

## Challenging Stigma Around Addiction & Recovery – Strength-Based Approaches

65<sup>th</sup> Commission on Narcotic Drugs – Side Event

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Hosted by: Proslavi Oporavak, University of Derby, Aspire, Drug Free America Foundation, WFAD, Recovery Connections, and SanPatrignano

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The event was introduced by Mulka Nisic ([Proslavi Oporavak](#)), moderated by Chantelle Pepper (Western Cape Government, South Africa), and closed by Regina Mattsson ([WFAD](#))

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*The event explored and provided examples of mechanisms of social capital to support people in recovery, such as the importance of reintegration, community, and management of self-stigma. The event wants to challenge stigma and brings together science and lived experiences.*

[Rewatch the side Event Here](#)

**Tina Miller (on behalf of Christina C.),** ([Florida Recovery Schools of Tampa Bay](#)): Tina Miller shared the story of Christina C. (17), who has had a long life facing childhood trauma, neglect, drug addiction, and was abandoned by her birth parents. She was sent to foster care at 5 years old and has been placed in various foster homes ever since before getting adopted. She has spent time in mental health hospitals, shelters, etc. She never got to be a child and was worried about everyone and everything in life. She was diagnosed with PTSD, anxiety, and depression, and has used alcohol and drugs. Before, high school would be a place to sleep and get high again. However, since she entered Victory High School, she felt safe, understood, and belonged. She could run away from home and still come to school. The teacher, Tina Miller, allows sleeping and makes sure that she gets something to eat, drink enough water, and education. For once in her life, she will be graduating and has a family she hasn't had before. Today she has hope.

Victory High School is the first recovery high school in Tampa Bay. 94 per cent that attends recovery high school have survived childhood trauma. This initiative is important to address childhood trauma. It stabilises them emotionally and mentally, which are important first steps. It also makes the students feel belonged while not having to live according to their label or diagnosis. They are shown that they are caring, loveable, and victorious. Many times, society believes that girls using drugs are attention seekers. However, those using drugs are more so seeking a connection.

**Professor David Best,** (University of Derby, UK): Professor David Best has worked in the addiction field for 30 years, including recovery. In recovery, recovery capital is an important social model and a fundamental crucial social process. It is estimated that 50 per cent will recover and the notion of recovery capital gives hope. Recovery capital relies on the kind of resources people have to support their recovery. In more detail, recovery capital is divided into personal, social, and community capital. The ultimate aim is to build up personal capital, including self-esteem, resilience, and coping. This requires the input of social (positive social networks) and community (access to community resources like jobs, friends, and houses) capital. People cannot recover on their own. However, there are barriers to recovery. It is increasingly important to identify and recognise addiction/recovery. There is a structural community level barrier that is particularly important in marginalisation and exclusion. In total, there are also three categories of stigma (personal, social, and community). Firstly, there is self-stigma, which is the internalisation of adverse labels and negative identification. Secondly, groups of people are being marginalised, excluded, and shunned. Finally, there are structural barriers to reintegration. There are two models of stigma: 1) primary, secondary, and tertiary desistance, and 2) disintegrative and reintegrative shaming. To tackle stigma, recovery needs to be moved from the

specialists into the community. There need to be visible identifiable inclusive communities. Unlike financial capital, which runs out after usage, social capital will increase when it is used. It is a positive ripple effect. Changing recovery can be done through structural change but can also be done more strongly through community change.

**Stuart Green**, ([Aspire- Drug & Alcohol Service Doncaster](#)): Stuart Green has been longer in recovery than in active use (22 years of recovery) and showcased that people in recovery become assets to the community rather than 'draining' (Stigma lens) the resources. The example of LEROs, a group of connectors, is the "best-kept secret" in the UK. The CHIME model is core to the LEROs, as they work with connection, hope, identity, meaning, and empowerment. The more community resilience can be built up, the more people stay well and will return to the communities. CHIME also links to the 5 ways of wellbeing, which are core principles that keep all human beings well. Here connection is key. When people cannot connect with other people, they are more likely to connect to substances. Those in addiction often seek something, to make something better. This energy to change can be harnessed and turned into recovery. Society's stigmatisation feeds addiction, with families feeling shame and guilt. See addiction as a long-term health condition.

LEROs - people feel valued and don't feel imbalanced. LERO is centred around helping and their services are truly people-centred, rather than service centred. In LEROs, people will love you until you can love yourself without any time limitations. It for people at their own pace and outcome rather than output based. During the pandemic, LEROs have established many networks quickly for lived experiences and showcased visible recovery, reach and breath, wellness, social, and personal stigma. LEROs work is often support & compliment the "system" and are usually very flat structures. They build the bridge and challenge social stigma. They offer visible success highlighting that people can be in recovery and offer an insight into what works through natural and service recovery. Within this challenging stigma, language is key. People have to be seen as people and stigmatising words and descriptions of people create self-stigma and people don't step forward for help. Additionally, personal stigma is challenged. It is about realising that no one sets out to become an addict, it is about life choices 7 events, equality, and belonging are key part of LERO's.

