



The following are some of the soundbites from today's presentation. For copies of specific slides or for additional information, please email Melissa Moore at info@m3-consultingllc.com or call 715-216-0721.

Don't forget to follow M3 Consulting LLC on [Facebook](#) and [LinkedIn](#) to keep up to date on the latest trends, research, news, and tips to help prevent substance misuse in your community.

Addiction doesn't discriminate, and it affects us all

- No matter where you go to school or work, if you go to church or play sports, addiction is the monster in the parking lot that is always there. It may be hard to understand the addicted mind unless you've been there, but it is up to each of us to try to lift up and offer hope to those that have been brought down by this burden.
- **Resource** - <https://nida.nih.gov/nidamed-medical-health-professionals/health-professionals-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

These are decades long issues, or wicked problems, where there is no easy button

- Substance misuse is a complex issue where no one program or experience can predict or influence the outcomes in a community. Available resources frequently (and unfortunately) are not put into building a community supportive of prevention versus investing in intervention and enforcement.
- **Resource** – https://www.wickedproblems.com/1_wicked_problems.php

The great majority of substance-related health and social problems occur among those who are not addicted.

- Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. (SAMHSA)
- **Resource** – <https://bit.ly/NIHSA2020>

People don't (typically) start with heroin or meth, they start with 'drugs of opportunity'

- While many people don't like the term 'gateway drugs' there is evidence that supports risk factors such as access to and what is accepted by our peers or parents can increase the likelihood of misuse. This is why common substances such as alcohol, prescription or over-the-counter medications, inhalants, nicotine, and cannabis are linked to the term gateway because they are readily available, relatively inexpensive, widely used, and heavily promoted. Now, that doesn't mean that there is a direct correlation to future 'harder' drug use, but the combination of brain development, trauma, and lack of coping skills can increase that risk.
- **Resource** – <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5506797/>

There are many things that increase the likelihood of addiction, it doesn't happen overnight, and recovery takes time

- There are many theories of addiction, including genetics, biological, behavioral, and environmental or adaption. What we know is that one of the greatest factors contributing to risk of developing a substance use disorder is comorbidity with mental illness. Additionally, the presence of ACEs (or adverse childhood experiences) also plays in important role, and is a focus area for prevention efforts. Addiction lives in the brain, with our young people being at the greatest risk due to development occurring through the mid-20s. But we know that treatment works, and people do recover.
- **Resources** - www.drugabuse.gov/sites/default/files/infographic-comorbidity.pdf and <http://www.acesconnectioninfo.com/>

A drug is any substance we put in our body that impairs its ability to function, no matter it's legal status

- There are many reasons why someone may choose to use (do, feel, look, perform or fit in 'better'), and each person has their own 'why.' The method in which a person uses also contributes to the 'why.' As a person build up a tolerance to the substance, they most likely will have to change their method for a quicker, more intense high.
- **Resource** – <https://nida.nih.gov/drug-topics/criminal-justice/science-drug-use-resource-justice-sector>

Ask questions and assess the situation, certain medical conditions can mimic drug use

- There are many conditions that can appear as if a person is using a drug. Assess each situation and person carefully, seek help if necessary. And remember that the term overdose doesn't necessarily mean death, it is an excessive and dangerous dose of a substance. Additionally, a person can overdose and not necessarily call for emergency services, or fall back into an overdose once a medication - like naloxone (aka Narcan) - is administered.
- **Resource** – <https://www.samhsa.gov/find-help/harm-reduction>

Classes of drugs are grouped by how they affect the body, but it is not a 'one size fits all'

- For the purposes of this presentation classes are broken into stimulants, depressants, hallucinogens, cannabis, and then a 'cornucopia' of substances that do not or may not fit into just one category. These trends are ever-changing so it is important to stay up to date on the latest. To assist communities a folder has been created and will be updated in today's presentation drive on a regular basis - bit.ly/M3OldDrugsNewThreats.
- **Resources:** 2024 Drugs of Abuse (available in [English](#) & [Spanish](#)) and subscribe to M3's The Activator e-newsletter <https://bit.ly/3Kvx2nm>.

