

Summary – Strength-Based Approaches to Overcoming stigma Around Addiction and Recovery (July 15th, 2021)

What is RUN:

The Recovered Users Network was founded in 2013, after the idea was established in 2010, when the need of some other voice in the drug policy debate was necessary. It presents that recovery works and raises the voices of recovery. RUN is a[n]:

- Action of the recovery movement and the opportunity to shape evidence-based policy on all levels
- Support for the community to create understanding of substance use, and the acceptance to leave stigma behind.
- Social reintegration at national and international level, including advocacy and creating solid data on recovery
- Opportunity to connect and to be able to make an impact
- Challenge to keep up the good work by being resilient in facing the difficulties and strengthen the motivation to continue to have an impact on the drug policy.

Speaker 1: David Best

- Research showed that the willingness to engage with someone with an active addiction was most discriminated against, followed by those in recovery. Showcasing that being in recovery is not really believed.
- Updated research highlighted that the willingness to engage with people is increased when the recovery is believed.
- Individual attempt to recover is hampered by society. Yet, the higher the social contact, the more it breaks down stigma.

Key points in recovery and showcased with the recovery walk in Glasgow:

- Collective social identity
- Active engagement with each other
- Challenges negative beliefs
- Challenging notion of general public
- Challenging policy makers on stigmatisation through active engagement

People in long-term recovery often have a higher quality of life than those that never have experienced addiction. They are more likely to be socially active. After 5 years of long-term recovery, it is self-sustaining and there is no need for external influences. Positive social networks and resources, such as social capital and community engagement, remains important. Individual capital comes from social recovery capital.

Recovery is social contagious. Similar to crime reduction, effective engagement and hotspots leads to more recovery. Spreading positive results with communities is mobilising.

Brandee Izquierdo

- It is more important to know how to navigate through the stigma, rather than trying to overcome it. During the navigation, the stakeholders need to be understood.
- One of the ways to break down stigma is by telling personal stories. This will find the essence of those who are in recovery and brings an understanding that those in recovery should not be objectified.

- There is also internal stigma of those in addiction, not recognising it as a disease or wanting to go into treatment.
- Through the recovery capital, the mask is slowly being stripped away and an understanding is created
- Many negative words/feelings are carried along those in recovery.
- Recovery starts with coping with the internal stigma first, and then followed by facing external stigma.
- Policy is made by humans, and humans can make policy – which has to be advocated for to increase awareness and reduce barriers to treatment and recovery.
- Stigma also appears in recovery communities.

What can be done when facing stigma?

- Educate – educate on stigma, internal and external (even within treatment centres). It is not only stigmatising but also discriminatory.
- Engage – when met with stigmatising challenges, always speak the truth and be authentic. Meet people where they are and understand that the opposite of addiction is connection. It is important to move out of the bubble into the world.
- Empower – empower from any particular approach. They might not be ready to hear about recovery but the door can be found. Start the conversation and talk about recovery.

Question: what is the difference between stigma and fear? – there is not a huge difference between the two. Fear fuels stigma. We have to understand what the difference is between stigma and discrimination. Fear is one of the underlying issues when talking about stigma.

John Kelly

Stigma: attribute, behaviour, or condition that is socially discrediting - Discrimination: unfair treatment of individuals with the stigmatized condition/problem.

- Illicit drug addiction is number one in the most stigmatized condition (out of 18). Alcohol is ranked number 4.
- Substance use disorder is much more stigmatised than a medical condition.
- People with substance abuse are more blamed. People in treatable conditions seem to reduce stigma.
- People who have the condition and view it to be stigmatised, are less likely to seek treatment.
- Not only the general public or the people themselves, but also the clinicians hold stigmatising biases against those with SUD, leading to lower quality services. Educating is helpful.
- Commonly studied dimensions of stigma are: blame, prognostic pessimism/optimism, dangerousness, social distance, etc.
- Reason for stigmatisation of substance use disorders: cause and controllability. – we tend to have more compassion with those where it is not their ‘fault’.
- SUD, however, is an interplay of genetics, biology, and what has happened. – which is now understood.
 - o The functionality structural changes with long term use. The impulse to use is driving through the frontal areas of the brain, which makes it harder to stop. It is a medical malfunction within the brain.

What can be done about stigma?

- Educate about the essential nature of the conditions

- Personal witness putting a face and voice on recovery
- Changing the language/terminology to be consistent with the nature of the condition. Language reflects the understanding of the different disorders.
 - o When describing addiction as a chronically brain disease, the blame factor decreased. When describing it as a problem, the blame tends to go up.
- Women are more blamed when having a drug problem. Men are viewed more violent and isolated – which also reflects the barriers for women to enter treatment.
- There is a need for universal use of appropriate person-first and non-stigmatising terminology when describing alcohol and drug use disorders.

Question: how can one assist patients in recovery not to relapse as an aftercare method? – engaging in communities to support and find some kind of ongoing services that can help to prevent relapse in the first few years. In the first year, it is very important to get the support. There is an elevated risk in the years 1 to 5. Ongoing support and management are needed. Not everyone requires the same treatment and support and recovery fitness can be found in various ways.

Elisa Rubini

- Including the word recovery in policy is important since it is a gateway. If recovery is not included in the system, there is only so little that can be done about it.
- The EU mentioned recovery in their policy in 2013. The SDGs was a big milestone regarding the attention of the necessity of the integrated and overall approach towards the drug problem.
- The more we are conscious about the words we use, the more can be changes.
- The recovery movement has progressed.
- Currently, there is an increase of the perception that drugs is not dreadful, which is fault.
- There is much more knowledge and science of addiction now. However, the individual has not changed, the fuel of addiction, or having the lack of means to change is still existent.
- There is not one approach that fits all but there are many opportunities and science offer a wide range of knowledge.
- Educating the women is changing the family.