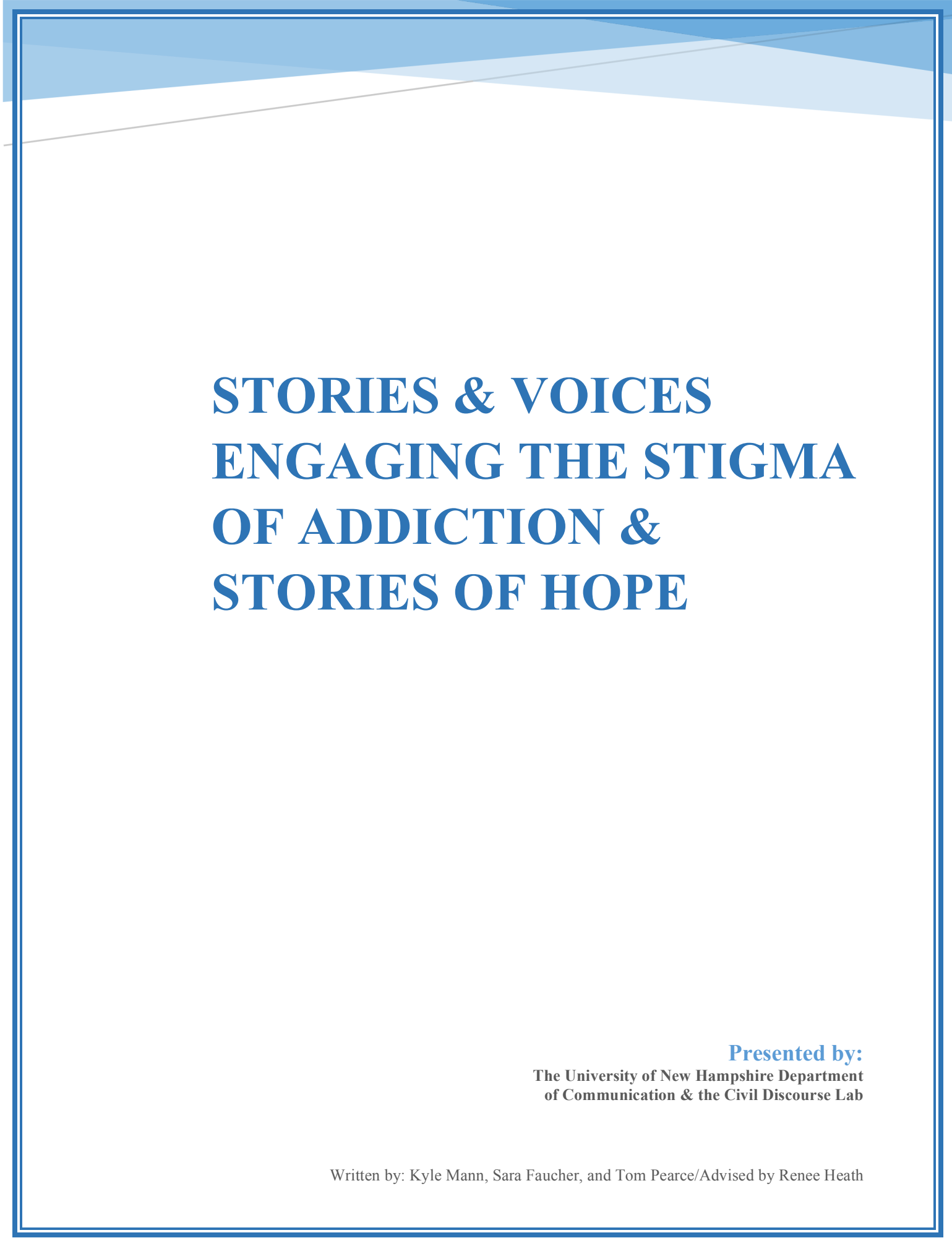




STORIES & VOICES ENGAGING THE STIGMA OF ADDICTION & STORIES OF HOPE

Presented by:
**The University of New Hampshire Department
of Communication & the Civil Discourse Lab**

Written by: Kyle Mann, Sara Faucher, and Tom Pearce/Advised by Renee Heath

EXECUTIVE SUMMARY

OVERVIEW

Event Date: Wednesday,
April 10, 2019 7:00-9:00 PM.

- Dinner: 6:00-7:00 PM

Participants: 83

Represented Groups:

- Law Enforcement
- First Responders
- Medical Professionals
- Mental Health Professionals
- Recovery Professionals
- Persons in Recovery
- Community Members
- UNH Faculty & Students

Structure:

- 10 tables with 1 lead facilitator and 1 co-facilitator/notetaker
- 5-7 participants per table
- Ground Rules were negotiated and agreed upon by participants at the tables
- Program Guide led discussion surrounding specific questions and prompts and provided common information for participants.
- 3 “on tap” experts:

Dr. Elizabeth Caldwell
John Burns
Pedro Altigracia

FINDINGS

STIGMA & LANGUAGE:

- Stigma is a barrier to recovery and surrounds the topic with fear.
- Negative stigma has been ingrained in our beliefs and judgments.
- Stigma has a profoundly negative effect on individuals and creates and reinforces social barriers.
- Terms such as “crackhead”, “junkie”, and “druggie” are dehumanizing and create stigmatic image that alienates people and is hard to overcome.
- Movies and news outlets reinforce stigmatizing language.
- Participants acknowledged how their beliefs prior to the discussion had been alienating and hurtful.
- Once the concept of stigma had been fully developed and discussed, participants’ beliefs and attitudes changed to be more accepting of methadone clinics and needle exchanges.

WHAT’S WORKING:

- Participants urged the importance of destigmatizing substance use through education and exposing children to more about the subject at a younger age.
- Safe stations and community resource centers have proven an effective resource for those going through recovery and for communities most affected by addiction.

WHAT ARE WE DREAMING:

- Participants advocated for an increased emphasis on prevention that may include focusing on mental health identification to prevent young people from using drugs/alcohol as a coping mechanism.
- Further attitudes on prevention include finding a passion, education, and forming strong relationships, social ties, and belonging.
- Understanding addiction is another aspect of the human condition.
- Support from family, friends, and loved ones is one of the most important factors in determining the potential success of individuals going through the process of recovery.
- **Dreams:**
 - Increased focus on prevention, education, and de-stigmatization.
 - Human-focused treatment.
 - Protections that disincentivize doctors from serving needs of pharmaceutical companies and incentive greater restraint in prescription practices.
 - A criminal justice system that focuses on healing more than punishment.
 - A step-down recovery system.
- Participants viewed current system as a “band aid”, or “quick fix” that gets people stuck in a spin-cycle.
- **Aspects of “band aid” system discussed at tables:**
 - Undocumented administration of Narcan.
 - Short-term detox facilities.
 - Criminal sentencing procedures and incarceration.
 - Cost-focused and for-profit treatment.

