



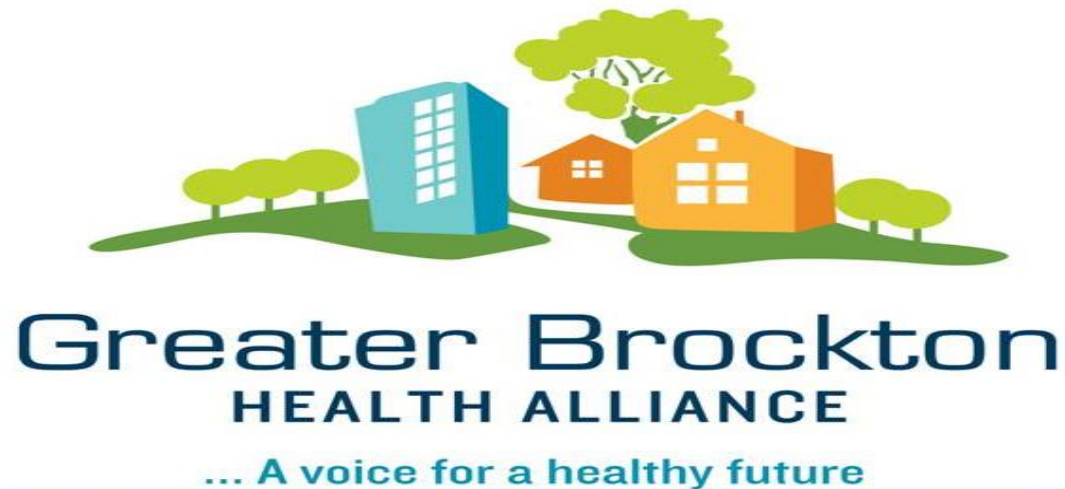
Healing Our Community

June 27, 2019

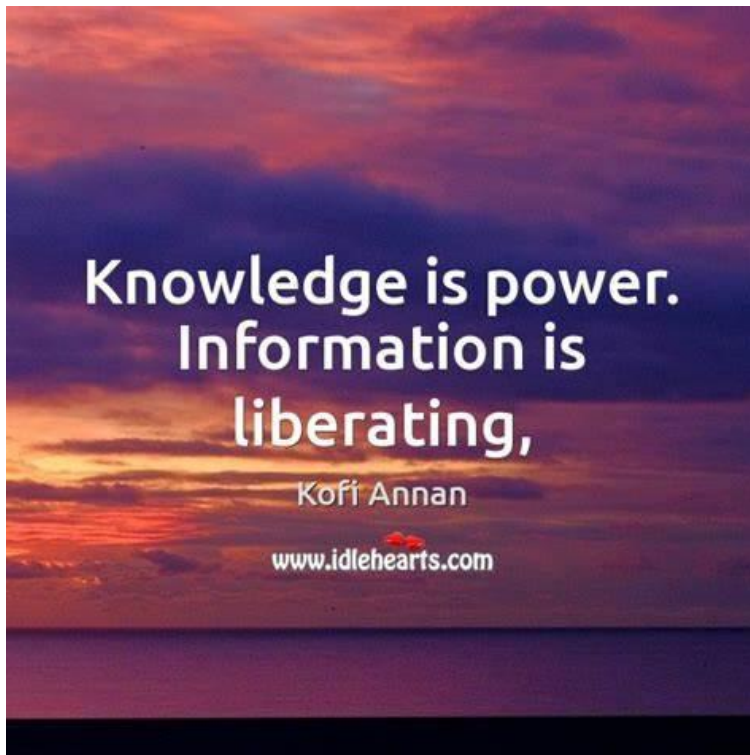
DRAIN
SUBSTANCE ABUSE

CENTER

Healing Our Community is made possible by
an Innovation Grant from:



