Promoting Substance Use Recovery by Reducing Stigma

Nydia Ntouda: On today's webinar, we have Rachael Cooper and Kelli McDermott. They will take it away from here, where they will introduce themselves. Rachael.

Rachael Cooper: Thank you so much for all of the information that you just shared. Again, everyone please feel free to ask questions, as necessary. Just a reminder that the presentation and handouts will be available after. Thanks again for having us. I'm going to introduce myself quickly before turning it over to Kelli.

My name is Rachael Cooper. I am the senior director of the National Stigma Initiative at Shatterproof, an organization that works to end and address addiction stigma. I'm very excited to be here with you guys, have worked with Head Start in the past and am always in awe and very impressed by the work that everybody does here to support children and their families. Kelli, over to you.

Kelli McDermott: Thanks, Rachael. Hi, everybody. My name is Kelli McDermott, and I am on the behavioral health team at HBHS. I am thrilled to be here with Rachael and all of you.

Rachael: All right. Well, let's get started then. We're here today to talk about substance use disorders, also known as addiction and stigma. I'd like to really start here talking about what is a substance use disorder? This is a topic that we've certainly heard a lot about over the past 10, 15 years, in particular.

What a substance use disorder is, as defined by the National Institute on Drug Abuse, is a chronic relapsing brain disease, which means that it is treatable, that relapses are common, but, again, to that point, that it is a treatable condition. This affects over 40 million people a year and is the third leading cause of death.

One of the things that I wanted to call out here immediately is we're looking at 40 million people who have a diagnosable substance use disorder. There's a diagnostic set of criteria that is used to make said diagnosis. There are many, many, many millions of people who, A, both use drugs or other substances who don't have an addiction.

When I think about people, this number of 40 million, what's not included here is their families and their loved ones and the people in their community. This truly is something that impacts people well beyond the immediate person and is part of why we're here today. Again, addiction is treatable, and the vast majority of people do find recovery. With proper treatment and support, not only is recovery possible, but probable. I encourage us all to take that frame into our conversation today.

At Shatterproof, I just wanted to talk a little bit about what we do quickly, is we work on three major pillars of work. We work on revolutionizing the treatment system, which I just mentioned. Part of the work there is making sure that people have access to evidence-based treatment, treatment that works, to make sure that the treatment that's provided to people actually does what it needs to do.

There's a lot of very awful stories out there about people who, quote unquote, “go to treatment” only to find that it's not evidence-based or that it's not actually helping them. Or that people try five, six, seven, or eight different places before they find one that works. What does it look like to revolutionize, to increase quality of access to addiction treatment?

The third pillar on this slide, supporting and empowering communities, is partially what we're, of course, doing here today. That also includes our policy work and sharing the stories of people who have lived experience and engaging our communities to build from the ground up to really address this crisis. In the middle, though, is where most of my work sits personally and why we're here today, which is looking again at breaking down addiction stigma.

What is stigma? Stigma is a mark of disgrace associated with a particular circumstance, quality, or person. It's certainly something that we've all seen before that we've talked about, that we've really witnessed in different ways in different circles in our lives. As particularly pertains to substance use, it is a barrier to receiving health care and engaging in help-seeking behaviors. It does result in discrimination and exclusion.

This discrimination and exclusion is going to be a theme that we talk about throughout the day. It really erodes self-worth. It creates social isolation. It reduces access to care. This really perpetuates not only the disease but also the barriers to treatment, to recovery, to other supports and services.

What we know is that people with addiction face similar levels of judgment and discrimination, regardless if they're actively using or if they're recovering, which really talks about how this isolation and this discrimination can really go beyond the actual problematic drug use. This is certainly something that we're thinking about in the long term as well.

There are a few different types of stigmas to talk about here. One is this public stigma. This is the one that most of us think about when we think about stigma. These negative attitudes towards a group of people, in this case, people with a substance use disorder or people who use drugs, create environments where people feel unwelcome, or they feel judged or shamed or blamed for their condition.

This type of public stigma also impacts the broader family as well. I can speak from personal experience and say that I had a family member who really struggled with substance use during his late high school and early college days. My family didn't tell anybody. We didn't reach out for support because we were dealing with our own view of public stigma and how people would judge us, feeling very isolated.

The second part here is looking really at structural stigma. Structural stigma is that systems-level discrimination that's caused and codified by all of us who make policies, our internal biases, and really impacting those dominant social norms about what this looks like.

A good example of structural stigma is a previous drug charge, for example, in terms of getting a job or getting housing. A lot of this really can result in limited access to health care, housing, and employment, all of these things that really enable us to be fully functioning members of society.

