

Shannon Hicks

Harm Reduction

Recovery

AND STIGMA

“

"In order to empathize with someone's experience, you must be willing to believe them as they see it, and not how you imagine their experience to be."

— Brené Brown

”

OVERVIEW

- **ADVERSE CHILDHOOD EXPERIENCES**
- **SUBSTANCE USE PROGRESSION**
- **RECOVERY EFFORTS**
- **ENDOCARDITIS x 2**
- **RECOVERY AND MOUDs**
- **HARM REDUCTION**
- **THE PART STIGMA PLAYED**



GROWING UP

- **IN MY CHILDHOOD, THERE WAS:**
 - **MENTAL ILLNESS**
 - **PARENTS DIVORCED**
 - **PARENTS REMARRIED**
 - **SEXUAL ABUSE**
- **CHILDHOOD SPENT IN STATE OF HYPERVIGILANCE**
- **FIRST EXPERIMENTED WITH DRUGS & ALCOHOL AT AGE 12**
- **25 YEARS STRUGGLING TO FIND RECOVERY**

Your Life is Always Possible

SUBSTANCE USE LED TO SUBSTANCE USE DISORDER

I NEVER THOUGHT IT COULD HAPPEN TO ME

TEEN YEARS

- **ALCOHOL, PCP, MARIJUANA, LSD**
- **1st REHAB AT 13**
- **PREGNANT AT 16**

EARLY 20'S

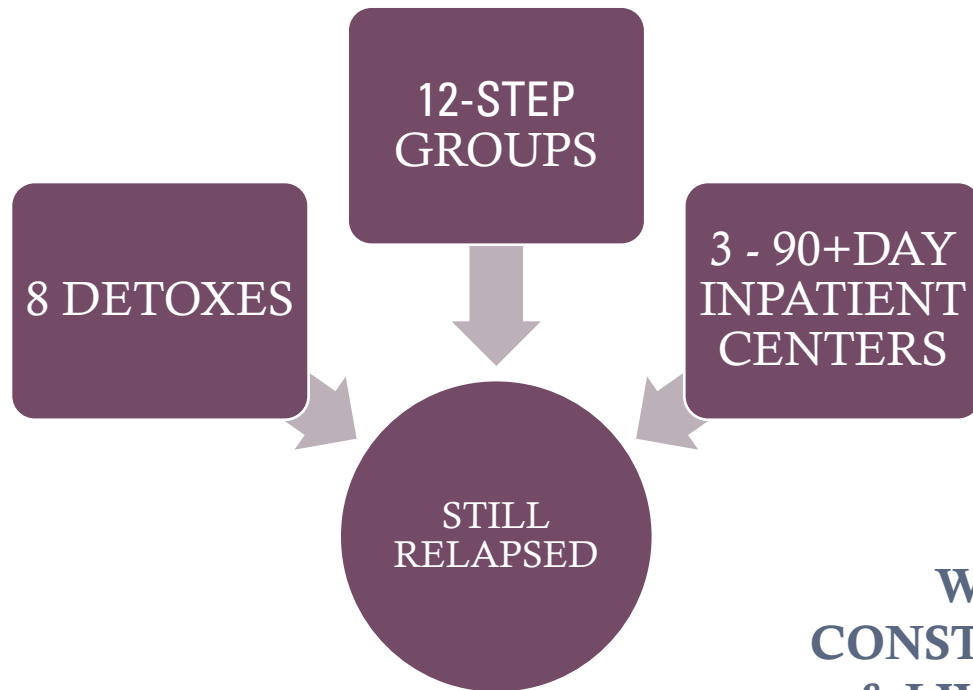
- **2 KIDS, A HUSBAND, & FIRST HOUSE BY 19**
- **CAR ACCIDENT=OPIATES**
 - **PRESCRIPTION ENDED**
 - **ILLICIT USE**
- **SUBSTANCE USE TURNED TO MISUSE QUICKLY**

LATE 20'S

- **MANY DETOXES AND REHABS**
- **GAVE BIRTH TO 3RD CHILD SOBER, RELAPSED 1 MO. LATER**
- **MORE FAILED ATTEMPTS AT RECOVERY**
 - **BELIEVED THE STIGMA - HOPELESS JUNKIE, FAMILY WAS BETTER OFF WITHOUT ME**

MY ATTEMPTS AT RECOVERY

WHAT I TRIED



WHY I DIDN'T UTILIZE MOUDs

I believed the principles of my recovery groups

- *Not sober if on medication*
- *Medication is only for severe detox*
- *Sobriety means NO:*
 - *Antidepressants*
 - *ADHD medication*
 - *Anti-anxiety medications*

"Working the program should relieve the need for medications."