Information ● Tools ● Resources



The power of community mobilization

Community Impact

Your role as volunteers

Power of language

Stigma

Disease of Addiction

Self-Care

Through the lenses of cultural humility

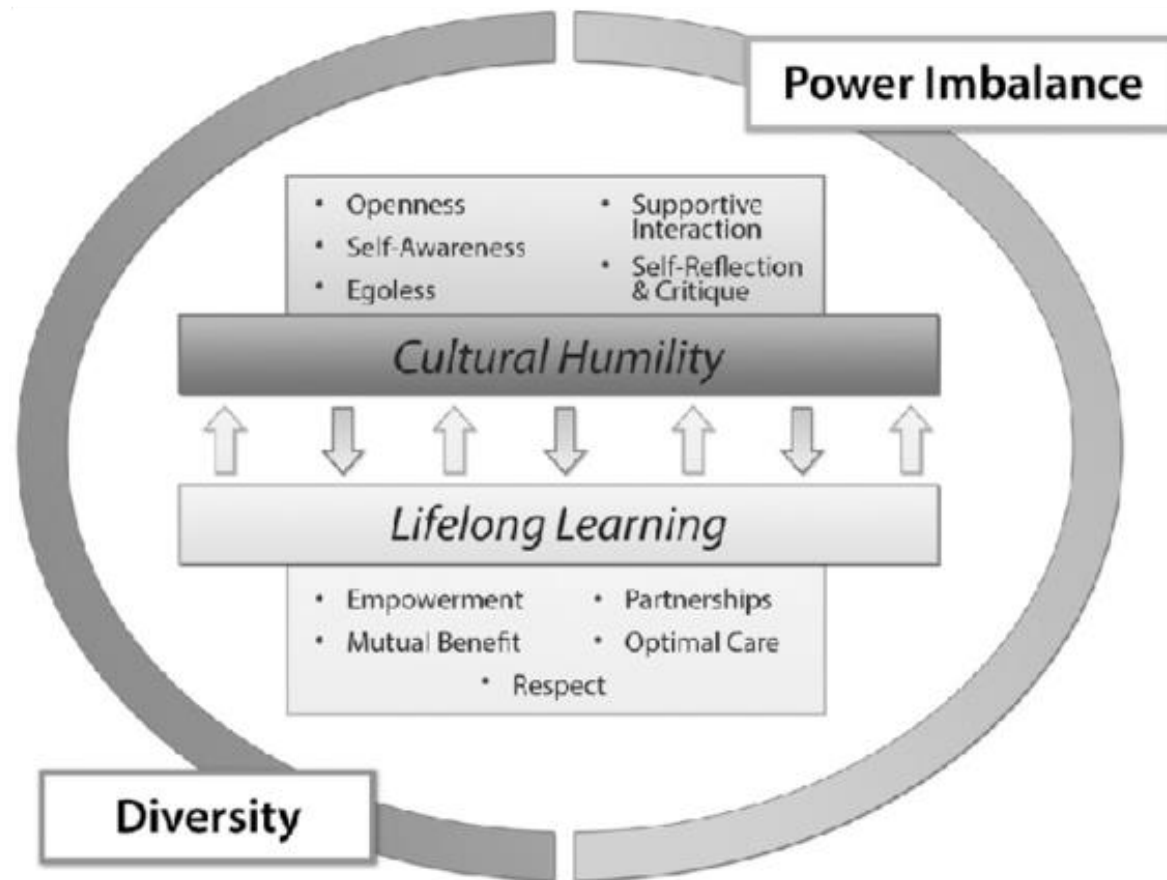


“I am...”

THE IRONY IS THAT WE
attempt to
DISOWN *our* DIFFICULT STORIES
to appear more whole or more
ACCEPTABLE,
BUT OUR WHOLENESS
— even our wholeheartedness —
ACTUALLY DEPENDS ON THE
INTEGRATION OF
ALL OF OUR EXPERIENCES,
including the falls.

- Brene Brown

Mutual Empowerment



Cultural Humility: A Concept Analysis, June 2015

Connecting



Pity:
I acknowledge
your suffering.

Sympathy:
I care about
your suffering.

Empathy:
I feel your
suffering.

Compassion:
I want to relieve
your suffering.

Engagement

A Mother's Heart: Susan Silva, Founder & President



ALONE WE CAN DO SO LITTLE;
TOGETHER WE CAN DO MUCH.
-HELEN KELLER

Role of Volunteer

“This fundamental truth — that everyone is a volunteer — will change your leadership forever. Every person on your team becomes a gift. Every action they take is a freely given gift. Every ounce of energy they expend on a project is a gift.

“Your work as a leader shifts from force to invitation, from control to influence, from fear to gratitude. You won’t lead to wring out the worst, but to bring out the best.”

I want to Celebrate all those who have given us the gift of their time and passion, lets put our heads together and come up with a plan to do so.