Those kinds of discriminatory policies and whatnot can really result in a negative impact for people who not only have a substance use disorder but who are in recovery from one as well. Then talking about self-stigma as well.

This is something, again, that we've all experienced, where we've internalized things that society says about ourselves, or other people say about us. It could be something about mental health and substance use. It could be about body image or gender norms, any number of topics where we start to internalize societal stereotypes about what should be and sometimes ends up reducing our self-esteem and our self-efficacy. These types of stigmas, pertaining to addiction, are the three main ones that we'll be talking about today. How does stigma actually drive the overdose epidemic? This is something that's important to understand because it really touches on a lot of different parts.

We're looking at shame and social isolation again reduces a, quote unquote, “whole person” to somebody who is , quote-unquote, “broken.” This is not my language but language that other people have used really looking at that self-esteem issue. I mean, less than 20% of Americans are willing to associate closely with somebody who has a substance use disorder, as a friend or colleague or a neighbor. That's a lot of people who are saying, I don't want to be near you.

We're looking at people not seeking help for their substance use disorder. Stigma is a very commonly cited barrier to seeking treatment. Again, around 20% of those addicted cite stigma as a reason for not seeking treatment. We're also looking at insufficient treatment capacity. We have seen the numbers grow. We have seen the numbers grow, how many people have experienced overdoses, and the increased rate of substance use disorders.

We are looking at less than 50% of emergency, family, and internal medicine providers even believing that addiction is treatable. There's not capacity for treatment. We're also looking at health care coverage and reimbursement disparities. I already mentioned non-evidence-based treatment. Certainly, criminalization of people with a substance use disorder is a big concern.

Then looking at the societal and structural barriers to recovery. Like I mentioned, loss of housing, loss of employment, increased social isolation. We're even looking at less than 60% of employers actually covering evidence-based addiction treatment. There's a lot of barriers here that are driven by people's stigmas and not believing in treatment, not believing this is a treatable condition. Where does stigma start?

Stigma actually starts with stereotyping. That's the damaging or often inaccurate beliefs about a group. This typically occurs through labeling and language and often is something that we learn when we're really young. Stuff that we see out in society, stuff that we hear friends and family members and teachers say and just we watch on TV or whatever the case may be. We certainly have seen substance use portrayed in a lot of different ways over the years.

It's important to note that the stereotype itself doesn't really create the isolation or the marginalization. It's the prejudice and the ultimate discrimination that does that, and that these prejudices occur when a stereotype leads to fear and shame and that internalized blame. The discrimination that I've mentioned previously occurs when these feelings or these policies lead to disparate opportunities for people, including decreased access to healthcare, unavailability of employment, reduced ability to find housing, et cetera. It really manifests as discrimination and exclusion and isolation.

My question then for all of us to be thinking about here is what does this do to our communities, right, to our collective health, to our community well-being? Because when we're looking at this in the world that all of you guys work in, right, with youth and families and in the communities, what does it do when we have not only people with a substance use disorder but their loved ones who are experiencing this isolation, this exclusion?

This is what we're here today really to work on addressing and to think about critically. It's certainly something there's a lot of really good comments in the chat, by the way. I encourage everybody to take a peek. I appreciate participation in the chat as well. I did want to talk a little bit about some of the data that we have found, specifically looking at what Americans believe, what this country believes. This is really the battle that we're fighting. To start, we did this survey around this time last year that really looked at what's benchmark levels of addiction stigma. Let's look at it. Then let's see what works to change it because if we don't measure it, we can't know that we're actually doing anything good.

We worked with some professors and doctors at the Indiana University to develop the Shatterproof addiction stigma index to really assess attitudes about substance use and about people who use drugs. Some of what we found, just to contextualize a little bit, is that less than one-quarter of respondents, and we surveyed almost 10,000 people, viewed substance use disorders as a chronic disease.

What's critical here is that there's a judgment associated with substance use disorders that is not associated with other substance or other chronic diseases, such as arthritis or diabetes, or chronic heart conditions, when we're even looking at quote-unquote “relapse rates” being very similar across diseases states. There's certainly some extra judgment here.

If we don't believe that this is a treatable condition, then what do you do? How do you engage with people with a substance use disorder? What does this mean in practice? We also looked at what do people believe substance use disorders are caused by? What we saw is that over half of respondents hold beliefs that substance use disorders are caused by bad character or a lack of moral strengths. There's some very critical issues here, some of which are very obvious.

