People in Recovery and Stigma: Barriers and Strength in Their Pathways

65th Commission on Narcotic Drugs – Side Event

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Introductory Remarks:

Fabiana Dadone (Minister for Youth Policies, Italy): Data provided by the UN shows that 36 million people suffer from drug dependence. This impacts public health but also the collateral damage. Additionally, there is only a low percentage, especially among women, that has access to treatment. Italy has made significant steps and has 600 public facilities dealing with drug dependencies and 800 accredited social centres. Making the service available can help to break the cultural wall that deals with stigmatisation. The wall of stigma prevents people from having access to treatment and the fear to approach both public and social structures. Civil society needs to be involved to raise awareness. Overall, the health system, community, and reintegration should accept those in recovery.

Amb. Adam E. Namm (CICAD): The CICAD consultative and advisory body coordinates member states to discuss and find solutions to the problem and provides them with technical assistance. This side event will address key issues for drug demand reduction, such as stigma. The pandemic resulted in relapse, setbacks, and difficulties accessing mental health care and other services. In CICAD's strategic plan, the need to address stigma, exclusion and social marginalisation is included to reduce demand. All these concepts prevent individuals from treatment access. CICAD has various initiatives focusing on stigma and substance use disorders, such as webinars and trainings.

Patrick J. Kennedy: We need to end stigma as everyone has a story or knows someone with addiction. If one faces an addiction, the whole family will struggle. Former U.S. Congressman Kennedy is the author of a book titled, "A Common Struggle: A Personal Journey Through the Past and Future of Mental Illness and Addiction." In his case, with his family being involved in politics, the addiction was considered as a moral failing rather than a medical failing and could be attacked in politics. In the end, his struggle with addiction made him a fierce advocate for better mental health care policy for all. Stigma should be defined in a different way, namely, discrimination. Addiction should be treated as an illness of the brain only. Other diseases, such as diabetes, receive stigma-free treatment.. This unequal treatment of brain illnesses is discriminatory and unjust. In the case of recovery, the person in recovery is supported by the recovery system, not the treatment. Meetings with peers stabilize as well as family. Those in recovery should not regret the past but use the past to help others. This purpose can help to continue to maintain sobriety. We are all common in our struggle to overcome, not only the deadly disease but also the stigmatizing disease.

Panel discussion

Neil Firbank (Aspire UK) – Neil himself is a person in long-term recovery. The organisation Aspire has started to organise Recovery Games to tackle the stigma around recovery. The idea came from the people as people get well in communities and not in services. They did not feel part of the communities, nor did their families. Therefore, the idea was created to attract the community to

those in recovery by organising a crazy event. It started as a local recovery game with 300 attendees. Now it is widespread in the UK. The event has grown and people have started to see the recovery community with 'other eyes' and removed their stereotypes, prejudices, and fears.

Monica Barzanti (San Patrignano): Substance use disorders (SUD) ranks first among the most stigmatised condition. The blame, the idea of no way out, and social dangerousness brings social exclusion, barriers to housing, employment, access to education, care, and services. Simultaneously, families with a family member facing a SUD also are stigmatised and are blamed for the addiction and feel hopeless. Additionally, there is the issue of self-stigmatisation. This is a consequence and internalisation of public stigma. With self-stigma, people first start to be aware of the stigma and their condition, they then agree with it, start applying it to themselves, and then harm themselves by losing hope and not seeking help. Self-stigma disrupts the CHIME model as it creates self-discrimination and self-isolation (interrupting Connection), brings negative thoughts about the future (loss of hope), creates an identity attributed by others (loss of identity), feeling of uselessness (loss of meaning), which then leads to lowered self-esteem and self-efficiency (loss of empowerment). All of this leads to the 'why try' effect where people expect failure.

Stigma can be reduced using different terminology, which is non-stigmatising nor punishing but should not be too medical. The services have to be consistently improved and staff have to be trained on how to address people with SUD. Professionals are often the first ones to stigmatise. Therefore, their knowledge needs to be expanded. People in recovery can play a huge role by spreading the message and overcoming stereotypes and prejudice. The vision has to be changed and we should focus on people's strengths and not their weaknesses.

An example by San Patrignano is the voluntary parents' organisation, where families fight stigma. Also, San Patrignano works with three pillars for recovery. They focus on social interactions, offer quality vocational training opportunities and meaningful activities in their spare time, and offer a trauma-informed approach, which is essential.

