

CLEARing the Air: Understanding Washington's Drug Crisis Response

Episode 2: People with Lived Experience 101: The Impact of Stigma, Misconceptions, and "Meeting People Where They Are"

Introduction: With the increase in overdose deaths in our state and over the years, what we're doing in Washington State is recognized as a crisis response.

In this series, we want to explore the system currently in place to respond to drug use in our state. This series is not intended to change minds, only to expand understanding of our current systems. It's complex and at times complicated. There's often an urge to call a system broken, but is it really broken, or is the system operating as each part was designed to, and it just doesn't meet our needs or expectations?

Through firsthand knowledge and storytelling from those inside the system, we can look at the parts and hopefully gain a better perspective of the whole. Each episode will feature different perspectives of our crisis response from the criminal legal system, health and social services, and those with lived experience of drug use. You can listen to them in order or jump to a specific topic. Before we discuss the past, we're starting from the present, because that's where the failures and the successes of the system currently can be found.

This series is presented by the University of Washington's Addictions, Drug & Alcohol Institute under the Department of Psychiatry and Behavioral Sciences with funding from the Healthcare Authority. This is CLEARing the Air: Understanding Washington's Drug Crisis Response.

Rob Pitcher: Welcome to Clearing the Air: Understanding Washington's Drug Crisis Response. Today's episode is titled, "People with Living Experience 101." My name is Rob Pitcher, and I work with the UW CLEARS and READU teams, and I've worked as a peer educator for King County Public Health and other harm reduction organizations for nearly 20 years.

Jenna van Draanen: Hi everyone. My name is Jenna van Draanen. I'm an Assistant Professor at the School of Nursing and the School of Public Health at the University of Washington, and I also work closely with Public Health-Seattle and King County and other local partners, and together, along with Rob, we do research on centering equity for people who use drugs.

Rob: So, in this episode, we're challenging some misconceptions about substance use and how much stigma acts as a barrier to care and exploring the impact of compassion and evidence-based approaches to supporting people with substance use disorder.

Jenna: Yeah, and I feel like this is so important right now, Rob, I don't know if you're having the same experience as me, but it seems like every time I read the news, I'm seeing



compassionate and evidence-based approaches actually being misrepresented. So, I'm so glad we're having this conversation now, because I think people really need to understand what we mean by these things and maybe do some real time myth busting.

Rob: Yeah, yeah. I've noticed that I've seen a lot of people discussing harm reduction in a manner that just is not in alignment with what harm reduction policy is as a whole. It's sort of unsettling that people are misrepresenting it to further their agendas. It's very sad. So, maybe we should begin off discussing defining some of the terms we're going to be using today, such as "substance use disorder" and things like that. Do you mind giving us a little definition on that?

Jenna: Yes, so, SUD or substance use disorder is a chronic medical condition usually characterized by a strong urge to use substances despite harmful consequences, and it can sometimes affect brain chemistry, behavior, and decision making, but it's treatable, and most people who have a substance use disorder recover from it. So, if anyone on the call hasn't listened to our service provider episode yet, that's a great one; you can learn more about different options for treatment and recovery.

And the other thing I always make sure to tell people when we're talking about this is: most people who use drugs and alcohol don't have a substance use disorder. And I think those two messages are so important in the stigma that we carry as a society, and in breaking that stigma, because I'll say it again, substance use disorder is highly treatable. The vast majority of people who have a substance use disorder recover from it, and the vast majority of people who use drugs and alcohol don't actually have a substance use disorder. So maybe what we think of, when we think of these things, isn't really the full picture. And I think opening up our definitions and our understanding of these concepts can help us to reduce the stigma that that we can carry.

Rob: I love hearing you talk about that. It just takes me back to that study that showed that the vast majority of people that do begin using substances end up recovering from that as long as they're left to their own devices. But that the other portion of people tended to have gotten involved in legal matters or with the law, and those people didn't tend towards having self-recovery, which I think was an interesting correlation with our system these days. If you do end up in the court system, then you tend to not recover from substance use quite as readily and need more help in that area.

Which sort of brings up to my topic or my story, which we were going to want to talk about a little bit in this episode as well. I think I was 36 when I had my first involvement with law enforcement, and I had been then charged with a distribution charge, and was sentenced to 16 months for the charge, but that 16 months ended up, for me, ended up turning into almost 10 years of supervision with Department of Corrections, which is pretty much parole in Washington State, because I was unable to fulfill the court's requirements in regards to my drug treatment. I was having my drug treatment IOP—it's intensive outpatient—interrupted over and over and over again. So, unfortunately, I remained on DOC for 10 years for that one

charge, which made it so that I was not able to follow through with any of my treatment plans once they did release me from Department of Corrections supervision.

However, I was able to not only complete my intensive outpatient treatment, but I also was able to get into mental health treatment and deal with those issues that I'd had as well, and was able to get into housing and ultimately ending up actually here on this episode with Jenna to talk about these issues and the fact that things like intense legal involvement in my chemical dependency issues led to actually furthering or extending my usage and my inability to seek treatment.

