Creating and Sustaining Cultures of Recovery

August 8, 2018
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Owen Dougherty, CARES
Objectives
By the end of this session you will be able to:

► Describe recovery-oriented cultures of recovery;

► Describe the cycle of conditioning and its impact on cultures of recovery;

► Identify opportunities to interrupt the cycle of conditioning to build cultures of recovery;

► Use recovery-enhancing language to replace traditional words and concepts when speaking about your and others’ recovery;

► Demonstrate cultures of recovery
Our Road Map

- Welcome, Objectives
- Basic Tenets
- Healing Dyads
- Cycle of Conditioning
- Recovery Oriented Systems of Care and Language of Recovery
- Equity and Equality
- Demonstrating Recovery Cultures
- Allies for Recovery, Allies in Recovery
- Wrap Up
Why is this training important?

- Stigma and Labeling –
  Almost 21 million Americans need treatment and recovery and are not getting it. Stigma and labeling are the main reason people do not get the help they need.
Everyone needs Cultural Competence

- Everyone will work with people outside their own cultural groups; so they must be able to learn about, relate to, and communicate with people who are different from themselves.

- Developing cultural competence helps to build trust and rapport.

- This increases your effectiveness.
Basic Tenets

- Everything we do occurs in a cultural context.
- Becoming culturally competent is a process, not an endpoint.
- We all have a role to play in creating and sustaining recovery cultures.
- Repeatedly questioning my biases is necessary.
- No one here is to blame for the stigma and discrimination any one of us has experienced.
- Showing up and being fully present is initially sufficient.
Conversation Guidelines

Oops!
Ouch!
Open Minded
Vegas Rules
Mindful of each other
Fixing Impulse..
Listen
Take Risks
Others?
What is culture?

- Culture: Defined as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions.

- Associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics.

- Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetimes.
Implicit Bias
Implicit Bias

- Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner
- Encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control
- Are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness
- Are not accessible through introspection
- Implicit biases are pervasive. Everyone possesses them, even people with avowed commitments to impartiality such as judges.
- The implicit associations we hold do not necessarily align with our declared beliefs or even reflect stances we would explicitly endorse.
- We generally tend to hold implicit biases that favor our own in-group, though research has shown that we can still hold implicit biases against our in-group.
- Implicit biases are malleable. Our brains are incredibly complex, and the implicit associations that we have formed can be gradually unlearned through a variety of debiasing techniques.
Implicit Bias

A healthcare professional’s experience
Take a sheet of paper…

- Who are you? What groups do you belong to? List ten groups.
- Of these, which are the three most important to who you are? (Star them)
- Find a partner
- Dyad question: Tell a story about something that is important to you – something you are passionate about.
Healing Dyads

- Listening is a core skill for building relationships, especially with those who we experience as being different or “other.” This is often completely unintentional or subconscious.

- We structure this experience purposefully to encourage you to “hear” your partner without responding.

- When we interject even by asking a question, we are guiding or directing the conversation.

- The simple dyad structure provides an opportunity to be present to and receive the stories of each other.
Healing Dyads

- Stand up – Pick a partner
- Define Person A and Person B
- Each of you will tell a story
- When we say “GO” Person A will tell your story for two minutes
- While Person A is telling their story, person B LISTEN
  - Please stay quiet
  - Do no ask questions or steer the conversation
  - Let your partner know you are with them with eye contact, posture, physical signs of your attention and presence.
- After two minutes, person B will tell their story and person A will listen, following the directions above.
Find a partner

Dyad question: Tell a story about something that is important to you – something you are passionate about.
Healing Dyads

We are all cultural beings with Primary and Secondary Characteristics of Diversity
Healing Dyads

- Stay with partner
- Dyads - pairs
- 2 minutes each
- Here is the question: .....
Healing Dyads Preference, Prejudice and Power – how have these impacted your recovery?

You can

- Talk about them in order,
- Focus on one word or
- Talk about all three.
**Preference:** can be benign, causing no harm. “I prefer vanilla ice cream.” When it becomes “I prefer that those people stay over there!” – then we cross a line.