WHEN I WOULD RELAPSE, I WAS TOLD I WAS CONSTITUTIONALLY INCAPABLE OF GETTING SOBER & I WAS GOING TO DIE A WORTHLESS JUNKIE. WAS TOLD "THE PROGRAM DOESN'T FAIL, PEOPLE DO!"

STIGMA AND LACK OF HARM REDUCTION

STIGMA FUELS THE CYCLE



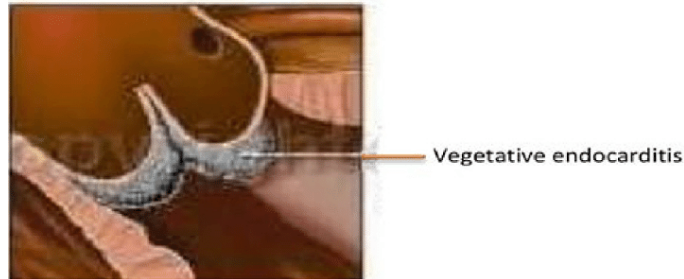
LACK OF HARM REDUCTION

- Harm reduction programs could have prevented both of my endocarditis infections
- I never shared syringes, no HCV or HIV
- No education on best injection practices- I never knew reusing the same syringe could be lethal
- I was terrified to be honest with doctors
- Shame, stigma, and having no one to confide in could have killed me

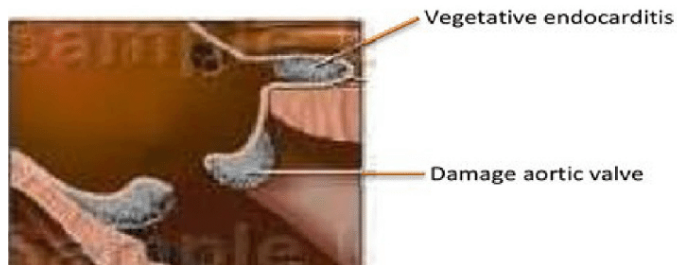
STIGMA AND ENDOCARDITIS ROUND 1



(a)



(b)