- *David Dye*

What is Stigma?

A STRONG LACK OF RESPECT FOR A PERSON OR A GROUP OF PEOPLE OR A BAD OPINION OF THEM BECAUSE THEY HAVE DONE SOMETHING SOCIETY DOES NOT APPROVE OF.





I AM
YOUR
FRIEND

I AM
YOUR
SON

I SIT
NEXT TO YOU
IN SHUL

I SMILED
AT YOU
TODAY

I AM
YOUR
CHAVRUSA

I AM
YOUR
DAUGHTER

IT HAPPENS IN THE BEST OF FAMILIES.

**REMOVING THE STIGMA
OF ADDICTION**

1 IN 4 AMERICAN ADULTS NEED HELP. RIGHT NOW.

BUT MANY WON'T ASK FOR IT.

FEAR OF JUDGMENT... ISOLATION... DISCRIMINATION...



Stigma of Addiction

When people are labeled primarily because of their addiction, they are being negatively stereotyped. Biased, hurtful words, attitudes and behavior represent prejudices against people with substance use disorder, and often lead to their discrimination and social exclusion.

Stigma can also create physical and mental barriers for people with addiction to seeking treatment.

Types of Stigma

Stigma aimed at people with substance use disorders come from many sources. In recent research, people in recovery from addiction have identified the following examples:

- ◉ **Personal:** Self-disgust, shame and self-hate at one's own appearance, behavior, lifestyle and/or physical condition, as well as feelings of being unworthy of help or recovery.
- ◉ **Social:** Negative perceptions, labels and actions from friends or family; feeling isolated or rejected.
- ◉ **Institutional:** Negative treatment and attitudes experienced from healthcare providers, the media, law enforcement, places of work or government agencies.

Perceptions of addiction as a:

- × personal choice
- × sign of human weakness or a lack of morals or willpower
- × result of poor parenting

Social impact includes:

- × People in recovery with children have experienced other parents unwilling to let their children play at their schoolmate's homes
- × Some communities view addiction as a crime, an act that must be penalized, versus a disease that needs treatment
- × People known to local law enforcement have reported being “profiled”

Stigma vs Discrimination

Stigma refers to unfavorable attitudes and beliefs directed toward someone or something.

Discrimination is the treatment of an individual or group with partiality or prejudice.



Language of Addiction. Why Words Matter.

Many people who are unfamiliar with Substance Use Disorder (SUD), may find themselves unintentionally using **words** that **perpetuate** negative **stigmas**. These words shape the opinions of others, **reinforce** longstanding **stereotypes**, and have been found to adversely **affect** quality of care and **treatment outcomes**. They may also deter help-seeking among those with substance use disorders **and** their **families**.



Remember, people are more than their health problems. Substance Use Disorder does not describe what a person is, but rather describes what a person has.

REPLACE

USE

Addict, Abuser, Junkie, User

Clean sample, Dirty drug test

Staying Clean

Habit or Drug Habit

Opioid Replacement or
Methadone Maintenance

Binge Drinking

Suffering from/a victim of a
mental illness



Person with a Substance Use
Disorder

Negative test, Positive test

Maintaining Recovery, Substance-
Free

Substance Use Disorder,
Substance Use

Treatment, Medication-
Assisted Treatment,
Medication

Heavy Alcohol Use

Experiencing/being treated
for/a diagnosis/history of
mental illness

We can all:

- ✓ be part of the solution
- ✓ take a stand against stigma
- ✓ support treatment opportunities
- ✓ encourage people in recovery
- ✓ Address misconceptions
- ✓ Commit to know using hurtful language

Myths of Addiction

1. “Overcoming Addiction is a Simple Matter of Willpower”

Prolonged exposure to drugs alters the brain in ways that result in powerful cravings and a compulsion to use. These brain changes make it extremely difficult to quit by sheer force of will.

2. “Addiction is a Disease; There’s Nothing You Can Do About It”

Most experts agree that addiction is a brain disease, but that doesn’t mean you’re helpless to it. The brain changes associated with addiction can be treated and reversed through therapy, medications, exercise and other treatments.

3. “Addicts Have to Hit Rock Bottom Before They Can Get Better”

Recovery can begin at any point in the addiction process and the earlier, the better. The longer drug use continues, the stronger the addiction becomes and the harder it is to treat. Don’t wait to intervene until the addicted person has lost it all.