**Prejudice:** an emotional commitment to a particular point of view, not swayed by contradictory evidence.

**Power:** the element in all “isms” to affect another person’s life. Power and Privilege are linked: for example, one’s ability to make a decision without being challenged. If you are a police officer, or receptionist, or a health care provider – you can make decisions that impact another person’s life.
Break
Creating Prejudice

The Cycle

A. Prepare with misinformation
B. Separate groups
C. Point out differences pointed
D. Justify marginalized group’s behavior
E. Continue cycle - reinforced stereotypes (A)
Cycle of Conditioning
Jane Elliot
A Class Divided
though
playground equipment
paper cups
too.
been through it, would you?
eyes.
to be mean? Mean?
class
my little
fair day did we? No
And it isn't
it.
better keep that on your desk
good as blue
away from us.
person.
Why?
forgot them.
people do not.
Probably because he has brown eyes.
the thing to use.
anything in this world.
playground because you are not as good
way you would like to be treated.
Treat everyone as
person or a yellow person or a red person, what do they
us that. Come here brown eyes!!! They would call us blue
Voices Singing "God Bless America"
3 minutes
What kind of things do they say about black people?
the second day it took them 2 1/2 minutes
I mean the blue eyed people
The only
who goes first to lunch
Do it again.
in a chair?
He forgot them.
You went faster than I ever had anyone
in the city,
How long did it take you yesterday?
Very sad
Russel, where are your glasses? I forgot them.
Why are you shaking your head? I don't know?
Ready Laurie? She's a brown eyed.
You blue eyed people are not
That's better
Black people. The black people. Who else? Indians?
and put your name on it and keep it at your desk
Russel called me names
blue
They might take too much.
been marvelous
127
Is that fair? No
than we are treated?
It means that we are stupid. Well not that.
This is a fact.
Okay, be kind to your brothers...
Brown eyed people learn fast don't they.
blue eyed people are wasteful
many places in the United States,
Greg. What did you do with that cup?
I watched what had
The brown
didn't even want to try to do anything
I lied to you yesterday
at anytime.
It's not funny, it's not fun
Black people niggers.
are better than brown eyed people.
Do you think a blue eyed father would kick his son?
br
What's wrong with being called brown eyes?
Blue eyed people
No brown eyed people go back for seconds.
Susan Gender has
sister as hard as i can. That's fun.
The blue eyed people.
She's a brown eyed.
Because they are a different color.
that wasn't true
Is that the only reason?
What did
The way that they treated you felt like you
cooperative wonderful thoughtful children
What else do they think sometimes?
Brown eyed people
Like a dog on a leash!
OK. Write the contraction for we are.
it's not pleasant
eighteen seconds I know we weren't going to make it.
While the brown eyed people have to stay in.
it's a hard day
What happened John?
and get that cup
rolling around.
Very, Very sad!
and he has never kicked him.
Look at that...dumb people.
absolutely the indians
Look at the dumb people
Why couldn't you get them yesterday?
What does that tell you about blue eyed people?
Be kind to your brothers?
Did it help?
That is the same way as other people calling
brown
of their eyes.
Because they are a different color.
that wasn't true
Is that the only reason?
What happened at recess? Were two of you boys
Brown eyed people
One day you came to school and you told us that he
so if the brown people, the brown

Who can tell me what contractions are in the first
Should the color of some other persons eyes have have
No!
Brown Eyes, Blue Eyes

Dyads:

What were your reactions?

How does this apply to your experience with people in recovery? With individuals who have been active in addiction?
Brown Eyes, Blue Eyes

- How do we break or interrupt this cycle?
Ideas for Creating Change: Counter Prejudice by...