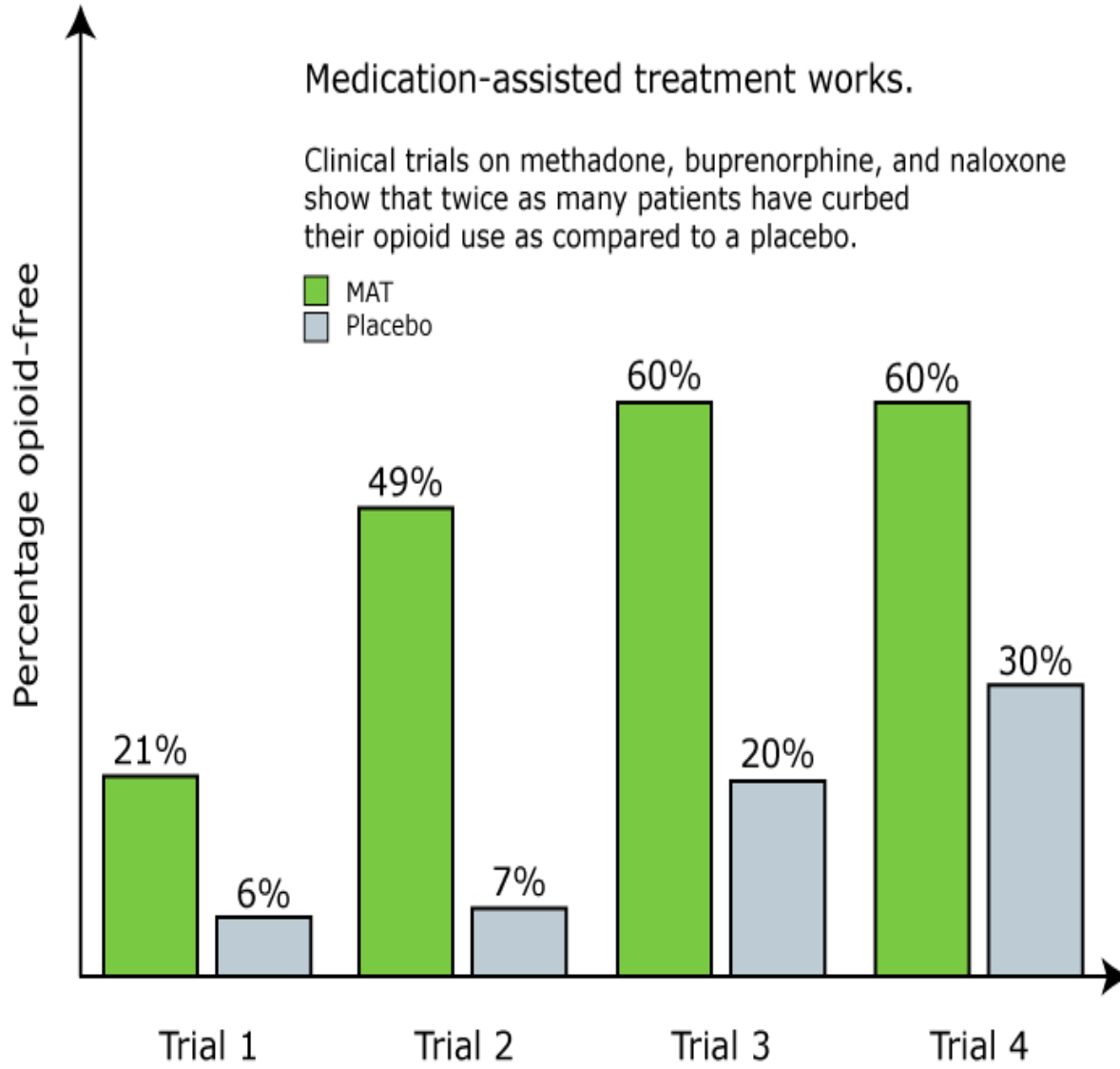
- **I had no idea it was from my drug use**
- I lied to my medical team
- Fear of being treated differently after disclosing SUD
- Fear of Child Protective Services involvement
- Dishonesty with doctors increased risk of future endocarditis infection
- The stigma and stereotypes associated with SUD generally include:
 - They did this to themselves
 - People who use drugs are bad people
 - People who use drugs are criminals
 - People who use drugs are unfit parents

ENDOCARDITIS ROUND 2

- MRSA DIGESTED PORTIONS OF MY HEART.
- DOCTORS WARNED HUSBAND TO PREPARE, I PROBABLY WOULDN'T SURVIVE SURGERY.
- I SURVIVED, WOKE UP, CRASHED.
- I DIDN'T BELIEVE I WAS WORTH SAVING, ANGRY I SURVIVED.
- MY SURGEON SHOWED COMPASSION, TREATED ME WITH DIGNITY AND RESPECT.
- THE KINDNESS SHOWN STARTED MY LONG ROAD TO RECOVERY.



MEDICATION ASSISTED MY RECOVERY



I FOUGHT THE IDEA OF BUPRENORPHINE

- Convinced it was substituting one drug for another.
- Reluctantly agreed, soon realized, not substituting!