Jenna: Yeah, Rob, listening to that, you know, I was thinking, is it ironic that you were able to seek treatment for yourself, and make some other changes in your life after you were released from supervision, or is actually that not a coincidence, and very much by design? I think maybe a little bit of both. But as you've pointed out, the legal system can trap people, essentially, in cycles that are labeled with a label like "seeking treatment," or you know that you're mandated to do treatment, and it looks like you're, for example, "not in compliance," or something like that. And, in reality, people sometimes want nothing more than to navigate their life and their next steps and their goals on their own terms but can't do it with the requirements and the forces that are in place. And the other thing that we do when we have that kind of involuntary or mandated or forced treatment is we, I think, take autonomy away from people and create a lot of stigma, and with those legal implications, people can get left out of other parts of society that are so essential for our self-esteem and our social connection. I'm thinking of the policies that we have in the United States that don't allow people sometimes to access housing or employment or put up barriers to getting, maybe, student loans for education when they have criminal legal involvement, and that's the exact opposite of what we want to do. Scientifically, we know when we meet people where they're at, people do better and can take control of their own lives.

And so that idea of meeting people where they're at, or "harm reduction," has been positioned as a radical thing to do, but it's actually very evidence-based and very logical. And, you know, sometimes at dinner with somebody else I'll be trying to explain it, and they'll say, "But how does that work?" And I say, I think the mechanism of action is actually acceptance, you know, it's actually love and respect and acceptance. Like, how could it possibly work if you have a harm reduction site, maybe a syringe service program, or something that doesn't require treatment, but has open arms. And why do people who approach harm reduction services, like syringe service programs, have the same or better outcomes than people who are forced into treatment? And I really do think the reason is respect and autonomy and love and acceptance, and when those things are in place, people are empowered to go the directions they want to go on their own terms. So, we're deeply appreciative of you sharing it, because it was such a great example of what we're talking about today, right?

Rob: Right, and I find it really funny that people don't recognize that people want to do well for themselves, and they want to do the things that will do well for them. And oftentimes the choices that they have presented to them are not as simple and black and white as, for

instance, the court systems or other people think that they are. And oftentimes, even if you do choose the one that the court system wants, then it's too restrictive and way too confining for a person to necessarily be able to succeed, not that they don't want to succeed, but that they aren't able to succeed.

And I think that really harm reduction provides a person the tools as well as the availability and acceptance that they need to have for them to be able to succeed with them, rather than, for instance, my situation where I spent 10 years running in a circle, repeatedly starting intensive outpatient treatment, and then having to drop out of it because I would violate with courts, and then I would be in jail for 30 days, and I'd have come back out and start that cycle completely over again, repeatedly. And oftentimes, people forget the fact that in having those kind of "failures" over and over and repeatedly like that, an individual develops a lack of confidence in themselves, and they stop believing in themselves. And if a person has lost that self-confidence and doesn't feel they are able to succeed in anything, they stop making goals. When you stop setting yourself goals, and you stop seeing any point in having those things. And so you just end up trapped in a cycle that nobody wants you trapped in, you most especially, that other people perceive you as being the reason that you're stuck in that cycle. And so that's where I think that harm reduction is such an empowering and very powerful thing. And I hope that the people in leadership positions in terms of our world start recognizing that they're disempowering people, even though they're trying to empower them to have a better life. And hopefully people will start seeing that more.

So what can we do?

I think really that first we need to be aware and we need to start challenging our attitudes and our behaviors and recognizing that those attitudes and behaviors are influenced by stigma and negative stereotypes about people who do drugs. We need to remember that addiction is a treatable medical condition, and it's not a choice, and it's deserving of care, just like any other medical condition. The easiest first step is to change the language we use. We could say "people with substance use disorder" instead of "junkie" or "person in recovery" instead of "former addict." Stigma is a barrier, and we can all help dismantle it.

Jenna: I totally agree. It's the small, everyday things, I think. And as we've been talking about this podcast, what we've documented through extensive research is actually that the harms of criminalization of substance use disorder are often even worse than the harms of substance use disorder itself. And harm reduction then, isn't about ignoring addiction, it's actually the opposite. It's about reducing suffering when people are experiencing substance use disorder and connecting people to care and ultimately saving lives. So, we, as a society, can start with those changes in language. We can have conversations with our friends and families, pass on some of the facts you heard today and challenge some of the stereotypes that come up in everyday conversations. We can also support policies that prioritize health over punishment, because we want to support people who are experiencing substance use disorder with compassion, and we know that that works better actually. Evidence clearly shows that people seek more help and have a more successful recovery when they are

supported through access to healthcare and choices that align with their own goals, instead of being punished or mandated to do something.

Rob: I think also we need to start listening to the people that are experiencing these things. We need to recognize that their voices are important as well as anybody else's. And if we want to start working towards solving the issues that we're having around substance use, we need to recognize those people are the ones who are expert in it, and those people know what's going on a little better than, possibly, the experts. And then until we start listening to those people and recognizing that this is not a "one solution, fix all" kind of problem, then we have little chance of being able to resolve it. So, thanks so much; I wanted to thank everyone for listening to us and listening to me and my experiences on this podcast. We appreciate your time, and hopefully this helps you guys open up some new conversations and some new perspectives.

Jenna: Yeah, and if this episode resonated with you, please share it with somebody who might need to hear it, and together, we can keep pushing for a world where everyone has access to care and dignity and hope and, just like Rob said, where we are centering the needs of the experts, the people with lived experience, in our conversations. All right, thanks, Rob. So great chatting with you!

Rob: You as well, Jenna, thank you!