Substance use disorders can happen to anybody. Addiction can happen to anybody. Overdoses can happen to anybody. This is something that you hear people talk about. It's one thing to say it and another thing to believe it. If you believe that somebody has bad character or isn't a morally strong person, how do we help people then? How can we help people? There's a problem here where we're looking at worthiness.

I think that personally what I see here a lot is actually more in the realm of, for example, health care professionals who actually hold higher levels of stigma than the general public. When people need treatment or support or healthcare, this is the judgment that walks into a room. That's a very concerning – that's a problem. Similarly, and more on to the isolation conversation, is that we're looking at almost half of the public being unwilling to move next door to or be close to close personal friends with somebody with a substance use disorder. There's a couple of things here that resonate for me.

One is that oftentimes this has to do with perceived dangerousness. Is it safe? Is my family going to be safe? Safety is a primary concern. That is certainly something that it's valid. What does it mean to be safe? At the same time, there are millions and millions and millions of people out there who don't have a substance use disorder who could be, quote unquote, “considered dangerous” or who have done dangerous things in the past. What does it look like to really open our communities to provide the support while also really, really holding tight to our values of safety and protecting our family and our loved ones?

It's a complicated topic, but there's certainly a perceived notion that people with a substance use disorder are dangerous. That is another key point that we work on addressing with our stigma reduction work. As far as how does this actually persist, how does this go on, what we found is that stigma persists even when a person is in long-term recovery. We found that less than half of people want somebody in recovery marrying into their family or being their supervisor at work. This is clearly concerning for a lot of reasons. In particular, it just demonstrates how this stigma sticks with people and how the stigma can continue to impact.

Some of what is really concerning here is that we talk a lot about increasing access to treatment. I certainly already have today. What happens to continue to support people in recovery? What does recovery mean? This may differ from person to person. Certainly, understanding that even the history of having a substance use disorder, that decreases ability to advance professionally, to advance personally, to create strong connections, does not lend itself to decreasing the stigma around substance use disorders. There's a lot of work to be done there as well. Thank you, guys.

I see, Kimberly, a question here about danger signs as to when someone is headed for intentional overdose and suicide. That is not an area in which I'm an expert. There are, and I can throw a couple resources into the chat once I'm done sharing my slides. I would advise to look more specifically to the experts on that because it's certainly not something that I'm an expert in and want to make sure that you get the best resources possible. Thank you for asking that question.

Moving on to a little bit about what does this look like within historically marginalized communities? Part of the reason that I'm bringing this up is that we're seeing very disparate rate increases in terms of overdose and substance use, which is typically I mean, it is an absolute result of discriminatory policies and institutionalized racism. I want to talk a little bit about that because it's something that we all see every day. As people, such as yourselves and myself, who work in the community, it's important to understand how all of these different components come together and the environment that they create.

Some quick data points here, and this is very clear. Since the '80s, Black communities have absolutely borne the brunt of discriminatory policies. There are many, many reasons for this and a lot of reading that can be done. I'm not going to go super deep into it now because we could honestly talk about that for hours.

Said discriminatory policies have led to things like mandatory sentencing laws, severe discrepancies in sentencing time, and the categorization of nonviolent drug offenses as federal violations, which then leads to the second bullet point here of looking at nearly 80% of people in federal prison and almost 60% of people in state prison for drug offenses or Black or Latino/Latina.

This is a major concern obviously. It's one of the biggest issues that has to be addressed, this intersection between racism and substance use disorder policy because it disproportionately tears families apart and is likely something that you guys have witnessed firsthand.

There are a couple of other points that I wanted to call up here, two of which are that overdose that specifically as pertain to opioids have risen more quickly in American Indian or Alaska Native group communities, and they've risen more quickly than any other racial or ethnic group. We're also looking at having the LGBTQ+ community having almost a rate of substance use disorder that is three times higher than the general population.

What this looks like here is that people who are already experiencing discrimination, and isolation, and exclusion, this intersects in a way which is dangerous and very scary and requires a really nuanced approach that prioritizes the differences amongst these communities. Lastly, I will say that there are some differences to note as pertains to socioeconomic status.

That opioid overdoses are concentrated in more economically disadvantaged zip codes, which typically is measured by higher rates of poverty or higher unemployment, et cetera, which means that, again, this is another layer to look at from that structural or policy level of how structural level discrimination and disadvantages really impacts.

For those of you all who are more visual, we're looking here at some data that just came out earlier this year, where we're looking at overdose death rates between 2019 and 2020 increased 44% for Black people and 39% for American Indian and Alaska Native people. Most people who died by overdose don't have any evidence of substance use treatment before their death.