I BEGAN TO LIVE, NOT JUST SURVIVE

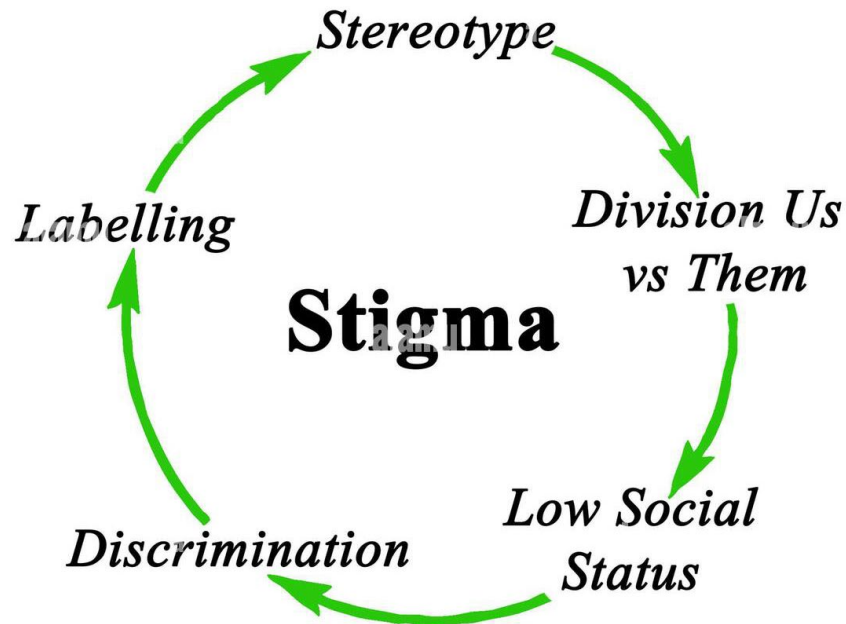
- Intensive therapy
- Returned to college
- Able to become the mom I wanted to be

ADHD ADDRESSED

- Previously ADHD was ignored
- Doctor realized recovery didn't mean I had to suffer
- Stable on Ritalin for 5 years
- My life is amazing.

CONSEQUENCES OF STIGMA

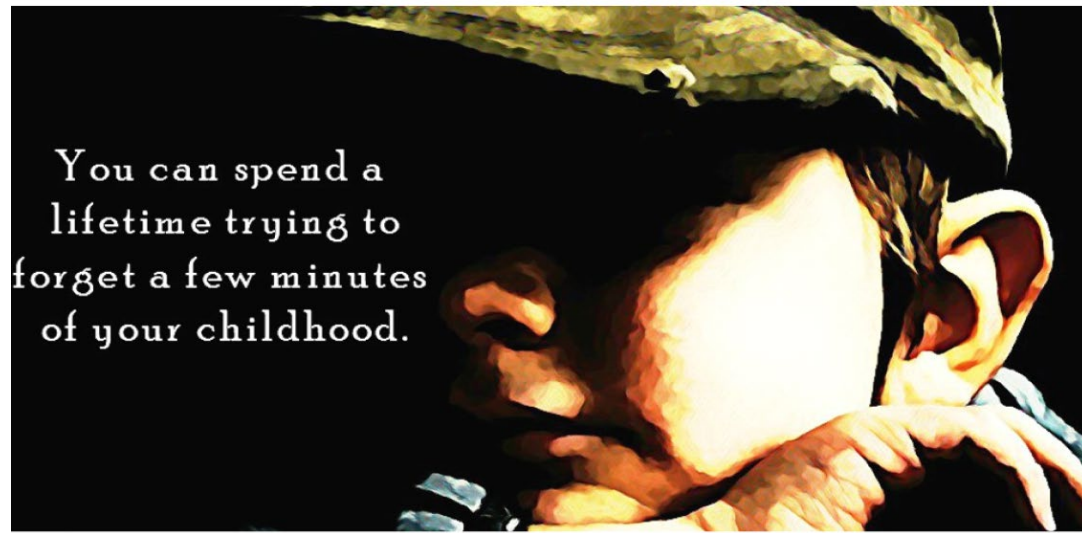
- **PATIENTS WHO HAVE A “SUBSTANCE USE DISORDERS” RECEIVE BETTER MEDICAL CARE THAN PATIENTS WITH “ADDICTIONS” OR WHO ARE “ADDICTS”**



- **STIGMA BLAMES FAILURE ON THE PERSON;**
- **STIGMA INCREASES NEGATIVE SOCIETAL AND PERSONAL STEREOTYPES,**
- **WHEN SOMEONE RELAPSES, STIGMA SAYS, “YOU MUST NOT WANT TO GET SOBER”**
- **“DOOMED TO END UP IN JAILS, INSTITUTIONS, OR DEAD”.**
- **GOING AGAINST EVIDENCE-BASED TREATMENT IN EFFORT TO “HELP” OFTEN CAUSES MORE HARM**
-

WHY PEOPLE WANT TO CHANGE THEIR CONSCIOUSNESS?

