

# The Stickiness of Stigma: How People in Long-Term Recovery Experience Addiction Stigma

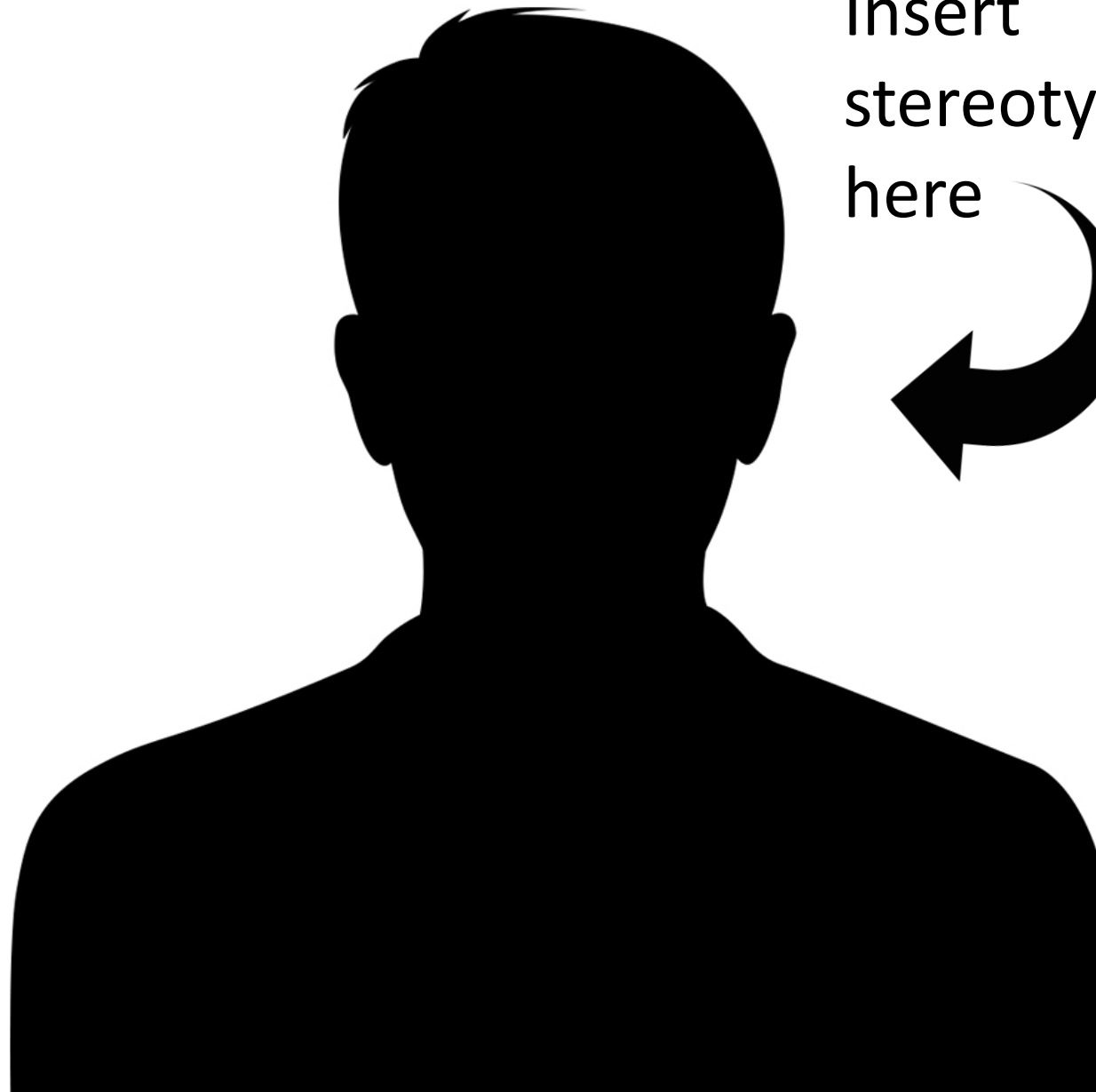
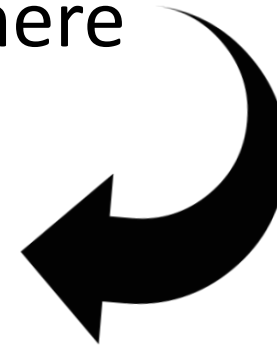
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10<sup>th</sup> Annual C. Everett Koop Addiction Medicine Symposium  
December 8, 2016

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What is addiction?