This is another area where and I'll talk about this in just a moment another area where we're seeing definite disproportionate access to treatment as stratified by race or ethnicity. That's not necessarily surprising. It's certainly disappointing, of course. We're looking at people being unable to access treatment, the people who are in the most need being least able to access. It's obviously a major concern.

Then just to talk a little bit about some of these other things very specific to this overdose rate conversation. I mentioned this thing about income inequity. We're looking at these very, very disconcerting and really frankly, very upsetting facts about how people who are either economically disadvantaged or Black people, Black men, for younger women, we're looking at the biggest disparities are really within that American Indian or Alaskan Native community.

We're looking at these massive, massive disproportionate access to treatment, which I've mentioned previously as well. In short, we're looking at stigma really further disadvantaging populations and communities who have the least access to care and support already.

This is where a lot of this teamwork between organizations like Head Start and us at Shatterproof can come together when we're working at increasing care and support in different ways for different issues across different groups of people but to really come together and address these things simultaneously in the hope of really affecting positive change.

We know that structural and institutional racism and structural and institutional stigma leaves this broad codified discrimination, disproportionate health outcomes, and different experiences of stigma. As we progress into 2023, I look forward to continuing to work with you all to address these issues. Now we're going to talk a little bit about language because part of the question is this seems like these massive global issues. What can I do to help? What can I do to impact here? What can I do? I wanted to share a little bit about the role of language and how that explicitly impacts these conversations. I'm going to show a video that we developed at Shatterproof to really hone in on.

[Video begins]

[Music playing]

Words can become grenades, strategically spoken at times to do the most damage. When those words come from family and friends, they cut deeper. Labels erased my humanity. Total strangers felt allowed to criticize or judge me, saying that I was just a drunk or addict. These words also carry the connotation that I was lazy, selfish, or criminal. After a while, I began to believe the words, concluding I no longer served a purpose or deserved hope. Luckily, for me, these feelings were eventually replaced with words that provided healing.

The research is clear. Not only do words shape how we view people, the words also shape how we treat them. For example, studies show that when someone is described as an abuser or addict, the general public and even clinicians are more likely to believe that they should receive punishment over treatment.

Tragically, for those with addiction who are looking to lead fulfilling lives, hearing the terms drug abuse or addict is paralyzing and demotivating. It blames people for their own illness, ignoring environmental and genetic factors. It feeds into the stigma they experience from society, their family, and treatment providers.

To help decrease stigma around language, the Office of National Drug Control Policy recommends using person-first language to replace judgmental and negative terms. For example, a person with a chronic medical illness that impacts their brain is not an abuser or an addict. They are John, with a substance use disorder. John, a person who requires treatment and support to recover from his illness. Words matter. They can hurt and reduce someone's motivation. Together, let's choose supportive non-judgmental words that lead to treating people with respect and compassion.

[Video ends]

Thank you, guys, for sharing that. I apologize for the brief kerfuffle in the middle. My cat decided to come up and say hi and stepped on the keyboard and paused the video. I appreciate your patience there. What does this look like? What kind of key actions can we take to really work to reduce stigma? This goes both kind of professionally as far as when you're working with families and kids and personally.

Like we just saw in the video, Using person-first and recovery-centered language is really important. Understanding now a little bit how that can really impact. When we're seeing that even using the word abuse or abuser leads to worse health outcomes, it's very critical, of course, that we work on that. That also, to me, speaks to some of the things that we say when we're among groups of friends or when we're among family members or things that you may hear people say that maybe are stigmatizing or aren't using person-first or recovery-centered language.

To my earlier point about not only are we talking about the 40 million people with a substance use disorder, but we're also talking about their friends and family. We don't know who's in the room with us all the time. We don't know people's lived experience, what may have happened in their family, what may currently be happening in their family. By using positive person-first and recovery-centered language, it gives us an opportunity to really move towards to welcoming those conversations when others need support.

Secondarily, we can look at really finding and removing structural barriers. What that really looks like here for you all and for me, it's going to be different. There may be things that you're seeing in your community that you're like, this is a problem, and there's something that needs to be done. Maybe it's personal. Maybe it's professional.

We're working to remove those structural barriers. I encourage you all to work with the people on your team. What might some of those be? I'm not a Head Start employee, so this is not my world. I do understand what it is to really start to assess different things and look at what can we actually change? That, to me, is something that I think is really, really important.

We also talk a lot about sharing stories. Part of this is about humanizing any sort of condition and be it a medical condition or a living condition or something like that. Because when I think about the number 40 million, 40 million is not a number that my brain can compute. It's not something that I don't know what that means.

