# Understanding Your Influence

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## The deadly stigma of addiction

*By Dr. Richard Juman*

Is it possible to separate the disease of addiction from the stigma? Here are eight life-changing reasons we should try.

The new definition of addiction
The American Society of Addiction Medicine characterizes addiction as a "primary, chronic disease of brain reward, motivation, memory and related circuitry." The National Institute on Drug Abuse defines addiction as a 'chronic, relapsing brain disease" that changes the structure and functionality of the brain. So why do so many people still think of addiction as a moral failing? Why do they still refer to victims of substance misuse disorders as meth freaks, alcoholics, junkies, crackheads and garden-variety drunks?


The answer is simple as it is depressing: because that's the way it's always been. Addicts are scorned by communities and celebrities with addictions are exploited or hounded by paparazzi. And while the government purports to view addiction as a disease, it often works in opposition to that position through the "War on Drugs," which counts most drug users as criminals. Even those of us in the treatment community still—consciously or unconsciously—employ stigmatizing programming and language—such as when we focus on "dirty" urine.

So despite widespread agreement that addiction is best understood as a complicated behavioral-biological scenario that requires treatment, the system is hard-wired to prolong stigmatization, and stigma contributes to addiction's lethality.

Of course, there is a long history of mental illness being misunderstood and stigmatized, from the "schizophrenogenic mother" to the warehousing of "crazies" in state hospitals or prisons, which was beautifully captured by the director Lucy Winer in her recent highly-acclaimed documentary, *Kings Park*. Addiction and mental health problems are still spoken of in hushed tones, and patients and their families are still blamed.

The idea that those with addictive disorders are weak, deserving of their fate and less worthy of care is so inextricably tied to our zeitgeist that it's impossible to separate addiction from shame and guilt. Addiction comes with a second punch in the gut: the burden of being treated like a second-class citizen and expected to act accordingly. Stigma impacts us all, both consciously and unconsciously, and is perhaps the single largest contributor to the mortality rate. Consider these eight points:

**1. People fail to seek treatment.**

Most people who struggle with an addictive disorder fail to seek treatment, in part because of their concern that they will be labeled an "addict" and that the stigma will stick. If you ask the question, "Would you rather go to treatment or die?", presumably nobody would choose death, but that's how it often goes (Kurt Cobain, who never sought treatment, is a tragic example). Often, a crisis precipitates treatment, so the problem is already well-advanced. If we removed the stigma, guilt and shame from the equation, people would find it easier to make a realistic, objective assessment of their substance misuse and discuss it openly with a health care provider.

**2. The medical profession fail to treat addicts properly.**

Can you think of other situations in which the health care system abdicated responsibility for dealing with a health care issue that afflicts such a huge segment of the population? For far too long, those people who did seek treatment, often following a crisis, found no appropriate reception from the medical community. Doctors were slow to recognize addiction as treatable, and so patients were encouraged to find help outside of the medical community, in 12-step programs that based on non-scientific practices, normally anathema to physicians. 12-step programs helped many, but those that did not succeed there found themselves in the unenviable position of having been directed to a place by their doctor, having the recommended solution ineffective and being reluctant to return to their physician for further help. A better paradigm? The medical community should recognize unhealthy, addictive behavior as part of its purview and would apply evidence-based approaches in their practices.

**3. The mental health profession ostracizes people with addictive disorders.**

It is routine in mental health practice for persons with substance misuse problems to be discharged from treatment when substance misuse is revealed. They're told that the drinking or drug use renders them "unavailable" for the work of psychotherapy and that they need to "get clean" first by going to a chemical dependency or substance abuse treatment program. They are told that whatever issues seem pressing and paramount to them are "just the drugs talking". It's common for clinicians to believe that before they can help a patient with the various traumas, interpersonal conflicts, intrapsychic issues and other problems that other people are helped with in psychotherapy (and which are, of course, related to their use of substances) the patient needs to first become abstinent from substances. Many patients who are sent to traditional drug treatment programs that are abstinence-focused end up neither "clean and sober" nor receiving good psychotherapy. How might things be different? In many cases, the use or misuse of substances by patients in psychotherapy would be managed as part of the clinical constellation of issues and symptoms that are being treated.

**4. Funding for addiction treatment is discriminatory.**

In spite of the huge impact and cost of addictive disorders on society, the way that addiction treatment is funded is disproportionately low. Despite passage of Federal Mental Health Parity legislation, mental health and substance use disorders continue to be treated differently—and often poorly—compared to "medical" illnesses. Some coverage appears co-equal on paper, but frequently the coverage that's allowed is not authorized, leaving people without the treatment for them to meet their goals. What if there was no stigma in addiction? Given its huge cost to society, addiction should be funded and paid for on a level playing field with medical problems.