CALL TO ACTION

- Decision makers and educators should use humanizing language when discussing the issue of substance use.
- Decision makers, law enforcement, and educators should be trained on the appropriate language use.
- Decision makers and the public should pay closer attention to the language they use and try to see through the stigma.
- Family members should try to reduce the isolating effects of stigma felt by loved ones struggling with a substance use disorder.
- Educators should implement curriculum that addresses stigma and addiction in early education.
- Community members should build support for safe stations and community resource centers.
- Peer-based recovery support is *working* and it is crucial that individuals with a substance use disorder be provided access to them.
- Rehabilitation facilities should value human life more than profit/expense.
- Stricter practices in prescribing opioids & better communication between doctors and patients.
- Provide more government funding to preventative healthcare and mental healthcare programs.
- Education in communities (successful recoveries depend on supportive communities).
- Implement safe stations and community resource centers.
- Provide pathway programs in schools that give students better access to career and post-secondary education preparatory resources.
- Changes to the legal system that move away from incarceration and towards mandatory rehabilitation.

PURPOSE

Stories and Voices: Engaging the Stigma of Addiction and Stories of Hope was an interactive public dialogue planned, designed, and facilitated by the University of New Hampshire Department of Communication, the Public Dialogue and Deliberation class, and the Civil Discourse Lab. The purpose of the event was to address how stigma is influencing our understanding of addiction, and we decidedly moved away from the tragedy of addiction to try and capture both individually and systemically what is working to help people and communities heal. Addiction is considered a treatable disease but you would not know it given the present focus on the topic.

METHODOLOGY

Stories and Voices engaged the public in a discussion on stigma and addiction with the goal of encouraging personal storytelling and fostering dialogic moments; not merely a back and forth exchange, but rather a relational interaction that involves mutual understanding of experiences built by listening to those involved (Heath, 2018). The program then guided participants through a deliberation regarding the effectiveness of our current system and how we address substance use in the community. We believe that if we allow citizens an opportunity to discuss the various interactions that make up the system in a nonpartisan environment built on respect, mutuality, listening, and agreed upon ground rules; then the result will be productive communication that leads to creative solutions.



Facilitators: In order to maintain productive and respectful discussions at the tables, students from the class and students from the Civil Discourse Lab served as facilitators for the dialogue. It was decided that a facilitated 21st century town meeting format (often used by AmericaSpeaks) would best serve the purpose of the dialogue. There was one facilitator and one notetaker assigned to each table and the event did not feature a lecture or panel of speakers. Facilitators for the event were trained students from the UNH Civil Discourse Lab as well as the Public Dialogue and Deliberation class. These students were present at the tables not to influence the discussion towards one way of thinking or another, but to set the tone of the discussion while establishing and maintaining a respectful and productive dialogue at the tables (Dillard, 2013). The 21st century town meeting format was thought likely to be the most effective because it is designed to produce a dynamic small group environment where members of the community can engage in discussions and utilize modern day technology to assist in developing the conversation (National Institute for Civil Discourse Research Brief, 2011).

On Tap Experts: In order to allow for a nonpartisan program that encouraged informed and respectful discussion, three experts were available as a resource for participants and facilitators. The dialogue utilized an “on tap” expert model as a framework to guide interaction and engagement between the experts and the participants (Sprain et al., 2013). The “on tap” model uses experts to clarify, support, and separate fact from fiction, without imposing any personal opinions or power dynamics on the conversation. By having the experts available “on tap” as they are needed, the risk that their presence would silence participants or “non-experts” is lessened. Exactly when to have the experts come over to the tables was left to the facilitator’s discretion. The main role of the experts was to ensure that the dialogue focused on quality discussion regarding a difficult topic and was not impeded by conjecture and disputes over definitions and factual information.

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The following is a list of our “on tap” experts:

Dr. Elizabeth Caldwell - Dr. Caldwell earned her PhD in biological psychology at Kent State University and completed a three -year postdoctoral fellowship in psychopharmacology at Tufts University. Prior to becoming a lecturer at UNH, she conducted research on alcohol drinking in socially defeated rats and alcohol-heightened aggression in rats and mice. Dr. Caldwell currently teaches Drugs and Behavior and Health Psychology in the department of Psychology. One of the goals of her teaching is to promote an attitude of empathy for the problems of the human condition, teaching students that people afflicted with mental illness and addiction are still valuable members of our society, often producing meaningful contributions to their communities.

John Burns, CRSW, Director - Mr. Burns is a father of two daughters and a grandfather of two grandchildren while also going through long term recovery. He has his MBA from Southern New Hampshire University. He has been a resident of Strafford County for over twenty-five years and has been a volunteer and advocate in the community with prevention, treatment, recovery and harm-reduction issues for several years. John was on the initial peer advisory board for SOS RCO to help shape the vision before SOS opened Recovery Community Centers in Strafford County. He founded Families Hoping and Coping, a peer based family support group, in Dover in 2014 and they now have two chapters in Strafford County and the seacoast that meet weekly including one at SOS Recovery Center in Dover He also has been an active member of the OneVoice of Strafford County Opioid Task Force for several years and sits on the Region Six Integrated Delivery Network Executive Committee on behalf of Recovery Supports.

Pedro Altagracia - Mr. Altagracia is a community engagement coordinator at New Futures, a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of New Hampshire residents through policy change. He has participated and supported efforts to address persistent opportunity gaps faced by people of color, LGBTQA+ community, and groups of diverse cultural, religious and spiritual backgrounds.

Dr. Renee Heath, is a professor in the Department of Communication at the University of New Hampshire, as well as the co-director of the University’s Civil Discourse Lab. Dr. Heath teaches the Public Dialogue and Deliberation class and facilitated, planned, and organized the event alongside her students.

