Theory and Practice of Recovery

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Training Outline

- Introduction
- Defining Addiction and Recovery
- Assessing the Data
- Identifying Solutions
Addiction shouldn’t be called addiction, we should call it ritualized comfort seeking.

- Dr. Daniel Sumroik
First Thing’s First: What is Addiction?

Addiction is often a **maladaptive coping mechanism**—a way to let the pressure off.

But letting the pressure off doesn’t address what’s causing the **pressure** in the first place.
Instead of Getting Lost . . .

If we can identify what addiction is NOT, then perhaps what recovery is may appear with greater clarity.

 Totally. Different. Concept.
Addiction is NOT:

- Freedom
- Personal Growth
- Goodwill
- Happiness

But **recovery** is these things!
You have to know the past to understand the present.

- Carl Sagan
What is the largest barrier to recovery?
What is the Largest Barrier to Recovery?

SHAME.
Assessing the Data

- **46%** of all high school students currently use addictive substances
- **1 in 3** of them meets medical criteria for addiction
- **1 in 70** will receive treatment
- **9 out of 10** adults who meet the medical criteria for addiction started using before the age of 18
Neuroplasticity
What role does trauma play?

76% of men and 80% of women in active addiction have a history of abuse.
What is an **Adverse Childhood Experience (ACE)**?

Experiencing any of the following conditions in the household prior to age 18:

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcohol and/or drug user in the household
5. An incarcerated household member
6. Family member who is chronically depressed, mentally ill, institutionalized, or suicidal
7. Mother is treated violently
8. One or no parents
9. Physical neglect
10. Emotional neglect
Indicate the number of adverse childhood experiences you had before age 18. Responses are completely anonymous.
The Revised List

- Property victimization (non sibling)
- Peer victimization (non sibling)
- Exposure to community violence
- Socioeconomic status
- Someone close had bad accident or illness
- Below average grades
- Parents always arguing
- No close friends
How Common are ACEs?

- **Zero**: 26%
- **One**: 9%
- **Two**: [percentage]
- **Three**: [percentage]
- **Four or more**: [percentage]
How Does This Translate?

A person with an ACE score of 4:

- 250% Hepatitis
- 330% Victim of Sexual Assault
- 390% COPD
- 580% Depression
- 1220% Suicide
- 1300% Smoking
Relationship to the Opioid Crisis

- Men with an ACE score of 4 have a $1350\%$ increased likelihood of becoming an IV drug user.

- When that ACE score increases just 2 more points, a man’s likelihood of becoming an IV drug user surges to 4600%.
## Probability of Outcomes

<table>
<thead>
<tr>
<th></th>
<th>33: No ACEs</th>
<th>51: 1-3 ACEs</th>
<th>16: 4-8 ACEs</th>
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<tr>
<td><strong>WITH 0 ACEs</strong></td>
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<td>1 in 16 smokes</td>
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<td>1 in 69 alcoholic</td>
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<td>1 in 480 uses IV drugs</td>
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<td>1 in 14 has heart disease</td>
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<td>1 in 96 attempts suicide</td>
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<td><strong>WITH 3 ACEs</strong></td>
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<td>1 in 9 smokes</td>
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<td>1 in 9 alcoholic</td>
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<td>1 in 43 uses IV drugs</td>
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<td>1 in 7 has heart disease</td>
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<td>1 in 10 attempts suicide</td>
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<td><strong>WITH 7+ ACEs</strong></td>
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<td>1 in 6 smokes</td>
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<td>1 in 6 alcoholic</td>
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<td>1 in 30 uses IV drugs</td>
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<td>1 in 6 has heart disease</td>
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<td>1 in 5 attempts suicide</td>
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Exactly how are adverse childhood experiences linked to health risk behaviors and adult diseases?
Child Abuse and Neglect are Preventable ACEs

Adverse Childhood Experiences Impact Adulthood

If ACEs could be eliminated...

- **61**↑ Work productivity could increase by 61%.
- **67**↓ Suicide & life dissatisfaction could decrease by 67%.
- **56**↓ Anxiety could be reduced by 56%.

Source: http://www.acesinterface.com

Child Abuse & Neglect Are Preventable ACEs.
But What About Genetics?