When I'm hearing a story about in my family, my brother, when I'm sharing a story about him or when I'm hearing about a loved one who's experiencing something difficult, it humanizes it. We like to support other humans. We like to support our people. Humanizing the condition, sharing stories both of loss and of hope and recovery really goes a long way to reducing stigma.

Then for those of you who are in leadership roles or who are maybe participating in the community and maybe some sort of advisory board or coalition, offering stigma awareness and reduction trainings, not only like this but also there's amazing things online that are two, three minutes long. It doesn't have to be an hour long.

Little things that we can do to make an impact but to offer those opportunities, very, it's a really important thing to have the conversation. So very much appreciative of not only you all for being here today but considering what you can do to help. I will say that as I've been talking here and I'm trying not to read while talking because it's hard to do that.

I really appreciate everybody who is sharing their stories of recovery and the need for open communication because this is precisely exactly what we need to do is to use the right language to share our stories and to really have these conversations. It's been very very great to read through that. I appreciate you all being vulnerable and honest in the chat. With that, I'm actually going to turn it over to Kelli now, who is going to talk a little bit about the resources that already exist for y'all. Then I'll be back later onto talk more about some other resources.

Kelli: Thank you, Rachael. Part of this webinar series again, this is the first of three in the series is to highlight some resources available on the ECLKC. We have two handouts that were developed in partnership between HBHS and Shatterproof. We wanted to highlight those for you. The first is Understanding Addiction, the summary of the resources listed on this slide along with its link. If we move into the next slide, you can actually see some direct quotes from the resource itself about what you can do to help.

Getting at a little bit about what Rachael was mentioning herself, is our big ideas that feel all-encompassing and sometimes overwhelming for us to think about in terms of what we can do to make a difference. We wanted to give you some concrete ideas for engaging in your role at Head Start or in your lives outside of Head Start with people who are impacted by substance use disorders and addiction. We want to highlight that these tasks seem simple on paper and can sometimes be difficult in practice.

Ultimately, they are lifesaving, and we want to lift them up. Of course, we want to normalize conversations about drug and alcohol use, thinking about using screenings with all families, and avoiding cherry-picking for who we have these conversations with. We want to make sure that folks have healthcare providers they feel comfortable asking questions about or navigating

questions with around medications they're taking or substances they're using. We want to make sure that the families that we're working with know how to get rid of unused medications safely.

On the next slide, there's kind of a part two to this resource. This one is called Understanding Substance Use Stigma. It's a little bit different in that it delves into the stigma itself versus more of that substance use 101. The link is here. Both of these resources are highlighted in your handout but also available on the ECLKC. Similarly, on the next slide, you can see what can you do portion pulled out. We want folks to know the facts about addiction. We know there's lots and lots of thoughts out there about what addiction is. Rachael highlighted those really well.

Some of the things that are brewing in our society are not true and definitely perpetuate addiction and we excuse me stigma and addiction. We want to make sure that we're disrupting those ideas. We want to use respectful language similarly to what the video highlighted. We want to make sure that we're respecting the dignity and humanity of all people, including people who are experiencing addiction. We want to see that person first.

When people are sharing their story, we want to listen to their story. We want to listen to learn instead of listen to correct or listen to respond. With that, I'm going to press into the next slide, which is video. This is a part of the COVID-19 and substance use documentary series that also lives on the ECLKC. If you could jump in the chat and let us know if these are new resources to you or if you've seen them before, that would be wonderful. This is part of a series, like I said, but talks directly about stigma. Rachael, I will have you take it away.

[Video begins]

[Music playing]

Within the past year, year and a half, Shatterproof started looking at why stigma was such a problem. We started breaking down the addiction epidemic and the addiction crisis in the United States and took a very big list of things that drove the epidemic. We came to seven of the nine drivers of the addiction epidemic either being partially or entirely driven by stigma.

Shame and social isolation. We think that's a big driver. That's all stigmas. You never know who's suffering. A lot of people suffer in silence, and a lot of people don't want to talk and speak up and tell you anything or say anything to anybody because of that stigma.

Things like lack of access to treatment. That's not entirely stigma. There are obviously provider barriers. There's education issues, things like that, that need to be worked on. Providers are not as willing to treat someone with a substance use disorder than they are willing to treat someone else. When you start actually understanding the evidence base around this and you start looking at who is holding stigmatizing beliefs in this country towards those with addiction, it runs the gamut.

It's across the country. It's in our communities. It's in our personal lives. The reality is you never know where a person is, and you never know what a person is going through. Given that, we try to, one, be really respectful of how we talk about it.