| Classification | General Effects on the Body | Common Substances | Trends to Watch |
|--|---|---|--|
| Stimulants <i>Fight or flight with superpowers!</i> | Increase basic bodily functions (heart, breathing, temp), feeling of a rush/euphoria, increase norepinephrine & dopamine | Caffeine, nicotine (cigs, vapes, pouches), ephedrine, cocaine, amphetamines (prescription & illicit), methamphetamine, Nixodine | Methamphetamine & the rise in nicotine products, including vaping devices that have games, Bluetooth, key fobs, pens, contain 100K 'hits'. Plus, nicotine pouches & oral films. Additional Resource: https://med.stanford.edu/tobacco-preventiontoolkit.html |
| Depressants & Narcotics <i>Look drunk, act drunk, but don't smell drunk</i> | Decrease basic bodily functions (heart, breathing, temp), dulls senses and coordination, affects the central nervous system | Heroin, opium, U-47700, isotonitazene, nitazenes, xylazine, prescription pain killers, alcohol, inhalants, Rohypnol, GHB, benzodiazepines, cychlorphine, tapentadol, medetomidine, SR-17018 | New alcohol products, fentanyl, & the rise in 'benzo' abuse Additional Resource: https://www.dea.gov/factsheets/fake-prescription-pills |
| Hallucinogens <i>Among the oldest class of drugs used for their ability alter reality and mood.</i> | Increases basic bodily functions (heart, breathing, temp), 'flashbacks', synesthesia, dangerous behavior/self-harm | Psilocybin mushrooms, mescaline, LSD, ecstasy or MDMA, ketamine, amanita, ibogaine, lion's mane, ayahuasca/DMT, NM-2-AI, 'Pink Cocaine'/2C-B/Tusi/N-Bomb, ketamine | 'Magic mushrooms' and micro-dosing of other psychedelics are making a comeback. Products include gummies, vapes, chocolate, and elixirs, which are regularly mixed with 'hemp' products Additional Resource: https://www.hopkinsmedicine.org/psychiatry/research/psychedelics-research.html |
| Cannabis <i>Goes beyond buds, is it the next Big Tobacco?</i> | Increases blood pressure, irregular heart rate, nausea, memory, breathing conditions, heighten sensory & | Cannabis strains - Sativa, indica, hybrids Concentrates – THC-A (crystals), Wax, Dabs, Shatter | More non-traditional products like edibles, beverages, and concentrates are flooding the market, many unregulated 'hemp products' falling under the 2018 |

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| | appetite, coordination, and decision making | Hemp-derivatives - Δ8, Δ10, Δ11 & up, CBD, THC-P, HHC, THC-O, THC-A, Hex, & more! | Farm Bill. Changes coming in November 2026 for intoxicating hemp. Additional Resources: https://www.leafly.com/news/cannabis-101 |
| Other Rx <i>Legal or not, they're dangerous</i> | Mixed effects based on the components, but many mimic or enhance high powered illicit drugs like meth or opioids | Promethazine, Gabapentin, Etizolam* *Added to Schedule 1 in 2023 until July 2025 | There are more states looking at the scheduling and PDMP monitoring of these substances due to their use as an enhancer, or abused on their own. Additional Resource: https://www.deadiversion.usdoj.gov/schedules/ . |
| Over the Counter | Mixed effects based on the components, but many mimic or enhance high powered illicit drugs like meth or opioids | Loperamide, diphenhydramine, Propylhexedrine, dextromethorphan, pseudoephedrine, diet pills, powdered caffeine, levmetamfetamine, Dramamine, Primatene MIST® | When taken as prescribed they are beneficial, but challenges or high doses can lead to deadly consequences. Many are not regulated and widely available for all ages both in stores and online. Additional Resource: https://stopmedicineabuse.org |
| Supplements, herbals, and 'gas station sober' trends | Mixed effects based on the components, but many mimic or enhance high powered illicit drugs like meth or opioids | Kratom, Salvia Divinorum, Tianeptine, Phenibut, Kanna, Damiana, Ashwagandha, Berberine, Kava, Akuamma, DMHA (dimethylhexylamine) | Promoted for a variety of mental health conditions, unregulated products sold in convenience stores, smoke shops, and online. More states moving to ban them, but still available if you know where to look. Additional Resource: https://www.fda.gov/consumers/consumer-updates/dietary-supplements |
| Other Trends | Mixed effects based on the components, but many mimic or enhance high powered illicit drugs like meth or opioids | Cooking wine, 'poppy wash', hand sanitizer, morning glory seeds, nutmeg, Hawaiian baby wood rose, Blue Lotus, sexual enhancement products | Many of these products are widely available with 'tips' readily available online as how to misuse them. There has also been more media focus on 'herbal' trips to enhance self-awareness by sports and movie stars. Additional Resource: https://www.redditinc.com/ |