- Giving accurate information
- Celebrating commonalities
- Embracing differences
- Eating (break bread) together
- Communicating with everyone
- Sharing information - Use social media to network
- Recognizing that we are all in this together
- Sharing recovery-success stories
Cycle of Conditioning

MISINFORMATION
Superior & Inferior

CORRECT
INFORMATION

ACT OUT

SEPARATION

INTERNALIZE/
MARGINALIZE

JOIN TOGETHER

CELEBRATE
DIFFERENCE

POINT OUT
DIFFERENCES
Interrupting the Cycle

- Start with a different question
- Recognize the power of relationships and the power of our expectations
- Focus on small steps
- Create opportunities for sharing across different perspectives
CARES LOVE LUNCH!
Recovery-Oriented Services & Supports
Everyone Has a Role
Substance Use Among US Adults

Very Serious Use

Serious Use

In Treatment ~ 2,300,000

Prevention

Early Intervention

Little or No Use

Harmful Use ~ 40,000,000

Little/No Use ~ 23,000,000

Treatment
Substance Use Cost in Healthcare

Very Serious Use

Addiction ~ 23,000,000

In Treatment ~ 2,300,000

“Harmful – 40,000,000 Use”

Little/No Use

Little or No Use

$80 B Yr

$40 B Yr
National Institute of Drug Abuse says…

Components of Comprehensive Drug Abuse Treatment

- Child Care Services
- Vocational Services
- Housing / Transportation Services
- Financial Services
- Legal Services
- HIV/AIDS Services
- Family Services
- Mental Health Services
- Medical Services
- Educational Services

Intake Processing/Assessment
Behavioral Therapy and Counseling
Treatment Plan
Substance Use Monitoring
Clinical and Case Management
Pharmacotherapy
Self-Help/Peer Support Groups
Continuing Care

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.
<table>
<thead>
<tr>
<th>CARA PROGRAMS</th>
<th>FY17 FINAL</th>
<th>FY18 FINAL</th>
<th>FY19 SENATE MARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARA – DOJ Grants and Program COAP</td>
<td>$13 million</td>
<td>$145 million</td>
<td>$160 million</td>
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<tr>
<td>CARA – Enhancement Grants</td>
<td>$3 million</td>
<td>$3 million</td>
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<tr>
<td>CARA – Veterans Administration Initiatives and Programs</td>
<td>$50 million</td>
<td>$55.821 million</td>
<td>$52.025 million</td>
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<tr>
<td>First Responder Training – Overdose Reversal</td>
<td>$12 million</td>
<td>$36 million</td>
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<tr>
<td>Building Communities of Recovery</td>
<td>$3 million</td>
<td>$5 million</td>
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<tr>
<td>Pregnant and Postpartum Women</td>
<td>$19.931 million</td>
<td>$29.931 million</td>
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<tr>
<td>Targeted Capacity Expansion Grants - MAT</td>
<td>$56 million</td>
<td>$84 million</td>
<td>$84 million</td>
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<tr>
<td>Improving Access to Opioid Treatment</td>
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<tr>
<td><strong>CARA Total</strong></td>
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<td>Substance Abuse Prevention and Treatment Block Grant</td>
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<td>Targeted Capacity Expansion Grants - MAT</td>
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<tr>
<td>Screening, Brief Intervention and Referral to Treatment</td>
<td>$30 million</td>
<td>$30 million</td>
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<tr>
<td>Prescription Drug Monitoring Programs</td>
<td>$14 million</td>
<td>$30 million</td>
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<tr>
<td>Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths Test</td>
<td>$12 million</td>
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<tr>
<td>Residential Substance Abuse Treatment for State Prisoners (RSAT)</td>
<td>$14 million</td>
<td>$30 million</td>
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<td>Opioid Treatment Programs/Regulatory Activities</td>
<td>$8.724 million</td>
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<td>CDC Prescription Drug Overdose - States Program (Opioid Overdose Prevention)</td>
<td>$112 million</td>
<td>$475.579 million</td>
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<td>CARA – Improving Access to Opioid Treatment</td>
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<tr>
<td>State Targeted Response/State Opioid Response Grants</td>
<td>$500 million</td>
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<td><strong>Treatment Total</strong></td>
<td><strong>$2.687 Billion</strong></td>
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<th>PREVENTION PROGRAMS</th>
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<td>Drug-Free Communities Program</td>
<td>$97 million</td>
<td>$99 million</td>
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<td>Strategic Prevention Framework</td>
<td>$109.484 million</td>
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<td>Strategic Prevention Framework Rx Program</td>
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<td>CARA – Enhancement Grants</td>
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<td><strong>Prevention Total</strong></td>
<td><strong>$219.484 Million</strong></td>
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<th>RECOVERY PROGRAMS</th>
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<tr>
<td>Recovery Community Services Program</td>
<td>$2.434 million</td>
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<tr>
<td>Building Communities of Recovery (BCOR)</td>
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<td><strong>Recovery Total</strong></td>
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<th>RESEARCH &amp; POLICY</th>
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<tr>
<td>National Institute on Drug Abuse (NIDA)</td>
<td>$1.09 billion</td>
<td>$1.383 million</td>
<td>$1.42 billion</td>
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<tr>
<td>Office of National Drug Control Policy</td>
<td>$19.274 million</td>
<td>$18.4 million</td>
<td>$18.4 million</td>
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<td><strong>Research &amp; Policy Total</strong></td>
<td><strong>$1.11 Billion</strong></td>
<td><strong>$1.402 Billion</strong></td>
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<tr>
<td>Byrne Memorial Justice Assistance Grants (After Carve-Outs)</td>
<td>$334.6 million</td>
<td>$339.6 million</td>
<td>$385.6 million</td>
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<td>SAMHSA Criminal Justice Activities</td>
<td>$74 million</td>
<td>$89 million</td>
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<td>Drug Courts</td>
<td>$43 million</td>
<td>$75 million</td>
<td>$80 million</td>
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<td>Veterans Treatment Courts</td>
<td>$7 million</td>
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<td>Interagency Crime and Drug Enforcement</td>
<td>$517 million</td>
<td>$542.85 million</td>
<td>$521.563 million</td>
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<td>High Intensity Drug Trafficking Area (HDTA)</td>
<td>$254 million</td>
<td>$280 million</td>
<td>$280 million</td>
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<tr>
<td>Methamphetamine Enforcement and Cleanup</td>
<td>$10 million</td>
<td>$10 million</td>
<td>$10 million</td>
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<tr>
<td>Anti-Meth Task Forces</td>
<td>$7 million</td>
<td>$8 million</td>
<td>$8 million</td>
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<td>Second Chance Act</td>
<td>$68 million</td>
<td>$85 million</td>
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<tr>
<td>CARA – DOJ Grants and Program COAP</td>
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<td>$145 million</td>
<td>$160 million</td>
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<td><strong>Criminal Justice Total</strong></td>
<td><strong>$1.327 Billion</strong></td>
<td><strong>$1.594 Billion</strong></td>
<td><strong>$1.646 Billion</strong></td>
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| TOTAL ADDICTION FUNDING                           | $5.35 BILLION | $7.376 BILLION | $7.466 BILLION |
We're Gonna Need a Bigger Idea...