I teach medical students, nursing students, residents about how to address substance use disorders with clients a lot or just substance use in general. One of the things I teach as best you can is to be completely open about it. When I teach them, I always say not a whiff of judgment, not even a whiff. If I say, did your parents use them? Like, oh, thanks so much for sharing that with me. Yeah, that's really common. Normalize. How long do you use heroin, and how about cocaine? I'm not afraid to say any substance names. Then if it doesn't shock me, they're a lot more likely to tell me.

It helps families to accept that this is what we're coping with right now. What can I do to help myself get well, to care for my other children in the family, and gain the information and education I need so that I can provide my loved one who's struggling whatever resources they may benefit from? We try to be mindful of the fact that our staff, who are the people who are equipped and ready to deal with it for the families that they serve, they might be dealing with it themselves.

I've met so many different people who are in recovery, and their journeys are all different. It's not an other kind of situation. It's an all of us situation. We really try to make sure that we're not imagining that it only impacts the families we serve, because it doesn't. It impacts us all.

[Video ends]

Kelli: Thank you all for your engagement in the chat. If you aren't reading what folks are writing, I highly recommend that you pop in and take a peek. I would also love to hear if you have used this video in your work or if you have some ideas about ways that you might moving forward. Of course, we want to be able to offer all the content in the world to folks who are learning about anti-stigma work.

Sometimes having just a brief video to summarize all of it can come in really handy. I also want to highlight that this video is part of the Head Start Heals Campaign. Many people know Head Start Heals as a trauma resource. We want to also remind folks that it houses the substance use documentaries, and this animated film that we are going to play next.

[Video begins]

[Music playing]

I live in Eastern Oregon in a town called La Grande. It's in a valley, and there's lots of mint fields and wheat fields and cows and [Laughter].

[Moo]

It's a very beautiful place to live, but it doesn't always have the resources people need to get back on their feet or overcome. I'm an addict. When I had my son, he came into this world, and I just was not really ready to be a mom yet. Just trying to figure out how to get clean, and I got sent to prison.

[Police sirens]

He lived with his grandparents pretty much until I got out of prison. I'd never paid bills before really. I'd worked but not anywhere for a long period of time. I'd definitely never been a parent. My boyfriend at the time, he had a daughter who was four years old, and she was getting to Head Start. It was her special day. They asked me to go. I was like, well, sure, I guess.

I remember being pretty anxious about the whole ordeal because it's a small town. I just figured everyone would know me and know my history. I was just met with kindness and love and no judgment. My son, Tyler, when he was three, I was like, he's got to go here. There's no other option. We need this.

They did home visits, and we played games. I learned how to get a kid to brush their teeth, how to get a kid to try new food, those fundamental parenting skills. It's hard to put into words all the little things that have impacted my recovery. The connections I made with teachers and staff; it helped my confidence as a parent. It gave me skills that I just don't think I would have gotten anywhere else.

[Video ends]

Kelli: If you're not familiar with the Head Start Heals Campaign, these animated videos are located on the ECLKC. We had the immense privilege of hearing from Head Start families and listening to them tell their stories. We put their words into the videos very directly. They're definitely worth a watch.

This one is obviously about a family who's experiencing substance use recovery. There are all sorts of different stories that are available for you to peruse. We are looking for feedback on these videos. I know folks mentioned that they might want to download them and use them. People are looking for the links. We love that. If you have any more direct feedback, please post that in the chat as well. With that, I will pass it back to Rachael.

Rachael: I'd just to re-iterate everything that you said about how wonderful it's been to have such excellent and incredible communication in the chat. In particular, I've really enjoyed reading the comments about respect and dignity and seeing the whole person and some of the tricks and tips and methods that you all use to have these conversations in a non-judgmental way. It's a really great way of seeing it all in action.

A couple other resources, and then we can go to some Q&A. I did want to share these, and these are going to be in the handout, of course, as well, as there's an even more in-depth language guide and then some of the index questions. I saw one of these questions in the Q&A.

The addiction stigma index about I know, Jessica, you asked about what kind of questions were the findings based on and how many people were surveyed and all of the demographics. All of that information is in that index. Feel free to reach out directly to us if you have more questions about how we use it, what else we do with it, et cetera. All of the demographic and the survey composition information is in there.

I did want to also mention for those of you who are interested in the narrative change component, the language component, there is an organization or a group of professionals making up a group called Changing the Narrative. They look at really specifically looking at how media looks at and represents drug use and addiction because, of course, that's where most of us get our information from.

