Shatter the Stigma

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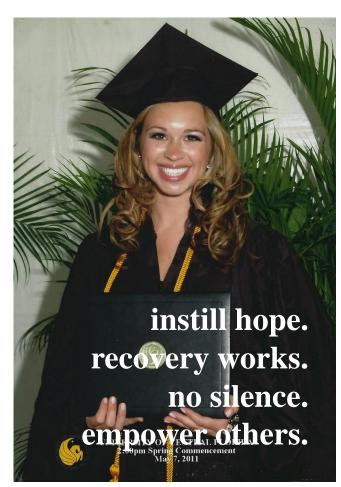


My Story

Addiction, impacting more than 45 million Americans and is leading cause of preventable death.

The insanity of Addiction ...

Before Sobriety



After Sobriety



Identifying Addiction or Substance Use Disorder (SUD)

- Primarily higher functioning individuals
- Who needs to be on the look out for it? SUD is in multiple settings
- Maslow's Hierarchy

• We are their first line of help



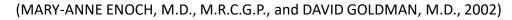
Addiction Co-Occurs with Other Symptoms

- "I don't work with that population..."
- 1 in 10 Americans has a substance use disorder
- Over 10 million Americans have a mental health disorder & substance use disorder
- Less than 12% get treated for both
- Develop a cohesive system of care addressing both



SUD is Underdiagnosed

- Rate of screening < 50 %
- Why? Withheld information, unaware of signs, stereotypes, insufficient training, and low confidence to treat
- In healthcare settings not assessing leads to: missed information, potential surgical complications, unexpected drug reactions, damage on fetus, unexpected alcohol withdrawal, lost opportunities for intervention
- Clients treated symptomatically, without the recognition of the underlying problem
- (i.e. anti-depressants & alcohol)





Insufficient Training

- Higher Education Programs lacking addiction education
- Highly misunderstood ever-evolving illness
- A state of emergency

- Knowledge is POWER
- Detect Earlier = Treat Earlier = Save Lives



Red Flags to Notice

- Minimize, rationalize, hide
- Disease centers in the mind
- Common Statements: I am going to cut down on my use; I can control it; I just need to stop drinking vodka; I drink/smoke socially; I never use alone; I never use in the morning
- Post-Partum Case

• Always assess for addiction because of minimization/stigma



What's the difference between social & problematic use?



Addiction Assessment Tools

• NIDA Pre-Screen

- DSM 5 Criteria for SUD
- Substance Abuse Subtle Screening Inventory
- My Quick Version



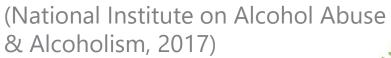
Pre-Screen Every Client

Do you sometimes drink beer, wine, or other alcoholic beverages? If they say YES then...

Do you drink alcohol more than you intend on when you do?

AND:

Do you use anything that isn't prescribed to you or not take or meds as prescribed?