The problems caused by substance misuse are not limited to substance use disorders, but include many other possible health and safety problems that can result from substance misuse even in the absence of a disorder.

Substance use has complex biological and social determinants, and substance use disorders are medical conditions involving disruption of key brain circuits.

Prevention programs and policies that are based on sound evidence-based principles have been shown to reduce substance misuse and related harms significantly.

Evidence-based behavioral and medication-assisted treatments (MAT) applied using a chronic-illness-management approach have been shown to facilitate recovery from substance use disorders, prevent relapse, and improve other outcomes, such as reducing criminal behavior and the spread of infectious diseases.

A chronic-illness-management approach may be needed to treat the most severe substance use disorders.

Access to recovery support services can help former substance users achieve and sustain long-term wellness.

Embedding prevention, treatment, and recovery services into the larger health care system will increase access to care, improve quality of services, and produce improved outcomes for countless Americans.
We Are Ready!

Recovering.....
Please Wait
A recovery-oriented system of care (ROSC) is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.
The Likelihood of Sustaining Abstinence Another Year Grows Over Time

<table>
<thead>
<tr>
<th>Duration of Abstinence</th>
<th>% Sustaining Abstinence</th>
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</thead>
<tbody>
<tr>
<td>1 to 12 months</td>
<td>36%</td>
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<tr>
<td>1 to 3 years</td>
<td>66%</td>
</tr>
<tr>
<td>4 to 7 years</td>
<td>86%</td>
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</table>

After 1 to 3 years of abstinence, 2/3rds will make it another year.

After 4 years of abstinence, about 86% will make it another year.

But even after 7 years of abstinence, about 14% relapse each year.