WHEN YOU SEE SOMEONE STRUGGLING WITH A SUBSTANCE USE DISORDER, TRY TO REMEMBER, MOST PEOPLE WITH SUD, SURVIVED SOMETHING THEY SHOULD NEVER HAVE HAD TO ENDURE IN THE FIRST PLACE.



Victims of sexual assault are:

- **3** times more likely to suffer from depression
- **6** times more likely to suffer from Post-Traumatic Stress Disorder
- **13** times more likely to abuse alcohol
- **26** times more likely to abuse drugs
- **4** times more likely to contemplate suicide ⁵

HOW CAN HARM REDUCTION HELP?

WHAT IS HARM REDUCTION

- **REALIZES DRUG USE IS PART OF OUR WORLD**
- **TRIES TO MINIMIZE HARMFUL EFFECTS**
- **UNDERSTANDS DRUG USE IS COMPLEX,**
- **DOES NOT MINIMIZE OR IGNORE THE REAL DANGERS OF DRUG USE**
- **SYRINGE SERVICE PROGRAMS, SAFE CONSUMPTION SITES, NALOXONE DISTRIBUTION, AND OVERDOSE PREVENTION CENTERS ARE FORMS OF HARM REDUCTION**

HARM REDUCTION & HIV

- **IT ESTIMATED THAT SSPs REDUCE HIV & HVC BY UP TO 50%**
- **COST PER HIV INFECTION AVERTED RANGES FROM \$100 TO \$1000!**

HARM REDUCTION COSTS

- **SYRINGE SERVICE HARM REDUCTION PROGRAM'S COST APPROX \$47 PER PERSON PER YEAR!**
- **RETURN ON INVESTMENT BETWEEN \$1.3 AND \$5.5 FOR EVERY \$1 INVESTED.**

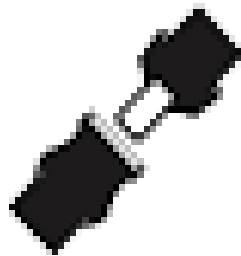
HARM REDUCTION & CRIME

THERE IS EVIDENCE THAT HARM REDUCTION INTERVENTIONS REDUCE CRIME & PROVIDE A BRIDGE TO TREATMENT

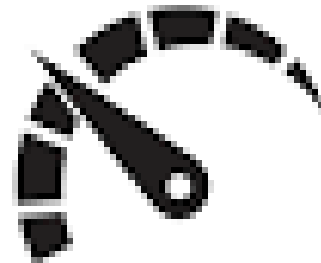
EXAMPLES OF HARM REDUCTION IN OTHER AREAS