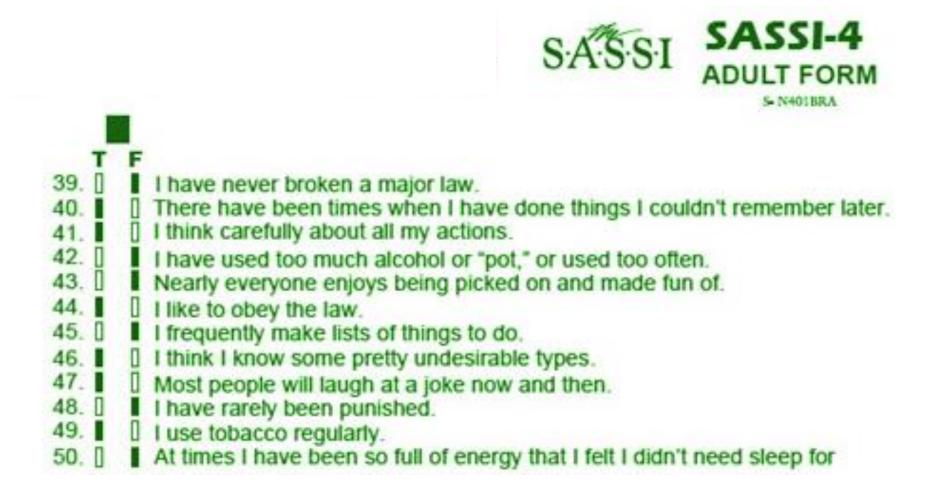
DSM 5 Criteria | In the last 12

monther 4 = Moderate | 6+ = Severe

Í	The substance is often taken in larger amounts or over a longer period than was intended.
Í	There is a persistent desire or unsuccessful efforts to cut down or control the use of the substance.
ĺ	Continued substance use despite having persistent or recurrent interpersonal problems
	Recurrent substance use in situations in which it is physically hazardous
	Craving or a strong desire or urge to use the substance
	Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
	Substance use is continued despite knowledge of having persistent or recurrent physical or psychological
	Important social, occupational, or recreational activities are reduced because of the use
	Withdrawal syndrome
Í	Tolerance developed



Substance Abuse Subtle Screening Inventory



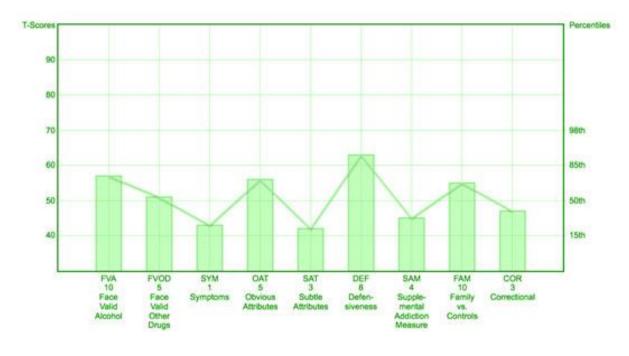


Identifying Addiction – SASSI

Random Responding: Alcohol and/or Other Drug Problem: Acting Out: Defensiveness: Indication of Emotional Pain: Prescription Drug Abuse:

SASSI-4 Screening Results Overview

Results Indicate No Evidence of Random Responding High Probability of Substance Use Disorder Results Indicate No Evidence of Risk Moderate Clinical Issue Results Indicate No Evidence of a Problem Results Indicate No Evidence of Risk





Identifying Addiction – My Quick Version

ONE: The individual can't stop once they start

TWO: Tolerance Developed

"But don't you have to use everyday or go through withdrawals to be addicted?"



What's the difference between social & problematic use?





What is the stereotypical vision of the addict?



Low Bottoms are the Focus in Our Field and in Media





The truth about what happened on the plane His friends hated her? The one thing she'll never forg BRITNEY SPEARS Appeals Court Says ... SHE WAS A DRUG ABUSER

4/26/2016 2:31 PM PDT

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'I can't unlock my two bracelets': New Tiger Woods DUI video shows golf star dazed and confused in jail



Addiction Does Not Discriminate



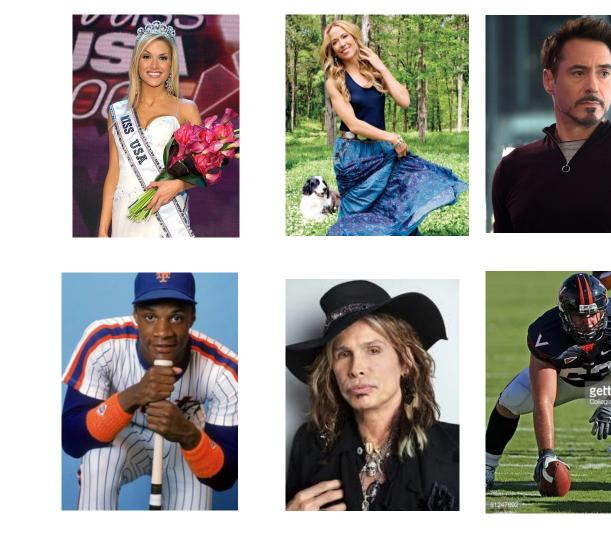


The Higher Functioning Substance User

- The New Alcoholism: Exceling in societal terms.
- Life doesn't look too unmanageable
- Dr. Earley, President-Elect of ASAM treats surgeons
- Intervention Project for Nurses



Did these images come to mind?