50/50

Passed down up to 3 generations
What is Epigenetics?

Every Thought → Every Action → Every Movement → Changes the gene expression → Which alters your destiny by transforming your mind and body
Genetics load the gun, but epigenetics pulls the trigger.

- Pamela Peeke
Moral Failing?

To say that addiction is a moral failing is to say that a 13-year-old with a genetic predisposition, adverse childhood experiences, and an environment in which substance use was not only condoned but endorsed, made a clear, rational decision to start using drugs and alcohol.
Speaking of Moral Failing . . .
Speaking of Moral Failing . . .

This is drugs.

This is your brain on drugs.

Any questions?
Speaking of Moral Failing . . .
What Feeds Shame???

STIGMA.
Public attitudes about persons with drug addiction (N=347) and mental illness (N=362), 2013

- Unwilling to marry into family: Drug addiction 90%, Mental illness 59%
- Unwilling to work closely on job: Drug addiction 78%, Mental illness 38%
- Discrimination not a serious problem: Drug addiction 63%, Mental illness 38%
- Employers should be allowed to deny employment: Drug addiction 64%, Mental illness 25%
- Landlords should be allowed to deny housing: Drug addiction 54%, Mental illness 15%
- Treatment options not effective: Drug addiction 59%, Mental illness 41%
- Recovery not possible: Drug addiction 31%, Mental illness 28%
- Opposed to equivalent insurance benefits: Drug addiction 43%, Mental illness 21%
- Opposed to increased government spending on treatment: Drug addiction 49%, Mental illness 33%
- Opposed to increased government spending on housing: Drug addiction 76%, Mental illness 45%
- Opposed to increased government spending on job support: Drug addiction 46%, Mental illness 32%

* Responses on 7-point Likert scales were collapsed to dichotomous measures. Pearson chi square tests assessed whether attitudes differed by the drug addiction or mental illness version of each survey item.
Research Findings: Ingrained . . .

- 90% of respondents were **unwilling** to have a person with drug addiction **marry into their family**

- 78% of respondents were **unwilling to work closely** with them on a job

- 54% felt landlords should be able to **deny housing** to persons with drug addiction
Persistent . . .

- 43% of respondents said people with a drug addiction should be denied health insurance benefits
- 49% opposed increased government spending on treatment initiatives
- 76% opposed increased government spending on housing
- 46% opposed increased government spending on job support for persons with drug addiction
Negative Attitudes

- **63%** of respondents believed *discrimination* against persons with drug addiction was *not a serious problem*

- **59%** of respondents believed *treatment options* to be ineffective

- And **28%** felt *recovery was not possible*
What are your thoughts? How does this data strike you?
The Implications of Stigma

23.5 MILLION people in the United States are in recovery but less than 5% of them are open about it. Why?
Words have immense power to wound or heal . . . The right words catalyze personal transformation and offer invitations to citizenship and community service. The wrong words stigmatize and dis-empower.

- William White
How Do I Impact Perception?

**Ask yourself:** Do I use language that *empowers*?

Public knowledge and attitudes about addiction are largely inconsistent with scientific evidence. The gap between the facts and public and professional perceptions is due, in part, to the language used to describe the disease and those who have it.
In one study of clinicians, those exposed to the term ‘substance abuser’ were more likely to judge the person as deserving of blame and punishment than when the phrase ‘having a substance use disorder’ was used.

Stop Talking ‘Dirty’: Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States

A patient with diabetes has “an elevated glucose” level. A patient with cardiovascular disease has “a positive exercise tolerance test” result. A clinician within the health care setting addresses the results. An “addict” is not “clean”—he has been “abusing” drugs and has a “dirty” urine sample. Despite harmful consequences. Yet, despite evidence of a strong causal role for genetics and impairment in inhibitory control, stigma is alive and well. Research is now revealing that one contributory factor to the perpetuation of stigma may be the type of language we use.
How Do I Impact Perception?

Ask yourself: How do I influence society?

Language frames what the public thinks about substance use and recovery, it can also affect how individuals think about themselves and their ability to change.

