

The Struggle IS Real: Applying an Equitable and Trauma-Informed Lens to Substance Use Prevention

Presented by
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Presentation Objectives

- Increase awareness of the relationship between substance use and trauma
- Discuss systemic inequities as a barrier to addressing substance use
- Identify strategies to foster equitable and trauma-informed substance use prevention and recovery services

Why is this important?

- We've all experienced hardships and experience them differently
- Exposure to trauma affects our personal and professional lives
- We work with/for youth, some of whom may have had adverse childhood experiences (ACEs)
- Increasing trauma awareness also improves our communications skills and grows our emotional intelligence




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Take care of yourself

- This presentation may trigger some people. Help is available if you need it.
- 9-8-8 Crisis Lifeline
- NAMI Helpline: 1-800-950-NAMI (6264)
- Employee Assistance Programs (EAPs)
- Trainees and their support systems can identify available school and local resources (e.g., counselors, faith-based organizations, etc.)

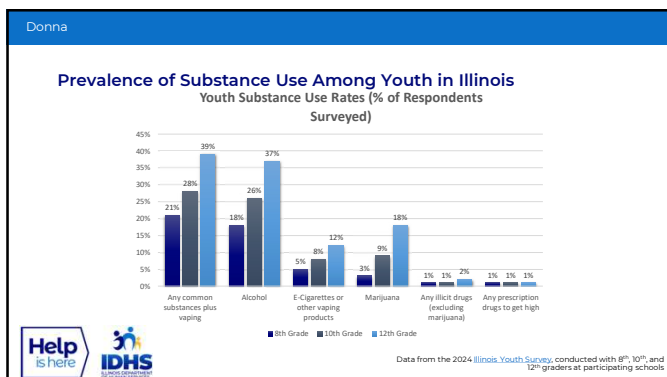


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Substance Use Among Children and Adolescents

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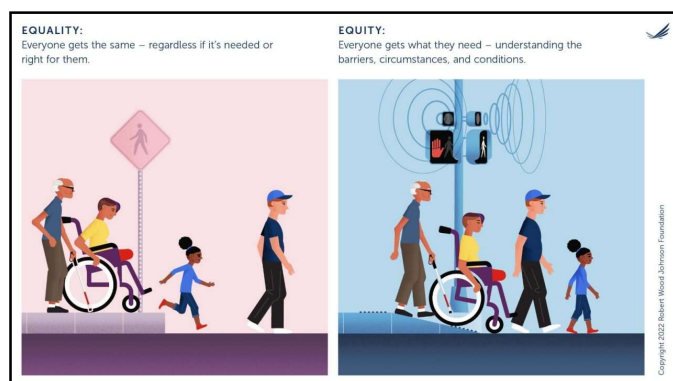


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Examining Root Causes of Substance Use: Health Inequities and Trauma

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Intersectionality

- At our core, we are all human beings worthy of respect and dignity.
- We each have multiple, **intersectional identities** that influence our own worldviews and how we are received by others.
- Our identities also influence our **knowledge gaps**, especially if we are part of a centered identity.
- Just a few examples of other aspects of our identities that may influence our experiences with inequities and marginalization:
 - Veteran status
 - Previously incarcerated
 - Low-income
 - Mothers/birthing people
 - Size
 - Geographic region (e.g., rural)
 - Victims/survivors of violence/abuse
 - First-generation college students
 - Diverse family dynamics
 - Preferred language is not English
 - Invisible disability

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Health Equity

- To achieve health equity, we must focus on reducing health inequities, which are "gaps that are **unjust, avoidable, unnecessary and unfair**."
- They are neither natural nor inevitable. Rather, **they are produced and sustained by deeply entrenched social systems that intentionally and unintentionally prevent people from reaching their full potential.**
- Inequities cannot be understood or adequately addressed if we focus only on individuals, their behavior or their biology."