4. “Treatment Didn’t Work Before, So There’s No Point Trying Again”

Recovery from addiction is a long process that often involved setbacks. Relapse doesn’t mean that treatment has failed or that you’re a lost cause. Rather, it’s a signal to get back on track, either by going back to treatment or adjusting the treatment approach.

Substance Use Dependence

- A desire or failure to cut down or eliminate use
- Great deal of time is spent on activities necessary to obtain substance or recover from the effects of it
- Social, occupational, and/or recreational activities are given up or reduced
- Use is continued **DESPITE** knowledge of the negative Consequences to physical, mental, and spiritual
- Tolerance:
 - Markedly diminished effect with continued use of the same amount of substance
 - Increased amount of the substance to achieve a desired effect
- Experience withdrawal symptoms

Addiction is....

- It is a progressive and chronic disease
- The illness is primary, not just a symptom of some other underlying problem
- It is treatable
- It is terminal if left untreated, it inevitably results in premature death

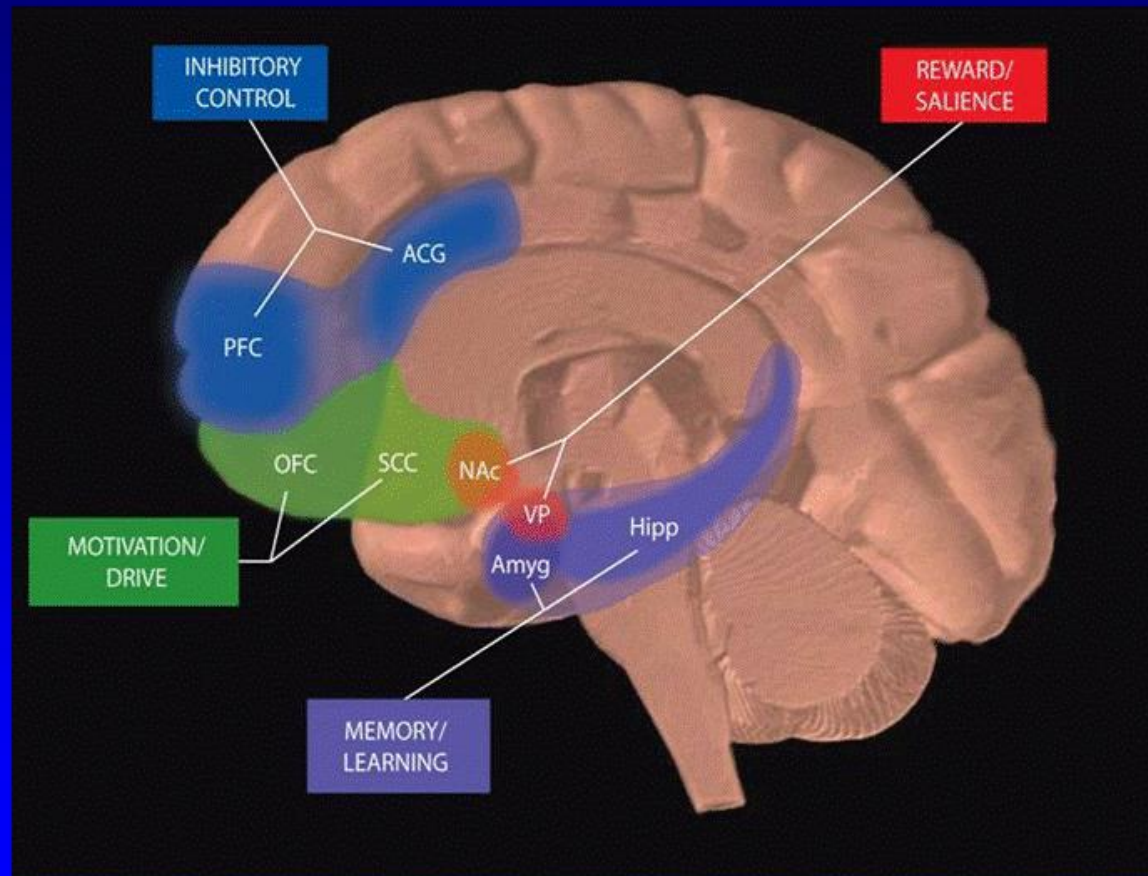
Withdrawal

- There are two stages of withdrawal. The first stage is the acute stage, which usually lasts at most a few weeks. During this stage, people may experience physical withdrawal symptoms. But every drug is different, and every person is different.
- The second stage of withdrawal is called the Post Acute Withdrawal Syndrome (PAWS). During this stage people will have fewer physical symptoms, but more emotional and psychological withdrawal symptoms.
- PAWS symptoms
 - Anhedonia/ Anxiety/Panic Attacks/ Cravings
 - Mood Swings/ Lack of Concentration
 - Sleep Disturbance/ Depression/ Memory Problems