Insert  
stereotype  
here



What is addiction stigma?

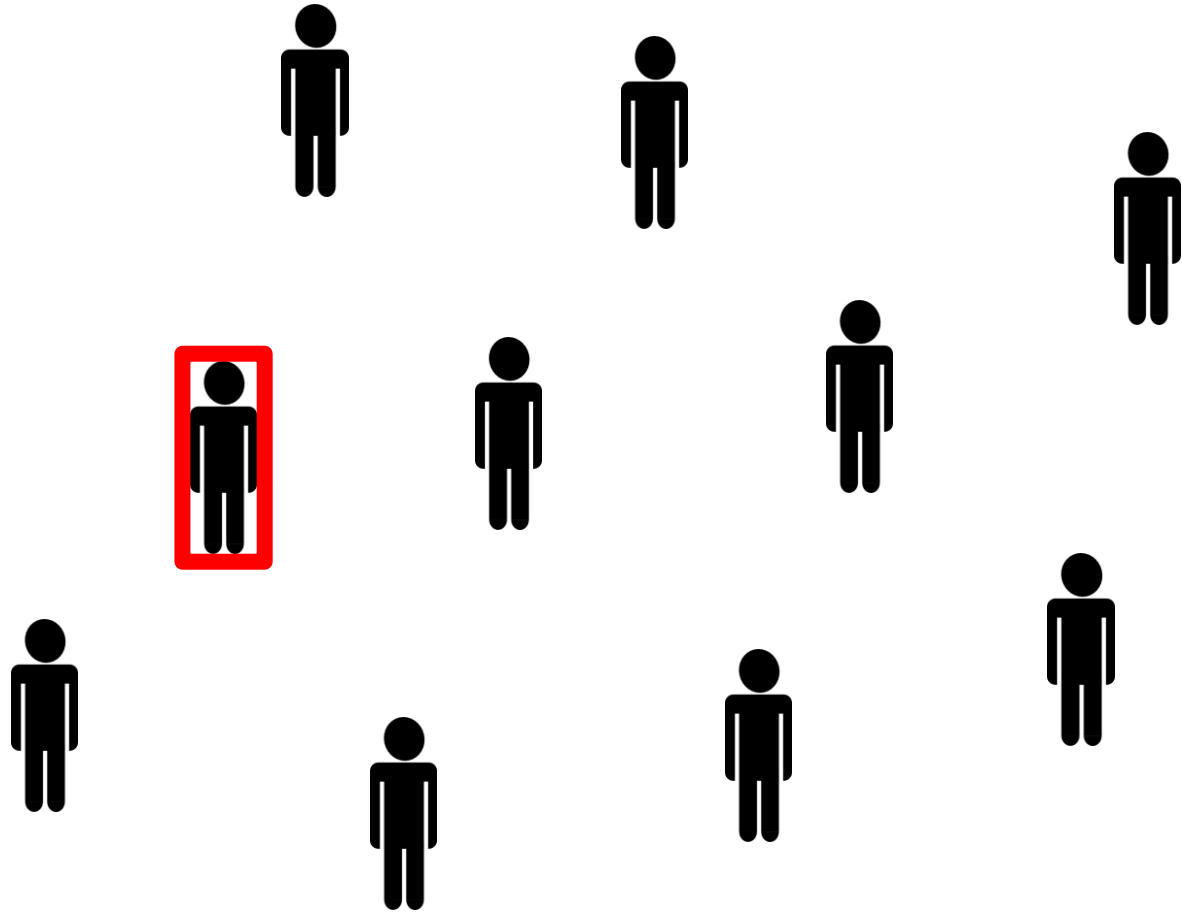
Are you ok?

24,000,000

# Alcohol and Drug Misuse

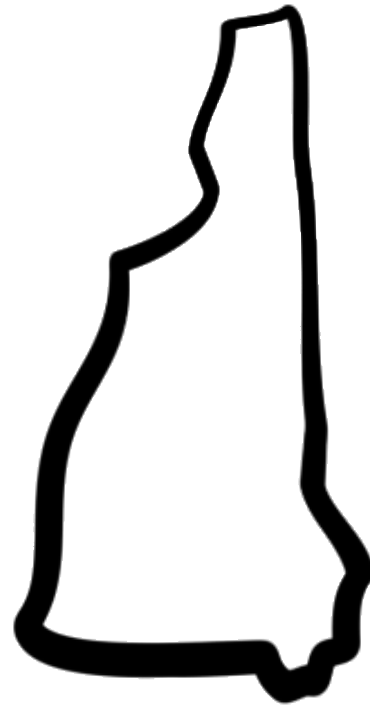
## Alcohol and Drug Misuse

- 24,000,000 Americans have a discernable substance use diagnosis
- 2.4 Million Treatment Slots Available
- 90% of those who need treatment cannot access treatment
- Economic Costs in NH = \$1.84 Billion Annually (State Budget in NH is 5.1 Billion)