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Systemic Health Inequities

Health Disparities are Driven by Social and Economic Inequities

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community, Safety, & Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Parks Playgrounds Walkability Zip code/ geography	Racism and Discrimination Literacy Language Early childhood education Vocational training Higher education	Food security Access to healthy options	Social integration Support systems Community engagement Stress Exposure to violence/trauma Patriotism/justice policy	Health coverage Provider & pharmacy availability Access to culturally and linguistically appropriate & respectful care Quality of care
Health and Well-Being Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					KFF

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Substance Use Risk Factors

- Parent/Guardian/Family member substance use
- Lack of school connectedness
- Low academic achievement
- Childhood physical/mental/sexual abuse
- Friends who use substances
- Unstable housing
- Lack of parental monitoring

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Substance Use Risk Factors

- Community Environment** – high unemployment, housing insecurity, high crime and substance use rates, etc.
- Family Environment** – adverse childhood experiences (ACEs), frequent family moves, separation from family (child welfare or juvenile justice systems), etc.
- Individual Risks** – neurodivergence, physical disabilities, etc.
- Societal Risks** – discrimination, intergenerational trauma, cultural and language barriers to care, access to quality education, made to feel less than others, etc.

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Adverse Childhood Experiences (ACEs)

- **ACEs Quiz**
- **Original ACEs Study:** Recognized the impact of childhood trauma and overall health into adulthood
- An ACEs score of 4 or higher out of 10 > "higher likelihood of negative health and behavioral outcomes later in life, such as heart disease, diabetes and premature death."
- **Question for the audience: What are other experiences that may influence childhood trauma?**

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3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.

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Older Black men are disproportionately affected by the overdose crisis

August 30, 2024 By Dr. Nora Volkow

Saturday, August 31, is [International Overdose Awareness Day](#) 48, when we collectively remember those who have lost their lives to drug overdose, support those who grieve those losses, and offer encouragement to those who seek recovery from addiction. It is also an opportunity to share new knowledge about the overdose crisis and strategies for confronting it. There is some very good news this year: Provisional data from the CDC show that, overall, overdose deaths dropped by 7.5% in the 12 months ending March, 2024, the largest decline in decades. It is cause for optimism. But unfortunately, for some groups, we continue to see only greater escalation of the overdose crisis.

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What Factors May Contribute to These Disparities?

- Using and living alone: "It is hard to hustle these days;" "Don't want to share"
- "Fentanyl is in everything"
- "There is no interest in our neighborhoods"
- "We need more peers out here talking to us"
- Preexisting unaddressed health conditions: "You have to be clean to get help with that"
- No interest in Naloxone: "Ruin a high;" "Can't get high"
- Long term substance users: "You become the drug"
- "Generational Depression;" "I haven't worked in 30 years;" "I would work if I could-73yr old"
- "There are no places to go and get treatment;" Inpatient Residential Services
- Polysubstance Use
- "Hot packs;" giveaways and attraction

UIC Focus Group – South Side COIP Office/HAS – April – May 2025

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Quick Facts – Older Adults in the Workforce

- In 2023, 19% of Americans ages 65 and older were employed, nearly double the share from 35 years ago. ([Pew Research Center](#))
- The labor force of people aged 75 years and older is expected to grow by 96.5% over the next decade. ([US Bureau of Labor Statistics](#))
- By 2024, about 41 million people will be ages 55 and older in the labor force. ([US Bureau of Labor Statistics](#))
- Adults ages 65 and older are projected to be 8.6% of the labor force in 2032, up from 6.6% in 2022. ([Pew Research Center](#))
- Employment of workers aged 65 or older has increased by 117% within the last 20 years. ([CDC](#))

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Solutions

The aging workforce presents significant challenges, including skill shortages, bias, emotional and financial stress, health concerns, and the need for effective policies to support older workers.

- Providing prevention programs that focus on the older adult population and mental health.
- Focus on prevention activities targeting emerging and older adults that fall into special population categories: veterans, individuals who have a dual diagnosis, polysubstance users, chronically unhoused, and previously incarcerated individuals.
- Workforce prevention support that focuses on mental and physical health in emerging and older adults.
- Pathway programs that offer job opportunities for older adults (employed/unemployed) to remain active in the workforce, gain skills, and contribute meaningfully to their communities and society.
- Increasing trauma-informed training for first responders and social service providers that addresses older adults.