Source: Dennis, Foss & Scott (2007)
What does recovery look like on average?

Duration of Abstinence
1-12 Months 1-3 Years 4-7 Years

- More clean and sober friends
- Less illegal activity and incarceration
- Less homelessness, violence and victimization
- Less use by others at home, work and by social peers

- Virtual elimination of illegal activity and illegal income
- Better housing and living situations
- Increasing employment and income

- More social and spiritual support
- Better mental health
- Housing and living situations continue to improve
- Dramatic rise in employment and income
- Dramatic drop in people living below the poverty line

Where are we going...

- Listen to communities about how they want to continue to support recovery

  - Promote local, peer-run recovery community organizations

  - Promote programs and services the community has deemed necessary

- Keep a feedback loop open to keep working together!
Individuals Seeking or in Early Recovery Are Returning to the Community from:

- Histories of active mental illness & addiction
- Completion of treatment
- Jails, prison, and drug courts
- Active military duty
People in Early Recovery Have Basic Needs

- Safe and affordable place to live
- Steady employment and job readiness
- Education and vocational skills
- Life and recovery skills
- Health and wellness
- Sober and safe social support networks
- Sense of belonging and purpose
Many People in Recovery from Addiction & Mental Illness Have Other Health Issues

- HIV, Hepatitis C, and other chronic health conditions
- History of lack of preventative medicine
- Oral health
- Reproductive health
- Low physical fitness
- Poor nutrition
We Need a Safe Place to Live

- Safe and affordable recovery housing free of substances
- Some need sober group living situations
- Recovery residences for single mothers and children
- Housing discrimination against people in recovery with criminal justice history
Not In My Back Yard (NIMBY) politics

Local Governments
Actively discriminate, undermine protection

State governments *
Undermine protection, and in some cases enable discrimination

*Ban the Box – Go Georgia!
We Need a Job and a Sense of Purpose

- “Recovery Jobs”
- Job readiness and preparation
- Opportunities to volunteer and build work histories, especially those with criminal justice histories
- Leadership development: volunteer, job, and career ladders
- Recovery GED programs, high schools, and colleges, including community colleges
Completing the Picture

- Legal assistance
- Expunging criminal records
- Financial assistance: debt, taxes, basic budgeting, etc.
- Obtaining driver’s licenses
- Dealing with revoked professional and business licenses
- Regaining custody of children
- Relationship and parenting skills
Creating Communities Rich with Resources

- Returning to families and communities that support and promote recovery
- Need for community education and visibility on the reality of recovery
- Asset mapping of indigenous community supports and resources
- Role of recovery community programs as ‘service’ hubs and community organizing engines…
Strategies

- Something is working here
- What you focus on you will find more of...
- Community recovery is a thing...

- Redefine Resources
- Build Trust
- Share Success Stories
- Lift up Lived Experience
- Don’t Give Up!
- Model Recovery
Communities Recover!

- Meet communities where they are
- Recognize strengths
- Ask what has worked in the past
- LISTEN!
- Treat everyone with dignity and respect
- Recognize that communities are the experts
- Setbacks are ok…
Though I walk through the valley of the shadow of death, I will fear no evil.
connection is the opposite of addiction
Peer Recovery Support

CALL or TEXT
1-844-326-5400

WE HEAR YOU (because we listen)

If you or someone you know is in or seeking recovery from substance use disorder, we are here for you. We are individuals in long-term recovery with a message of hope. Freedom from addiction is real and available to all. We are here to listen with empathy and support. We promote wellness and self-directed care. Building on strengths, abilities, and resilience, we advocate and celebrate all pathways to recovery for you, your family, and your community. So call us...

- When you are struggling and need someone to talk to.
- When you want to talk to someone confidentially.
- When you want to share your triumphs as well as your challenges in recovery.
- When you feel lonely, depressed, or have suffered a loss or setback.
- When friends or family members don’t seem to understand.
- When you need someone to listen who has been there.
- When you have questions about recovery.

CARES WARM LINE
Call or Text 8:30am - 11pm 1-844-326-5400
Every Day of the Year

Connection is the opposite of addiction
Language
The Role of Language in Changing Social Norms

Language is:

- the principal vehicle for the transmission of cultural knowledge, and the primary means by which we gain access to the contents of others' minds.