Really wanted to make sure to highlight that there. I encourage you all to check it out. There's also a lot of stuff in there that's very specific to individual topics. Birthing people who use drugs or specific substances themselves or the criminal legal system, all that is covered individually. It's a really excellent resource.

Just some take-home messages real quick. A lot of what we've talked about today has really focused on substance use disorders being a treatable chronic disease and understanding that stigma is one of the main barriers to treatment and recovery. The key here is also that both of these things can be addressed. Substance use disorders can be treated, and we can reduce stigma using these methods.

Very, very much going into this Q&A session looking at kind of that message of if there are things that we can do. That last bit then, and you certainly saw this in both of these videos, talking about developing trusting relationships. You all in the chat are sharing again how you go about developing those trusting relationships and what kind of questions you use to open up that trust and that vulnerability.

It's hard sometimes because we all have our own things, and there's things that are hard for us to hear and think about. It is doable, and it is critical. With that, I'm going to turn it over to this question slide and open it up.. We've got about 10 minutes left. I will let Amy, you kind of queue it up. Kelli and I will take it as you want us to go.

Amy Hunter: Hello, everyone. My name is Amy Hunter, and I'm with the National Center on Health, Behavioral Health, and Safety, along with Kelli and our partner, Shatterproof, Rachael. Rachael and Kelli, thank you so much for bringing this really rich information and the resources. It's so fantastic to highlight some of these resources that are available on the ECLKC.

We do have time, folks, for questions. We have at least 10 minutes or so for any questions you may have of these great experts that we have with us today, Kelli and Rachael. We have a couple of questions that have come in. Rachael, I think you may have oh no, I'm sorry. This was a different question. I think you already addressed one question, but here's the first question. Is there any data on success rates of people staying sober after legal trouble or court or

probation, things like that? Do you have any information on that? I don't know if that's something.

Rachael: I mean, yes and no. I think I really appreciate you asking the question, Andrew, because one of the that's actually one of the things that we found has been a little bit difficult to measure. Because traditionally, for drug courts, the success rates typically look at lowering rates of recidivism or success staying out of moral, legal trouble, so it has less to do with are people staying in recovery and more to do, are people re-entering the legal system?

The other thing that we've found – and there was actually some very specific work done around substance use stigma and drug courts, given that a lot of people, actually the vast majority of people, support treatment instead of incarceration for nonviolent drug-related crimes. We found that in our addiction stigma index.

We're looking at over 80% of Americans believing that if somebody committed a nonviolent drug-related – those two are very important, nonviolent and drug-related crime – they should get treatment instead of being incarcerated.

Drug courts are a critical part of that. What we've actually found is that there are spaces where actually – when we frame substance use disorders as a chronic disease, drug court professionals and the general public are more likely to support drug courts as well as a tool.

There's a lot to be done here to look at. Does this actually increase – a successful drug court reduces the recidivism rate by x, y, and z, but does it actually help keep people in recovery? It's certainly something that we've noticed is not actually measured very frequently and is certainly a place to go into and to look at actually measuring that.

We also know that drug courts are one tool of many that people use in recovery, including other social support. It's a data question that's a little hard to untangle. It's actually one of our things in 2023 that we're looking into, so great timing on that particular question. Hopefully, we can share some more information on that once we have it next year.

Amy: Stay tuned and follow up with Shatterproof resources. That's excellent that you all are beginning to look into that. I think part of the message that I always hear you talk about when you speak is that hopeful piece around recovery. That recovery is certainly – treatment works and recovery is possible. I think you always are incredibly hopeful about that. Let's see. There's a couple of more questions that have come in, which is wonderful. Thank you all for adding your questions. This question – Rachael, it's for you – about Shatterproof. It's wondering if Shatterproof partners or links up with any specific community organizations.

Rachael: The short answer is yes. Absolutely. The long answer is that there are many, many, many of them across the country. Amongst our pillars of work, we do work in different states. A lot of our work is state based.

Specific to our stigma reduction campaigns, one of the things that we do with those stigma reduction campaigns in the States is we partner explicitly with community-based organizations. Those can be organizations that are working on prevention. They can be working in treatment and recovery. They could be kind of adjacent to substance use, so other youth-serving organizations or places that work on providing housing.

What does it look like to really leverage those community-based organizations who best know their community? That's the point. I mean, as a national organization, there's benefits and then there's drawbacks. We're not on the ground nearly as much as other people are, so it's so critical to elevate those voices and to understand what's actually happening in the communities.

