



Objectives

Identify stigmatizing language and how to change this to strength based communication

Understand the link between addiction and recovery and how you can play a key role in supporting patients and families

Describe how you can make one practice change to create a recovery friendly culture

Stigma

A mark of disgrace associated with a particular circumstance, quality or person

Destigmatize

*To **remove** associations of shame or disgrace*



Case Example

A pregnant mom with 2 young children, ages 2 months & 5 years, arrives 15 min late to clinic; mother apologizes and states her suboxone clinic ran late. She is accompanied by a woman who appears to be trying to help. Both children have different fathers and were substance exposed during mom's pregnancy. They have a 65% show rate for appointments. The 2 month old is here for a well-child check, the other child is due for vaccinations and has a fever. You notice mom appears anxious, and disheveled. She snaps at the secretary, remarks she has not had her medication today and seems to be unaware the 5 year old is running around; both children are fussy and tired.

Live audience: turn to the person next to you and list all the stigmatizing words on paper

WebEx: List all the stigmatizing words on a piece of paper

How do you feel about this patient?

A word cloud containing the following terms: mom, homeless, omg, oh, kids, need, yuck, poor, god, kids, guilty, can't, wrong, organized, clearly, victim, dumb, care, defensive, going, bad, handle, complicated, what's, abuse, yikes, close, criminal, junkie.

Here are what others have said when we did this scenario?

- Loser
- Mooch
- Lazy
- Neglectful
- Addict
- Dead beat
- Going no where
- Hussy
- Should be in foster care
- Same father?
- Dirty
- Junkie
- High
- Abusive
- "Do I have to care for them?"
- Another child?
- Birth control?

YOU ARE NOT ALONE

THESE FEELINGS ARE REAL

THEY ARE NOT RIGHT OR WRONG

WE ALL HAVE BIAS

Case Example

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[Now change your thoughts?](#)

Live audience: turn to the person next to you and list all the de-stigmatizing words on paper

WebEx: List strength based and de-stigmatizing words

How do you feel about this patient?

A word cloud containing the following terms: asking, cares, assistance, children, going, what's, trying, able, happen, need, am, next, glad, needs, hard, care, day, person, yourself, happen, hard, today, thing, help, doing, baby, kids, best, strong, really.

Here are what others have said when we did this scenario....

- Doing the best for her child
- Recovery-oriented
- She's bonded to her child
- Committed to a program
- Seeking help
- Self aware
- Advocate (knows needs)
- Showed up
- Resilient
- Looking out for the child
- Support
- 2nd chances
- Trying
- How can we help?
- Resources?
- I know this isn't easy!
- Thanks for coming. Was it hard to get here?

How do these thoughts impact the care you provide?

Patrick Coorigan and Petra Kleinlein report that:

Stigma robs people of rightful life opportunities

- stigma interacts with illness and exposes people to distorted experiences with criminal/mental health/medical treatment
- stigma leads health care systems to withhold appropriate services"

Reference: Connecticut Community for Addiction Recovery Pg. 13

Addiction

IT IS STRONG
 IT WANTS TO SEE YOU FAIL
 IT IS POWERFUL
 IT IS NOT A CHOICE
 IT IS COSTLY IN MANY WAYS

RECOVERY IS POSSIBLE..... BUT IT IS NOT EASY!

William White reminds us that language can:

- Humanize OR objectify
- Empower OR dis-empower
- Engender compassion OR fear and hatred
- Motivate OR deflate
- Comfort OR wound
- Unite OR create enmity



Reference: Connecticut Community for Addiction Recovery Pg. 14

Which Kind of Care Do We Want to Provide?
 Glass half empty.....Glass half full

| Deficit based language | Strength/ recovery oriented |
|--|---|
| Substance abuser | Person with substance use disorder |
| Suffering from | Working to recover from |
| Acting out | Ineffective communication |
| Non compliant with medications/treatment | Prefers alternative coping strategies |
| Frequent Flyer | Takes advantage of services/supports as necessary Seeks medical care when needed |
| Helpless and hopeless | Unaware of capabilities/ unaware of opportunities |

| Deficit based | Strength/recovery oriented |
|--------------------------------------|--|
| Addict, junkie | Person with a substance use disorder |
| Clean, dirty (for person) | Using substance or abstinent from substance |
| Clean, dirty (for urine drug screen) | Positive or negative for a substance |
| Clean, dirty (syringe) | New or used |
| Abuse (of substance) | Harm use, risky use, misuse |
| Narcotic | Opioid |
| Replacement or substitution therapy | Medication assisted therapy: a tool for recovery |
| Habit or drug habit | Substance use disorder |