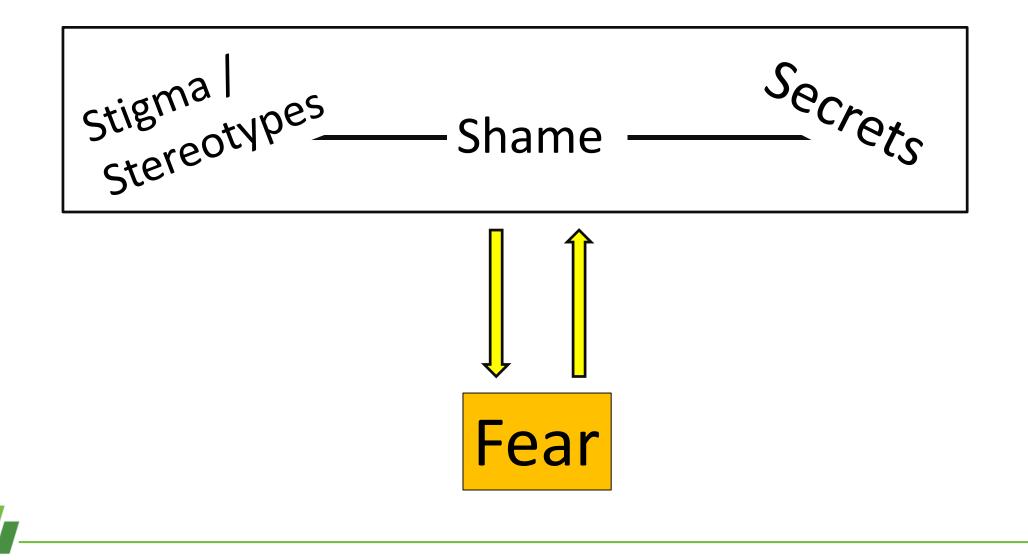
Guilt "I feel guilty for something I have done" **Shame** "I feel shame for what I am."

Fear: False. Evidence. Appearing. Real.

Stigma: Mark of disgrace associated with particular circumstance, person, or group of people



What Destroys the Addicted and Their Loved Ones





How Shame Develops

- Compared to a non-addict, feel shameful when making mistakes
- Disease manifests in manipulation, immoral, irresponsible, illegal actions
- Resignation & Despair
- Damaged goods

• Unworthy human/Inadequate father/husband...feel like they don't hold value





- Society/Media adds to stigma
- "He choose to take those pills not knowing the side effects they may have on him and then chose to drive on top of that. The first decision was stupid the second was irresponsible. Cause and effect. Now he has to deal with it. That's life."
- Highly misunderstood disease
- Stay in silence for fear of humiliation, judgment, condemnation
- It's easier to live a lie in secrets in shame than to disclose
- Can we blame them?



Why Can't they Stop??!

- Matter of will power or moral failing (individual, family, & society)
- Let's simplify this complex disease to reduce judgement further
- Two factors powerful enough to take a person from being
 - "successful" to being completely destroyed by the disease
 - 1. The Obsession & Compulsion
 - 2. Re-Wiring of Brain Pathways



Obsession & Compulsion

"Understanding Self-Deception," by Dr. Abraham J. Twerski



Psychological: Obsession & Compulsion

Subconscious Urge

Irresistible

Resisting Creates Anxiety

Give in for Relief

Brief

Urge Reoccurs

Block Consequences

Obsession

Discontent





Physiological Aspect – Re-Wiring the Brain

Surgeon General Vivek Murthy, "Addiction is a chronic brain

disease, not a moral failing."