**5. Addicts get sent to jail.**

Where substances are concerned, people go to jail for the possession of something that is part and parcel of their addiction, unlike the diabetic caught walking out of Costco with a shopping cart full of Ring Dings. Most of the money that governments spend on "drug control" is spent on criminal justice interdiction rather than treatment and prevention. Here again, clearly, is a system with stigmatization at its roots: blaming, punishing and making moral judgements instead of providing treatment and other help that would change behavior. The more of a stigmatizing stance one takes towards substance misuse the more likely one is to support criminalization of drug offenses and the less likely is to support insurance coverage and treatment for drug addiction. Taking the stigma out of addiction argues for prevention and treatment as opposed to prosecution and incarceration.

**6. Even when people do get to treatment, stigmatization can continue and contribute to poor treatment outcomes.**

It is critical to recovery that treatment programs not send messages to patients that are blaming (for relapse) and shaming (for being weak). People enter treatment at a vulnerable moment, psychologically and in terms of their brain chemistry. Addiction comes with a hard-to-escape sense of failure that recapitulates prior disappointments and works in opposition to growth. Patients have spent a lifetime trying to silence the "inner critic" that repeats "I'm-not-good-enough" messages, so it's critical that the culture and language of treatment provide a healthy soil in which patients can grow seeds of hope that are vital to recovery. In an optimal treatment setting, patients aren't expected to play the role of one-who-should-be-ashamed. Instead, they are intrinsically involved in planning their own treatment, helping to choose the goals and techniques of treatment.

**7. People in recovery are always under suspicion.**

When people obtain a stable recovery they are always presumed to be on the verge of relapse. The label, shame and stigma of problems with substances is always around—*once an addict, always an addict*. This has an enormous impact on their lives every day—in the community, in the family, in social networks. The person in recovery has their autonomy and their ability to participate in the normal, character building aspects of family life constantly in question. The stigma of addiction is built in to foundational aspects of society, especially those in social networks that are necessary for people to rebuilt their lives. What if there were no stigma in addiction? The "addict" role would not last a lifetime.

**8. They confront stigma-based roadblocks constantly.**

The cancer survivor is proud, but those in recovery from addiction face ongoing stigma and discrimination instead. People in recovery are faced with obstacles, especially those who have been in treatment or in the criminal justice system for chemical dependency. Employment, education, insurance and the ability to vote are all fraught with uncertainty and discrimination for those in recovery. People in recovery have a harder time finding and keeping jobs, getting licenses, food stamps, benefits that help their children. In other words, important aspects of living that are so critical to a stable recovery for persons who have been treated for addiction, such as employment, housing and providing for one's family are that much harder to get. Things need to change. Having struggled with addiction in the past should not make life that much more difficult now.

**Recovery Reinvented**

Recovery Reinvented is an ongoing series of innovative practices and initiatives to eliminate the shame and stigma of addiction in North Dakota. We are uniting to find solutions to help people in our state affected by the disease of addiction.

**Dream. Hope. Act.**

- Addiction is a chronic brain disease that affects behavior. The disease of addiction is destroying lives, families and futures across every social and economic group in our country.
- This year alone, more than 60,000 people will die from a drug overdose in the United States. That's more people than will die from car accidents.
- In North Dakota, alcohol and drug use is the No. 1 social issue.
- Half of all arrests in our state are alcohol or drug related, and 75 percent of those in our prisons have an addiction.

Addiction has an impact on all North Dakotans. Addiction is treatable, and there is hope for recovery. Now is the time to act. It's never too late, and it's never too early. Help start the healing and reinvent recovery.

recoveryreinvented.com

## Nine facts about addiction people usually get wrong

There's a lot of stigma and misunderstanding with substance use disorders, treatment and recovery. But you should never let social judgment stand in the way of getting your child the help he or she needs and deserves. Here are nine facts to know so you can be better prepared to help your child.

### #1 FACT: Substance use changes the brain, which can make drug use compulsive.

An adolescent may start out doing drugs occasionally or may be prescribed medicine by a doctor. Over time, continued use rewires the brain to compulsively seek substances, despite negative consequences. With opioids, a person may initially like the euphoria, but soon, the drug is needed just to feel "normal" and not get sick from withdrawal.

### #2 FACT: Expecting your child to "just quit" cold turkey is unrealistic.

Changing substance use behavior is a process. In the beginning your child may not think there is a problem. Next, she may realize it is a problem, but feel conflicted about addressing it. Then she needs to figure out how to deal with it and take steps in a healthier direction, including getting professional help, changing friends, learning drug refusal skills and more.