\$1,840,000,000



# People in Long-Term Recovery

## **23,000,000 Americans in Long-Term Recovery**

Long-Term Recovery (White, 2007)

- A Process and a Sustained Status
- Utilization of internal and external resources to resolve Alcohol and Other Drug Problems
- Actively manage their continued vulnerability to such problems
- Develop a healthy, productive, and meaningful live
- 5 years or more of continuous sobriety



# The Power of Addiction Stigma

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## **Addiction Stigma**

- Delays and reduces treatment-seeking behavior for those who need addiction treatment services (Livingston, Milne, Fang, & Amari, 2011)
- Impacts relationships between helping professionals and persons who present with alcohol and drug misuse problems (Armitage, Lyons, & Moore, 2010) (Polcin, Henderson, Korcha, Evans, Wittman, & Trocki, 2012)
- Is internalized by those seeking and attaining access to treatment services (Luoma, Kohlenberg, Hayes, Bunting, & Rye, 2008)
- Impacts addiction treatment outcomes (Livingston, Milne, Fang, & Amari, 2011)

# The Power of Addiction Stigma

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- The lived experience of people in long-term sobriety could be invaluable to an enhanced public discourse on policy and practice changes that might improve our response to substance misuse in America
- People in Long-Term Recovery are conspicuously absent from public discourse on addiction remedy
- Perhaps this can be explained, in part, by addiction stigma

There is little research on the experiences of persons in long-term recovery

There is virtually no research describing addiction stigma experiences of persons in long-term recovery

## Purpose

To encourage people in long-term recovery to tell their stories of addiction stigma

To determine whether or not themes emerge from these stories

To share findings with the recovery community, helping professionals, and policymakers

# People Who Volunteered for the Study

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Participants (N=3)

27 year-old white male, 6 years sober, New Hampshire

55 year-old white female, 10 years sober, Maine

59 year-old white male, 15 years sober, New Hampshire



# Procedures

1. Semi-Structured Interviews
2. Transcribed verbatim and verified
3. Thematic Analysis (Braun and Clark, 2006)
4. Procedures
  - Phase 1: Familiarization with the data
  - Phase 2: Generating initial codes
  - Phase 3: searching for themes
  - Phase 4: Reviewing themes
  - Phase 5: Defining and report

# Initial Codes

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- Four life periods (pre use, using period, early recovery, long-term recovery)
- Existential and Achieved Stigma (Falk, 2001)
- Discreditable and Discredited Stigma (Goffman, 1963)
- Information Source
- Reaction to Information

# Initial Codes

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# Initial Codes

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- We asked participants to discuss their experiences over four time periods to identify evolving conceptualizations of addiction stigma
- These time periods were used for all coded items

# Initial Codes

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**Falk (2001) conceptualized stigma as:**

- Existential stigma is endemic
- Achieved stigma is earned

**Goffman (1963) believed stigma was either:**

- Discreditable (existent but not yet known)
- Discredited (existent and known)

# Initial Codes

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- We also explored various sources of information related to addiction and addiction stigma for participants (Family, Significant Others, Friends, Collaterals, 12 Step Programs, Media)
- How did participants react to the information they received (Positive, Negative, Neutral)

# Emerging Themes

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- Sources of Intervention
- Sources of Support
- Family Non-Communication
- Disclosure Types
- Contradictions (may need to rename this)

# Emerging Themes

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## **We found emerging themes as we did the analysis**

- Sources of intervention that helped people find sobriety
  - How did they conceptualize addiction?
  - Did addiction stigma play a role in these conceptualizations?
- Sources of Support
  - Who supports the person's recovery?
  - How do they conceptualize addiction?