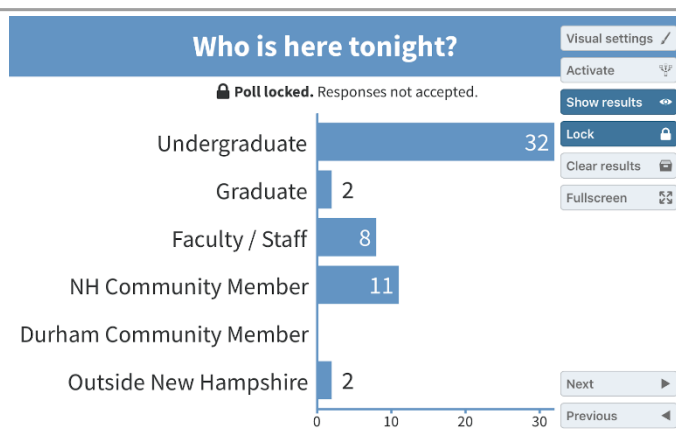


Diversity: During the design phase of the dialogue, a significant amount of thought was put into who would participate in the dialogue. It was incredibly important that the dialogue's participants were comprised of a group of stakeholders that had diverse perspectives, experiences, and voices. To ensure this, students researched the topic and went out into the community to find and invite participants representing law enforcement, medical professionals, social workers, recovery professionals, decision makers, educators, persons in various stages of recovery, and other stakeholders from various organizations that have a connection to or an interest in the topic of addiction. In addition to these recruiting efforts, the event was advertised around both campus and the community. It was also open to the public and anyone interested in the topic or the event itself was able to participate.

Participants were invited to participate in a poll at the beginning of the event that allowed us to gather demographic data and allowed participants to see who else was in the room. The program **Poll Everywhere** was used to conduct the poll and results were displayed in real time on the screens stationed throughout the room. **Poll Everywhere** allowed participants to respond to the poll questions by texting their responses to a number on their mobile phones. Due to unforeseen technical difficulties with the cell phone service in the room and cell phone unavailability, only some of the 83 participants were able to respond to the poll questions. Those involved in the design process or facilitation of the event were asked only to respond if necessary.

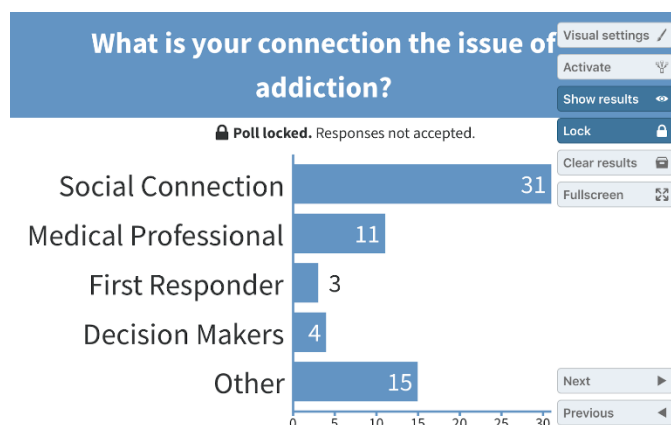
Participants were asked three questions:

1. Who is here tonight?
2. How are you connected to the issue of addiction?
3. Use one word to describe one of your concerns regarding addiction.

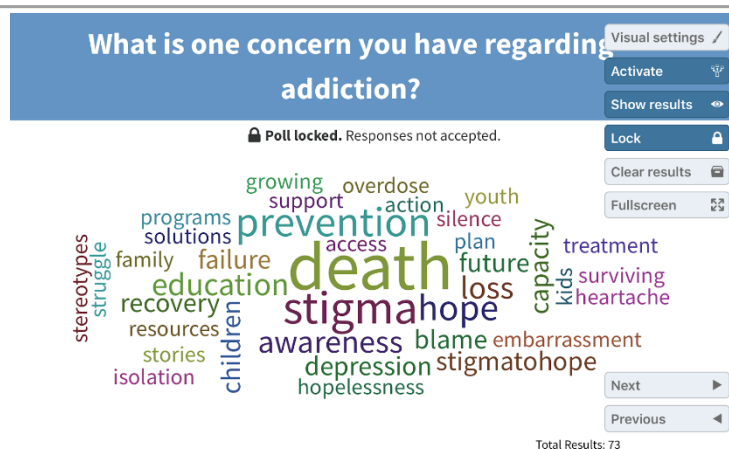


The majority of those who attended were undergraduate students and members of the New Hampshire community representing various demographics.

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The majority of participants had a social connection to the issue of addiction. This was expected considering it was important to include people in various stages of recovery and people who have friends and/or family struggling with a substance use disorder. Medical professionals were also a strongly represented group, as were participants in the “other” category.



This question was asked in order to allow participants to see how their greatest worry related to that of the others in the room. As a certain word was repeated, it would grow larger on the screen, which provided a visual representation of the most common concerns amongst participants. **The most submitted one-word concerns were “death”, “stigma”, “prevention”, “hope”, “education”, “loss”, and “future”.**

Program Guide: The event was structured around a program guide designed by students in the Public Dialogue and Deliberation class. The program guide consisted of facts about what substance use actually looks like in our society, ways we can adjust the way we view substance use while addressing stigma, and the way our system is currently working to help those with a substance use disorder. The program guide was used to help facilitate the discussion and to guide the conversation in order to ensure that specific topics were addressed to some extent throughout the course of the evening.

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Participants could follow the order of the guide, or could focus on sections of the guide that were most meaningful for the table. The guide purposively addressed stigma before talking more specifically about solutions. The solutions questions were modeled after the Appreciative Inquiry methodology, which assumes in every community there are some things that are working well and that those things offer an evidence-based starting point to build systemic success.

The data from each table were recorded by a note taker and all recorded notes can be viewed at the end of this report in a section titled “raw data”. The reference page at the end of the program guide can also be viewed at the end of this report in a section titled “program guide sources”.



EVALUATION

As the evening concluded, all participants were asked to complete an evaluation that provided them the opportunity to rate the effectiveness of the event and comment on its strengths and weaknesses. Fifty-six of the participants completed an evaluation. The following is a list of the questions asked on the evaluation form and the collected responses rated from 1 (ineffective or unnecessary) to 5 (highly effective or important). For question 1, **98.2%** of attendees responded with a 4 or a 5 rating. For question 2, **96.5%** of attendees answered with a 4 or 5 rating.