Educate yourself, nothing is ever as it seems

- If you haven't gone online lately do a quick search for concealment, cannabis, 420 or 710, or really any of the terms we talked about today. Even better, head down to your local novelty or 'glass shop' and see what is available near you. Keep in mind, online (and even in store) sales are most times not restricted by age. Look up brands like Sprayground, Grassroots, Cookies, Kush, Rollies, & Dime Bags
- **Resource** - <https://youtu.be/5t7tMDo8Jik>

Know what works (& what doesn't), build hope to stop the cycle of addiction

- There are many well-meaning folks who want to "just tell these kids how bad it is," but *how* we do it makes a difference. There are lists of programs and policies that have been shown to work, and what coalitions should stop doing (sorry drunk goggles and mock crashes). Build protective factors around youth, recognize the warning signs of use, be a good role model, and provide mentorships to those around you.

- Resources - <https://bit.ly/3HytVti> and <https://youthtoday.org>

Harm reduction saves lives, there's no do-overs when you're dead

- Prevention prevents the behaviors, while harm reduction prevents the consequences. Harm reduction strategies include distribution of naloxone, fentanyl test strips, syringe exchange programs, medication disposal pouches, gun locks, and more. The efforts are a critical piece in the spectrum of prevention, and may be the only way to connect those that are at a higher risk to the support or services that they want (when they need it!).
- Resources - <https://harmreduction.org/>, <https://pttcnetwork.org/centers/great-lakes-pttc/role-prevention-harm-reduction-efforts-0>, <https://youtu.be/jnflaxaYduU?si=-iS2Yyf-L4wxtmV2>

Moving ideas to action, engage the community in prevention

- Coalitions are really good at the first three strategies for change, but we lack in the environmental strategies which have a larger impact on communities. We are also equipped to use the Strategic Prevention Framework (SPF) to guide our activities. But you don't have to do it alone! Heads, hearts, and hands are the three ways we can move people. Share the load with those who have similar goals.
- Resource - <https://www.cadca.org/sites/default/files/files/spfandenvironmentalstrategies.pdf>

We are all impacted, and we all play a role

- Substance misuse impacts all of us. No one agency or organization can tackle this issue on their own. Adequate resources in prevention, treatment, enforcement, and to support recovery efforts are needed to be able to address this issue. There are many excellent resources to inform and provide guidance on best practices and increase your capacity for change.
- Resources - <https://pttcnetwork.org/>, <https://ctb.ku.edu/en/toolkits>, and <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>

To sum up... The burden of substance misuse is great. Every time we feel like we have a handle on it, a new trend emerges. Funding for prevention, treatment, enforcement, and recovery are all critical to address it, no one agency or organization can do it alone. These are our family members, friends, neighbors, and co-workers, we are all impacted by it, and we all play a part in the solution. This is a complex issue that will take the entire community coming together to break the cycle, and coalitions are a way to move ideas to action.

Scan the code or click the link below to download the "Soundbites" and other supporting handouts from this session online at [bit.ly/ M3OldDrugsNewThreats!](https://bit.ly/M3OldDrugsNewThreats!)

And don't forget to sign up for the free weekly e-newsletter - [The Activator](#).

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Melissa Moore

Owner & Trainer
Certified Prevention Specialist



715-216-0721
info@m3-consultingllc.com
www.m3-consultingllc.com
@m3consultingllcWI
mcubed-consulting-llc