in the Department of Family Medicine and Public Health at Wayne State University. I study healthcare access among marginalized populations, substance use, harm reduction, and social factors affecting healthcare for people who use drugs.

Hey! I’m Hilary Disch, and I am the Communications Coordinator at Prevention Point Philadelphia. We provide a variety of harm reduction services, including infectious disease testing, a drop-in center, a medical clinic, and syringe services to people in our neighborhood. We are here to talk about harm reduction!

Hi! I’m Leonard, but people call me Leo. I’m a professional chihuahua.
First, let’s talk about substance use and substance use disorders. Sometimes people use different terms to describe substance use, such as dependency or addiction.

When people say “dependency,” they may be referring to the physical dependency that some people develop when they use a substance (like alcohol or heroin) over a long period of time, and their bodies get used to that substance. They feel withdrawal symptoms when the substance is taken away.
Scientists prefer the more accurate term “substance use disorder” to describe patterns of substance use that can cause social or health harms.

Not everyone who uses alcohol or drugs has a substance use disorder, even if they use substances that are illegal, like heroin. When talking about drug use, we say “people who use drugs” to include them, too.

Instead of thinking about substance use disorders as something a person either has or doesn’t have, we can look at substance use on a spectrum.

This includes people who use alcohol and drugs in ways that don’t meet the definition of a disorder, as well as people with substance use disorders.
I like the spectrum. It helps us recognize that even though people may not be debilitated by their substance use, they still may need help.

Exactly! When we think of people who need services to address their substance use, we tend to picture people who are at the severe end of the spectrum, and not functioning well in their daily lives.

In reality, people experience substance use in a lot of different ways.

Good question, Leo! The language we use has a lot to do with harm reduction. Erin, let’s explain what harm reduction means.

Bonneville Salt Flats 22
ARE WE THERE YET? I GOTTA GO POTTY!!

WE'RE ALMOST THERE! SEE HOW THE LANDSCAPE IS CHANGING?

HARM REDUCTION IS A WAY TO HELP PEOPLE LIVE HEALTHIER AND LONGER LIVES, EVEN IF THEY USE SUBSTANCES.

AT ITS CORE, HARM REDUCTION IS TREATING PEOPLE WITH DIGNITY AND RESPECT. LANGUAGE IS A BIG PART OF THAT.

HERE WE ARE!

TELL ME MORE ON THE WAY TO THE POTTY AREA!

OK! LET'S GET YOUR LEASH ON.
WOW, THIS IS BEAUTIFUL!

TOTALLY WORTH THE DRIVE.

SALTY.
Sometimes people who use drugs are called “addicts,” “druggies,” “tweakers,” or “junkies.” These terms are stigmatizing and hurtful.

When we practice harm reduction, we use person-first language—like, “person with a substance use disorder”—to recognize their humanity and to separate the person from the disease.

Oh! I didn’t realize those words could make people who use drugs feel so horrible! I bet when we use those words, it alienates them and makes them feel like no one cares.

Yes, and our language should be inclusive and respectful.

Harm reduction started in the 1980s during the AIDS crisis, when many people didn’t have access to sterile needles. They shared needles and this was a big reason that infections were spreading.

One strategy people initially thought would reduce HIV/AIDS transmission was to ban needles, but this only increased needle sharing because it made accessing unused needles even harder.

Tell me more about it on the way back.
WE REALIZED THAT INSTEAD OF DEMANDING THAT PEOPLE STOP USING DRUGS, WE COULD HELP PEOPLE STAY SAFER BY GIVING THEM STERILE NEEDLES SO THEY DON'T HAVE TO SHARE WITH OTHERS AND EXPOSE THEMSELVES TO DISEASE.

WHEN PEOPLE HAVE A SUBSTANCE use disorder, THEY MAY BE UNABLE OR UNWILLING TO STOP USING SUBSTANCES, BUT THEY CAN STILL REDUCE THE RISKS ASSOCIATED WITH USE.

OH! SO GIVING OUT NEEDLES REDUCES THE HARM!

NO. IN FACT, PEOPLE WHO USE SYRINGE PROGRAMS ARE FIVE TIMES MORE LIKELY TO ENTER TREATMENT FOR THEIR DISORDER THAN OTHER PEOPLE WHO USE DRUGS.

BUT... DOESN'T GIVING OUT STERILE NEEDLES ENCOURAGE SUBSTANCE USE?

PROVIDING STERILE NEEDLES AND OTHER SUPPLIES FOR SAFER USE OF DRUGS ENCOURAGES PEOPLE TO MAKE SAFER CHOICES WITH THEIR USE. IT RETURNS AUTONOMY TO THE PERSON AND HELPS THEM TAKE MORE CONTROL OVER THEIR HEALTH.

SOUNDS LIKE A STEP TOWARDS LIVING A HEALTHIER LIFE! WHAT ARE SOME OTHER STRATEGIES?

NEXT STOP: GOBLIN VALLEY STATE PARK!

ARE THERE GOING TO BE GOBLINS?

DON'T WORRY, LEO! JUST ROCKS THAT LOOK LIKE GOBLINS!
To answer your other question, there are lots of harm reduction strategies.

One of the biggest risks of using opioids is death from overdose.

We can’t help people once they have died, so we want to prevent that.

We train people on how to reverse an opioid overdose with naloxone.

Opioids can be fatal because they affect breathing. When someone overdoses, they kind of fall asleep and just stop breathing.