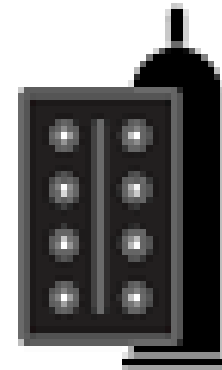
SUN
SCREEN



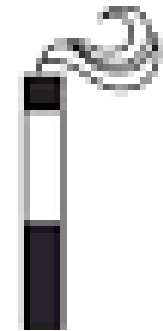
SEAT
BELTS



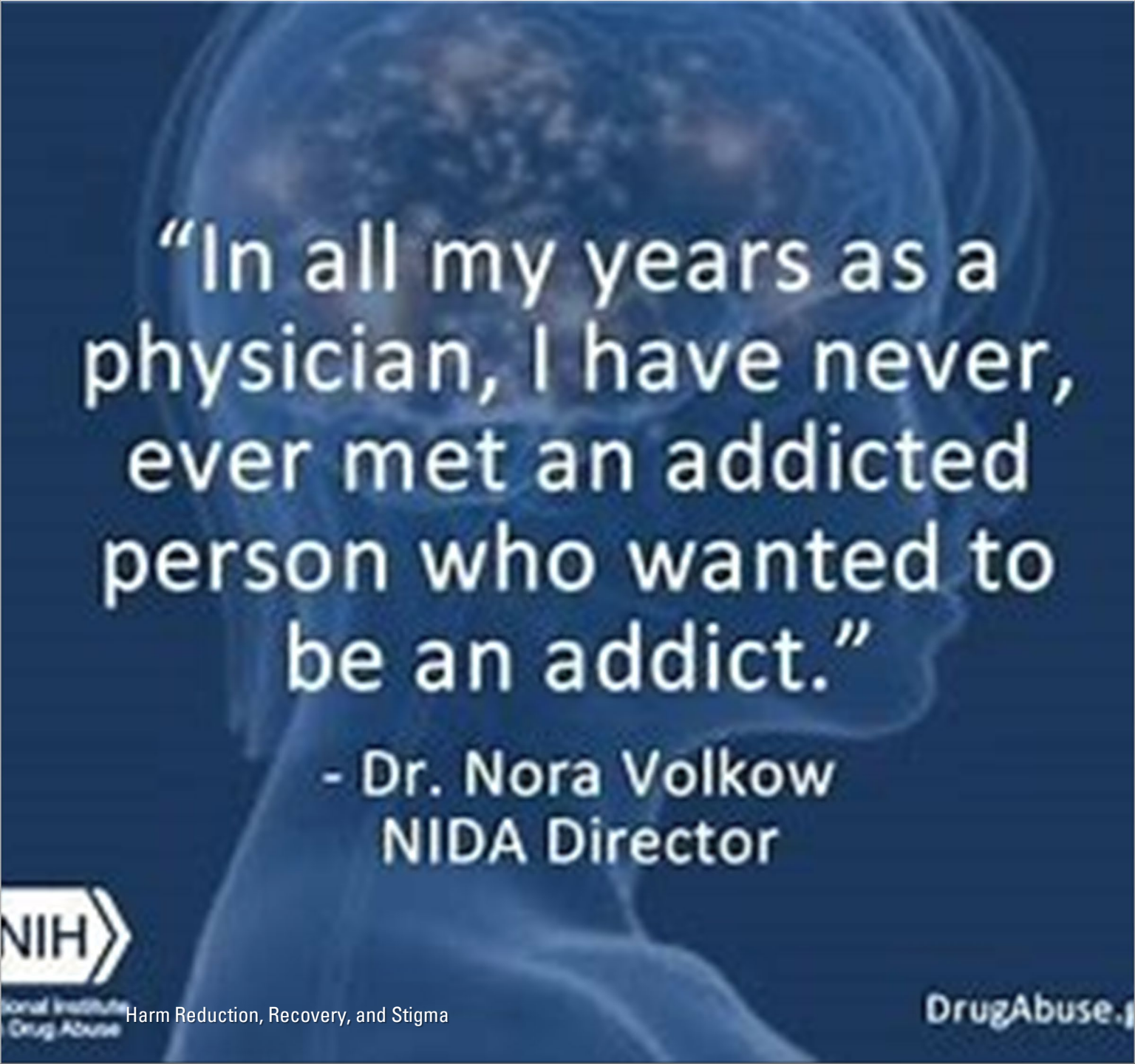
SPEED
LIMITS



BIRTH
CONTROL



CIGARETTE
FILTERS



“In all my years as a physician, I have never, ever met an addicted person who wanted to be an addict.”

- Dr. Nora Volkow
NIDA Director



Stigma directly contributes to deaths by HIV, hepatitis, infections, and overdoses

Harm Reduction participants are sons, daughters, mothers, fathers, sisters, brothers

Good people struggling with a medical condition

SUD is treated differently than other medical conditions

Every death from SUD is preventable

STIGMA INCREASES FATALITIES

**No one
deserves to
die because
they use
drugs**

WHAT CAN BE DONE?

- LIFT RED TAPE SURROUNDING HARM REDUCTION PROGRAMS
- EDUCATE YOURSELF ON VARIOUS PATHWAYS OF RECOVERY
- JUDGE AND TREAT PEOPLE BY THEIR CHARACTER, NOT THE SUBSTANCES IN THEIR BODIES.

WORKS CITED

- Beg, Monica, et al. “State of the Art Science Addressing Injecting Drug Use, HIV and Harm Reduction.” *International Journal of Drug Policy*, vol. 26, Feb. 2015, pp. S1–S4, <https://doi.org/10.1016/j.drugpo.2014.11.008>.
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- Wilson, David P., et al. “The Cost-Effectiveness of Harm Reduction.” *International Journal of Drug Policy*, vol. 26, Nov. 2015, pp. S5–S11, <https://doi.org/10.1016/j.drugpo.2014.11.007>.