On the other side of it, some of the non-state-based work – I mean, a good example, Amy, is working with you all at Head Start to really connect in different ways over the years. I will also note that we do have a lot of community programs that aren't stigma-specific that focus on education. We have an ambassador program, which really elevates the stories of people with lived experience.

Then, of course, our treatment programming involves a lot of that on the ground, understanding who's doing what in terms of treatment and recovery supports as well. Yes. Depending on where you are, the level of engagement, of course, shifts. Prioritizing community voices and community-based organizations is absolutely critical. Thank you for asking that. I appreciate that.

Amy: We can put your website link in the chat as well. That would be probably really helpful. People who have specific questions about your community work or the other work that you're doing, they can go to your website and find contact information and learn more about that. We'll make sure we get that link in the chat. Kelli, this question is for you. When are the other two webinars in the series? Will folks receive information about that?

Kelli: Yes. Great. Thank you. I would love to talk more about the series. The next webinar is in early February. The final webinar will be in April. If you are signed up to get the eblasts from OHS, then you will get an email about those the same way that you got an email about this webinar.

Give you a little bit of a teaser, the second is going to have a similar cadence to this one, so we'll get some information at the beginning and highlight some resources on the ECLKC. For the end, we are still going to be talking about promoting recovery at Head Start, but we're going to focus more explicitly on the power of relationships in promoting recovery. The third one , again, will be promoting recovery through community partnerships with the same idea. We will talk at the beginning about some information and content, and then we'll highlight some available resources on the ECLKC then too.

Amy: Great. The same way folks got information about this; they will get information on the others.

Kelli: Yep.

Amy: Super. Thank you. Rachael, I believe this question is probably directed towards you. It may be something you know much about. It may be something you don't know a lot about. The question is, what do you think about sober homes? And where did it go?

Rachael: Oh, sorry. That was me. That was my bad.

Amy: That's okay . Maybe you saw the question.

Rachael: I was being proactive. That was just me clearing the chat.

Amy: Well, then, hopefully, you saw the question.

Rachael: Yeah, I think it's a really good question.

Amy: Can you repeat the question one more time?

Rachael: Of course. What do I think about sober homes, and how do you know if they're helping? For those of you who are more unaware of what sober homes are, they're literally what they sound like. Sober living communities in which people in recovery can live in a sober community explicitly. This is frequently something that is done early in the stages of recovery, when people are finding their way.

I think like any other tool in the recovery space, there are people for whom it's amazing, and it's incredible to be among like-minded people. There's people for whom it's a little bit more difficult. Part of that difficulty just purely comes in when if you're not really there or if you're a person who's more private. Privacy is a thing that some people are more private about their health and recovery and wellness journeys than others.

Some people are much more public and willing to share. Everybody has their own comfort level. For some people, it's an amazing tool. For some people, it can push people too far too fast. As for how do you know it's working, I guess I would answer that question the same way that I would answer any question about is this tool working, which is does the person in question think it's working? We all define recovery in different ways, I think. Some people define recovery as being totally abstinent from all substances.

Some people will be like, you know what? I can't drink, but I live in a state where marijuana is legal. I use marijuana, and I'm not addicted to it, and it's fine. Every once in a while, I have a gummy, and I'm still in recovery. Some people are like, no, I have to be totally off all substances. What does it mean to be in recovery?

I think that that particular any tool, it really comes down to how is the person that we're trying to help, how do they feel about it? Do they feel like it's helping? It's not always easy for those on the outside because we want to know, is it working, is it working, is it working? Really it’s

only the person who has the substance use disorder can really define if it's working for them or not is how I would answer that.

Amy: Wonderful, appropriate complex answer to an appropriate complex question. Thank you so much. I see we're about at time. Actually, we don't have other questions, so that's perfect. Kelli and Rachael, thank you so much for your expertise and bringing this really important information to Head Start. I'm going to turn it over to Nydia after I just say Thank you everybody out in Head Start who make such a difference in the lives of children and families every single day. Nydia, back to you.

Nydia: Thank you so much. Yes, thank you to Rachael Cooper and Kelli McDermott for the important information today. Thank you to Amy Hunter for joining us to facilitate questions. If you have more questions, you can go to MyPeers or write to health@ecetta.info. The evaluation URL will appear when the webinar ends. Do not close the Zoom platform, or you won't see that evaluation pop up.

Remember that after submitting the evaluation, you will see a new URL. This link will allow you to access, download, save, and print your certificate. You can subscribe to our monthly list of resources using this URL. You can find our resources in the Health section of the ECLKC or write us at health@ecetta.info. Thank you all very much once again for your participation today. You can close the Zoom platform.