1. Tonight's program achieved its goal of meaningful dialogue. (Total 56)

Ratings	1	2	3	4	5
Totals:	0	0	1	7	48
Average:	0%	0%	1.7%	12.5%	85.7%

2. The Program Guide was helpful for the discussion. (Total 56)

Ratings:	1	2	3	4	5
Total:	0	0	2	9	45
Average:	0%	0%	3.6%	16.1%	80.4%

Participants were also asked 3 more **open-ended** questions to evaluate the event:

3. Did you learn anything new tonight?

The majority of respondents replied that they learned something new during the event. Many of the responses mentioned learning the impact language has in day-to-day discussions of the issue. One person replied, “I really understood the impediment to solution(s) that stigma causes”. Another replied, “The fact that people are scared to come forward was new to me”. Another common trend was that people learned how things need to change and of some of the ineffective approaches currently in use. One person responded “posting billboards doesn’t help”.

4. What was done well?

The common trend in responses was regarding how effectively the facilitators guided the conversation. One person replied that the “facilitators did a great job allowing group to talk about what we wanted to”. Another said that “the facilitator was very poised and handled the discussion well”. Many replied that the event was well structured, organized, thoughtful, and that it allowed for “safe, open, and meaningful discussions”. The program guide also received praise from participants with many commenting on the format, agenda, order of questions, overall presentation, and how informative the program was.

5. What can we do to improve?

This question prompted many responses regarding the time of the event. Many wanted more time to discuss certain questions and more events to discuss wicked problems such as substance use. This was expected as the program guide was packed with information and prompts with only a two-hour window to get through it all. It is encouraging to see that people wanted more time as it shows how interested people are when they are engaged to think critically about a complex problem like addiction.

All evaluation comments from the participants can be viewed in the “raw data” section at the end of the report.

RESPONSE TO STIGMA & LANGUAGE



Questions:

- How are you connected to the topic of addiction?
- What are your thoughts on these words often associated with addiction?
- How do these words influence how we understand addiction?
- How has stigma become a barrier to our solutions?

Stigmatization occurs through the ways we discuss and understand aspects of our society. The Substance Abuse and Mental Health Services Administration (SAMHSA) stated that “Substance use disorders carry a high burden of stigma; fear of judgment means that people with substance use disorders are less likely to seek help, and more likely to drop out of treatment programs” (2017). Groups at the event noted that the impact of stigma on addiction is that it is **used as a barrier and surrounds the topic with fear**. Another participant noted that **negative stigma has been ingrained in our beliefs and judgments**. This societal-level stigma is what has an impact on those with a substance use disorder. This stigma is understood as having a **profoundly negative effect on individuals** suffering with a SUD and can both **create and reinforce social barriers**, which have a long-lasting, isolating effect on people. This negative stigma is seen by the public as **dehumanizing and hard to overcome**. The impact that it has can adversely affect how efficiently the issue can be addressed. However, a common contradiction to this is when an individual adopts stigmatizing language in order to own it with confidence, resulting in a sense of empowerment and an understanding of self. For example, someone with a substance use disorder might use the term “addict” to refer to themselves in order to help themselves heal.

During the event, participants were asked to discuss how language and stigma impacts our social view of substance use. Some of the participants believed that phrases such as **“crackhead”, “junkie”, or “druggie”** have a **dehumanizing effect**, ignore the individual identity of persons suffering with a substance use disorder, and create a stigmatic image which **alienates people from society**. This stigma can be challenging to overcome and can be progressively more harmful to people. One table pointed out in their discussion that **movies and news outlets reinforce stigmatizing language**, the more people are exposed to this, the harder it can be to overcome. For people with a substance use disorder, having this stigma ingrained into their beliefs about themselves can suppress their desire to seek help and improve their lives.

The event's participants discussed moving toward the use of humanizing language in the hope that it will influence public opinion and public policy. Instead of seeing a stigmatized image of a "junkie", humanizing language could instead allow people to see a person who is suffering and in need of help and support. At the event, **there was a clear change in the way participants discussed programs such as methadone clinics and needle exchanges once they had been exposed to the concept of stigma and had time to discuss it.** Originally, many were worried that bringing these services into communities would have a negative impact on the community's well-being. Once they had discussed how their beliefs and attitudes had been influenced by stigma, they were much more receptive and supportive of these programs. Many mentioned how their **beliefs prior to the discussion were alienating and hurtful** to individuals struggling with a substance use disorder.

"You look at an addict and you think junkie, this person steals, is unsafe, not sanitary, everything about them is gross. My aunt was a nurse at Concord Hospital, she had four kids, my uncle had a great job and went to church every Sunday. It can happen to anybody."

-Nick

"We use these slang words that insinuate absolute disgust, dirtiness, and filth, when in reality for a lot of people who are using that's not the case."

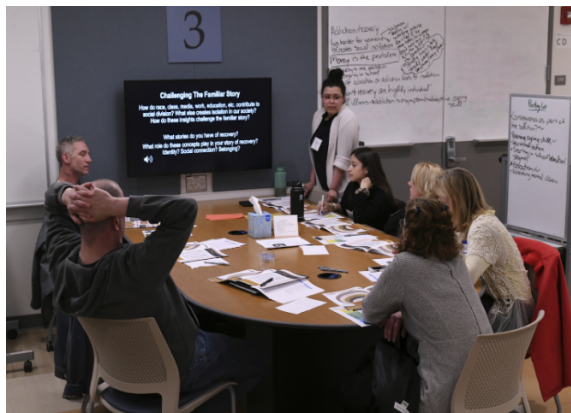
-Emily

Once the concept of stigma had been fully developed and discussed, participants' beliefs and attitudes changed to be more accepting of methadone clinics and needle exchanges. Dr. Michael P. Boticelli of the White House's Office of National Drug Policy and Dr. Howard K. Koh of Harvard's School of Public Health wrote an article titled *Changing the Language of Addiction* in which they wrote; "Language changes alone are insufficient, of course. Education and policy must also reduce stigma and the historical isolation of patients with SUDs from the rest of health care" (2016). It is time that, as a community, we begin to rethink how we talk about substance use, make steps towards care, and leave fear behind.

Call to Action:

- Decision makers and educators should use humanizing language when discussing the issue of substance use.
- Decision makers, law enforcement, and educators should be trained on the appropriate language use.
- Decision makers and the public should pay closer attention to the language they use and try to see through the stigma.
- Family members should try to reduce the isolating effects of stigma felt by loved ones struggling with a substance use disorder.

WHAT'S WORKING



Questions:

- How do race, class, media, work, education, etc. Contribute to social division? What else creates isolation in our society? How do these insights challenge the familiar story?
- What stories do you have of recovery? What role do these concepts play in your story of recovery? Identity? Social connection? Belonging?

