



Listening to Voices of Lived Experience in Recovery: Panel Discussion

Highlights & Key Concepts

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Summary Ideas:

➤ **Cycle of Stigma:**

The impact of bias and stigma, and particularly internalized (micro) stigma – can and often does create a vicious cycle of substance use based on shame, guilt, and hopelessness. The cycle of stigma progresses in the following order:

- Public stigma →
- Discrimination, prejudice, fear →
- Damage to self-esteem and hope, treatment avoidance →
- Self-stigma →
- Shame, self-doubt →
- Reduced rates of recovery, drop out of treatment →
- Use substance to avoid or suppress negative effects

➤ **Risk Factors for Drug Misuse:**

There are strong links between health inequities and drug use, but the picture is complex. Major risk factors include:

- Family history of addiction
- Socio-economic deprivation
- Homelessness
- Unemployment, poor working conditions, and job insecurity
- Men are more likely to use illegal drugs
- Poor mental health is linked to drug misuse and vice versa

Questions & Responses:

Q1 *What is most important for providing support to people in recovery?*

A1

It's crucial to show respect for a person's dignity and worth. One key way to do that is to demonstrate that they are not seen simply as an “addict” or other reductive term that strips away their full humanity—because everyone has a life beyond an opioid addiction or a substance use disorder. Actively listening to show that you care, keeping an open mind about the meaning of recovery for each individual, being willing to ask questions, and approaching the relationship as a partnership are also essential.

Q2 *What would you like people to know about the recovery process?*

A2

Many people are familiar with abstinence, which is simply not using a substance to change how you feel and perceive the world. Recovery is so much more than that—recovery is a path, a direction, with steps and processes. For example, if you break your leg, the post-surgical physical therapy that you would do with the aid of a physical therapist to walk again is like recovery. And like physical therapy, recovery isn't something you do just once: recovery is a journey. Many folks in recovery are addressing not only a substance use problem but also working on the underlying factors and past traumas that contributed to that substance use problem. Furthermore, each person defines what recovery means to them and may redefine their recovery over time. Finally, since the journey of recovery is often undertaken in the presence of peers, learning to tell and share your own story is a significant component of recovery. A sense of purpose and connecting with peers are often important to those in recovery.

Q3 *What is the role of peer providers in supporting the recovery journey?*

A3

Peers can be a safe, nonjudgmental, and trusted presence since they have walked a mile in the shoes of the person in recovery. In addition, not everyone has access to or chooses to use a 12-step type of model. Peer providers offer the opportunity for people to share their experience, strength, and hope in ways other than a 12-step model. Peers also can uniquely offer inspiration and mentoring to those in recovery.

Q4 *How do stigma and implicit bias factor into recovery?*

A4

Stigma is pervasive and is often deeply felt by those who have substance use disorders, to the extent that stigma can even prevent people from seeking help. Implicit bias around substance use and mental health among providers and communities creates the conditions to perpetuate stigma. Addressing stigma and implicit bias are crucial to make treatment and recovery more accessible to more people. Mental health, trauma, addiction: these are difficult if not taboo topics in many communities, including some communities of color. It's important to share the message in a culturally sensitive way that mental health is just as important as physical and emotional health.

Q5 *Is medication-assisted treatment (MAT) necessary for recovery?*

A5

SAMHSA defines medication-assisted treatment (MAT) as the use of medications in combination with counseling and behavioral therapies to provide a "whole-patient" approach to the treatment of substance use disorders. MAT has not been widely embraced yet by providers, the criminal justice system, or even within the recovery community. MAT can facilitate starting along the path of recovery, for example by enabling folks to begin 12-step programs or other recovery approaches; however, since MAT is a treatment to address symptoms, it's not the same thing as recovery.

Q6 *What insights can you offer regarding peer support and the supervision of peer work?*

A6

A trauma-informed approach can be extremely useful in working as a peer and in supervising peers. Peers should actively cultivate recovery for themselves, which supervisors can facilitate with periodic check-ins. Peers need to stay active in their own recovery, for example by working with a coach or a recovery peer. Practicing healthy boundaries with the input of fellow peers is also important. Supervisors should regularly discuss how to maintain healthy boundaries and model healthy boundaries for the peer support workers they supervise.

Additional Resources:

- [Value of Peers, 2017 SAMHSA publication](#)
- [Medication-Assisted Treatment, SAMHSA](#)
- SAMHSA toolkit [Whole-Person Care for People Experiencing Homelessness and Opioid Use Disorder](#)

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