How does this become a brain disease?



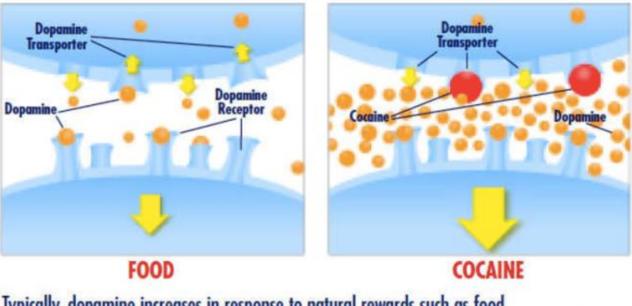
Brain Physiology

Brain reward (dopamine) pathways

Cortex Ventral Tegmental
Area
and the second sec

These brain circuits are important for natural rewards such as food, music, and sex.

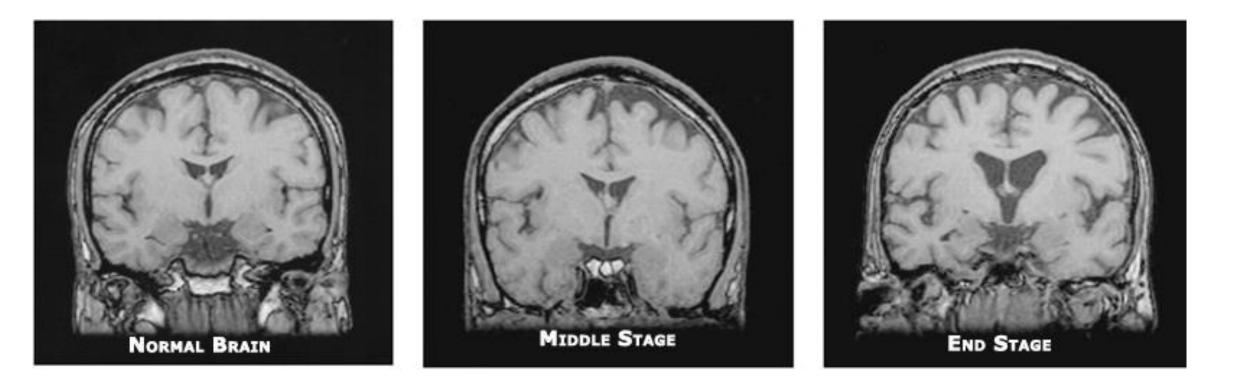
Drugs of abuse increase dopamine

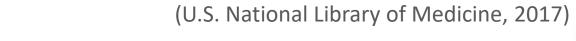


Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is altered.



Severe Chronic Brain Damage – Wernicke-Korsakoff Syndrome







Eradicating the Stigma

"We are the most addicted, obese, in-debt country in the world."

"Condemning is a subtle and destructive process."

 NEW SET OF EYES
 See it as it is ...
 COMPASSION
 UNDERSTANDING "SHATTER THE STIGMA"

 EDUCATION
 EDUCATION



RESULTS

What can WE do?

- Take Action
- Personally-Professionally- Family-Society-Recovering people
- "You're as sick as your secrets."
- Let's talk more about recovery!
- 23 million Americans adults in recovery
- Faces & Voices of Recovery
- Unite to Face Addiction in D.C.
- facingaddiction.org







Individually Changing Perspective

- Compassion, Understanding & Vulnerability
- How they will HEAR us & how they wont.
- Changing the Language
- They are sick

- The three C's
- Living in action for ourselves, rather than constant reaction to what is going on around us.
- Take care of ourselves first
- 12 Step Programs (ACOA, Al-Anon, Co-Da)



LET'S CONNECT

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