Causes of Addiction

- Biological factors account for 50% of risk for addiction.
- Family history
- Co-morbid mood disorder
- The development of “salience” accounts for remaining 30%
- Reinforcement
- Reward
- Trauma especially in early childhood

Circuits Involved In Drug Abuse and Addiction



All of these brain regions must be considered in developing strategies to effectively treat addiction

NIDA

- ◉ Lizard brain (oldest part of the brain)/Reward Center
- ◉ Positive reinforcements(fun, fight, sex)
- ◉ Responsible for eat, drink, having sex, drug use
- ◉ Rewards you for making good decisions
- ◉ Need to continue the behavior

- Prefrontal cortex (CEO)
- Right/wrong
- Thinking brain
- Impulse control
- Social control
- Think about this being hijacked by alcohol
- Left side of the brain operating of fear and emotional

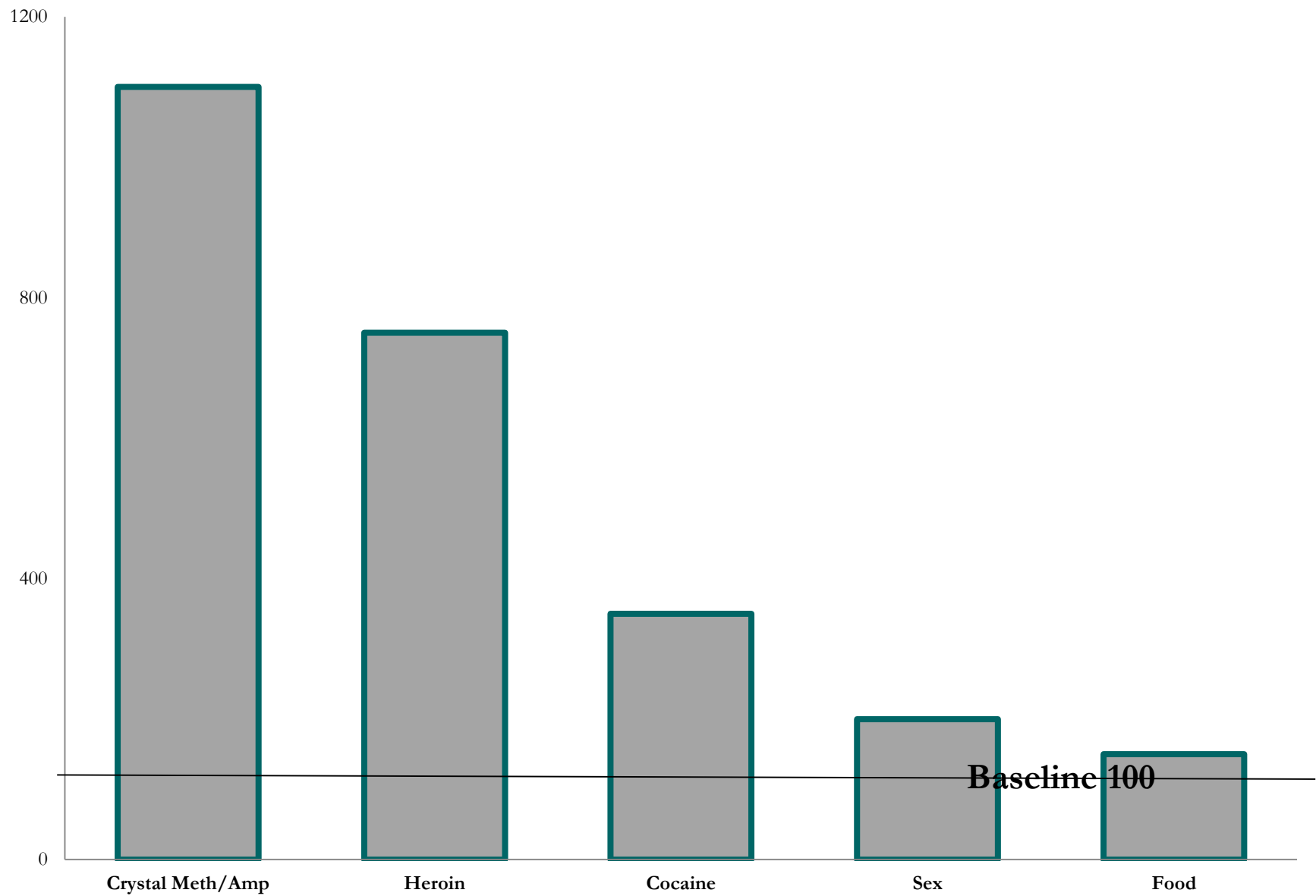
SERATONIN FUNCTIONS

- Mood
- Memory
- Sleep
- Cognition

DOPAMINE FUNCTIONS

- Sense of joy, pleasure, euphoria
- Reward (motivation)
- Compulsion
- Preservation

Dopamine



Why aren't we all doing that?

- ◉ Unable to sustain for long lengths of time
- ◉ Disruption in the transmission system
- ◉ Brain sees the volume of dopamine and it begins to down regulate, getting rid of receptors and stop producing dopamine
- ◉ No longer produces 100 or 85 – maybe 45

- Reoccurrence is a process, it's not an event. Progress not perfection!
- Identify TRIGGERS: People, places, and things
- Use Supports- call a friend, go to meetings, continue outpatient services
- Some common high-risk situations are described by the acronym, HALT:
 - Hungry-Angry-Lonely-Tired
- Honesty and Identifying Substitute Addictions
- Cravings are time limited, the unhealthy thinking/obsession can last longer if not addressed
- Healing the entire family

Willingness to accept there is a problem:

- A desire to change behavior