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Trauma Responses

- Common reactions when triggered
- These are **survival reflexes**
- People often misuse substances to numb unprocessed trauma and emotions

#orchardplacestrong

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Expecting Resilience without Support

- Resilience**
 - "The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress"
- Myth of Meritocracy**
 - When people are socialized to believe that they can "pull themselves up by their own bootstraps if only they work hard enough," it is harmful to the mental health of people who struggle to overcome the adversities they experience.
 - This sets people up to feel like a failure and like there is something "wrong" with them—if we want to destigmatize substance use and naloxone, we also have to help people unlearn these internalized beliefs.

"What's the matter? It's the same distance!"

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Reflection: Behavioral Health Iceberg

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Substance Use Protective Factors

- Community Environment:** socioeconomic status, affordable housing, good schools, low crime rates, high-quality health care, access to social services, etc.
- Family/Household Environment:** economic security, *structured and nurturing* family, fewer than four children who are 2+ years apart, multigenerational support network, *warm and close relationship with caregiver/trusted adult*, clear behavior guidelines, etc.
- Individual Strengths:** Developmentally appropriate growth, high intelligence, *emotional regulation skills*, *autonomous, adaptable, problem-solving skills*, *socially adept, healthy expectations*, etc.

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Applying an Equitable and Trauma-Informed Lens to Substance Use Prevention

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How to Apply an Equity Lens

- Be intentional and inclusive in planning, development, and implementation
- Analyze systemic social and health inequities that are root causes of health disparities
- Recognize and reflect the diversity of the community when developing programs, policies, and practices (*but don't tokenize!*)
- Prioritize community engagement ("*Nothing about us without us*")
- Understand that health equity is intersectional—individuals have overlapping experiences with inequities/oppression, as well as strengths/power
- Do not under- or overestimate health literacy levels


Adapted from CDC's "[Using a Health Equity Lens](#)"

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Trauma-informed Prevention in Practice

- Safety
- Trust
- Collaboration
- Empowerment - Voice and Choice
- Cultural Humility



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Trauma-informed Prevention in Practice - In the Classroom

Prior to Program Implementation - Meet with the classroom teacher

- Discuss classroom culture and student experiences
- Discuss curriculum content and potential for trauma responses
- Discuss wellness tips for students
- Reinforce that student safety and wellness is the goal



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Trauma-informed Prevention in Practice - In the Classroom

During Implementation

- Greet students at the door as they arrive
- Discuss environment of safety - respect, participation, and privacy
- Before each session - remind students about taking care of their wellness
- Use person-first, non-stigmatizing language
- Call on students by their first name, and give them the option to "pass"
- Refrain from discussing personal stories



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Trauma-informed Prevention in Practice - In the Classroom

After Implementation

- Provide resources to students
- Touch base with the teacher about any student who may have exhibited a trauma response



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Interpreting Trends with a Health Equity and Trauma-Informed Lens

Research shows that alcohol use and misuse among women are increasing

But WHY might this be happening?

- Girls and women are underdiagnosed (or misdiagnosed) and undertreated for ADHD and autism due to socialized gender stereotypes ("boys will be boys," while girls internalize symptoms)
- This influences girls and women to drink to mask their symptoms and fit in with peers
- Girls and women are more likely to drink to cope with stress
- Many of those undiagnosed girls are getting diagnosed later in life, if ever, thanks to increasing awareness on social media

Then what might Prevention look like?

- Increasing awareness of gendered differences in symptoms of neurodivergent conditions
- Improving access to screenings for girls and women




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THANK YOU!

Questions?
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• Other resources:

- [Apology to People of Color for APA's Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.](#) - American Psychological Association
- [Advancing Health Equity: A Guide to Language, Narrative, and Concepts](#) - American Medical Association
- [Prevention First](#) - trainings and Resource Centers
- [Prevention Learning Portal](#) - Great Lakes Prevention Technology Transfer Center

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