### #3 FACT: Intervening early is more effective than waiting for "rock bottom."

Because behavior change is a process, instead of letting your son or daughter hit their lowest point, it's important to help right away. And it is much easier to help when they are still engaged in school or work, have social supports and interested in sports or hobbies. In other words, they have structure, purpose and social connections — scaffolding needed for a good outcome.

## #4 FACT: Your child can be ambivalent about treatment and it can still be effective.

While some welcome the opportunity for treatment, most will be conflicted about stopping their substance use. Studies show those who enter drug treatment programs as a result of loving pressure do comparatively better in treatment, regardless of the reason they sought treatment in the first place.

## #5 FACT: Relapse is common and represents a learning opportunity.

Relapse doesn't mean that treatment hasn't worked. As with all chronic diseases, many people have one or more relapses before achieving long-lasting recovery. Relapses happen both when the person is doing well or when struggling, and can serve as a learning opportunity to identify what triggered the relapse — and to find ways to address it for the future.

## #6 FACT: Positive behavior and communication skills are more effective than punishment.

Addiction is a brain disease and needs family support as with any other chronic illness. Shaming, detaching or punishing often backfires, with kids spiraling further into risky substance use and isolation. What does work is reinforcing positive behaviors, finding healthy activities that compete with your child's use and letting him or her experience natural consequences. Coupled with empathy and compassion, this approach (known as CRAFT) is a scientifically-proven way to help parents change their child's substance use.

## #7 FACT: Finding an effective approach for treatment can mean investigating different doctors or programs before finding a good "match."

The best programs give a screening and in-depth assessment of your child by a qualified professional versed in addiction and mental health. They will develop an individual treatment plan and combine methods tailored to address your child's specific needs. But don't be discouraged if the first program you investigate is not a good fit — keep exploring other options.

## #8 FACT: Medication-assisted treatment, coupled with counseling, is the preferred treatment for heroin and other opioids.

Taking medication for an opioid addiction is like taking medication for any other chronic disease, like diabetes or asthma. Numerous studies have shown that medications can reduce cravings, relapses and overdoses when taken as prescribed.

## #9 FACT: Many people struggling with substance use require longer-term and/or repeated treatment.

Because a drug problem can include relapses, going through treatment once may not be sufficient to keep your child drug free. Each treatment episode allows them to be abstinent for a period of time while learning new coping skills — but it may take time. Know the treatment options available so that you can make the best choice for your child's path to recovery.

**Get personalized support for your family 1-855-378-4373**

Partnership™ for Drug-Free Kids
Where families find answers

## 11 Facts About Teens And Drug Use

1. More teens die from prescription drugs than heroin/cocaine combined.
2. In 2013, more high school seniors regularly used marijuana than cigarettes as 22.7% smoked pot in the last month, compared to 16.3% who smoked cigarettes.
3. 60% of seniors don't see regular marijuana use as harmful, but THC (the active ingredient in the drug that causes addiction) is nearly 5 times stronger than it was 20 years ago.
4. 1/3 of teenagers who live in states with medical marijuana laws get their pot from other people's prescriptions.
5. The United States represents 5% of the world's population and 75% of prescription drugs taken. 60% of teens who abuse prescription drugs get them free from friends and relatives.
6. Adderall use (often prescribed to treat ADHD) has increased among high school seniors from 5.4% in 2009 to 7.5% this year.
7. 54% of high school seniors do not think regular steroid use is harmful, the lowest number since 1980, when the National Institute on Drug Abuse started asking about perception on steroids.
8. By the 8th grade, 28% of adolescents have consumed alcohol, 15% have smoked cigarettes, and 16.5% have used marijuana.
9. Teens who consistently learn about the risks of drugs from their parents are up to 50% less likely to use drugs than those who don't.
10. 6.5% of high school seniors smoke pot daily, up from 5.1% five years ago. Meanwhile, less than 20% of 12th graders think occasional use is harmful, while less than 40% see regular use as harmful (lowest numbers since 1983).
11. About 50% of high school seniors do not think it's harmful to try crack or cocaine once or twice and 40% believe it's not harmful to use heroin once or twice.

*Source: DoSomething.org*

The Grand Forks Substance Abuse Prevention Coalition (SAPC) welcomes community members who would like to join our effort to reduce the harmful effects of alcohol, tobacco, and other drugs.

Next Meeting: 12-1 PM
Tuesday, November 14th,
at The 701 (33 S 3rd Street)
Downtown Grand Forks

For information, please contact:
Bill Vasicek 701-780-5939
bvasicek@altru.org

Be a part of the solution!

**SAPC**
Grand Forks Substance Abuse Prevention Coalition

*The mission of the Grand Forks Substance Abuse Prevention Coalition is to prevent and reduce substance abuse among youth and adults; while promoting health and wellness across the lifespan.*