Although there are changes that must be addressed to progress as a society regarding the stigma surrounding addiction, there are elements of the current system that seem to be working for those who are willing to share their success stories. An example of something that needs attention is education about substance use and addiction, which must be thoroughly reexamined, especially in regards to early childhood education. **Participants urged the importance of de-stigmatizing substance use through education and exposing children to more about the subject at a younger age**, in order to prevent substance use in a more effective way than does current curriculum.

Participants **discussed peer-based recovery support as something that has proven to be successful in recovery home settings**. Peer-based recovery support is peer-led and focuses on social support through open communication, accountability, and sharing of experience. It is evident that support from peers or other individuals who are going through a similar experience is helpful in the process of recovery. Support from friends, family, and loved ones is often incredibly important to individuals struggling with a substance use disorder in their recovery process. Participants also discussed how the **implementation of safe stations and community resource centers has proven to be an effective resource for those going through the process of recovery and for communities most affected by addiction**.

Safe stations are designated places where individuals who are seeking assistance beginning on a path to recovery can go without fear of punishment. Community resource centers provide individuals with a substance use disorder a place to take refuge, be fed, build relationships and social connections, and seek treatment.

“This kid got injured playing football. It was a serious injury with a lot of pain, and he was prescribed oxycodone. He became so afraid of having pain when the recovery was over that he started buying oxy on the streets. It is so expensive that sometimes it’s easier to get heroin, it’s cheaper, and he started to do that instead.”

-Christine

Call to Action:

- Educators should implement curriculum that addresses stigma and addiction in early education.
- Community members should build support for safe stations and community resource centers.

- Peer-based recovery support is *working* and it is crucial that individuals with a substance use disorder be provided access to them.

WHAT DO WE DREAM?



Questions:

- What do we dream? How can we better address barriers to healing in the ecology of recovery? What do we need to make that dream happen in New Hampshire? Where can we do better?

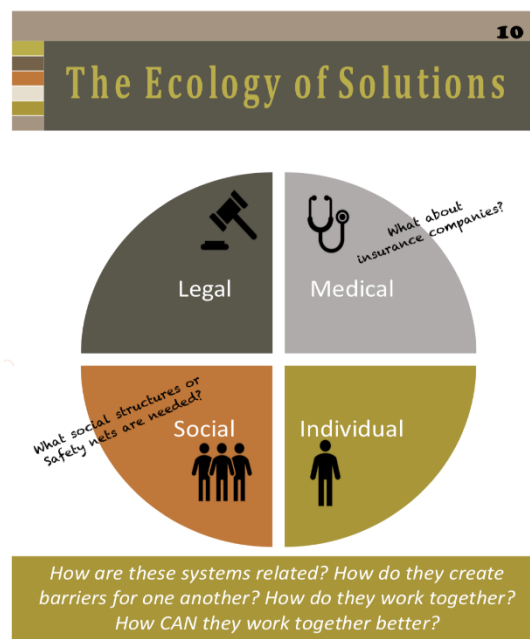
The Stories and Voices public dialogue concluded by asking participants what they were dreaming. This prompted discussion on many attitudes and beliefs held by the participants. Many advocated for an **increased emphasis on prevention** in order to take a more proactive approach to addressing the issue. This may include a focus on mental health identification to **help prevent young people from using drugs/alcohol as a coping mechanism**. Further attitudes expressed concerning drug use prevention include **finding a passion, education, and forming strong relationships, social ties, and belonging** in their community. Social commitments were believed to be a key factor in preventing drug use. Many participants believed addiction to be another **aspect of the human condition**. Therefore, recovering from a substance use disorder was compared to learning how to walk again after a serious injury. The general attitude expressed by many was that **support from family, friends, and loved ones** is one of the most important factors in determining how successful an individual who is receiving treatment will be in achieving and maintaining their sobriety. This was also viewed as an important factor in motivating an individual to seek treatment to begin with.

“In terms of systemic improvements, honestly, it would be something that prevents this from being such a negative and horrible cycle, and equipping providers, and social workers, and people that are going into the homes, the people that are trying to make a difference with the tools and the funding; all those pieces to actually help these people... Right now the way the system is in place, everyone’s hands are tied.”

-Emily

The dreams discussed by those who participated in the event were unique to the individual, but had some clear commonalities and trends. The event’s participants’ dream of a road to recovery centered in affected communities that are provided adequate resources to meet their unique needs. They dream of an **increased focus on prevention, education, and de-stigmatization**. They dream of **human-focused treatment**, not cost-focused and for-profit treatment. They dream of **protections that disincentivize doctors from serving the needs of pharmaceutical companies** and incentivize greater restraint in prescription practices. They dream of a **criminal justice system which focuses on healing more than punishment**. They dream of a **step-down**

recovery system, which progresses patients through a curriculum that becomes gradually less intensive over time and that puts people first and allows more time for recovery. Successful recovery is unlikely to be achieved in the 28-day period most insurance companies will pay for.



Participants were also asked how to address barriers to healing in the “ecology of recovery”, which refers to the environment people enter when they begin their process of recovery. According to participants, there are currently massive problems that exist in the ways different systems interact. Participants **viewed the current system as a “band aid”**, or a “quick fix” that does not adequately address the problem and may even get people stuck in a spin-cycle that all too often ends tragically. Aspects of the current system included in this “band aid” umbrella is the **undocumented administration of Narcan, short-term detox facilities, criminal sentencing procedures and incarceration, and cost-focused and for-profit treatment**. Narcan is currently used to halt the effects of opioids in the event of an overdose. Short-term detox facilities are a great first step to recovery, but they are only a first step. Full

inpatient rehabilitation remains incredibly expensive, which leaves short-term detox as the only option for many seeking to take that first step. However, once these patients have moved passed their withdrawal symptoms; they are released and many return to the same environment they came from to begin with.

Call to Action:

Those who participated in the dialogue want to see the current “band aid” system evolve to become more comprehensive and effective:

- Rehabilitation facilities should value human life more than profit/expense.
- Stricter practices in prescribing opioids & better communication between doctors and patients.
- Provide more government funding to preventative healthcare and mental healthcare programs.
- Education in communities (successful recoveries depend on supportive communities).
- Implement safe stations and community resource centers.
- Provide pathway programs in schools that give students better access to career and post-secondary education preparatory resources.
- Changes to the legal system that move away from incarceration and towards mandatory rehabilitation.