- implicated in most of the phenomena that lie at the core of social psychology: attitude change, social perception, personal identity, social interaction, intergroup bias and stereotyping, attribution, and so on.

- the medium by which subjects' responses are elicited, and in which they respond: in social psychological research, more often than not, language plays a role in both stimulus and response.
Language of Recovery

Language both reflects and creates culture.

We must promote a new language of recovery that highlights the strengths, passion and resilience of individuals, families and communities.
Words Are Important

*If you want to care for something, you call it a “flower”; if you want to kill something, you call it a “weed”*

~ Don Coyhis
Attitudes and Tones are Important

- Knowing who you are speaking to and what their experience is

- Acknowledge that ‘recovery’ doesn’t mean the same thing to everyone

- Learning to structure the conversation when speaking to others
SAY THIS

- Person with a substance use disorder
- Person living in recovery
- Person living with an addiction
- Person arrested for a drug violation
- Chooses not to at this point
- Medication is a treatment tool
- Had a setback
- Maintained recovery
- Positive drug screen

NOT THAT

- Addict, junkie, druggie
- Ex-addict
- Battling/suffering from an addiction
- Drug offender
- Non-Compliant/not willing or ready
- Medication is a crutch
- Relapsed
- Stayed clean
- Dirty drug screen
Rethinking “Relapse” in favor of “Recurrence”

“Relapse/Lapse” is historically rooted in morality and religion, not health and medicine – sin rather than sickness.

Recovery, not prolonged disability and death, is the norm for the long-term course of most substance use disorders. There is reason to be hopeful, not pessimistic. Our lives get better.

Relapse is not an inherent condition, but a self-fulfilling prophecy when embraced by professional provider and peer. There are personal actions that dramatically reduce the risk of recurrence.
Rethinking Relapse

- It conveys, at best, the image of people in SUD recovery as inherently fragile, “white knuckling” their way through life, on the brink of resumed use at every moment.

- It perpetuates ineffective and exploitive treatment by miscasting flaws in treatment philosophy, design, and blaming the condition.

- Why would politicians or the public allocate their limited resources to people perceived as having so little hope of achieving recovery?
Equality = “Exact”  Equity = “Fairness”

Equality focuses on giving everyone the same resources or opportunities, while Equity focuses on ensuring that everyone has a fair chance to succeed, considering individual needs and circumstances.
Sonia Sotomayor,
Associate Justice US Supreme Court

*My Beloved World*
How does equity, equality, and the impact of inequity apply to substance use, misuse and recovery?

- Drug overdose death rates now exceed those due to firearms and cars
- Today’s overdose problem is not the first time our country has faced a devastating drug crisis
- Overdose deaths have been increasing since 1980.
- Social and political reactions we see in the current opioid crisis differ dramatically from the criminalized approaches of the 1980s “War on Drugs.”
People of color and Whites use alcohol and other drugs at essentially the same rates
Trajectory of overdose deaths in US since 1980

Figure 1. Drug Overdose Deaths per 100,000 in the United States

Source: 1980-2008: CDC Data Brief available at
https://www.cdc.gov/nchs/data/databriefs/db81_tables.pdf#1
2009-2015: CDC Fatal Injury Reports available at
https://www.cdc.gov/injury/wisqars/fatal.html
What fueled this increase?

- Many opioid users began their usage with prescription medications.
- Pharmaceutical companies promoted their products as “safe” and non-addictive. Pharma invented the scale used to track pain and the idea that we should be pain-free.
- People learned that they could misuse other medications they were prescribed and achieve results of getting “high”, leading to misuse of other drugs.
How are we responding differently?

Health inequities and structural racism have fed the situation we’re facing today.

- Our response in the 1980’s as a society was one of shaming and criminalization.

- Social and political reactions we see in the current opioid crisis differ dramatically from the criminalized approaches of the “War on Drugs” now that Non-Hispanic Whites today make up more than 80% of overdose deaths.