Jimena Kalawski (CICAD): In South America, the fight against stigma is a big challenge since substance use is often linked to poverty and treatment inaccessible. People using drugs face a double challenge. They not only have to work on the disease, address it, and create a network, they also have to fight the social stigma, which is different to those with more accepted diseases. To reduce stigma, treatment for addiction needs to be within health services and showcase that its treatment is perfectly normal. Yet, addiction is often seen as a moral failure and judged by professionals, leading to self-stigmatisation. Simultaneously, families hiding and silencing substance use issues worsen the problem. It should be noted that women face more stigma due to their role as mothers. Advocacy should showcase that the disease could happen to anyone while ensuring to provide services to those that are most vulnerable and create a network for housing and jobs. There are initiatives regarding this among various countries in South America, where the efforts is on the community level dealing with a great deal of information. For a long time, health services and programmes were not responding appropriately to the issue. However, in recent years, peer support groups such as NA, AA, and TCs, have changed this. In these groups, lived experiences, traumas, and difficulties are shared, normalising drug addiction and mental health.

David Best (Derby University): 4 facts about David Best: 1) son of an alcoholic that never found recovery; 2) working in addiction science since 30; 3) primarily working in recovery, basing science on people's stories; 4) focused on recovery capital. The latter can be categorised into personal, social, and community and is dynamically linked. Recovery capital is a fundamental societal process based on a positive social network. However, negative recovery capital includes barriers, such as age

and gender, and injustice. Additionally, some can have internal negative social capital, leading to isolation, and is often based on the internalisation of social factors. Negative social capital also is categorised in personal, social, and community and stigma can also be categorised accordingly. Personal stigma is self-stigma, resulting from group stigma and group injustices and can be addressed through the CHIME model, such as peer group, feeling of belonging, and the redemption of giving back. Social stigma results from stigmatisation and exclusion and would need mutual aid groups or recovery community organisations to be addressed. Community stigma is based on structural barriers to reintegration and would need political and policy changes, visible recovery successes, and collective efficacy in communities. Reducing self-stigma is not psychological but strength-based and group belonging. Therefore, it should not only be addressed but social strength should actively be built. Community well-being can only be built from individual up to social and community capital. Addressing stigma is not only about the language but also about making it visible how recovery comes together and builds assets.

Danny Hames (NHS Addiction Provider Alliance): The campaign 'stigma kills' initiated by NHS within the UK acted to generate cross-sector work. It was tried to create a campaign that didn't speak to people that were already interested or convinced but it tried to reach beyond those boundaries. It showed that a disorder in gambling, alcohol, or drugs touches many people and that families should receive the same health care and services. As part of the campaign, a conference was held in November 2021 on the impact of stigma on people with addiction: the effect on policy and practice. Additionally, the campaign includes an animation video. There are three key messages in the campaign, stop [using words that hurt and isolate people], start [thinking about why someone might be ill], and ask [if they need any help or support]. The campaign has created a dialogue with people and organisations that do not typically work in the field. The campaign will be moving to phase 2, where collaborations with more organisations around the UK will be initiated. Additionally, it will work with the media about the use of language to make sure it is stigma aware.

Mulka Nisic (Celebrate Recovery): We need to bring together the science and lived experiences and bring this to innovative models. Not only among people but also experts by creating partnerships, pathways, positive examples, and strengthening inclusion. Stigma is a substantial barrier to those in addiction, especially women, and those around them. Stigma is a barrier to support and community participation. There are 4 main messages to share: 1) Recovery is a reality - addiction is recoverable as around 60 per cent of people with addictions who pursues recovery achieves stable recovery. It is time to break the silence and address stigma as discriminatory and unjust. 2) Recovery will only flourish and support communities. Stigma should be tackled by professionals as well, to help people back into the community. 3) People in recovery are part of the solution. 4) Women face significant disadvantages since there are inadequate services with a lack of gender-specific and trauma-informed treatment. Recovery needs to be included in drug treatment and policies. We should focus on strengths and assets and not only on weaknesses. It is time to acknowledge that not only services are important, but also communities and recovery oriented systems of care. Shared lived experiences, best practices, peers, etc. do showcase that recovery is possible.