RESOURCES

Dillard, K. N. (2013). Envisioning the Role of Facilitation in Public Deliberation. *Journal of Applied Communication Research*, 41(3), 217-235.

National Institute for Civil Discourse Research Brief No 11. (2011, July 29). Retrieved from https://nicd.arizona.edu/sites/default/files/research_briefs/NICD%20Research%20Brief%20No%2011%20%20Final%20for%20Website.pdf

Heath, R. G. (2018) Facilitating Vulnerability and Power in New Hampshire Listen's "Blue and You", *Journal of Public Deliberation*: Vol. 14 : Iss. 2 , Article 6.

Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies. (2017) Words Matter: How Language Choice Can Reduce Stigma.

Botticelli, M. P. (2014, October 4). Changing the Language of Addiction.

RAW DATA:

- Stigma can be an attitude
 - o Not just the words used
- Using some of these words we are supposed to avoid can be helpful
 - o Can offer a sense of awareness, can reclaim power
 - o Avoiding can feel like a band-aid
- Is being PC always the most important focus?
- "Crackhead/Junkie" = dehumanizing
- Gift of desperation "surrender"
- You can be sober but not in recovery
- Recovery is almost like learning to walk again
- "I missed growing up being of addiction"
- Can be a moral issue
 - o Class
 - o Race
 - o Gender
 - o Age
 - § Can expose people earlier
- Words/Terminology are constantly changing (ex. In recovery)
- Substance misuse in not all of who you are
- Repetition – substance misuse – coping skills
- Recovery
 - o Bravery
 - o Courage
 - o Admiration
- Humanizing language or words

STORIES & VOICES ENGAGING THE STIGMA OF ADDICTION

- Hard to overcome stigma (Labeling?)
- College students joking about being addicted (Juuls, alcohol)
- More education can lessen the stigma
- Stigma of alcohol vs. drugs
- o Less for being addicted to alcohol
- Genetics being a concern
- o Importance to educate
- Term “druggie” has stayed the same over the years
- o Negative meaning categorizing people
- o Identifying them as their addiction not as a person
- o Alienation of the person
- Transition from “I’m an addict” to “I’m in recovery” when referring to myself
- “You wouldn’t be mad at him if he had cancer”
- No face of addiction
- No mean word for someone w/cancer
- Not a choice
- o Someone can go in with a broken knee to the hospital, can be addicted to heroin months later
- Support from people who understand
- Doctors, nurses using this language
- When someone hears the language often enough, that’s what they believe
- o Ex. Not that I have bipolar, that I am bipolar
- Movies, new outlets reinforce this language when they use it
- The continuous use of these words makes the normalization the issue harder
- Many end up refusing to find help for fear of being judged
- Individuals with the disorder see themselves in a negative way
- Society has to look at it in a broader perspective
- Substance use is cultural
- o In Asia, all substances frowned upon (Alcohol, tobacco, weed)
- People immediately use words like “addict, junkie” to describe people w/SUD
- Breaking stigma saves lives
- No one is using “words to use”
- We lack medical professionals on addiction
- NH is starting behind
- Language encourages isolation
- o Junkie
- § Use of terms in professional fields
- § Isolation prevents help
- Stigma as a barrier
- o Sometimes no reduced due to lack of exposure
- Surround topic with fear
- Can be anyone
- Negative words suppress
- Stigma prevents help/funding
- Negative words = passive situation
- Acting as the “parent” at a young age
- Education

STORIES & VOICES ENGAGING THE STIGMA OF ADDICTION

- Wait until from “hits home”
- Addiction is part of human condition
- Not “in recovery” – lack of honest communication
 - o They’re just “on vacation”
- “not in my family”
- Feeling “accepted” by treatment facilities
- Specific races/classes sell drugs/involved – stigma reproduced by unfair stats
- \$ of drug itself – transfers user to alc or other
- Stigma reproduced by unfair stats
- Ingrained beliefs and judgments (racism, class structures)
- Addiction/recovery
 - o Is harder for women
- § Women dealing with substance misuse don’t feel like they belong as women can’t take care of kids/be a part the family
 - o Creates social isolation
- Society says we should never feel anything/any pain
- Society is the problem, it starts in schools
- Lack of education on addiction leads to isolation
- Addiction and recovery are highly individual
- Mental illness – addiction is a symptom/maladaptive coping skill
- Everyone’s recovery process starts with an epiphany
- Love from families as enabling
- Shame and secrets isolate everyone involved
- Generations
 - o Single parents @ home not learning “self-worth”
- Location
- Upbringing
- Mental health
 - o Coping
- Social media causing isolation
 - o seeing more other people’s lives
 - o increasing level of hopelessness
 - o is there a lack of awareness on social media?
 - o tobacco industry
- Race plays a big role
 - o Men/women of color do not get national attention
- Low income vs. high income money plays a role in how you treat a person with SUD
- “treated as a number not a patient”
- Respect/appreciation go a long way understanding the issues
- News portrays it as an individual problem not a societal problem
- Support from others, not your family, has a huge impact
- After school activities are helpful
- Support from family/resources goes a long way
- Social factors
- Separation can prevent getting help
- Pressure from the society we live in

STORIES & VOICES ENGAGING THE STIGMA OF ADDICTION

- o Stressful work etc. people can turn to substances
- o Can lead to addiction
 - Media/technology
- o What is portrayed
 - § Ex. Juuls seen as cool
 - Capitalism
- o Should have learned with cigarettes but want for \$\$\$\$ takes over
 - Social media
- o Connects & divides
- o No one is posting about their addiction
- o Public persona – have to be perfect
- o Snapchat streaks – addiction
 - Music videos
- o Marijuana
- o Drinking
- o Being shown to generations who are easily influence (peer pressure)
 - Shameless
- o Frank
- o Lovable character
- o Noticeably a good person
 - Solutions
- o Education
 - o Disconnect between generations
 - Spread acceptance
 - Remember we're humans
 - Remind people of the purpose
 - Social justice as “prevention”
 - Isolation is a vicious
 - Economic and social privilege does not equal emotional support
 - Relapse is a part of recovery
 - Addiction rewires the brain and body
 - Where do we learn about addiction and recovery
- o Why are they a secret
- o Why don't we teach it in school
 - For Profit
 - Alcoholism is more socially acceptable and understood
 - Lower socioeconomic status increases difficulty in recovery journey
 - What are the social norms of this community
 - Is there access to quality means of recovery?
 - Access to a new environment?
 - Gained extra attention as more and more demographics were affected
- o It's not just minorities, its rich white families too
 - More tuned in as a society because everyone is affected
 - Genetic or what we are exposed to?
 - Childhood linked adult behaviors – more studies
 - Friends, family, people you can turn to – not just treatment programs