Inappropriate use of language can negatively impact the way society perceives substance use and the people effected by it.
No regulations to keep Oxford House from Jackson neighborhood

Jimmie E. Gates, The Clarion-Ledger 8:09 p.m. CDT April 14, 2015

Some northeast Jackson residents say they worry about the safety of their families with recovering alcoholics and drug addicts living in a home in their neighborhood.

Some northeast Jackson residents say they worry about the safety of their families with recovering alcoholics and drug addicts living in a home in their neighborhood. The Oxford House opened April 1, leaving residents complaining about the safety of their children and concern about the upkeep of their neighborhood.

Residents of the Sherwood and Audubon neighborhoods have been collecting signatures on petitions in opposition to the Oxford House.
How Do I Impact Perception?

**Ask yourself:** Am I putting the *person* first?

Language intentionally and unintentionally propagates stigma: the mark of dishonor, disgrace, and the difference that **depersonalizes people**, depriving them of individual or personal qualities and personal identity.

**Example:** Say, “*She (is a person who) is living with a substance use disorder,*” rather than, “*She’s a drug abuser.*”
Changing the Conversation

Language is a powerful force in modifying attitudes and behaviors. Removing imprecise and pejorative terms from our clinical and popular lexicons and adopting language consistent with other health conditions is a necessary prologue to effectively preventing risky substance use and treating and managing the disease of addiction.

Healthcare practitioners can counter stigma by adopting accurate, non judgmental language to describe SUDs, those with SUDs and SUD treatment and recovery.
What Does Addiction Do?

- Addiction is a disease of **disconnection**.
- It distracts us from having to deal with life on Life’s terms (coping skills).
- Therefore, life tends to slip out of control (lack of coping skills).
And Where Does That Leave Me?

• Alienated
• Lonely
• Depressed
• Self-Medicating

I’m starting to see a cycle here . . .
So, How Does This Get Better?

- Acknowledgement
- Education
- Implementation
ACKNOWLEDGEMENT

- SELF AWARENESS
- HONESTY
- PERSONAL RESPONSIBILITY
- HOPE
- BEING IN THE PRESENT
- REACHING OUT
IMPLEMENTATION

- STRUCTURE
- CONSISTENCY
- RESPONSIBILITY
- NUTRITION
- SERVICE
- GRATITUDE
We have to find people’s carrots.

What are their:
- Motivations
- Dreams
- Desires
- Needs

How do you get a donkey unstuck out of the mud?
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*
Say This

- In long term recovery
- Person with a substance use disorder
- Substance use
- Rx Misuse
- Return to use
- Person with an addiction to alcohol
- Pain Medication
- Lives with
- What happened to you?
- Medication Assisted Treatment
- Person who misuses drugs and alcohol
- Person in active addiction

Not That

- Clean & sober
- Addict
- Substance abuse
- Rx abuse
- Relapse
- Alcoholic
- The good stuff
- Suffers from
- What is wrong with you?
- Opioid replacement therapy
- User
- Drug seeking behavior
Is There a Difference?

“What’s wrong with you?”

“What happened to you?”
Recovery Language is Important

- Person first
- Create a positive environment
- Manage negative bias
- Avoid speaking in absolutes
- Give it, Get it
- Recovery story (asset-based perspective)
What I Feed is What Grows

Words and concepts that **elevate** and **celebrate**:

- Recovery, Recovery Community
- Advocacy, Sustainability
- Recovery Support Services/Recovery Coach
- Recovery-Oriented Systems of Care
- Living Proof
- Story
- Responsibility, Gratitude, Service
What I Feed is What Grows

Words and concepts to abandon:

- Abuse
- Self-Help
- Alcoholics/Addicts
- The Language of Self-Pity
CHANGE is what happens after growth

GROWTH is what happens as a result of implementation
As a byproduct of being emotionally well, I am better able to manage my desire to engage in self-destructive behavior.

Sustainability is the Key!

- Feeling connected to my community
- Mutual aid fellowships
- Service work
- Working towards being as emotionally well as I can be
All the Small Things!

We all get a flat tire . . .

The only thing I can do about what happens is how I choose to respond to it.
Want to Learn More?

https://acestoohigh.com/
https://www.centeronaddiction.org/
https://www.samhsa.gov/
http://facesandvoicesofrecovery.org/
http://rcnc.org/
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