# Emerging Themes

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- Families did not communicate about addiction (n=2)
- We tracked participant recovery disclosure
  - Friends, families, collaterals
  - We also tracked information exchanges for positive, negative, and neutral reaction types
- Contradictions were coded when participants made multiple disclosures that appear to represent competing ideas (i.e. identifying addiction as achieved and existential at the same time)

# Preliminary Findings

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STIGMA EXPERIENCES	Falk AS	Falk ES	Goffable	Goffed	
Info Pre	3	4	9	8	9%
Info Using	27	13	20	52	41%
Info EREC	12	11	7	36	24%
Info LTR	17	15	15	26	26%
	21%	16%	19%	44%	

# Preliminary Findings – Experiences of Discredited Stigma while Using

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“...doing the things that I was doing I would absolutely, you know, it, it would make me feel like I was less of a human being than other people because I participated in that kind of activity.” - 25 Year-old white male, 6 years sober

“I had a fourth grader who looked me in the eyes and she goes, "You eyes are yellow." I was like, "Damn." The gig is up, you know... I really gotta control this. I've really got to stop, you know, drinking so much.” – 55 Year-old white female, 10 years sober

“My ex-wife kicked me out and I had a guy that I used to work with, who had four kids, that let me have a room up in his attic. It was just really sad. But I didn't get it, you know, I still had to drink.” – 59 Year-old white male, 15 years sober

# Preliminary Findings – Family Non-Communication

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Interviewer: You and your father don't sound like you've ever had like a direct, totally wide-open conversation about it.

Respondent: No. No. And I don't talk to my mother anymore.

Interviewer: Right. Before you used, while you were using, in early recovery, ten years later. That's an interesting thing.

Respondent: Yeah. Tell me about it.

– 55 Year-old white female, 10 years sober

# Preliminary Findings – Family Non-Communication

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Interviewer: How do you account for the fact that it never came up, even though the family had issues going on with it? How did, how'd you make sense out of the fact that it never came up? Why do you think it didn't come up?

Respondent: I think because it was, You know, I'm not ... I, I say, wouldn't say ... My mother would have maybe a glass of wine or something, but my dad and his friends drank pretty, enthusiastically, socially. I'm not sure; I used to think that maybe my dad had a problem, but I watched him afterwards and he didn't have what I had, but he used to drink, and occasionally he would get drunk... So I, I guess they just didn't want to recognize that it might be, you know, that it might turn into something that could be a problem

– 59 Year-old white male, 15 years sober

# Preliminary Findings – Family Communication

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Respondent: ...,there was mentions of my father being an alcoholic.

Interviewer: Okay. And who would those mentions come from?

Respondent: My mother.

– 27 Year-old white male, 6 years sober

# Preliminary Findings – Internalized Recovery Community Stigma

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Luoma (2013) argues that self-stigma involves a cognitive process which includes self devaluation which can express itself as internalized stigma.

“There still is judgment going on, even amongst our own. We say we don't shoot our own, but we judge the heck of them for going out or doing this.”