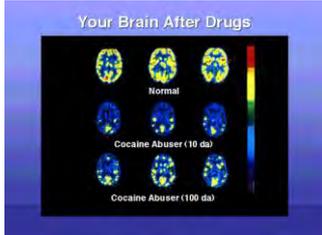
Is addiction a disease, a choice, or a moral failing?

How we perceive a human condition changes how we respond to it, and in turn, changes the outcome

When we perceive addiction to be a **choice or a moral failing**, people who struggle with addiction are seen as bad people who should be punished.

When we perceive addiction to be a **disease**, people who struggle with addiction are understood to be people who can be treated and recover.

We need to understand the long-term effects of substance use in order to better understand those who have been impacted



Your Brain After Drugs

Normal
Cocaine Abuser (10 da)
Cocaine Abuser (100 da)

Photo courtesy of Nora Volkow, Ph.D., Volkow ND, Hitzemann R, Wang G-J, Fowler JS, Wolf AP, Dewey SL. Long-term frontal brain metabolic changes in cocaine abusers. Synapse 11:184-190, 1992. Volkow ND, Fowler JS, Wang G-J, Hitzemann R, Logan J, Schryer J, Dewey S, Wolf AP. Decreased dopamine D2 receptor availability is associated with reduced fronto-metabolism in cocaine abusers. Synapse 14:169-173, 1993.

The disease of addiction

Impacts 40 million people over the age of 12

- Involves changes in the structure of the brain that can result in compulsive substance use
- Is a complex condition influenced by both genetic and environmental factors
- Like other health conditions, can be prevented, treated and managed by health care professionals
- Without effective treatment, addiction can lead to other illnesses and even death

Better understanding of this complex disease can change our world, improving health, saving money, strengthening families and saving lives.

Ref: <https://www.youtube.com/watch?v=6t4E8kxds>

How do we initiate support: lend a helping hand



- Ask with compassion
- Listen with empathy
- Build trust and rapport
- Support each other
- Connect to additional resources
- Continuity of care when possible

What can our practices do to create a recovery friendly culture?

IT TAKES A TEAM!

- Where do you see improvement opportunities in the care you provide?
 - Your team?
- Think about where the patient experience starts and where it ends?
 - This can help identify areas of improvement

Identify opportunities for improvement in your work areas; take a look at the clinic map and think about bringing it back to use as an exercise with your colleagues. How might you work with families to better understand the facts?

Back to our family: *Here are the actual FACTS*

Mom is a single parent, and she worked late the previous night at a second job. She's been in a MAT program for 6 years and is doing well in recovery. Her mother was supposed to take her and her child to the well-child check, and the 5 year old was supposed to go to school on the bus. The 5 year old woke up with a fever, mom called the school to let them know, and ran out of phone minutes during the call. Mom's mother's car broke down on the way and Mom did not get the message because her phone was out of minutes. She begged a neighbor to drive her, which she did, arriving them late for the appointment.

En-route, the neighbor said she would need \$20 cash in order to drive mom and children back home. Mom is already late on rent and is worried about groceries. Mom did not have time to eat breakfast with the morning chaos and is concerned about limited hours at the local food shelf.

**We don't always know the facts at first!
How we approach and deliver care impacts how patients accept and use care**

Destigmatizing care means to **remove** associations of shame or disgrace

Don't hate the addict,
hate the disease.
Don't hate the person,
hate the behavior.
If it's hard to watch it,
imagine how hard
it must be to live it.

#taggedwithrecovery

References

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White W. (2006). Let's Go Make Some History: Chronicles of the New Addiction Recovery Advocacy Movement. Washington, D.C.: Johnson Institute and Faces and Voices of Recovery, pp. 37-76.

<https://www.youtube.com/watch?v=8SPbae11G0>

[https://www.samhsa.gov/capt/bois-learning-resources/usd-stigma-book-\"Words Matter\"](https://www.samhsa.gov/capt/bois-learning-resources/usd-stigma-book-\)