Naloxone is a drug that temporarily reverses the effects of opioids by blocking the receptors in the brain.
**HOW NALOXONE WORKS:**

OPIOID

OPIOID RECEPTOR

NALOXONE

OPIOIDS ATTACH TO THE OPIOID RECEPTORS IN THE BRAIN.

**Get out of there, opioids!**

NALOXONE HAS A STRONGER AFFINITY TO THE OPIOID RECEPTORS, AND KNOCKS THE OPIOIDS OFF FOR A SHORT TIME.

**Uh oh!**

NALOXONE BLOCKS THE RECEPTORS SO THE PERSON COMES OUT OF OVERDOSE.
NALOXONE SAVES LIVES!

Yes! You can get naloxone from a pharmacy without a prescription.

It's good to have some on hand, just in case.

So, syringes, naloxone, what else?

Overdose prevention sites, or safe consumption sites, are places where people can go to be monitored for overdose while using substances.

There are also hotlines you can call, where a person will stay on the line with you while you use drugs, and call for help if you become unresponsive.

Never use alone: 800-484-3731
One really important harm reduction strategy is called medication for addiction treatment, or MAT.

There are medications available for people who want to stop using substances like alcohol or opioids. These include methadone and buprenorphine for opioid use disorders, and naltrexone for both alcohol and opioid use disorders.

The medications help to manage the cravings that people experience when they stop using, and they are safe and effective.

All of these harm reduction strategies are important, but one of the biggest barriers to treatment is stigma.
Stigma is a negative social mark that is attached to people or groups based on characteristics or behavior.

Stigma involves discrimination, is based on stereotypes and myths, and often lumps people into a group without recognizing their individuality.

For example, what if I said all Chihuahuas are mean ankle biters?

Hey! I was protecting you!

And I know some Golden Retrievers who are real jerks!

Exactly! You are very loyal and protective, but Chihuahuas have a reputation for being difficult dogs!

Once that stigma is attached to a group, it has a lot of consequences.
That makes me so mad! That lady was stealing apricots from the tree in our yard, and I had to teach her a lesson. My heart is pure! Also, I'm a little worried about goblins.

Yes! Stigma isn't fair!
When we use stigmatizing words like “junkie,” or refuse to work with or be friends with people who use substances, we exclude them and force them into isolation.

A lot of people use substances, and some of them will develop a substance use disorder that is treatable.

Stigma can become a more permanent mark on someone, and acts as a barrier to treatment and recovery.
Because of stigma, we tend to see substance use disorders as an individual problem.

People with addiction continue to be blamed for their disease, even though medicine long ago reached a consensus that addiction is a complex brain disorder with behavioral components, the public and even many in healthcare and the justice system continue to view it as a result of moral weakness and flawed character.

Stigma about people with substance use disorders makes it hard for others to see people who use drugs as fully human. This impacts how we think about helping people, because if we don’t see them as autonomous individuals, we think we have to discipline them into changing their behavior.
This discipline includes criminalizing drug use and withholding resources that could help them.

But that’s the thing about stigma. Once it’s out there, we tend to believe it. Some really popular recovery programs play into this by requiring people to say, “I’m an addict.”

This is called “self-stigma,” and it’s a major barrier to recovery, because people start to think they are bad people because they struggle with a substance use disorder.

You’re a wonderful dog!
WHERE ARE WE HEADED?

WE ARE GOING TO SEE SOME ANCIENT PETROGLYPHS!

COOCH!

STIGMA ALSO AFFECTS HOW HEALTH CARE PROVIDERS TREAT PATIENTS WITH SUBSTANCE USE DISORDERS.

THE STIGMA ATTACHED TO DRUG USE CAN MAKE IT DIFFICULT FOR PROVIDERS TO OFFER PROVEN TREATMENT OPTIONS TO THEIR PATIENTS.

WELCOME TO THE UINTAH BASIN

PROVIDERS MAY MISTAKENLY BELIEVE THAT THE BEST WAY TO TREAT PEOPLE IS TO MAKE THEM STOP USING DRUGS IMMEDIATELY.

OR, THAT PEOPLE WHO NEED MEDICATION TO HELP THEM MANAGE CRAVINGS OR WITHDRAWAL ARE WEAK OR UNWILLING TO RECOVER.
Sometimes, providers even urge patients to stop using effective treatment medications, even though methadone and buprenorphine are considered the best and most effective treatments for opioid use disorders.

Shouldn't health care providers know better?

Unfortunately, they don't get a lot of training on this in medical school.

Unless someone educates them, they may not know much about these treatments.
Sometimes, providers are worried that if they treat people who use substances, they will get a bad reputation by association.

So, stigma keeps people from seeking treatment because they don’t want to be stigmatized and it keeps providers from offering treatment because they don’t want to be stigmatized, either.

That seems like a huge problem! What can we do about it?

One thing we can do is talk about it! We can fight stigma through education.

We can listen to people who have experienced substance use disorders talk about what it was like for them.
We can learn about what helped them and what made their efforts to improve their health harder.

We can change the language we use to be people-centered and respectful.

We can advocate for harm reduction resources with our local leaders.

And we can support people who use substances with love and compassion to help them make safer choices.
The stories presented in this series will help you understand the complexities of substance use disorders and how harm reduction can help.

The brave people who shared their stories, despite the consequences of stigma in their lives, are helping us learn how to be better advocates and support people who use substances.

So brave! Let's do it!
BE SAFE, AND TAKE CARE OF EACH OTHER!