– 25 Year-old white female, 10 years sober

***All three participants included recovery community stigma as a part of their stigma stories***

## Future Directions

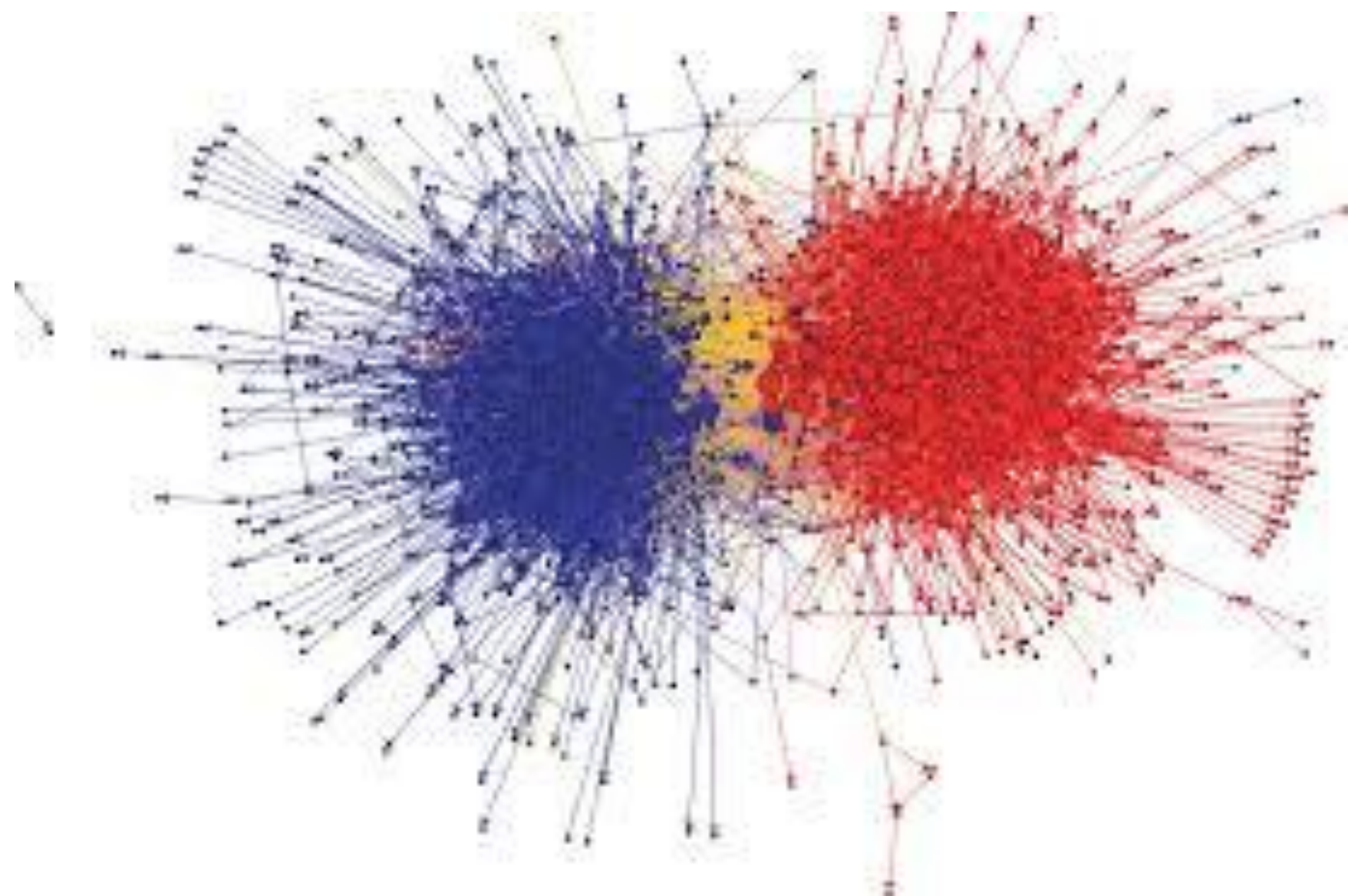
- Stigma experiences of persons in long-term recovery may actually inform the ways sober support networks develop among and between persons in long-term recovery and their social networks
- Social network analysis will help us understand that active addiction and recovery do not exist in homogeneous social support structures
- Social network analysis may provide valuable information to inform the sustenance of treatment gains



I've been doing so much  
with so little for so long  
that I can do anything with  
nothing

## Future Directions

- There are 24,000,000 adults in the US who present with appropriate symptomology to warrant addiction treatment
- There are 23,000,000 adults in long-term recovery
- We need many, many more bridges to many, many different kinds of social networks that support addiction recovery...



# Preliminary Conclusions

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- All participants identified Goffman and Falk Stigma themes in each phase of the four time phases
- Incidents of Goffman's Discredited Type of Stigma were most present during the using phases of each participant's story. This seems to 'make sense' in light of research which indicates that addiction stigma can interfere with a person's ability to engage services (Luoma, et al, 2008)
- Participants seem to express addiction stigma in both "existential" schema (e.g. powerlessness) and "achieved schema" (e.g. "denial") (Falk, 2001). At time, these disclosures seem to duel with each other. Further, there seems to be confusion about the nature of addiction in general. Do people in long-term recovery see addiction as a medical condition or as a weakness of will, or both? Perhaps poorly conceptualized ideas about the nature of addiction lead the recovery seeker to stigmatized ideas about alcohol and other drug misuse.
- Internalized addiction stigma appears to be a force to be addressed in the recovery community.

# Preliminary Implications

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- This work is exploratory in nature. It was done as a part of a research project by a novice researcher. As such, its primary value is to inform a better research design moving forward.
- Addiction stigma has an impact on persons in long-term recovery. However, the type of impact and the implications of that impact need to be more fully explored. Hopefully this preliminary study will inform future work.
- Future areas of interest include developing a model that more clearly hypothesizes how certain types of stigma experiences, vis-à-vis Falk, Goffman, and Luoma, directly tie to disclosure activities for persons in long-term recovery.
- How are stigma and stereotype similar and different? Would a clearer understanding of these two constructs aid in a better research design moving forward?
- How can this information be packaged for general public consumption?