STORIES & VOICES ENGAGING THE STIGMA OF ADDICTION

- Mental health – turning drugs/alcohol into coping mechanisms
- Lower socioeconomic class
- High socioeconomic class
- High socioeconomic class also misuse
- Substance misuse fragments our inner-circle (family, friends, loved ones)
- Substance misuse gives users a “leg up” – finding excuses as to why they use
- Language barrier causes isolation
- When is “moderation” abused?
- When does recreation become addiction?
- Possible lack of guidance at young age
- Allowing people to disclose their story helps them feel less isolated
- o Forming relationships
 - Painting/music, out finding someone loves you
 - Finding a passion
 - A team/sports group
 - Prevention starts at a young age
 - Youth want instant gratification and stress release
 - Youth can’t control how they are brought up
- Solutions
 - Different mechanism other than jail to create opportunities for healthy lives/families
 - Put more money to words making the transition from addiction to recovery (as a state) intervention that support transition \$\$\$
 - Money is everything
 - Education – addiction is a mental illness
 - How can families help without (feeling like) they are enabling
 - Involuntary commitment = detox but not necessarily recovery
 - We get stuck @ 28 days because that’s what insurance gives you but it takes more time
 - Step down recovery system (allowing time)
 - Law enforcement assisted diversion programs
 - Sentencing alternative @ all levels
 - Identifying as a person suffering from a substance use disorder to one’s doctor feel alienating
 - Take the whole person into account
 - Huge problem with blending the approaches
- o Cost
 - Need to develop programs from band-aids
 - Up to the person suffering to decide if they want to accept a prescription from a doctor
- o Not enough road blocks
 - Feels too easy to get a prescription for Narcotics
 - There’s incentive to prescribe narcotics
 - More tuned in as a society because everyone is affected
 - Genetic or what we are exposed to? (nature, nurture – this is not a note from the table this is carly’s note)
 - Childhood linked adult behaviors – more studies
 - More funding into helping services
 - Who makes these rules?
 - Social commitment is key

STORIES & VOICES ENGAGING THE STIGMA OF ADDICTION

- As a community come together to work our way to the higher ups
- Recovery and relapse are part of the process
- \$ on preventions – lacking because of the stigma
- Visualizing a positive future (despite race and class)
- Progress in treatment for inmates
- Accountability vs. punishment – when referring to drug traffickers
- Supply v. demand side – losing demand
- Having accessibility always can lead to addiction
- Putting resources and plans in place for struggling demographics (recovery high schools)
- Medical professionals and doctors miscommunicate with patients
- People trying to get prescribed opioids
- Narcan is not documented when administered
- Safe stations – community resource centers
- Narcan
 - o Quick fix
 - o Same face over and over again – it's a cycle
 - o Doesn't stop people from being addicted
 - o Doesn't fix the problem
- Solutions – community policing
- Partner with communities
- Police have stigma
- CP helps change the attitude/perspective
- Documentary – 13th
- Barriers
 - o 3 strike system
 - o People getting strikes for carrying marijuana and once 3rd strike they are incarcerated and put in system
 - o Paranoid – can get in trouble
 - o How much has the pharmaceutical companies aided in addiction
 - o Our doctors listen to the pharmacists
- The role of Narcan
- Important to give to patients but make sure they aren't abusing it
- Money making scheme
- Methadone clinics make a bad stigma for community
- Can be helpful but main purpose is to make a profit
- What works?
- Have to want it
- Therapy relationship
- Open/honest communication
- 12 steps
- Teamwork of job fields
- Community supports
- Social connections
- Praise safe stations in social work
- Understanding
- What needs to happen?

STORIES & VOICES ENGAGING THE STIGMA OF ADDICTION

- Wait list
- Medical and social and legal need to work more together
- Primary care
- Mental health
- \$
- SOS merges together to network different field with programs providing recovery coaching
- Solutions
- Expert: awareness does not necessarily reduce aces
- Getaway from treating healthcare w/criminal justice
- UNH - someone can be seen ASAP if they need help
- State funding being put into preventative healthcare/mental healthcare
- Father uses Medicaid to pay for rules to get methadone
- Barriers
- Methadone clinics being added to neighborhoods
- Stigma of “bringing in people who are addicted”
- “not in my backyard”
- Stigma is disproven
- Understanding more (education) instead of blaming understanding the issue
- Not having support
- o Limited help when needed
- Dreaming of
- o No wait lists
- o Funding
- o Collaboration leading to opportunities
- o More safe stations
- o Lower case load of professionals
- o Assisting people in need of services
- Methadone clinics - can be helpful but main purpose is to make money not actually help people
- Some want to keep you on medication forever not actually make you better
- Solutions
- o Education
- o Disconnect between generations
- Do countries who don’t criminalize substance abuse have this issue as much
- Spread acceptance
- Remember we’re humans
- Remind people of the purpose
- Social justice as “prevention”
- Isolation is a vicious cycle
- Economic and social privilege does not equal emotional support
- Recovery coaches
- Successful recoveries depend on supportive communities
- Education
- Break the stigma among policy makers
- Create more supportive communities
- Improve medical resources
- Solutions

STORIES & VOICES ENGAGING THE STIGMA OF ADDICTION

- o safe stations (community resource centers)
- o relationship, food, shelter, \$\$\$
- o pathway programs
- o education on resources
- o mandatory rehab
 - recovery and relapse are part of the process
 - educate passion
 - \$ on preventions – lacking b/c of stigma
 - Visualizing a positive future despite race & class
 - Progress in treatment for inmates
 - Accountability vs. punishment – when referring to drug traffickers
 - Steps to influence prevention
- o Better education continued learning
- o Promotion of better health opportunities
 - Not enough KNOWLEDGE on mental health disorders – need a common understanding @ all levels
 - Identifying as a person suffering from a substance use disorder to one's doctor feels alienating
 - Take the WHOLE person into account
 - Feels too easy to get a prescription for narcotics
 - There's incentive to prescribe narcotics

EVALUATION COMMENTS:

1. Tonight's program achieved its goal of meaningful dialogue.

- This was great. Never been to anything like it @ UNH!
- Definitely meaningful talk, however I think our table lacked diversity in regards to expertise, personal experience, etc.
- The people mix was great
- The conversation at my table was polite and I felt very comfortable sharing and being heard
- Had many different proposed solutions, from so many great minds coming together
- An interesting dialogue with many different voices
- My group was beyond empathetic. Everyone listened - I learned so much
- A wonderful structure to help each of us think about these issues & get context and then encourage conversation.
- The booklet brought about a lot of conversation statistics and useful information
- So impressed with my table's communication
- Participation at my table was great!
- I think everyone in my group was conversive & open about each topic
- The time limits were good to keep us on track, but tough because there is so much to talk about

2. The Program Guide was helpful for the discussion.

- Great to have some numbers in front of us
- Very clean + well done

STORIES & VOICES ENGAGING THE STIGMA OF ADDICTION

- The program guide was excellent -- so much to think about and discuss. Wish we have 3 more hours.
- Amazing program!
- They were great at allowing the conversation to flow and offered helpful information
- Helped to frame the conversation
- Great facilitators! Table 11
- I wish I read it before hand for more info coming in
- A great way to give info (a lot of info) in a short amount of time to start the conversation
- It had many useful but information and topic starters
- Easily connected departments that can shift the foundation of a social structure for the west
- The program guide sparked a lot of the talk
- It helps lead the discussion

3. Did you learn anything new tonight?

- Yes! Great insight -- loved hearing personal stories.
- A lot of the information was based on the Sidore I was part of
- Learned more about words to use
- That more and more people are willing to change and to help people in need
- Yes, I learned about many emerging programs to help people
- Yes -- need more time to process, though
- I learned that addiction can happen to anyone and it is a disease.
- Yes, the careful use of vocabulary, and assumptions.
- Yes!
- Always -- anytime I interact with persons in recovery i learn something new.
- Yes. race relate drug (not sure what it said)
- Yes, first responders side
- I learned so much that I didn't know but what was most interesting was other's opinions and perspectives
- Yes, narcan isn't accounted for
- Not really
- There is no therapy in jail
- Yes, the fact that people are scared to come forward was new for me
- The different amount of resources
- Communication is box (not sure what last word was)
- Yes, not necessarily any new info, but seeing the issue from a new perspective
- Yes, about people's stories with addiction and substances
- I learned about the benefit of the clean needle program.
- A perspective from another person in recovery
- It was helpful having adverse table of perspectives
- Yes, lot of info from the booklet
- I did not know there were clean needle exchanges in NH
- Different perspectives
- The guide provided useful stats + was a good roadmap to help navigate the series of questions
- N/A
- Yes, more about language, viewpoints + statistics
- Words to avoid, what are safe stations? Safe syringes?

STORIES & VOICES ENGAGING THE STIGMA OF ADDICTION

- Not really - but I enjoyed hearing from the various people
- Yes!
- - yes - the loss of everyone directly or indirectly to addiction
- Some info about recovery & policies in NH
- Yes many different views
- I learned about policies that need to be changed
- There truly are good people that want to help.
- I don't have social connections to addiction so hearing personal experiences was really interesting.
- I learned a lot about other people
- A lot of the facts in the program book were cool
- Yes, this was an amazing experience
- That posting billboards doesn't help
- Yes, MA rehab high schools
- Opioid epidemic on a macro level (law enforcement)
- Stats about who is most affected
- I really understood the impediment to solution(s) that stigma causes

4. What was done well?

- Facilitators did a great job allowing group to talk about what we wanted to.
- Guided conversation
- The conversation and small groups were great.
- The facilitator was very posed and handled the discussion well.
- I thought that tonight was done extremely well. I learned so much + got to hear so many different perspectives.
- Safe, open, meaningful discussions
- Discussion, question answering.
- Everything.
- Everyone talking, sharing
- All.
- Facilitation, time keeping, programming
- All students were knowledgeable & helpful
- The flow of the conversation was great
- The questions were thought-provoking; the ground rules set a beautiful tone of respect and curiosity that we wove through the night -- as well as tone of effort and understanding. Thank you.
- Interaction with different opinions
- Very well organized!
- The discussions were done well + also the facilitators did well.
- Keeping on track + on time
- Good graphics
- The program guide
- Acceptance
- Facilitated meaningful conversation
- The information was well presented and the environment was welcoming
- A respectful combining of many different perspectives

STORIES & VOICES ENGAGING THE STIGMA OF ADDICTION

- Very organized, thoughtful
- The format/order of questions
- The tables were not as intimidating as i thought they would be. It was a great very important topic
- Everything
- The table facilitator did a great job (Tia)
- Facilitation was fantastic
- Yes <3
- Facilitation + organization
- Facilitators
- Presentations/questions were great/informative
- The facilitation well-done
- Food! Microphones, facilitation
- Openness - honesty
- Openness of conversation, warm environment
- The structure & setting a positive & supportive true/environment
- Everything
- The timely schedule + flow; great facilitators
- Organization!
- Good set up
- Great discussion + facilitation
- All of it.
- The facilitators
- Everything
- The facilitator (Kelsey) and the participation of the group
- The Agenda
- The conversation, the dialogue
- The specific guidance + encouragement of openness
- Nice discussions
- Very well structured!

5. What can we do to improve?

- It was great!
- Nothing. Wonderful job!
- Keep talking about the subject
- More time!
- Spread the awareness to more
- Leave more time to dig deeper into topics.
- Very well done by all.
- More time to talk!
- Talk more about what works for sobriety
- It's awesome.
- Parking instructions?
- I can't think of anything maybe invite "random" people who might benefit from hearing perspectives
- It was well put together

STORIES & VOICES ENGAGING THE STIGMA OF ADDICTION

- More events, loved it!
- Thank you, important topic, appreciate facilitation (couldn't really read)
- The balance at the table
- Coffee!
- ?
- More youth information
- Very great dialogue
- Maybe some water
- Disperse people from different fields
- Make the conversations more uncomfortable.
- Keep it up! What's the next subject?
- N/A
- Build in more time for discussion
- More time (?) in some cases
- Discussions w/ legislatures
- Maybe less of the pw
- More time for DIALOGUE!
- Possible the number of people at tables was too many
- More time
- N/A
- Keep hosting events like this and call on our help
- I thought everything was great
- Dinner didn't need to be a whole hour
- Nothing was perfect
- Pushing to eliminate awkward silences
- ?
- Do more!

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