- Today there are calls for a more compassionate response, greater public investment in overdose prevention, and risk reduction in legislatures, among law-enforcement officials, in the medical profession, and in society at large.
Overdose deaths since 1999: Hispanic/Black Non-Hispanic/White Non-Hispanic

- Overdose deaths among Non-Hispanic Whites have risen dramatically since 2001.
<table>
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<th></th>
<th>State</th>
<th>Federal</th>
<th>Combined Population</th>
<th>Share of adults</th>
<th>National rank</th>
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<td><strong>Total</strong></td>
<td>562,763</td>
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<td>1 in 13</td>
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</table>
How do we build upon what’s working?

- With this new approach, we have an opportunity to make long lasting, positive changes to our current systems.

- When we break the cycle declaring war on the “most popular” substance of the decade and take a long view of substance use as a whole, more opportunities for overall wellness for everyone becomes available.

- Educate ourselves on new information and become willing to advocate for changes at our jobs and our communities at large
Break
Demonstrating a Recovery Culture

In this exercise, your team of 3-4 will start with a brief demonstration of a culture that is traditional treatment/ medical model/ 12-step based. Then you will use the same situation to demonstrate a culture that is recovery-oriented.

You will have five minutes to prepare the two demonstrations and three minutes for each demonstration – please place more emphasis on the one that is recovery-oriented.

Each team from the Smaller Group will demonstrate their scenarios for the other groups in the smaller group.

One team of 3-4 from each Smaller Group will share their demonstration with the entire group.
What worked?
What did you learn?
Culturally Competent Organizations

- Value diversity
- Conduct cultural self-assessments
- Clearly state their vision
- Understand the dynamics of difference
- Institutionalize cultural knowledge
- Adapt to diversity
Process of Gaining Cultural Competence

**Culturally Incompetent**
- Lacks cultural awareness and thinks there is only one way of doing things
- View themselves as culturally superior to other cultures
- Sees all the same people, and thinks everyone should be treated the same

**Culturally Competent**
- Actively seeks knowledge about other cultures; educates others about cultural differences
- Accepts, appreciates, and accommodates cultural differences. Understands the effect his/her own culture has in relating to theirs
**Allies**

- Traditionally a member of the dominant social group who takes a stand against social injustice directed at a target group(s) and works to be an agent of social change rather than an agent of oppression.

- They combat stigma and prejudice by valuing appreciative stories, listening openly and lifting up what is working, and giving voice to voiceless.
Recovery Allies

“contribute hope and support and suggest strategies and resources for change.”

1http://www.williamwhitepapers.com/pr/PA%20ROSC%20Community%20Perspective%202010.pdf
Recovery Allies

Commonly peers, family and friends, however potential allies also can include:

- treatment providers and health care professionals
- community groups
- the faith community
- child welfare service providers
- law enforcement officials
- attorneys
- elected officials.
- concerned citizens who are passionate about our cause
Recovery Allies

- Help form much needed support networks for those in recovery
- Combat stigma towards individuals affected by addiction
- Raise awareness about the many pathways to recovery in our community.
- Lift up our voices – rather than consistently speaking for us

Allies are also invaluable sources of volunteers and donors for recovery community organizations and events.
Recovery Allies

Recovery Oriented Systems of Care (ROSC) stands with and mirrors other civil rights inspired movements advocating for Trauma survivors, HIV Rights, Migrant worker’s Rights, Patient Rights, the Women’s Movement and the Prisoner’s Rights Movement
So, who is a good example of an ally?
And I take it that you appreciate that kind of singing too.

(Applause)
Dyads

▶ Describe Allies in your recovery.

OR

▶ How can you be a better Ally?
Examine our assumptions and beliefs

- What are my personal biases regarding race, ethnicity, gender, or socio-economic status, and how might these impact my delivery of services and supports?

- In what ways do I recognize and acknowledge a person's strengths? How is my focus on defects, deficiencies, and faults?

- Do I believe recovery is possible for everyone? How can I live out of this belief or shift my belief towards that?

- Are people authentically welcomed to the place where I provide services and supports? Is the environment relaxed, respectful, and open?

- Do I believe people should direct their own recovery? How might this belief impact my approach to others?

- Does my agency value the voices and leadership of people who receive services and supports? How can I influence this value?
One person can make a difference.
What will you do?
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