**Dot Smith**, ([Recovery Connections & Recovery Connections Enterprise Ltd](#)): Don Smith works with recovery connections in Middlesbrough, UK. The organisation approaches the town-wide mission in terms of improving the lives and wellness of the community and people using drugs and alcohol. Its mission is to remove stigma and discrimination and help people to live their best lives. It offers tools, knowledge, friends, and community. The values, mission, and vision are established together with the community. 91 per cent of the employees work in recovery and the organisation has a locality wide approach. They have residential and day rehabs, recovery and community centres, trauma therapy, employment support, and collegiate recovery. The organisation operates in the 5<sup>th</sup> most deprived area where there is a lot of unemployment, hopelessness, and substance usage. The life expectancy is 12 years lower than the rest of the UK and there are many physical health problems, diabetes, poverty, and inability to afford good nutritious food.

The organisation offers various services. 1) The recovery community centre – an open access building, open 6 days a week, and has a communal space with a kitchen. Here, people share their hope and stories. It has a culture of recovery led and managed by peers and provides a valued and positive environment for people who might be vulnerable at that moment. 2) one-to-one therapy and an ICT week. Here, people can apply for jobs and training and build their skills. 3) Free hot coffee bike – a bike offering recovery roast coffee, a roast designed by the recovery community and the local roastery, while being visible in the town centre and offering opportunistic conversations about recovery. The bike helps to reduce the stigma with a conversation, raises awareness, and puts a face on recovery. 4)

Employer support - the employer is supported to prevent the employee from losing their job since the knock-on effect to its family is big. 5) Social enterprise and a training academy. Here, people build positive self-esteem and confidence while working at the florist, event space, cafe, etc. and not be somebody that is carrying shame. 6) Student support on the University Campus to navigate through the stress studying can bring. Overall, looking at the community asset, the community can thrive and support community capital.

**Dr David McCartney, ([Lothians & Edinburgh Abstinence Programme](#)):** Dr David McCartney elaborated on his personal experience with stigma and lived experience. He stressed that his experience with stigma may not be exactly the same as for others but stigma had an impact nevertheless. Dr McCartney was a general practitioner and his relationship with the alcohol went from problematic to harmful to dangerous. It unravelled his life, including his position as a doctor. Yet, he would not get help due to feeling ashamed and fearing getting pity, losing his job, and family. His recovery, like many others, was not a straight line. The first outpatient treatment focussed on a very medication-based approach - treatment, which had had its limitations. It stopped the drinking but not the craving. As a result, he relapsed which led to the loss of his job. The second time, he contacted a helpline for doctors with addiction and spoke to a peer, who encouraged him to go into rehab. Those in rehab, regardless of their background, would share the same feelings, such as the loss of self-esteem and the normalisation of their experiences. The peers and mutual aid meetings were most helpful in the recovery process and the professional shame started to melt away. Peers sharing their stories and further along in the recovery process were role models, showcasing hope, which is an essential element in recovery. In the mutual aid groups, everyone would feel connected, supported, and going through the journey together. Contact with peers is evidenced as the best way to reduce stigma and self-stigmatisation. However, Dr McCartney did face employment stigma when wanting to go back to work and could not get his position back initially due to his history of addiction. This stigma brought his self-belief down, even though the recovery felt strong. The discriminatory attitude led to self-stigmatisation. He noted that if a professional middle-class doctor has to face this, it can only be imagined what people with less recovery capital have to face. Being open about our stories, even though it might feel scary and risky, is important in reducing stigma in employment and society.

**Monica Barzanti, ([San Patrignano](#)):** Monica Barzanti highlighted the consequences of stigma and self-stigma for women and for women who have children, of which the latter is at the highest level. The shame of being a mother using drugs is high. In the standard intervention with the aim of the protection of the children, outplacement of children is common. However, the outplacement is done without any support for the family or the mother that is related to the drug use. This causes trauma to the children and the mother. Foster care is not considered a good option and fall under adverse childhood experiences (ACE) and trauma. It can also lead to the adopted child syndrome. Both can lead to substance use later in life and ACEs can become generational. The best approach is to support the whole family or mother and child so they can heal together and improve their quality of life. The Convention on the Rights of the Child suggests this approach. The Convention on the Rights of the Child and the latest EU recommendations suggest this approach. In Italy, there are numerous welcome centres welcome kids in the recovery and intervention process who work with this vision. They build on the strength and resilience of the children and families. The programme [P.I.P.P.I.](#) – created by the Italian Minister of Welfare in collaboration with the University of Padua - is an example that is inspired by the resilient Pippi Longstocking. When facing any difficulties, she builds on her strength rather than looking at her weakness. It is a people-centred approach and allows families to generate and recreate a new dimension. The outplacement of children and their conditions can only cause disruption, social, economic, and educational deprivation. It causes further marginalisation and increases the possibilities for substance use disorder. Therefore, the outplacement of children should be removed

and completely substituted with understanding and support, including a holistic approach, to the mother and child.

**Questions:**

*This side-event is about challenging stigma, yet at the start of your presentation you describe people experiencing addiction as being a 'drain on society' and only once they enter recovery, do they start to contribute positively. Do you not think that this is very stigmatising language to use?*

**Stuart Green:** Yes, it is. That perception language is a suggestion from society and is not my personal view. Many people both in addiction [and recovery] hold down meaningful lives.