- Medical detox may be necessary
- Change in chemical use/behavior – ideally abstinence or MAT (Medicated Assisted Treatment)

Supported by:

- Family, treatment professionals and
- Community Recovery support – AA, NA, SMART, etc.

Develop Recovery Goals

We Need to Look at Holistic Approach-The Whole Person

- ◉ Physical Health
- ◉ Emotional Stability
- ◉ Intellectual Functioning
- ◉ Social and Family Relationships
- ◉ Financial Stability
- ◉ Spirituality
- ◉ Underlying Issues



<https://www.youtube.com/watch?v=JkyDgnB2low>

◉ **Seek Help (talk)**

- Professional
- Family/Friends
- Learn to Cope/Alnon

◉ **Set Small Boundaries**

- Avoid shaming, blaming, being accusatory or judgmental
- Emphasize love without judging for being wrong...offer something in return, own your own wrong part...
- “This helps avoid negatively or things that trigger anger”
- Learn to say no!

◉ **Create a connection with yourself**

Healing Our Community

September 26, 2019 6pm-8pm

Beth Israel Deaconess Hospital- Plymouth

Funk A Conference Room

- ◉ Pathways to Recovery
- ◉ Ethics and Boundaries
- ◉ Narcan
- ◉ Self-care

Online Resources

- <http://www.samhsa.gov/>
- <http://www.helpline-online.com/>
- <http://www.aaboston.org/meetings.asp>
- <http://www.al-anon.alateen.org/>
- <https://www.na.org/>
- <http://learn2cope.org/>
- <http://moar-recovery.org/>
- <http://www.healthrecovery.org/>
- <http://hazeldenbettyford.org>

Reading Material

- ◉ DOPESICK
- ◉ DREAMLAND
- ◉ IN THE REALM OF HUNGRY GHOSTS
- ◉ CHASING THE SCREAM
- ◉ THE BODY KEEPS THE SCORE
- ◉ LOVING LIONS
- ◉ IF YOU LOVE ME

Contact Information



Sarah A. Cloud, MBA, MSW LICSW
Director of Social Work
Beth Israel Deaconess-Plymouth
(774)454-1201
scloud@bidplymouth.org

Karen MacDonald, LADC II
Consultant
(781)706-9699
krimacdonald@comcast.net



www.facebook.com/projectoutreachplymouth/
www.facebook.com/EbsHope/